



Dear **MR. MISHRA ANAND KUMAR**,

Your Health Checkup has been successfully rescheduled with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Chandan Healthcare

Address of Diagnostic/Hospital : 24/22 Vrindavan Bhawan, Karachi Khana

Booking Id : 22E31855

Appointment Date : 28-08-2024

Preferred Time : 8:30am-9:00am

Booking Status : Booking ReSchedule

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

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

Member Information		
Booked Member Name	Age	Gender
MR. MISHRA ANAND KUMAR	33 year	Male



Reply all

Chandany



भारत सरकार
Government of India

आधार

Issue Date: 03/07/2012

आनंद कुमार मिश्रा
Anand Kumar Mishra
जन्म तिथि/DOB: 26/10/1990
पुरुष/ MALE

7666 9805 7848
VID : 9113 9401 1277 6091

मेरा आधार, मेरी पहचान

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

Handwritten signature

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O जमुना प्रसाद, 29, गंगापुर गांव, यशोदा नगर, किदवाई
नगर, कानपुर नगर,
उत्तर प्रदेश - 208011

Address:
S/O Jamuna Prasad, 29, gangapur gaon,
yshoda nagar, Kidwai Nagar, Kanpur Nagar,
Uttar Pradesh - 208011

7666 9805 7848
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Chandan Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ANAND KUMAR MISHRA	Registered On	: 28/Aug/2024 10:33:31
Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 28/Aug/2024 13:05:52
UHID/MR NO	: IKNP.0000035861	Received	: 28/Aug/2024 13:06:22
Visit ID	: IKNP0028852425	Reported	: 28/Aug/2024 13:51:30
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	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	16.80	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
DLC				
Polymorphs (Neutrophils)	66.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	8.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	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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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Corrected	0.00	Mm for 1st hr.	Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic) < 9	
PCV (HCT)	49.00	%	40-54	
Platelet count				
Platelet Count	2.20	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.02	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	98.00	fl	80-100	CALCULATED PARAMETER
MCH	33.50	pg	27-32	CALCULATED PARAMETER
MCHC	34.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,686.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	71.00	/cu mm	40-440	

Dr. Seema Nagar(MD Path)





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Patient Name	: Mr.ANAND KUMAR MISHRA	Registered On	: 28/Aug/2024 10:33:32
Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 28/Aug/2024 13:05:51
UHID/MR NO	: IKNP.0000035861	Received	: 28/Aug/2024 13:06:22
Visit ID	: IKNP0028852425	Reported	: 28/Aug/2024 14:00:46
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	83.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

Glucose PP	108.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

Dr. Seema Nagar (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 28/Aug/2024 13:05:51
UHID/MR NO	: IKNP.0000035861	Received	: 29/Aug/2024 12:01:56
Visit ID	: IKNP0028852425	Reported	: 29/Aug/2024 13:04:51
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
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	94	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 I 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





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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)





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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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BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	11.80	mg/dL	7.0-23.0	CALCULATED
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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 <i>Sample:Serum</i>	0.86	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 <i>Sample:Serum</i>	4.65	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)	46.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	66.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	31.80	IU/L	11-50	OPTIMIZED SZAIZING





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Protein	7.25	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.85	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.54		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	127.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.85	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.29	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.56	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesteroi (Total)	168.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	92	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	25.80	mg/dl	10-33	CALCULATED
Triglycerides	129.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Seema Nagar(MD Path)





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Patient Name	: Mr.ANAND KUMAR MISHRA	Registered On	: 28/Aug/2024 10:33:32
Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 28/Aug/2024 13:05:52
UHID/MR NO	: IKNP.0000035861	Received	: 28/Aug/2024 13:06:22
Visit ID	: IKNP0028852425	Reported	: 28/Aug/2024 13:55:15
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	1.020			
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	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	2-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Dr. Seema Nagar(MD Path)





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Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 28/Aug/2024 13:05:52
UHID/MR NO	: IKNP.0000035861	Received	: 29/Aug/2024 10:29:00
Visit ID	: IKNP0028852425	Reported	: 29/Aug/2024 14:07:36
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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STOOL, ROUTINE EXAMINATION **, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

Asim

Dr. Anupam Singh (MBBS MD Pathology)





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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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SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

(+) < 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. Seema Nagar(MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.ANAND KUMAR MISHRA	Registered On	: 28/Aug/2024 10:33:35
Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 28/Aug/2024 13:05:51
UHID/MR NO	: IKNP.0000035861	Received	: 29/Aug/2024 10:08:02
Visit ID	: IKNP0028852425	Reported	: 29/Aug/2024 13:23:22
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 ** Sample:Serum	0.36	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.

Dr. Anupam Singh (MBBS MD Pathology)





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UHID/MR NO	: IKNP.0000035861	Received	: 28/Aug/2024 13:06:22
Visit ID	: IKNP0028852425	Reported	: 28/Aug/2024 16:43:52
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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THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	138.40	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.51	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.660	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.

Dr. Seema Nagar(MD Path)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ANAND KUMAR MISHRA	Registered On	: 28/Aug/2024 10:33:34
Age/Gender	: 33 Y 10 M 3 D /M	Collected	: 2024-08-28 14:51:31
UHID/MR NO	: IKNP.0000035861	Received	: 2024-08-28 14:51:31
Visit ID	: IKNP0028852425	Reported	: 29/Aug/2024 10:16:57
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:

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.

