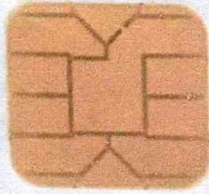




Indian Union Driving Licence Issued by Uttar Pradesh

UP

UP78 20033323382



Issue Date: 15-12-2023
Validity (NT): 14-12-2033
Validity (TR): -----



(16-12-2003)

Date of First Issue

Name: **DURGESH KUMAR MISHRA**

Holder's Signature

Date of Birth: **18-04-1983** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RAM VEER MISHRA**

Address:
**A 502 AWAS VIKAS HANSPURAM NAUBASTA NEAR
INDIAN EDUCATION CENTER 208021**

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Durgesh Kumar Mishra

*Stool test Not
Required*

UP78 KANPUR NAGAR
Licensing Authority

Emergency Contact Number

Bharadwaj

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVSD							
	LMV	UP78	16-12-2003	NT			
	MCVG	UP78	16-12-2003	NT			

Form 7 Rule 16(2)

Chandan Diagnostic Centre
24/22, Karachi Khana
Mali Road, Kanpur

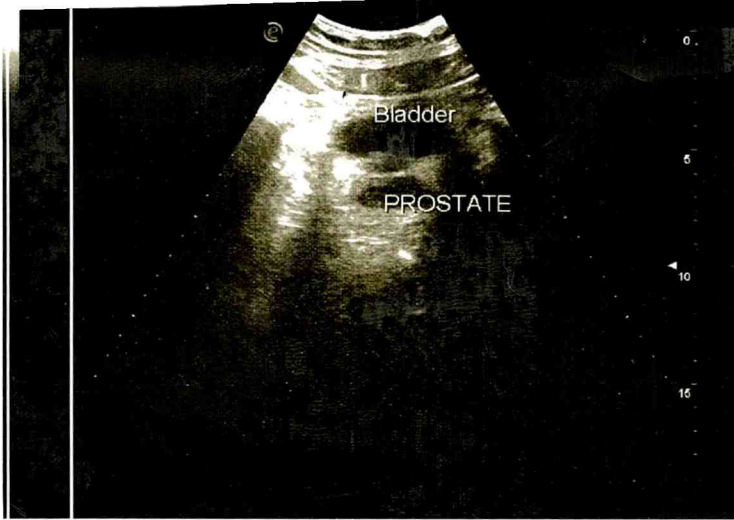
Hazardous Validity: _____ Hill Validity: _____

