

Chandan Diagnostic

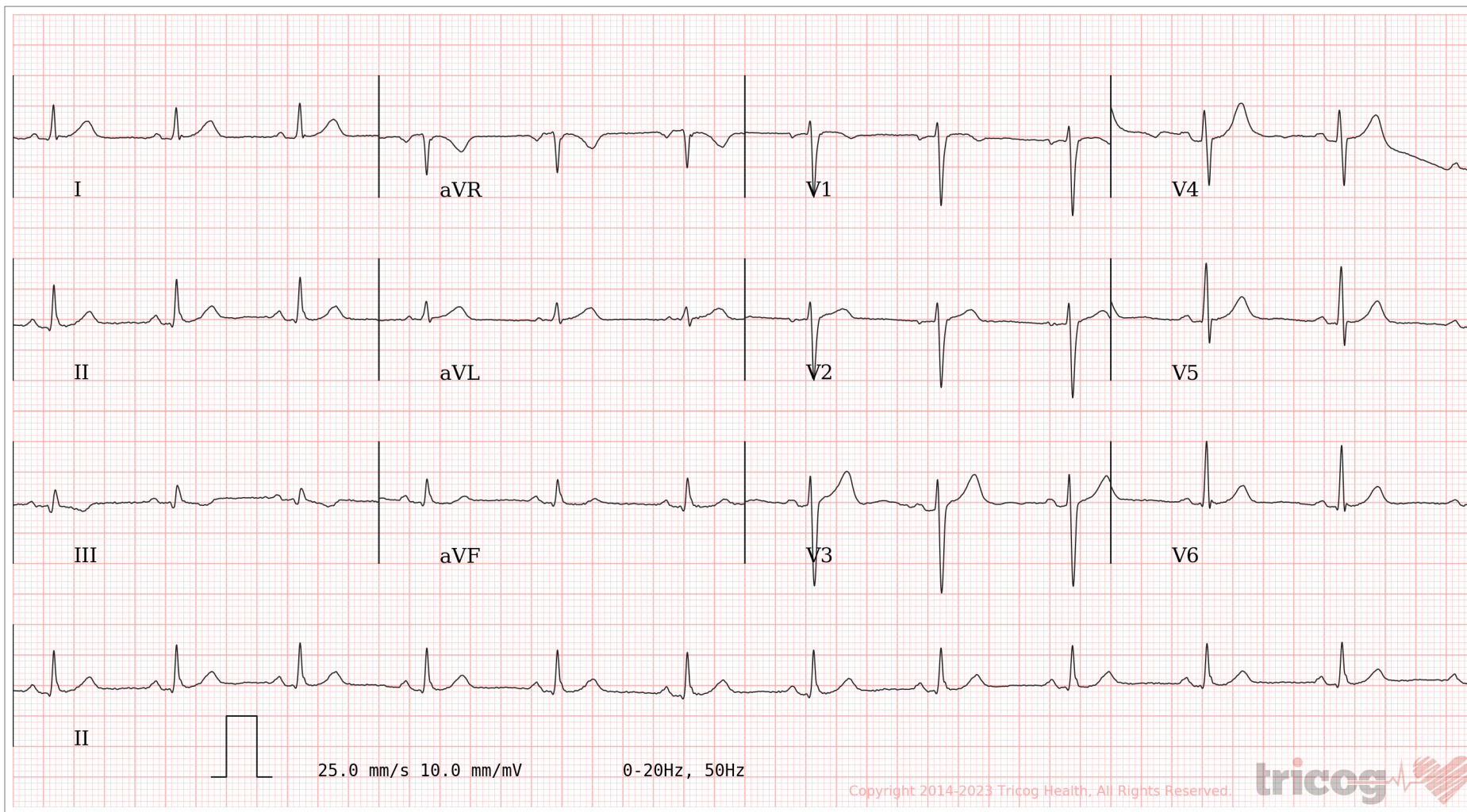


Age / Gender: 48/Male

Date and Time: 9th Sep 23 11:35 AM

Patient ID: CVAR0046872324

Patient Name: Mr.SANJAY KUMAR -PKG10000236



AR: 71bpm VR: 71bpm QRSD: 80ms QT: 360ms QTcB: 391ms PRI: 144ms P-R-T: 43° 39° 21°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Mohammed Zakriya