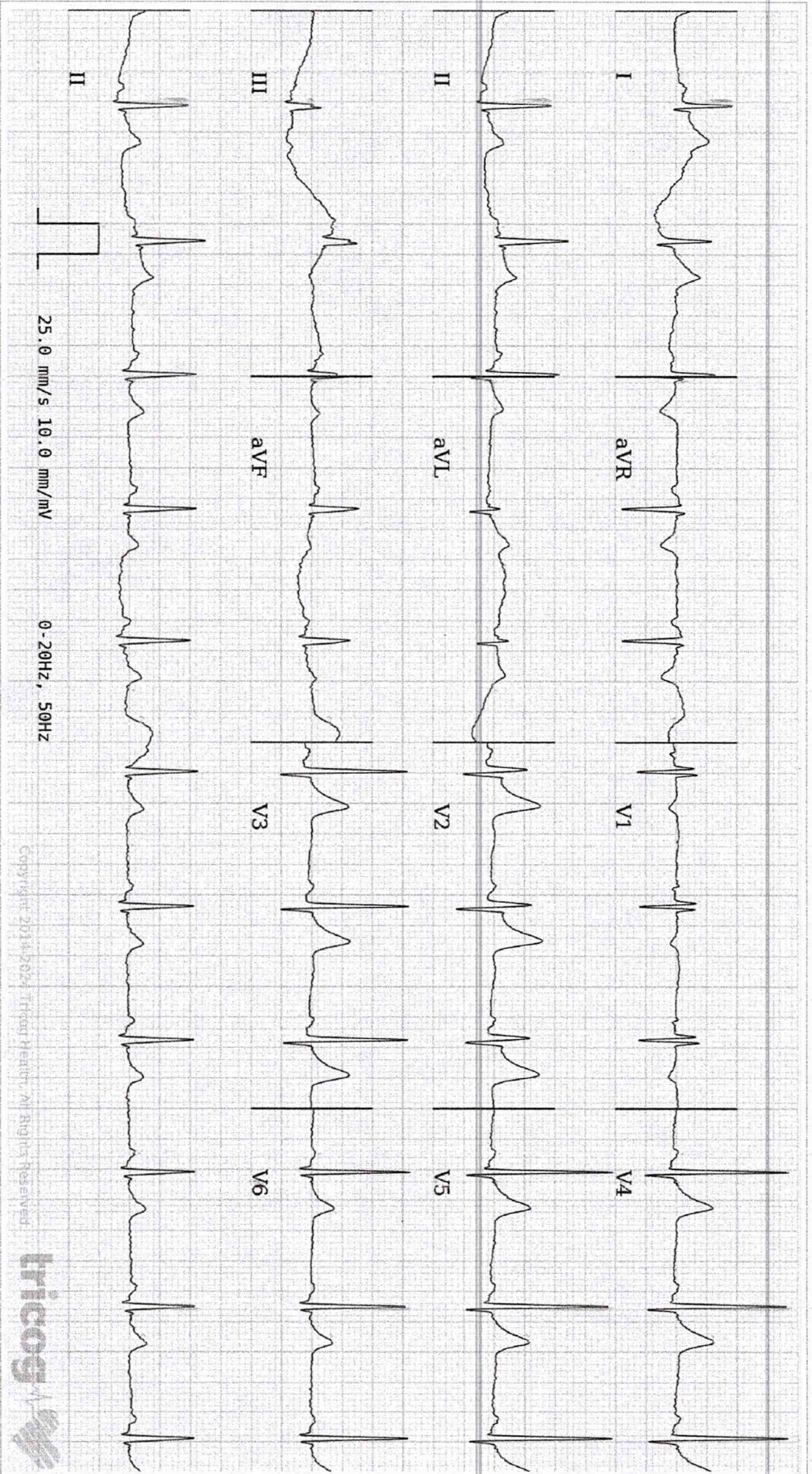
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve 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





Age / Gender: 33/Male
Patient ID: IKNP0028852425
Patient Name: Mr. ANAND KUMAR MISHRA

Date and Time: 28th Aug 24 2:04 PM



ECG Within Normal Limits: Sinus Rhythm. rsr' Pattern in V1. Please correlate clinically.

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.

AUTHORIZED BY

Dr. Chait
MD, DM, Cardiology

63382

REPORTED BY

Dr. Abhishek N

119979



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.ANAND KUMAR MISHRA

AGE: 33 SEX: M

REF.BY: DR.C.D.C

DATE:28-08-2024

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS ENLARGED IN SIZE 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 IN 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 NORMAL IN SIZE 119.0MM .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**

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.

BUDDHWAR HEART CENTRE

8/227, ARYA NAGAR KANPUR-208002

ANAND KUMAR MISHRA

ID : 3352

DATE : 28-08-2024

AGE/SEX : 33 /M

HT/WT : 0 / 0

REF. BY : MEDIMWHELL KANPUR

TREADMILL TEST REPORT

PROTOCOL : Bruce

HISTORY : Checkup/Physical fitness,

INDICATION :
MEDICATION : NIL

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					75	110 / 70	82	0.2	-0.3	0.1	
STANDING					82	110 / 70	90	0.2	-0.3	0.4	
HYPERVENT					78	110 / 70	85	0.4	-0.3	0.4	
Stage 1	2:55	0:12	2.7	10	108	120 / 70	129	0.5	-0.4	0.3	4.67
Stage 2	5:55	2:55	4	12	119	130 / 80	154	0	-0.4	0.4	7.04
Stage 3	8:55	2:55	5.4	14	133	140 / 90	186	-0.2	-0.6	0.1	9.92
PK-EXERCISE	9:28	0:28	6.7	16	140	140 / 90	196	-0.2	-0.6	-0.3	10.62
RECOVERY	10:37	0:59			102	140 / 90	142	0	-0.5	0.2	
RECOVERY	12:33	2:55			90	130 / 80	117	-0.1	-0.5	0.1	
RECOVERY	15:9	5:31			86	120 / 80	103	0.2	-0.5	0.1	

RESULTS

EXERCISE DURATION : 9:28
 MAX HEART RATE : 140 bpm
 MAX BLOOD PRESSURE : 140 / 90 mm Hg
 REASON OF TERMINATION : Fatigue,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
 IMPRESSIONS :
 FUNCTIONAL CAPACITY NORMAL . NORMAL HR AND BP RESPONSE.NO ANGINA OR SIGNIFICANT ST DEPRESSION OCCURRED DURING TEST. TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA..