Invalid Carriage (Regn Numbers): _____

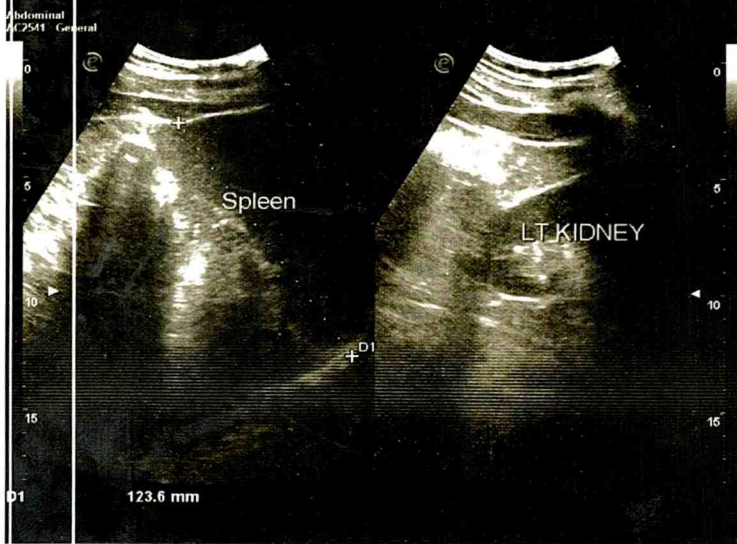


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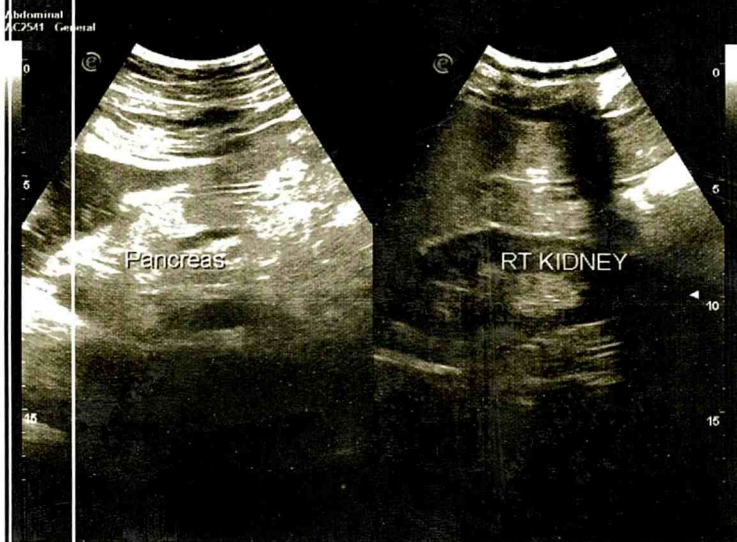
DL No: UP78 20033323382



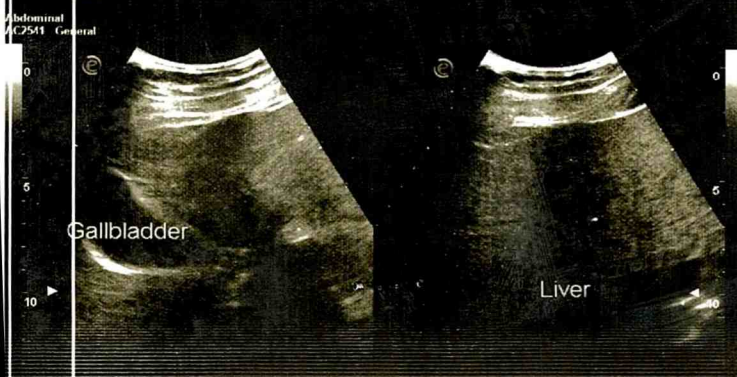
ASHMEE CARE ULTRASOUND CENTRE KNP. MR. DURGESH KUMAR 25/Aug/2024 11:01:4



ASHMEE CARE ULTRASOUND CENTRE KNP. MR. DURGESH KUMAR 25/Aug/2024 11:01:1



ASHMEE CARE ULTRASOUND CENTRE KNP. MR. DURGESH KUMAR 25/Aug/2024 11:01:0



DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MR.DURGESH KUMAR MISHRA

AGE: 41 SEX: M

REF.BY: DR.C.D.C

DATE:25-08-2024

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : **LIVER IS ENLARGED IN SIZE 161.8MM WITH FATTY CHANGES GRADE 1ST NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL.THE HEPATIC VEINS ARE NORMAL.**
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
GALL BLADDER : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
C B D : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL II COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI /HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : **SPLEEN IS MILDLY ENLARGED IN SIZE 123.6MM .SPLENIC VEIN IS NORMAL IN DIAMETER.**
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL NO INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4 ML
- PROSTATE** : PROSTATE IS NORMAL IN SIZE WEIGHT 22.4GMS
- IMPRESSION** :
- **HEPATOMEGALY WITH FATTY CHANGES GRADE 1ST**
 - **MILD SPLEENOMEGALY**

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE

SONOLOGIST



DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

PNDT Registration No- PNDT/REG/94/2012

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110UP2003PLC193493



Patient Name	: Mr.DURGESH KUMAR MISHRA	Registered On	: 25/Aug/2024 11:52:50
Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 25/Aug/2024 12:47:32
UHID/MR NO	: IKNP.0000035802	Received	: 26/Aug/2024 10:32:14
Visit ID	: IKNP0028252425	Reported	: 26/Aug/2024 14:25:47
Ref Doctor	: Dr.MediWheel Knp -	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	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin	14.20	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)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Corrected	8.00	Mm for 1st hr.	< 9	Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)
PCV (HCT)	44.00	%	40-54	
Platelet count				
Platelet Count	1.65	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	14.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.07	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	109.00	fL	80-100	CALCULATED PARAMETER
MCH	34.80	pg	27-32	CALCULATED PARAMETER
MCHC	32.00	%	30-38	CALCULATED PARAMETER
RDW-CV	17.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	68.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,352.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	128.00	/cu mm	40-440	

