

I am Devendra Pratap do not  
go for stool sample to my  
own wish.

Devendra Pratap  
24/08/24

*(Signature)*

**Dr. R.C. ROY**  
MBBS., MD. (Radio Diagnosis)  
Reg. No.-26918

**Chandan Diagnostic Center**  
99, Shivaji Nagar, Mahmooorganj  
Varanasi-221010 (U.P.)  
Phone No.: 0542-222323

# Chandan Diagnostic

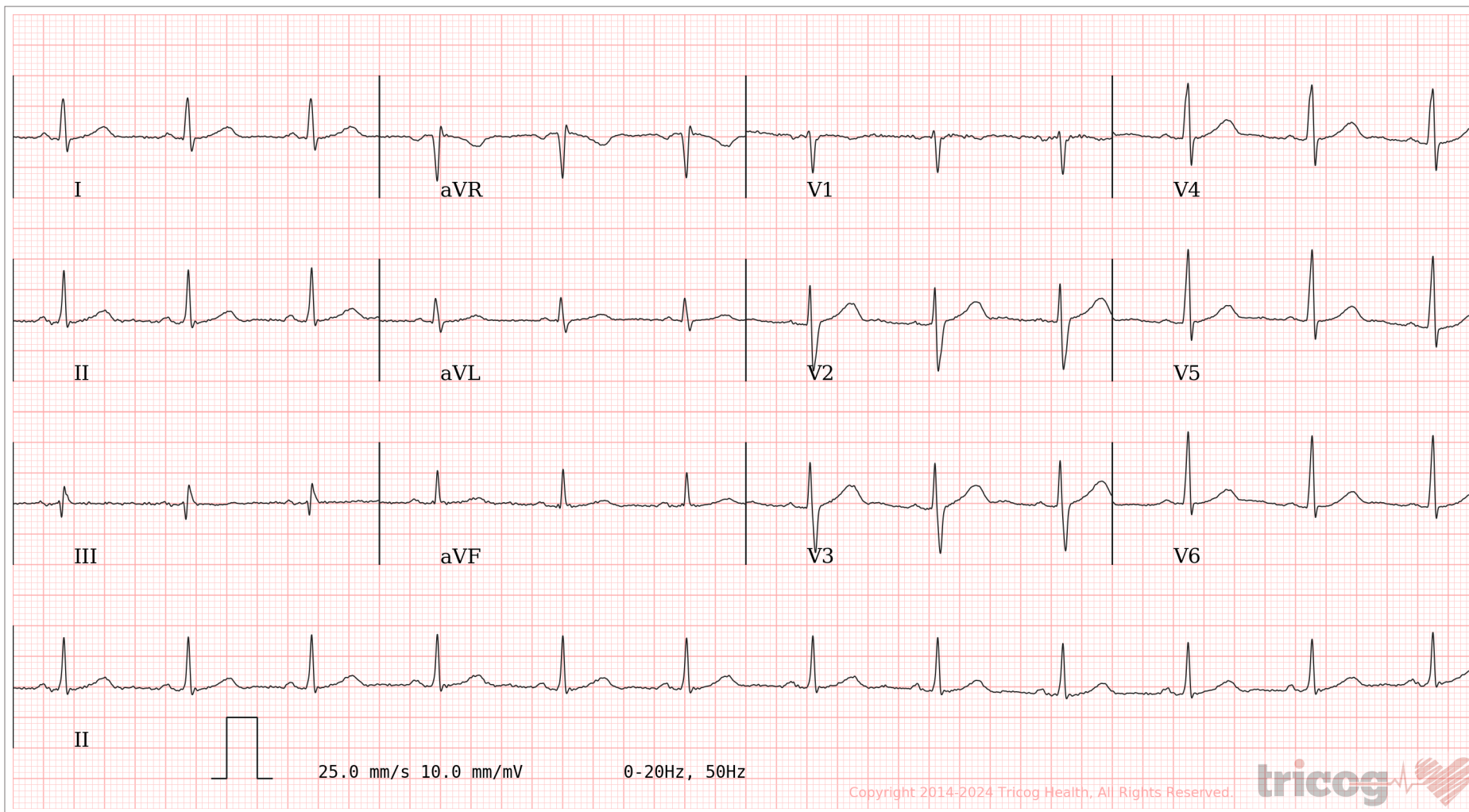
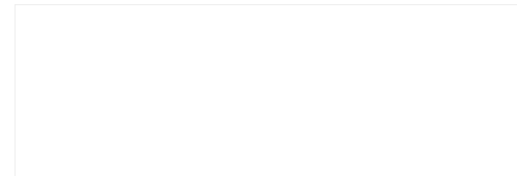


Age / Gender: 35/Male

Date and Time: 24th Aug 24 9:17 AM

Patient ID: CVAR0055442425

Patient Name: Mr.DEVENDRA PRATAP - 22E31764



AR: 74bpm    VR: 74bpm    QRSD: 82ms    QT: 402ms    QTcB: 446ms    PRI: 140ms    P-R-T: 25° 45° 33°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Abhisek Tikmani