KMC 110543

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.SANJAY KUMAR -PKG10000236	Registered On	: 09/Sep/2023 09:19:54
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: 09/Sep/2023 10:59:10
UHID/MR NO	: CVAR.0000041058	Received	: 09/Sep/2023 11:11:23
Visit ID	: CVAR0046872324	Reported	: 09/Sep/2023 14:22:54
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.20	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	7.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT)	33.10	%	40-54	
Platelet count				
Platelet Count	1.10	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.96	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	66.90	fL	80-100	CALCULATED PARAMETER
MCH	22.50	pg	28-35	CALCULATED PARAMETER
MCHC	33.70	%	30-38	CALCULATED PARAMETER
RDW-CV	15.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,260.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	497.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Age/Gender	: 48 Y 0 M 0 D /M	Collected	: 09/Sep/2023 16:53:48
UHID/MR NO	: CVAR.0000041058	Received	: 09/Sep/2023 16:54:01
Visit ID	: CVAR0046872324	Reported	: 09/Sep/2023 16:54:42
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	95.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	116.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

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- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	88	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





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c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Dr. Anupam Singh (MBBS MD Pathology)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample: Serum	11.40	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	5.40	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	20.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.70	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.83		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	102.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	4.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	2.00	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	2.80	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	104.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	28.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	47	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	28.54	mg/dl	10-33	CALCULATED
Triglycerides	142.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP





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Visit ID	: CVAR0046872324	Reported	: 09/Sep/2023 16:42:47
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2

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Patient Name	: Mr.SANJAY KUMAR -PKG10000236	Registered On	: 09/Sep/2023 09:19:57
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: 09/Sep/2023 10:59:09
UHID/MR NO	: CVAR.0000041058	Received	: 10/Sep/2023 10:17:34
Visit ID	: CVAR0046872324	Reported	: 10/Sep/2023 12:06:03
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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PSA (Prostate Specific Antigen), Total ** Sample: Serum	0.510	ng/mL	< 2.0	CLIA
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Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	132.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.50	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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Patient Name	: Mr.SANJAY KUMAR -PKG10000236	Registered On	: 09/Sep/2023 09:19:56
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000041058	Received	: N/A
Visit ID	: CVAR0046872324	Reported	: 09/Sep/2023 15:57:58
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (12.8 cm in midclavicular line) and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.0 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.5 mm in caliber) not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney:-
 - ◊ Right kidney size ~ 10.4 x 3.4 cms. Hyperechoic foci, two in number measuring 10 and 7 mm in diameter respectively are seen in lower pole region of kidney.
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- Left kidney:-
 - ◊ Left kidney is normal in size, measuring ~ 10.9 x 4.2 cms.
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

SPLEEN

- The spleen is normal in size (~ 9.6 cm in its long axis) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is well filled . Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 149 cc.
- Bilateral vesicoureteric junctions are normal.

PROSTATE

- The prostate gland is normal in size (~ 27 x 26 x 23 mm / 09 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- *Right renal calculi as described*
- *Rest of the abdominal organs are normal*

Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location





Since 1991



CHANDAN DIAGNOSTIC CENTRE

Name of Company: BOB

Name of Executive: MR / MRS. Sanjay Kumar

Date of Birth: 30/01/1978

Sex: Male / Female

Height: 164 CMs

Weight: 55 KGs

BMI (Body Mass Index) : 24.2

Chest (Expiration / Inspiration) 26/29 CMs

Abdomen: 21 CMs

Blood Pressure: 124/76 mm/Hg

Pulse: 73 BPM - Regular / Irregular

Respiration Rate: Resp/Min

Ident. Mark: Mole on nose (left side)

Any Allergies: No

Vertigo : No

Any Medications: (I) No

Any Surgical History: (I) No
(II)

Habits of alcoholism/smoking/tobacco: (I) No
(II)

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up - vision & Color vision: and d power glass - 20/8

Left eye: -1.0 D

Right eye: -1.25 D





CHANDAN DIAGNOSTIC CENTRE

Near vision: N/6
Far vision : 6/6
Dental check up : Normal
ENT Check up : Normal
Eye Checkup: Normal

Final impression

Certified that I examined Santay Kumar
S/O D/O W/O is presently in good health
and free from any cardio-respiratory / communicable ailment,
he/she is fit / Unfit to join any organization.