MAX WORK LOAD : 10.62 METS


DR. L. K. BUDDHWAR
 M.B.S., M.D. (Medicine)
 D.A. (Cardiology)
 CARDIOLOGIST
 Reg. No.: 26483

Technician : S K SHARMA

DR L K BUDDHWAR

BUDHWAR HEART CENTRE

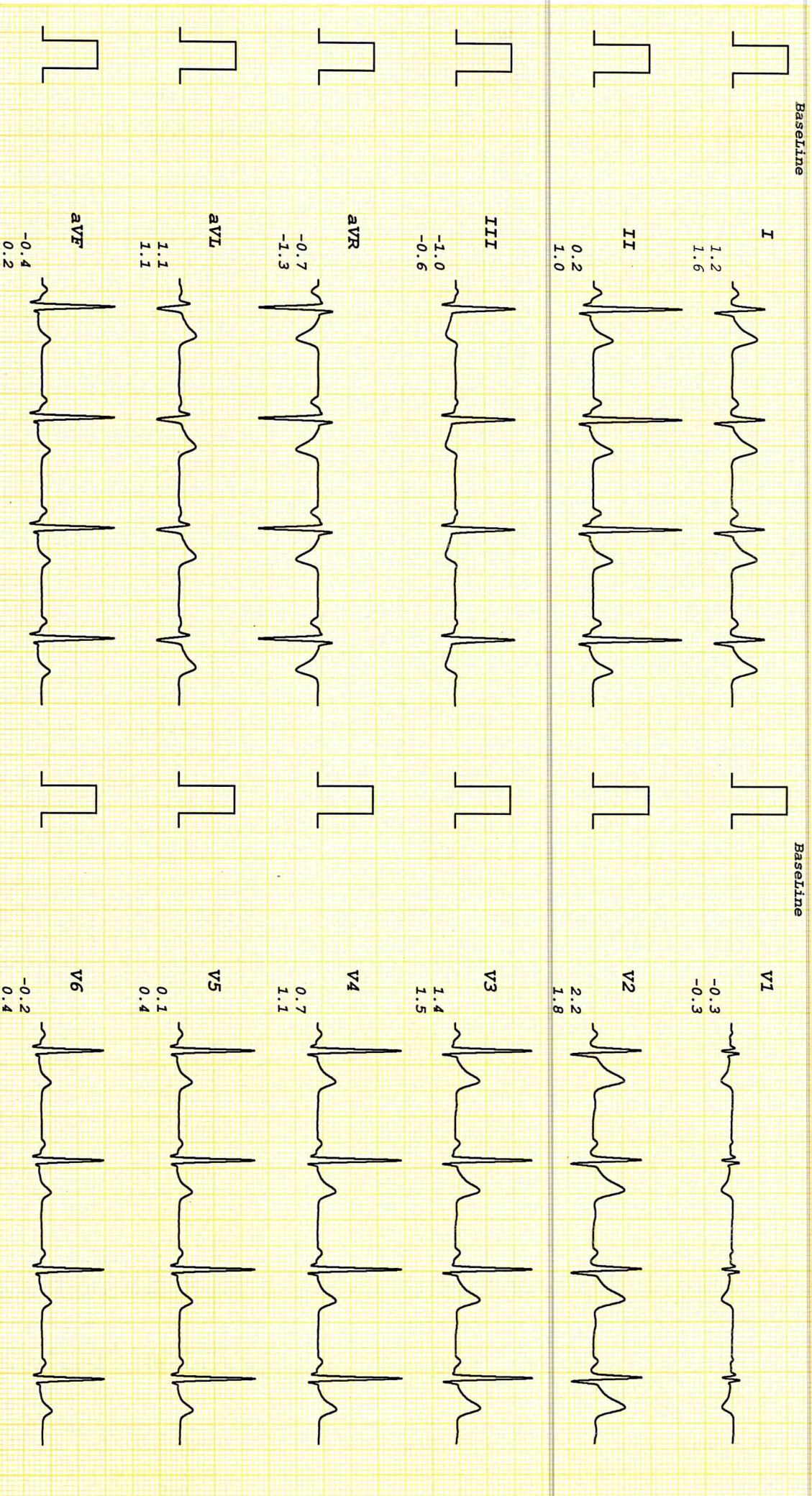
ANAND KUMAR MISHRA
I. D. 3352
Age 33/M
Date 28-08-2024

RATE 75bpm
B.P. 110/70

PRETEST
SUPINE

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

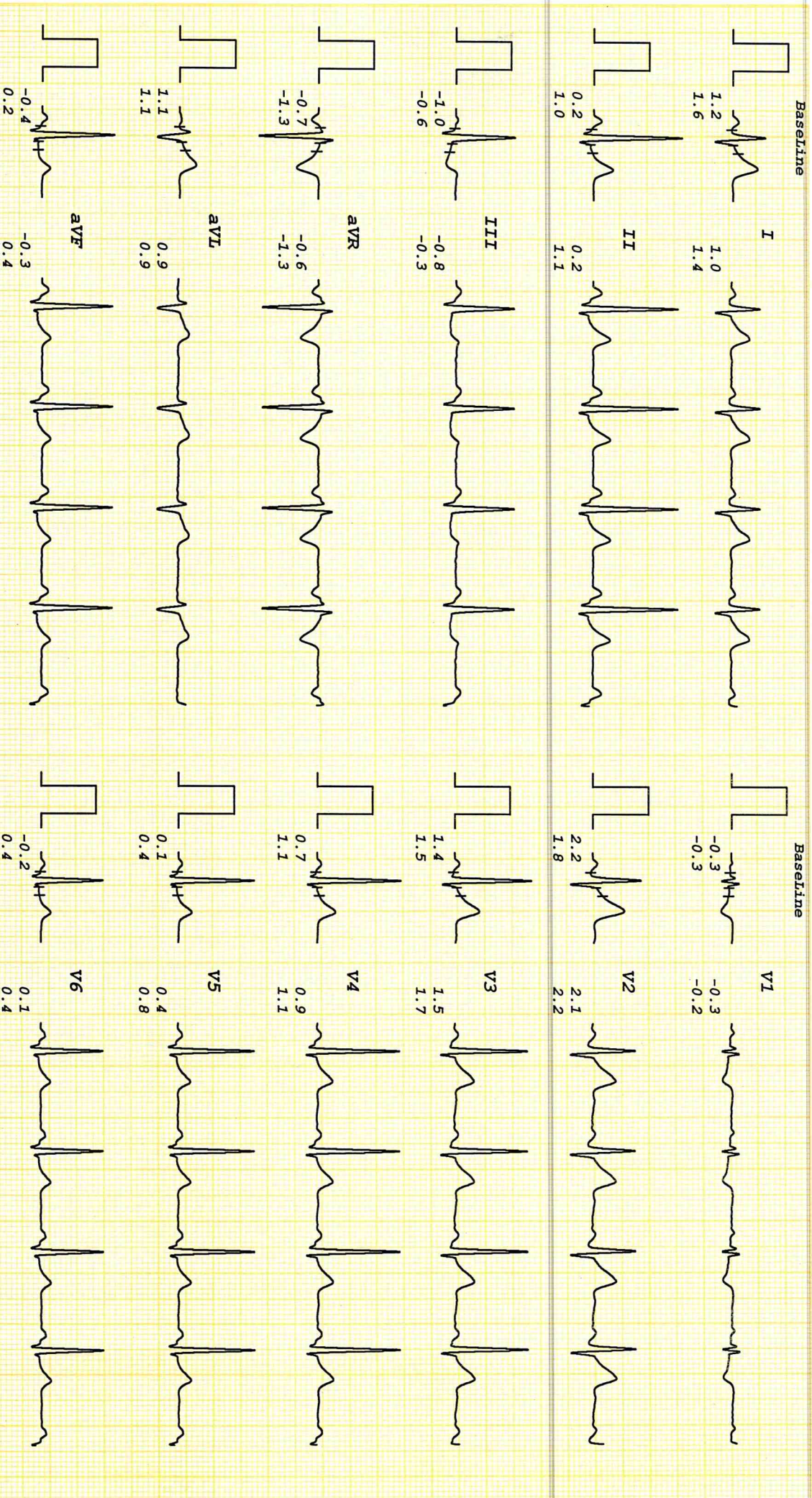
ANAND KUMAR MISHRA
I.D. 3352
Age 33/M
Date 28-08-2024