DMC 39412

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 : U85110UP2003PLC193493



Patient Name	: Mr.DEVENDRA PRATAP - 22E31764	Registered On	: 24/Aug/2024 08:47:35
Age/Gender	: 35 Y 0 M 4 D /M	Collected	: 24/Aug/2024 09:52:21
UHID/MR NO	: CVAR.0000054751	Received	: 24/Aug/2024 11:03:56
Visit ID	: CVAR0055442425	Reported	: 24/Aug/2024 12:24:16
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	14.60	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)	8,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	63.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
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	





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	2.00	Mm for 1st hr.	<9	
PCV (HCT)	48.20	%	40-54	
Platelet count				
Platelet Count	2.02	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	32.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.79	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	83.30	fl	80-100	CALCULATED PARAMETER
MCH	25.20	pg	27-32	CALCULATED PARAMETER
MCHC	30.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,229.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	166.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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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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#### GLUCOSE FASTING \*\* , Plasma

Glucose Fasting	104.80	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP \*\*

Sample: Plasma After Meal

166.80	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	52.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	152	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





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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 1 diabetics. 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 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.

BUN (Blood Urea Nitrogen) **	8.50	mg/dL	7.0-23.0	CALCULATED
Sample: Serum				

#### **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:**





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Low-protein diet, overhydration, Liver disease.

Creatinine ** Sample: Serum	1.00	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	4.30	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)	20.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.00	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.67		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	106.10	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) \*\* , Serum

Cholesterol (Total)	179.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
HDL Cholesterol (Good Cholesterol)	43.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	121	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.80	mg/dl	10-33	CALCULATED
Triglycerides	74.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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UHID/MR NO	: CVAR.0000054751	Received	: 24/Aug/2024 15:00:59
Visit ID	: CVAR0055442425	Reported	: 24/Aug/2024 15:01:22
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	YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 6.0 )			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	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
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:





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### 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%

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## 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>	0.22	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)	149.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.37	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.840	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.





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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.

*S.N. Sinha*

Dr.S.N. Sinha (MD Path)





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Visit ID	: CVAR0055442425	Reported	: 24/Aug/2024 12:45:58
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## 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 measures **15.7 cm in midclavicular line. Moderate diffuse increase in liver echogenicity noted. There is impaired visualization of intrahepatic vessel border & diaphragm.** No focal lesion is seen.

#### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (**11.8 mm in caliber**) not dilated.
- Porta hepatis is normal.

#### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**3.6 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 is normal in size, measuring ~ **10.3 x 4.6 cms.**
  - ◊ 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 ~ **10.8 x 4.7 cms.**
  - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
  - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

#### SPLEEN





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-3500227  
CIN : U85110UP2003PLC193493



Patient Name	: Mr.DEVENDRA PRATAP - 22E31764	Registered On	: 24/Aug/2024 08:47:37
Age/Gender	: 35 Y 0 M 4 D /M	Collected	: 2024-08-24 09:29:44
UHID/MR NO	: CVAR.0000054751	Received	: 2024-08-24 09:29:44
Visit ID	: CVAR0055442425	Reported	: 24/Aug/2024 09:35:31
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- The spleen is normal in size (~ **8.7 cm in its long axis**) and has a normal homogenous echotexture.

### ILIAC FOSSAE & PERITONEUM

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

### URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is ~ 32 cc.**

### PROSTATE

- The prostate gland is normal in size (~ **32 x 25 x 24 mm / 10 gms**) and normal in echotexture with smooth outline. No median lobe indentation is seen.

### FINAL IMPRESSION:-

- **FATTY LIVER GRADE II.**
- **REST OF THE ABDOMINAL ORGANS ARE NORMAL.**

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

\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, Varanasi, Mahmoorganj

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, 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 Conduction 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



# CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Mediwheel*

Name of Executive: *Devidasa pratap*

Date of Birth: *20 / 08 / 1989*

Sex:  Male /  Female

Height: *176* CMs

Weight: *103* KGs

BMI (Body Mass Index) : *34.8*

Chest (Expiration / Inspiration) *109 / 113* CMs

Abdomen: *112* CMs

Blood Pressure: *119 / 76* mm/Hg

Pulse: *81* BPM -  Regular /  Irregular

Ident Mark: *Scar on left Right hand*

Any Allergies: *NO*

Vertigo : *NO*

Any Medications: *NO*

Any Surgical History: *NO*

Habits of alcoholism/smoking/tobacco: *Occ*

Chief Complaints if any: *NO*

Lab Investigation Reports: *Report attach*

Eye Check up vision & Color vision: *c- power glass / wear 14 year*

Left eye: *-7.5*

Right eye: *-1.0*



# CHANDAN DIAGNOSTIC CENTRE

Near vision: *MIG*

Far vision : *6/6*

Dental check up : *Normal*

ENT Check up : *Normal*

Eye Checkup: *Normal*

## Final impression

Certified that I examined.....*Devendra pratap*..... S/o or D/o  
.....*Devendra pratap*..... is presently in good health and free from any  
cardio-respiratory/communicable ailment, he/she is fit / **Unfit** to join any  
organization.

**Dr. R.C. ROY**  
MBBS.,MD. (Radio Diagnosis)  
Reg. No.-26918

*[Handwritten Signature]*

Client Signature :-

*[Handwritten Signature]*

.....  
Signature of Medical Examiner

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

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

Date *24/08* /2024

Place - VARANASI