Client Signature: -

.....
Signature of Medical Examiner

Name & Qualification - Dr. R. C. ROY
(MBBS, MD)

Date - 09/09/2023,
Place - VARANASI

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmoorganj
Varanasi-221010 (U.P.)
Phone No.: 0542-2223232





भारत सरकार
Government of India



Issue Date: 08/07/2015



संजय कुमार
Sanjay Kumar
जन्म तिथि/DOB: 30/01/1975
पुरुष/ MALE

2877 1617 6345

VID : 9141 4846 1218 0853

मेरा आधार, मेरी पहचान



D63/6B-99, Shivaji Nagar Colony,
Mahmoorganj, Varanasi, Uttar Pradesh
221010, India

Latitude

25.305353°

Longitude

82.979028°

LOCAL 10:47:01

GMT 05:17:01

SATURDAY 09.09.2023

ALTITUDE 37 METER

Mr MR SANJAY KUMAR

Age/Sex: 48/M

Ref. by:

Indication1:

Indication2:

Indication3:

ID: 46872324

H/W: 164/55

Recorded: 09-09-2023

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History:

Medication1:

Medication2:

Medication3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					79	124/76	97	0.8	0.8	0.8	
HYPERVENT	0:02	0:02			78	124/76	96	0.8	0.9	0.7	
VALSALVA					76	124/76	94	0.8	0.9	0.7	
STANDING					77	124/76	95	0.8	1.0	0.7	
EVENT	1:21	1:21	2.70	10.00	145	124/76	179	0.5	0.9	0.9	2.17
STAGE 1	2:59	2:59	2.70	10.00	157	134/76	210	0.6	0.9	0.9	4.80
EVENT	3:20	0:20	4.00	12.00	161	134/76	215	0.6	1.2	0.8	5.06
EVENT	4:04	1:04	4.00	12.00	166	134/76	222	0.3	1.2	0.5	5.62
EVENT	5:06	2:06	4.00	12.00	168	134/76	225	0.1	1.2	0.5	6.42
EVENT	5:24	2:24	4.00	12.00	171	134/76	229	-0.1	1.1	0.4	6.65
PEAK EXER	5:27	2:27			171	134/76	229	-0.1	1.2	0.4	6.69
EVENT	0:31	0:31	0.00	0.00	145	134/76	184	0.4	1.6	1.0	
EVENT	1:01	1:01	0.00	0.00	127	134/76	170	1.1	1.6	1.2	
EVENT	2:00	2:00	0.00	0.00	112	134/76	150	0.5	1.5	0.6	
RECOVERY	2:59	2:59	0.00	0.00	104	134/76	139	-0.1	1.3	-0.1	

RESULTS

Exercise Duration : 5:27 Minutes
 Max Heart Rate : 171 bpm - 99 % of target heart rate 172 bpm
 Max Blood Pressure : 134/76 mmHg
 Max Work Load : 6.69 METS
 Reason of Termination : BREATHING PROBLEM

IMPRESSIONS

→ Baseline ECG normal
 → NO significant ST-T changes seen at peak exercise and recovery
 → TMT is negative for AMI

TMT is negative for AMI
 for k

Cardiologist

Dr. Ankit Krishna Agarwal
 M.B.B.S., MD, DM
 Cardiologist

Reg. No. 39794

Rajgurun, INDIA Ph. 091-731-2620740, Tele/Fax 091-731-2431214

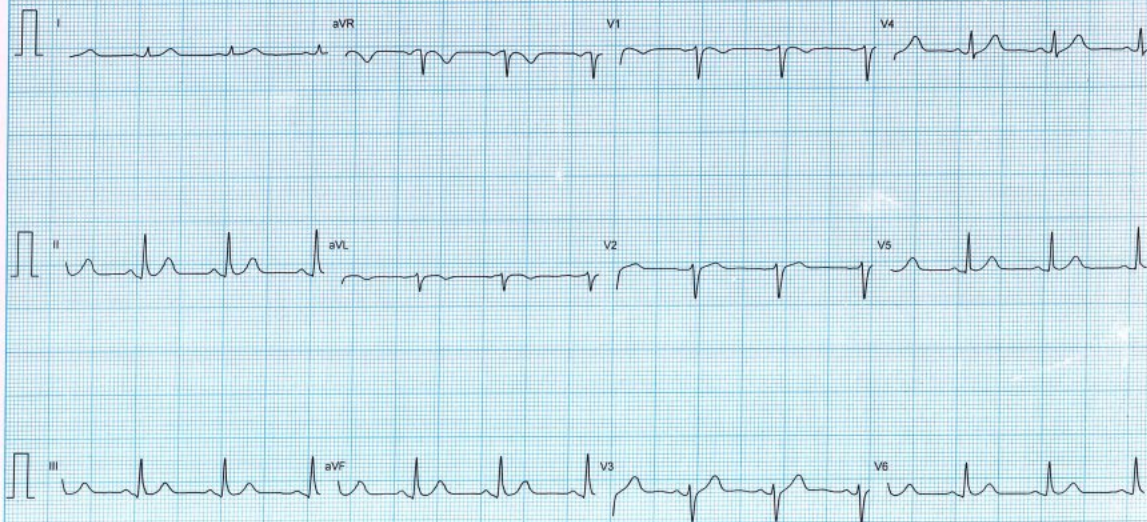
Mr. MR SANJAY KUMAR
I.D. : 46872324
AGE/SEX : 48/M
RECORDED : 09-09-2023

RATE : 79 BPM
B.P. : 124/76 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW E.C.G.