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 25/Aug/2024 12:47:32
UHID/MR NO	: IKNP.0000035802	Received	: 25/Aug/2024 12:48:23
Visit ID	: IKNP0028252425	Reported	: 25/Aug/2024 13:57:09
Ref Doctor	: Dr.MediWheel Knp -	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	95.60	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

147.60	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

Dr. Seema Nagar(MD Path)





CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110UP2003PLC193493



Patient Name	: Mr.DURGESH KUMAR MISHRA	Registered On	: 25/Aug/2024 11:52:51
Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 25/Aug/2024 12:47:32
UHID/MR NO	: IKNP.0000035802	Received	: 26/Aug/2024 13:48:42
Visit ID	: IKNP0028252425	Reported	: 26/Aug/2024 15:23:16
Ref Doctor	: Dr.MediWheel Knp -	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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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	99	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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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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)





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000035802	Received	: 25/Aug/2024 12:48:23
Visit ID	: IKNP0028252425	Reported	: 25/Aug/2024 14:42:04
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

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	7.61	mg/dL	7.0-23.0	CALCULATED

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine Sample: Serum	0.72	mg/dl	0.7-1.30	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid Sample: Serum	6.35	mg/dl	3.4-7.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	25.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	15.90	IU/L	11-50	OPTIMIZED SZAIZING





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Protein	6.60	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	93.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	1.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.58	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.82	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	133.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	49	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	39.60	mg/dl	10-33	CALCULATED
Triglycerides	198.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Seema Nagar(MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.DURGESH KUMAR MISHRA	Registered On	: 25/Aug/2024 11:52:51
Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 25/Aug/2024 12:47:32
UHID/MR NO	: IKNP.0000035802	Received	: 26/Aug/2024 11:28:36
Visit ID	: IKNP0028252425	Reported	: 26/Aug/2024 15:18:50
Ref Doctor	: Dr.MediWheel Knp -	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	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
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			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK

Microscopic Examination:

Epithelial cells	OCCASIONAL			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:





CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE **, Urine

Sugar, PP Stage ABSENT

Interpretation:

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

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 25/Aug/2024 12:47:32
UHID/MR NO	: IKNP.0000035802	Received	: 26/Aug/2024 09:45:16
Visit ID	: IKNP0028252425	Reported	: 26/Aug/2024 11:58:01
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.33	ng/mL	<4.1	CLIA

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.

THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	117.84	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.980	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.





CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110UP2003PLC193493



Patient Name	: Mr.DURGESH KUMAR MISHRA	Registered On	: 25/Aug/2024 11:52:51
Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 25/Aug/2024 12:47:32
UHID/MR NO	: IKNP.0000035802	Received	: 26/Aug/2024 09:45:16
Visit ID	: IKNP0028252425	Reported	: 26/Aug/2024 11:58:01
Ref Doctor	: Dr.MediWheel Knp -	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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- 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.

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110UP2003PLC193493



Patient Name	: Mr.DURGESH KUMAR MISHRA	Registered On	: 25/Aug/2024 11:52:52
Age/Gender	: 41 Y 4 M 7 D /M	Collected	: 2024-08-25 12:49:39
UHID/MR NO	: IKNP.0000035802	Received	: 2024-08-25 12:49:39
Visit ID	: IKNP0028252425	Reported	: 25/Aug/2024 17:52:20
Ref Doctor	: Dr.MediWheel Knp -	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**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), 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