RATE 82bpm
B.P. 110/70

PRETEST
STANDING

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



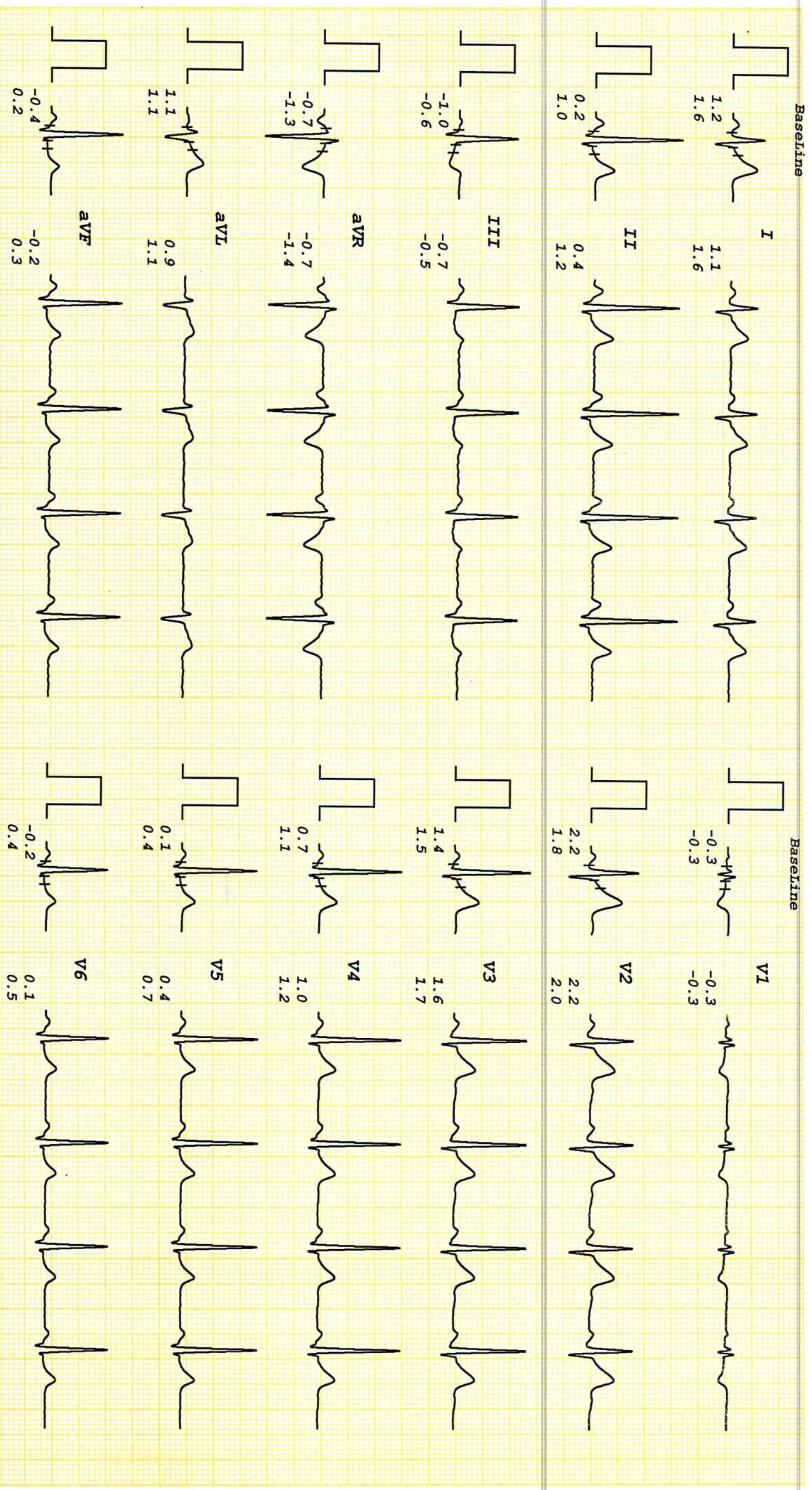
BUDHWAR HEART CENTRE

ANAND KUMAR MISHRA
I.D. 3352
Age 33/M
Date 28-08-2024

PRETEST
RATE 78bpm
E.P. 110/70

PHASE TIME 0:12
ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