Mr MR SANJAY KUMAR

I.D : 46872324

AGE/SEX : 48/M

RECORDED : 09-09-2023

RATE : 78 BPM

B P : 124/76 mmHg

HYPERVENTILATION

PRETEST

STAGE TIME : 0.02

ST @ 10mm/mV

80ms PostU

LINKED MEDIAN



Mr. MR SANJAY KUMAR

I.D. 46872324

AGE/SEX : 48/M

RECORDED : 09-09-2023

VALSALVA

PRETEST

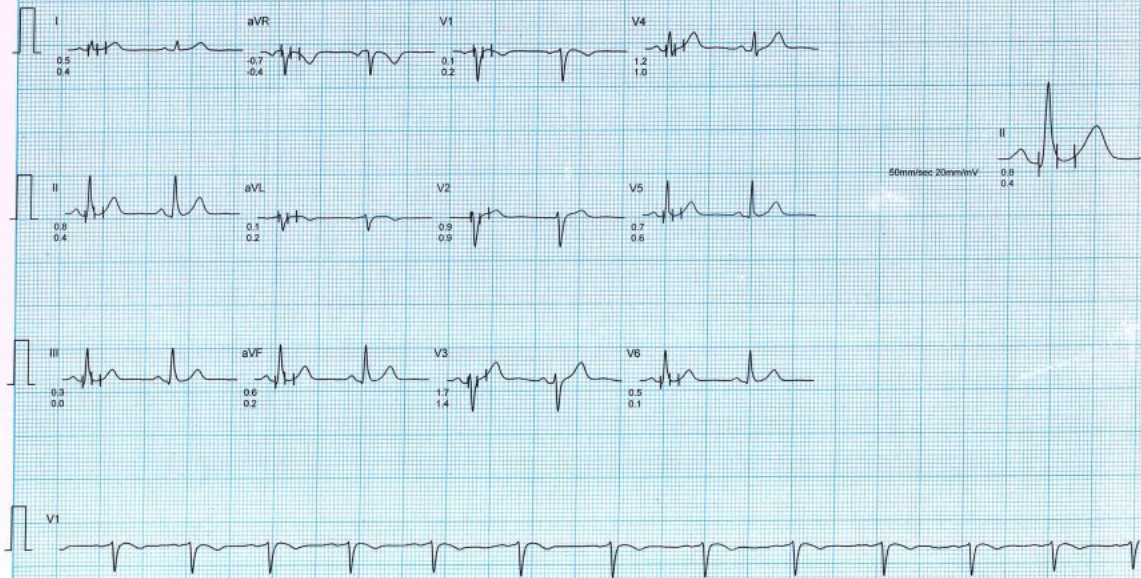
ST @ 10mm/mV

80ms PostJ

RATE : 76 BPM

B.P. : 124/76 mmHg

LINKED MEDIAN



Mr. MR SANJAY KUMAR
I.D. : 46872324
AGE/SEX : 48/M
RECORDED : 09-09-2023

RATE : 77 BPM
B.P. : 124/76 mmHg

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



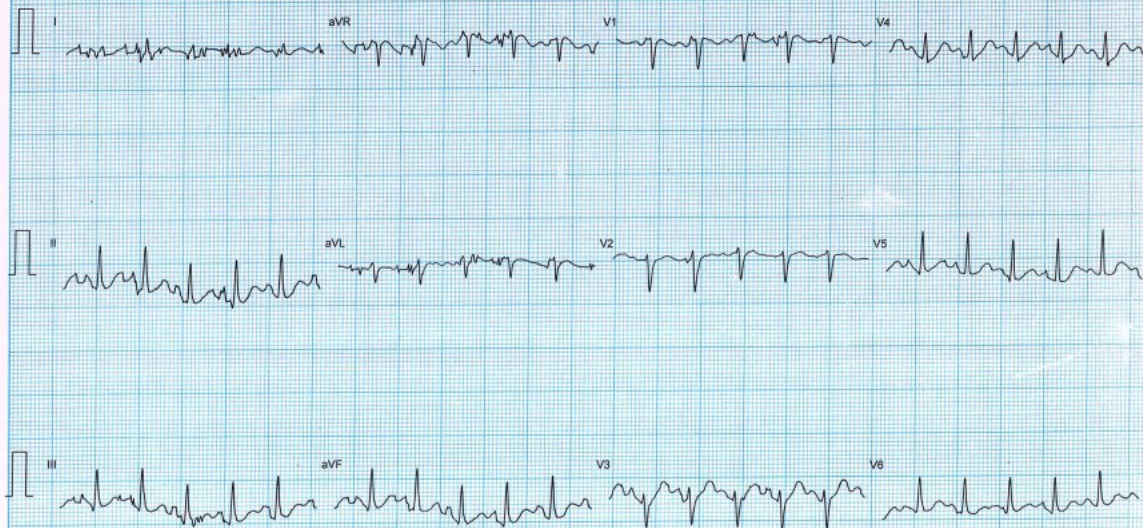
Mr. MR SANJAY KUMAR
I.D. : 46872324
AGE/SEX : 48/M
RECORDED : 09-09-2023

RATE : 145 BPM