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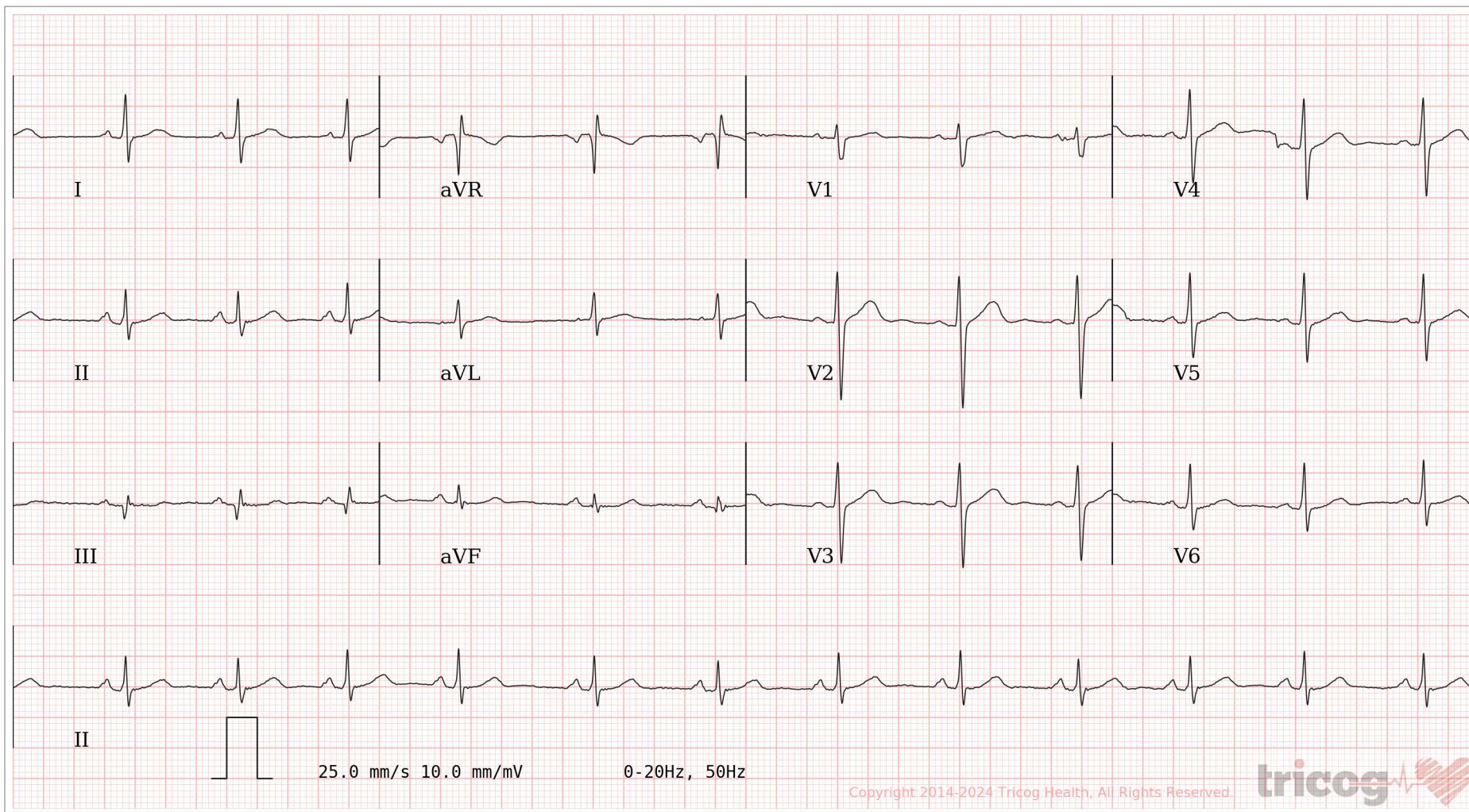
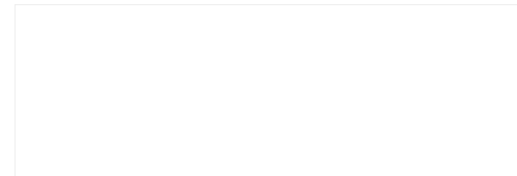


Chandan Diagnostic



Age / Gender: 41/Male
Patient ID: IKNP0028252425
Patient Name: Mr.DURGESH KUMAR MISHRA

Date and Time: 26th Aug 24 8:24 AM



AR: 78bpm VR: 78bpm QRSD: 82ms QT: 358ms QTcB: 408ms PRI: 144ms P-R-T: 60° 37° 42°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Jameel ahammad gandikota

KMC 171992

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.