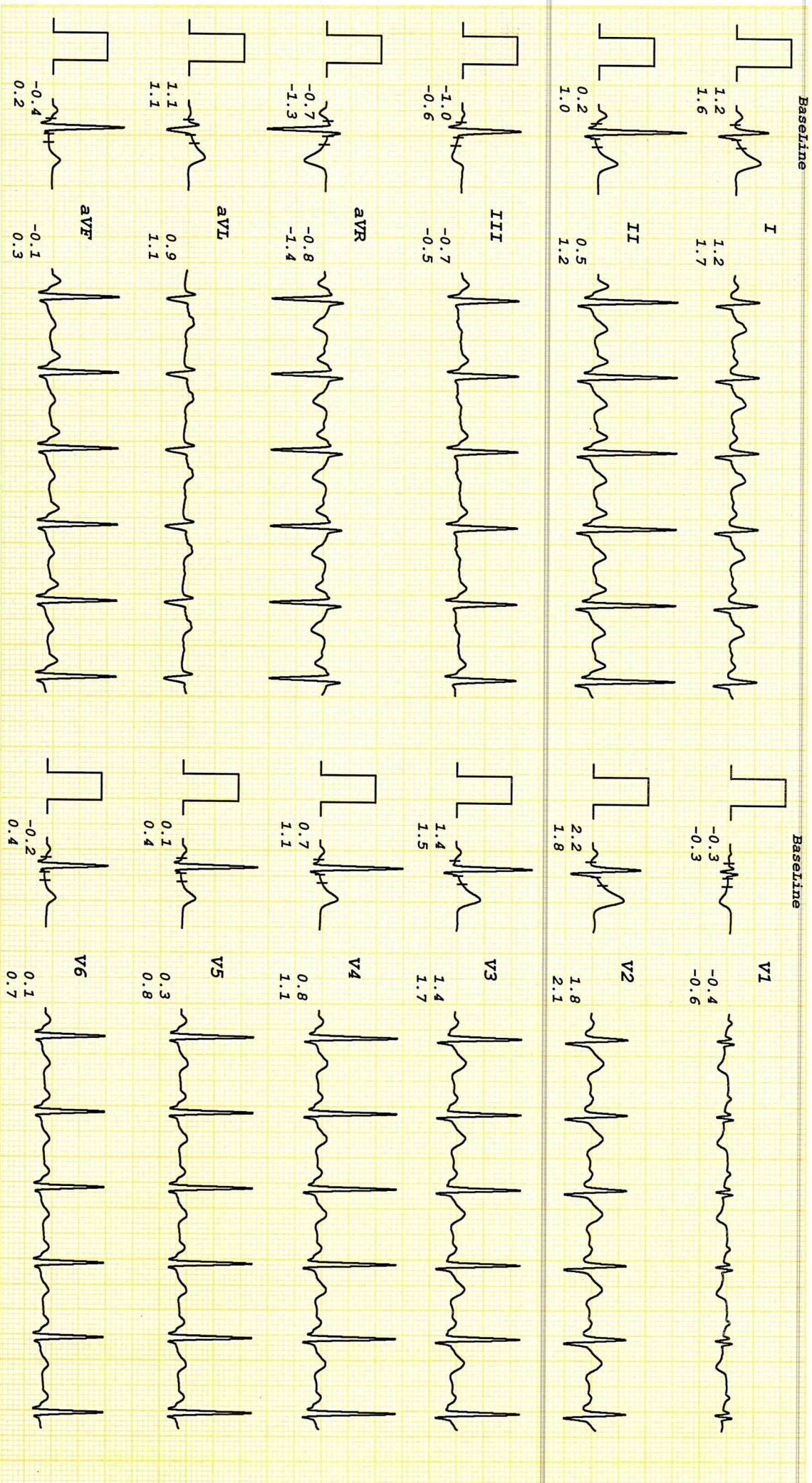
ANAND KUMAR MISHRA
 I.D. 3352
 Age 33/M
 Date 28-08-2024

RATE 108bpm
 B.P. 120/70

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 60ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

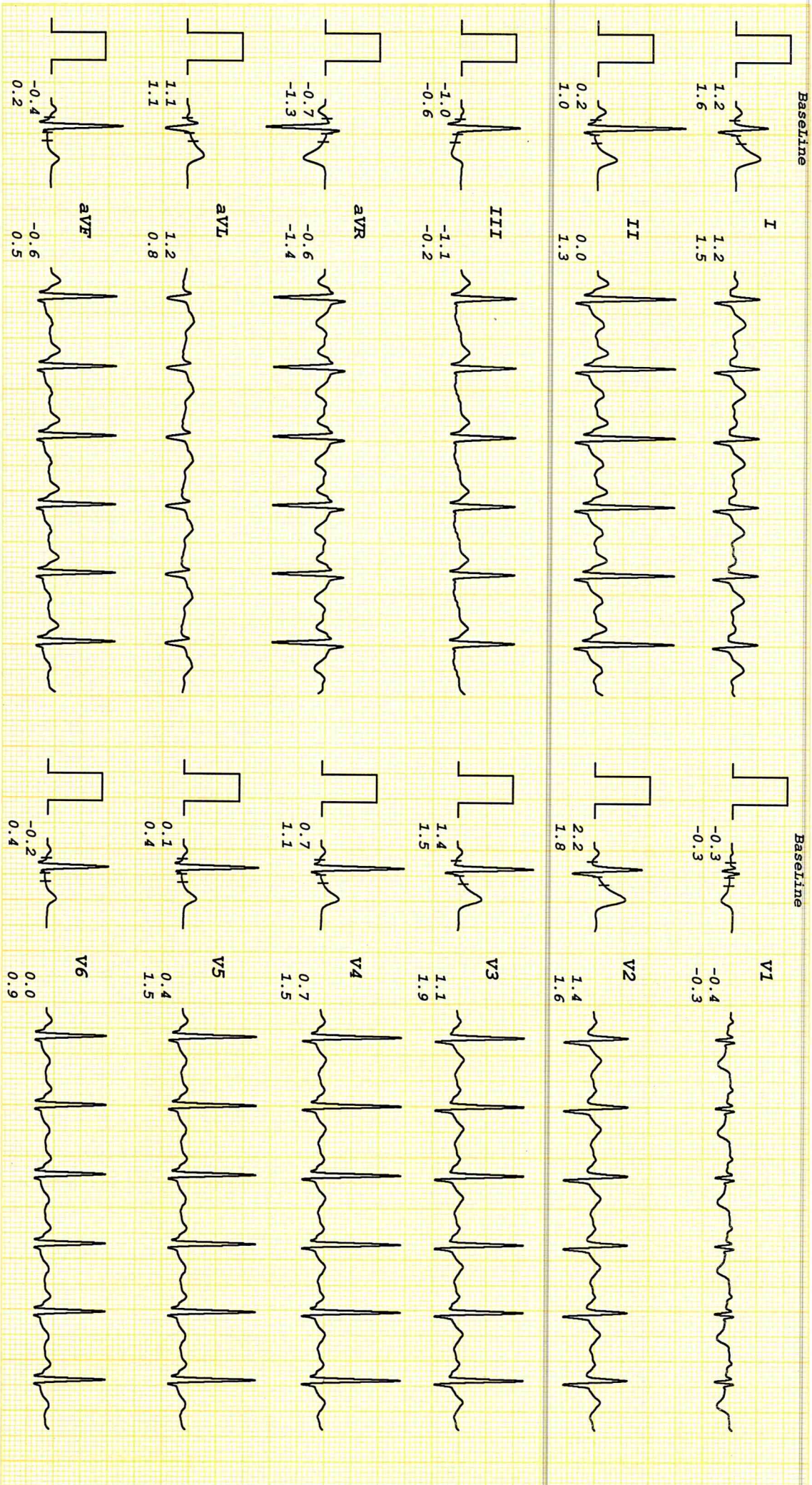
ANAND KUMAR MISHRA
 I.D. 3352
 Age 33/M
 Date 28-08-2024