B.P. : 124/76 mmHg

BRUCE
EXERCISE 1 (EVENT)
PHASE TIME : 1:21
STAGE TIME : 1:21

ST @ 10mm/mV
80ms Post J
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

RAW E.C.G.



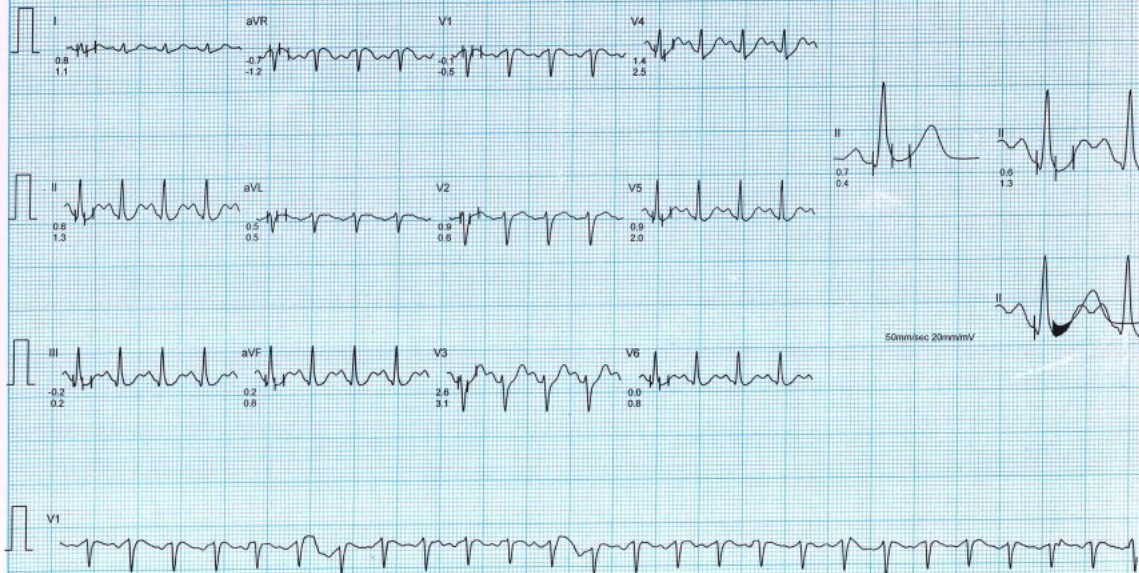
MR. MR SANJAY KUMAR
 I.D. : 46872324
 AGE/SEX : 48/M
 RECORDED : 09-09-2023

RATE : 157 BPM
 B.P. : 134/76 mmHg

BRUCE
 EXERCISE 1
 PHASE TIME : 2:59
 STAGE TIME : 2:59

ST @ 10mm/mV
 80ms Post 1
 SPEED : 2.7 Km./Hr.
 GRADE : 10.0 %

LINKED MEDIAN



Mr. MR SANJAY KUMAR

I.D. : 46872324

AGE/SEX : 48/M

RECORDED : 09-09-2023

RATE : 161 BPM

B.P. : 134/76 mmHg

BRUCE

EXERCISE 2 (EVENT)

PHASE TIME : 3:20

STAGE TIME : 0:20

ST @ 10mm/mV

80ms PostJ

SPEED : 4.0 Km./Hr.

GRADE : 12.0 %

RAW E.C.G.



Mr. MR SANJAY KUMAR

I.D : 46872324

AGE/SEX : 48/M

RECORDED : 09-09-2023

RATE : 166 BPM

B.P. : 134/76 mmHg

BRUCE

EXERCISE 2 (EVENT)

PHASE TIME : 4:04

STAGE TIME : 1:04

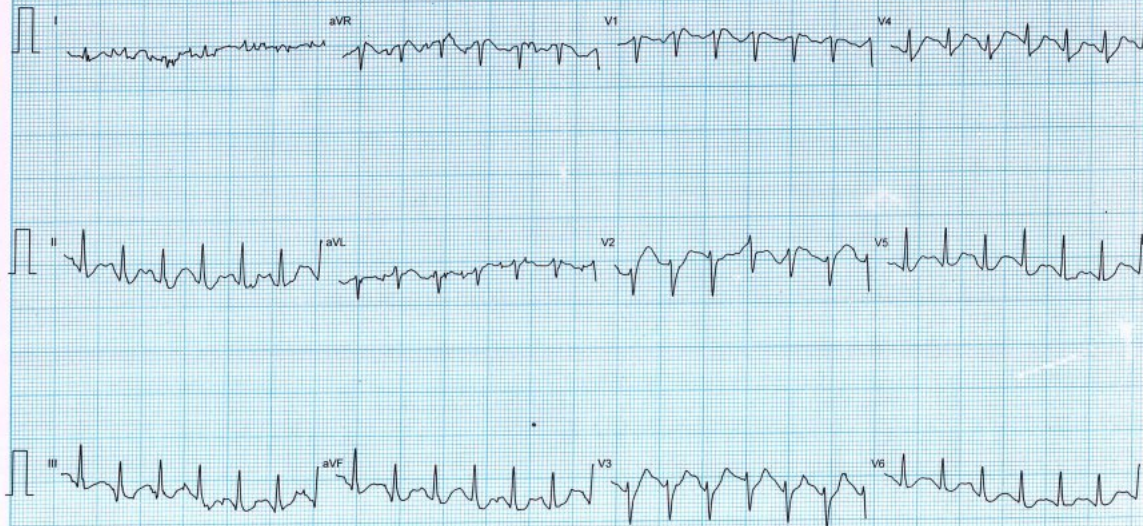
ST @ 10mm/mV

80ms Postu

SPEED : 4.0 Km./hr.

GRADE : 12.0 %

RAW E.C.G.



Mr. MR SANJAY KUMAR
I.D. : 45872324
AGE/SEX : 48/M
RECORDED : 09-09-2023

RATE : 168 BPM
B.P. : 134/76 mmHg

BRUCE
EXERCISE 2 (EVENT)
PHASE TIME : 5:06
STAGE TIME : 2:06

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr
GRADE : 12.0 %

RAW E.C.G.



Mr. MR SANJAY KUMAR
I.D. : 46872324
AGE/SEX : 48/M
RECORDED : 09-09-2023

RATE : 171 BPM
B.P. : 134/76 mmHg

BRUCE
EXERCISE 2 (EVENT)
PHASE TIME : 5.24
STAGE TIME : 2.24

ST : @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

RAW E.C.G.



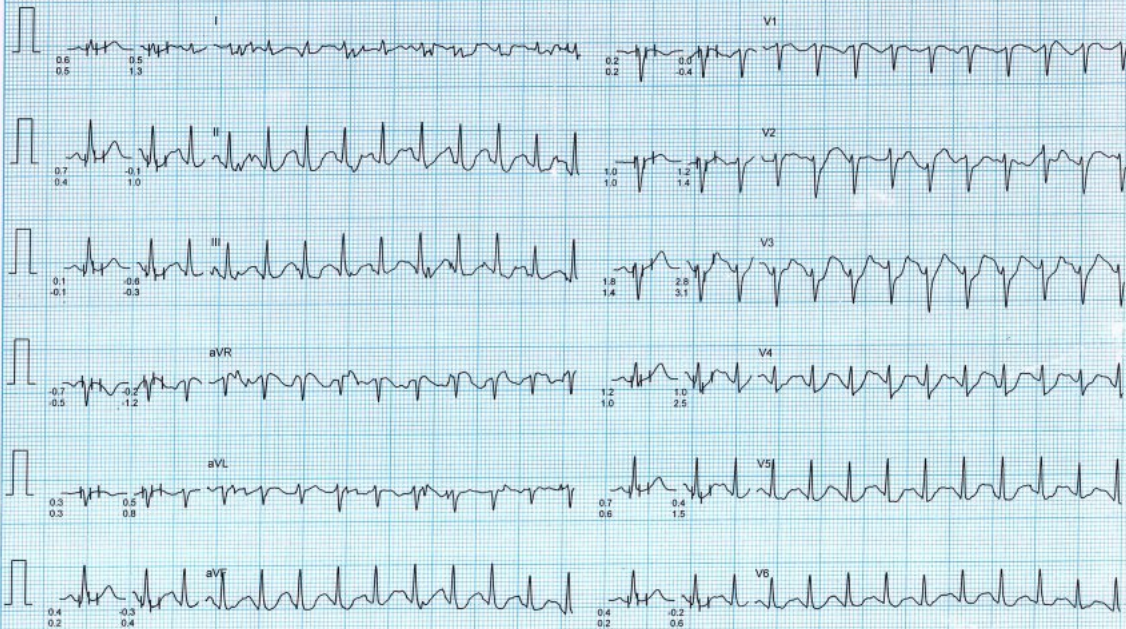
Mr. MR SANJAY KUMAR
 I.D. : 46872324
 AGE/SEX : 48/M
 RECORDED : 09-09-2023