RATE 119bpm
 B.P. 130/80

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mv
 60ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

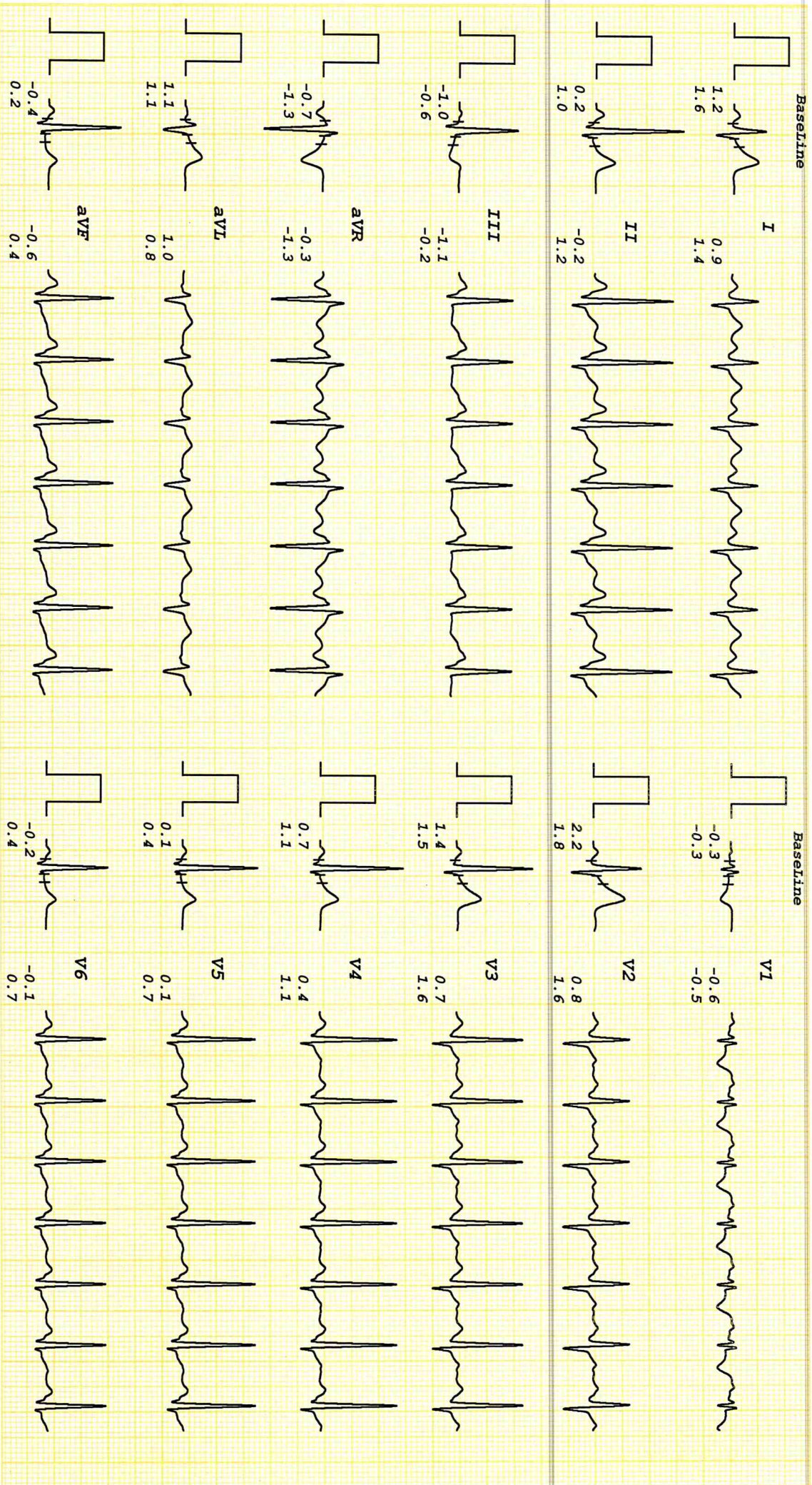
ANAND KUMAR MISHRA
 I.D. 3352
 Age 33/M
 Date 28-08-2024

Rate 133bpm
 B.P. 140/90

Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 60ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

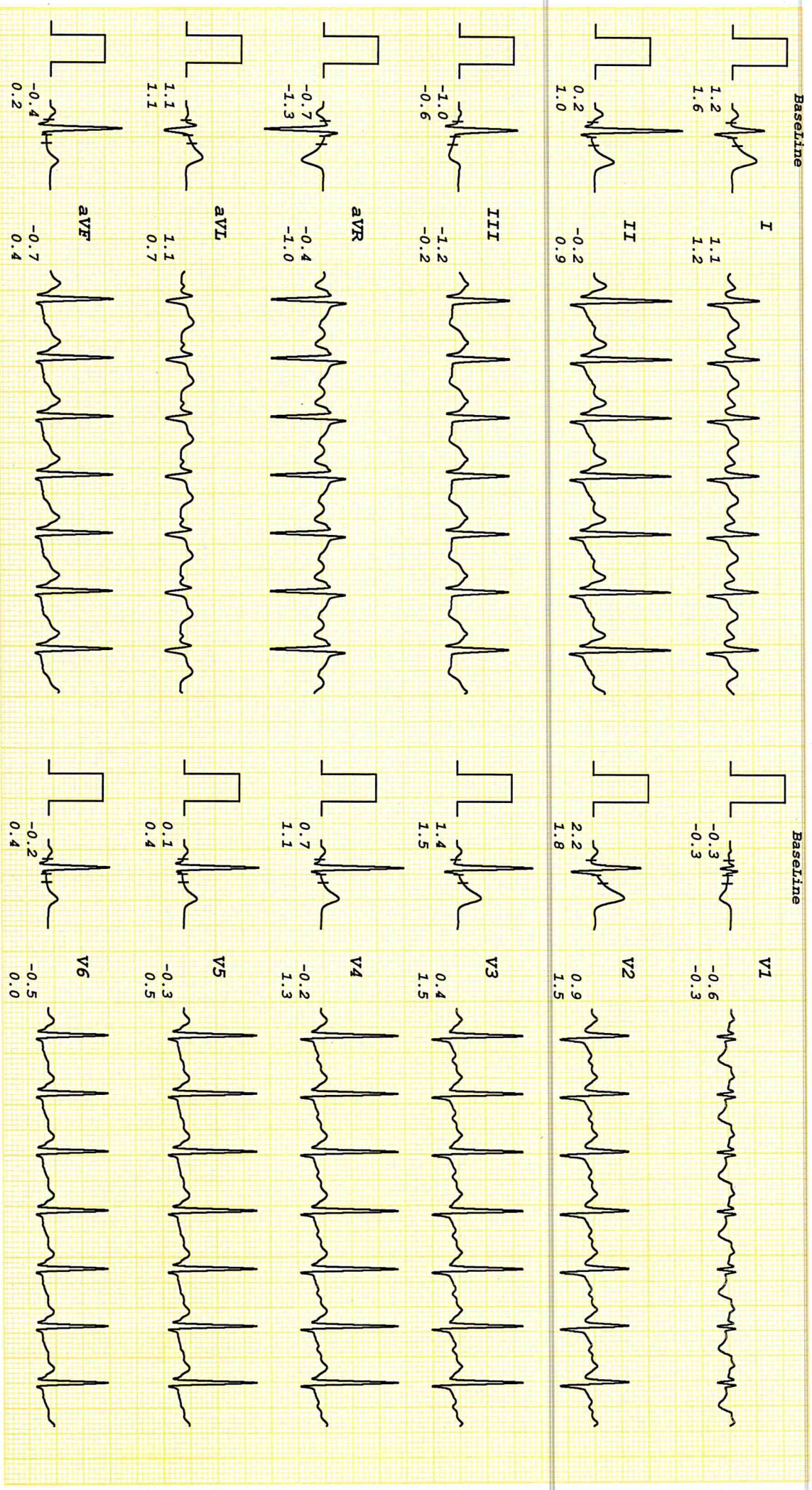
ANAND KUMAR MISHRA
 I.D. 3352
 Age 33/M
 Date 28-08-2024

Rate 140bpm
 B.P. 140/90

Brice
 PR-EXERCISE
 TOTAL TIME 9:28
 PHASE TIME 0:28

ST @ 10mm/mV
 60ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

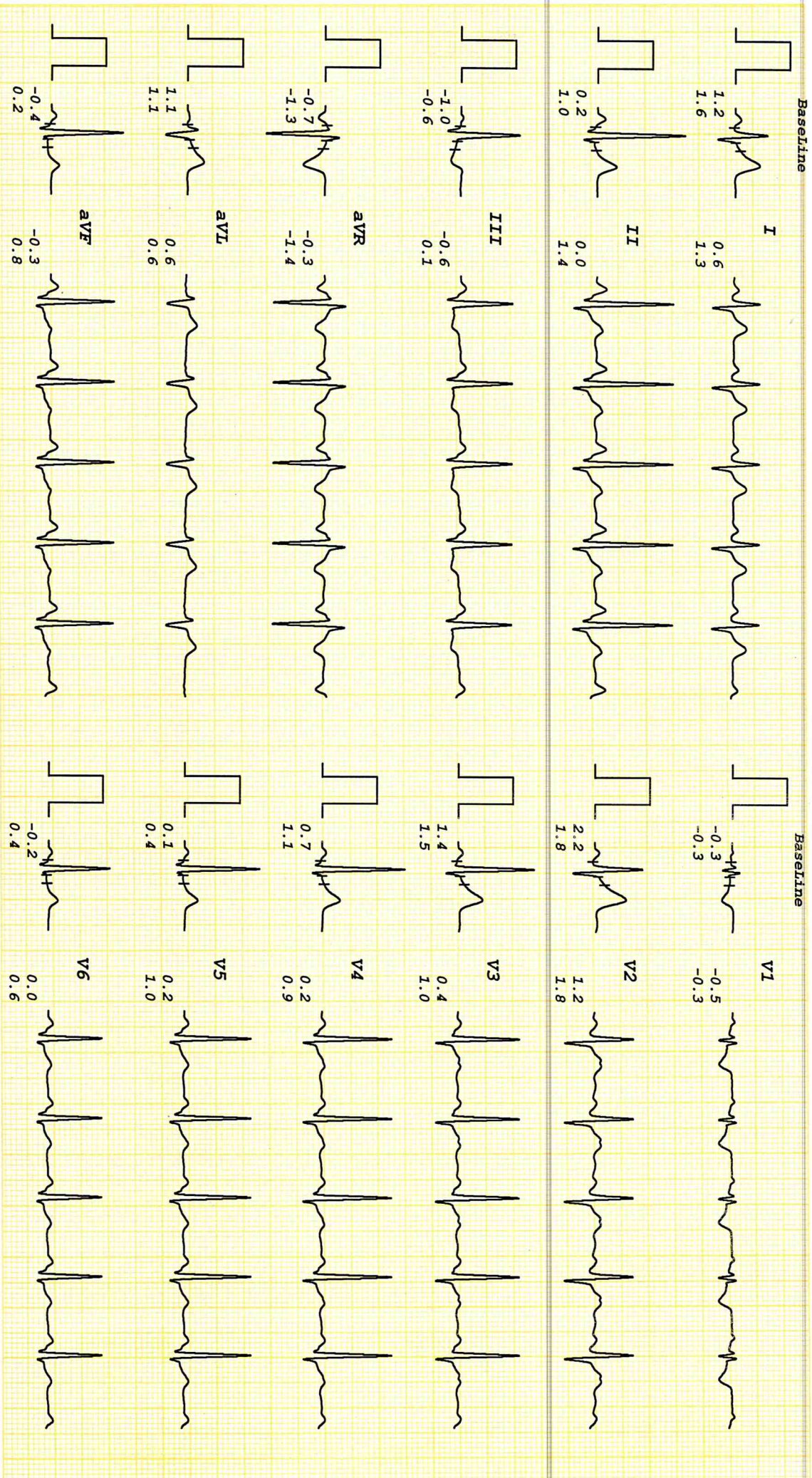
ANAND KUMAR MISHRA
I.D. 3352
Age 33/M
Date 28-08-2024