RATE : 171 BPM
 S.P. : 134/76 mmHg

BRUCE
 PEAK EXER
 PHASE TIME : 5:27
 STAGE TIME : 2:27

ST @ 10mm/mV
 80ms PostJ
 SPEED : 4.0 Km./Hr.
 GRADE : 12.0 %

MIXED E.C.G.



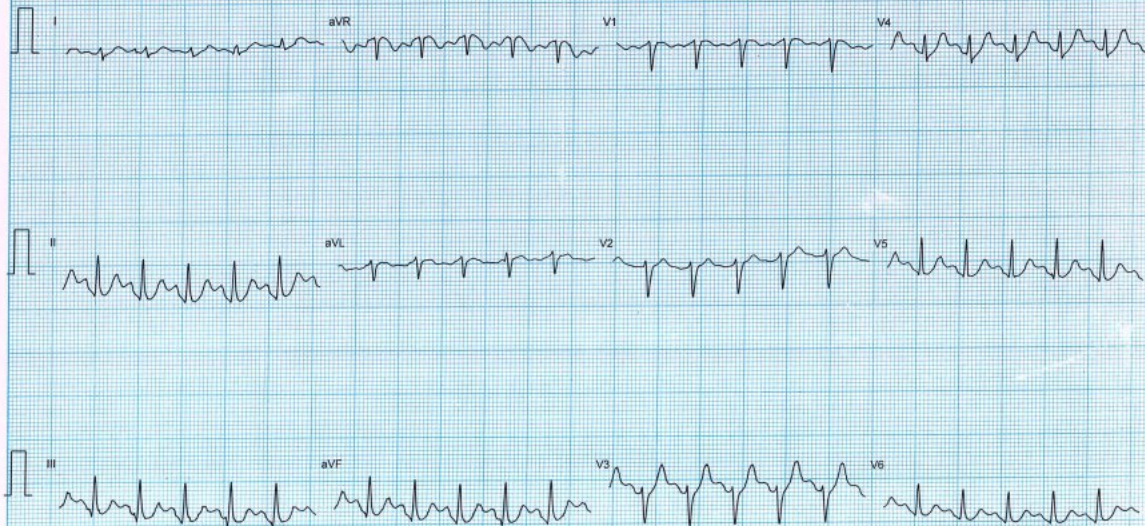
Mr. MR SANJAY KUMAR
 I.D. : 46872324
 AGE/SEX : 48/M
 RECORDED - 09-09-2023

RATE : 145 BPM
 B.P. : 134/76 mmHg

BRUCE
 RECOVERY (EVENT)
 PHASE TIME : 0.31

ST @ 10mm/mV
 80ms PostJ
 SPEED : 0.0 Km./Hr.
 GRADE : 0.0 %

RAW E.C.G.