RATE 102bpm
B.P. 140/90

Bruce
RECOVERY
TOTAL TIME 10:37
PHASE TIME 0:59

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

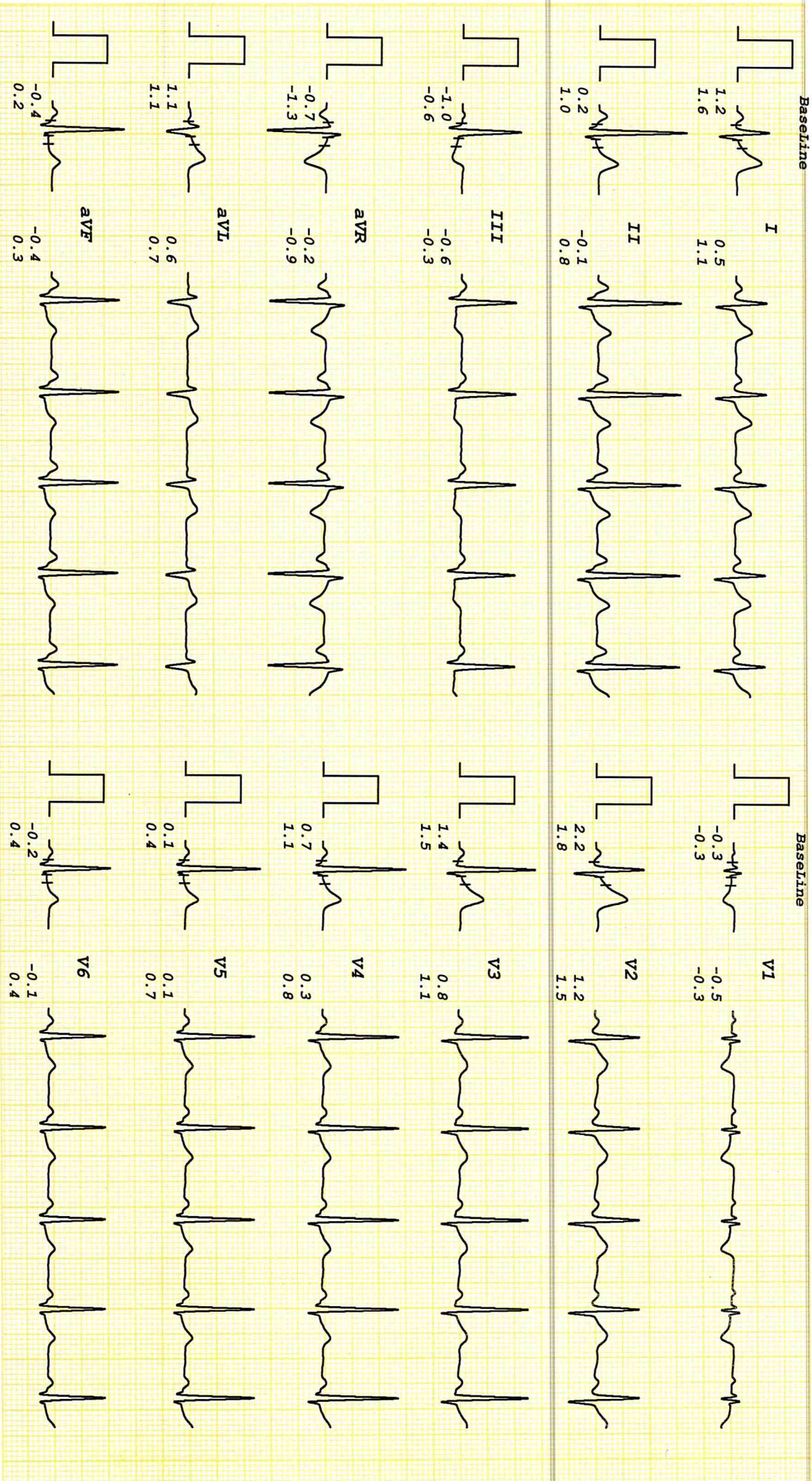
ANAND KUMAR MISHRA
I.D. 3352
Age 33/M
Date 28-08-2024

RATE 90bpm
B.P. 130/80

Brucce
RECOVERY
TOTAL TIME 12:33
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

ANAND KUMAR MISHRA
I.D. 3352
Age 33/M
Date 28-08-2024

RATE 86bpm
B.P. 120/80

BRUCE
RECOVERY
TOTAL TIME 15:09
PHASE TIME 5:31

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN