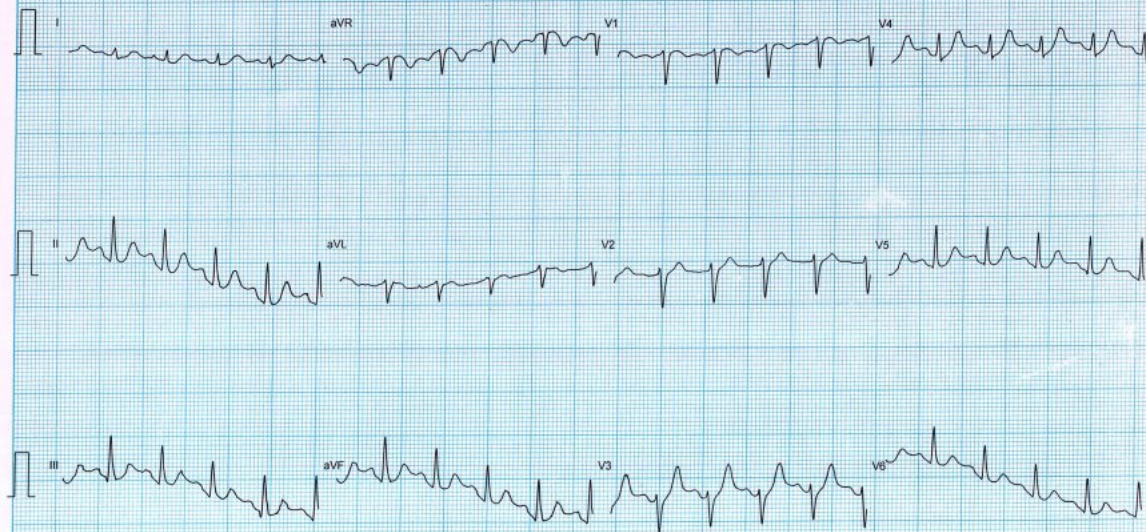


Mr. MR SANJAY KUMAR
I.D. : 46872324
AGE/SEX : 48/M
RECORDED : 09-09-2023

RATE : 127 BPM
B.P. : 134/76 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 1.01

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %
RAW E C G



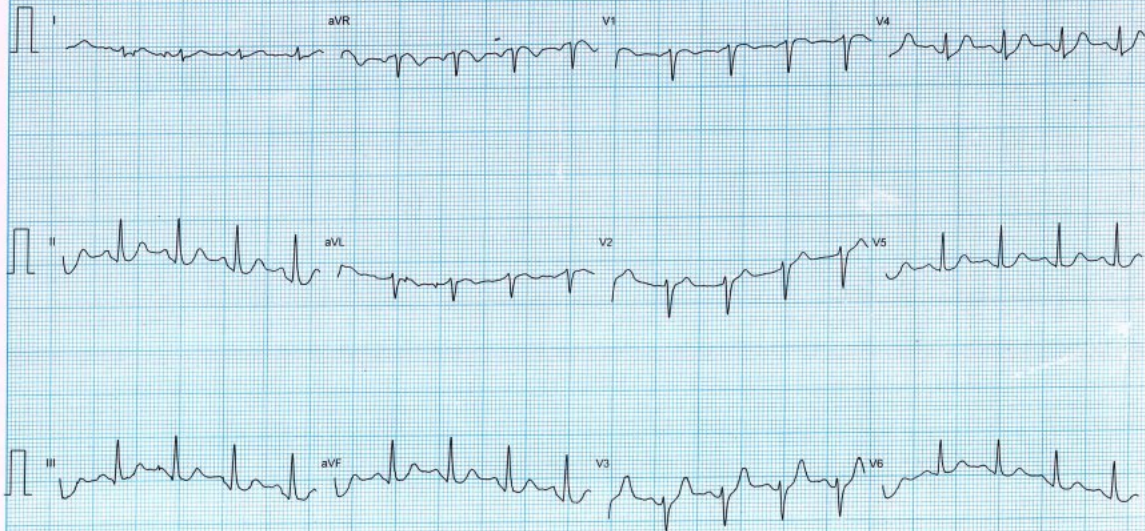
Mr. MR. SANJAY KUMAR
 I.D. : 46872324
 AGE/SEX : 48/M
 RECORDED : 09-09-2023

RATE : 112 BPM
 B.P. : 134/76 mmHg

BRUCE
 RECOVERY (EVENT)
 PHASE TIME : 2.00

ST @ 10mm/mV
 80ms PostU
 SPEED : 0.0 Km./Hr.
 GRADE : 0.0 %

RAW E.C.G.



Mr. MR SANJAY KUMAR
 I.D. : 46872324
 AGE/SEX : 48/M
 RECORDED : 09-09-2023

RATE : 104 BPM
 B.P. : 134/76 mmHg

BRUCE
 RECOVERY
 PHASE TIME : 2:59

ST @ 10mm/mV
 80ms PosLJ
 SPEED : 0.0 Km./Hr.
 GRADE : 0.0 %

LINKED MEDIAN

