# CHANDAN DIAGNOSTIC CENTRE



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.KUMAR BIRENDRA -BOBE15894 Registered On : 29/Mar/2024 09:10:05 Age/Gender : 34 Y 4 M 18 D /M Collected : 29/Mar/2024 10:22:42 UHID/MR NO : CVAR.0000049391 Received : 29/Mar/2024 10:50:30 Visit ID : CVAR0135042324 Reported : 29/Mar/2024 13:36:56 Ref Doctor : Dr.MEDIWHEEL VNS -: Final Report Status

### DEPARTMENT OF HAEMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, Bl	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC)	5,100.00	g/dl /Cu mm	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 4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	42.20	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE











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### DEPARTM ENT OF HAEM ATOLOGY

### 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
RBC Count				
RBC Count	4.55	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.80	fΙ	80-100	CALCULATED PARAMETER
MCH	31.80	pg	28-35	CALCULATED PARAMETER
MCHC	34.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,060.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	102.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









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: Dr.MEDIWHEEL VNS -



Patient Name : Mr.KUMAR BIRENDRA -BOBE15894 Registered On : 29/Mar/2024 09:10:06 Age/Gender Collected : 34 Y 4 M 18 D /M : 29/Mar/2024 10:22:42 UHID/MR NO : CVAR.0000049391 Received : 29/Mar/2024 10:50:31 Visit ID : CVAR0135042324 Reported : 29/Mar/2024 14:40:35 Ref Doctor

Status : Final Report

≥ 126 Diabetes

### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method GLUCOSE FASTING, Plasma **Glucose Fasting** 81.30 mg/dl < 100 Normal **GOD POD** 100-125 Pre-diabetes

### **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 diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

S.N. Sinta Dr.S.N. Sinha (MD Path)









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Patient Name : Mr.KUMAR BIRENDRA -BOBE15894 : 29/Mar/2024 09:10:07 Registered On Age/Gender : 34 Y 4 M 18 D /M Collected : 29/Mar/2024 10:22:42 UHID/MR NO : CVAR.0000049391 Received : 30/Mar/2024 11:52:50 Visit ID : CVAR0135042324 Reported : 30/Mar/2024 14:11:46 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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#### GLYCOSYLATED HAEM OGLOBIN (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 mnagement.

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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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







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





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Registered On

: 29/Mar/2024 09:10:07

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: 34 Y 4 M 18 D /M

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UHID/MR NO Visit ID : CVAR.0000049391 : CVAR0135042324

Reported

: 30/Mar/2024 14:11:46

Ref Doctor

: CVAR0135042324 : 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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)

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

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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.





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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
BUN (Blood Urea Nitrogen) Sample:Serum	9.30	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	4.20	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	60.30	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	86.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	3.90	gm/dl	3.4-5.4	B.C.G.
Globulin	2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.34		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	83.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.50	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	159.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	65.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	65	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	28.88	mg/dl	10-33	CALCU
Triglycerides	144.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P

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CIN: U85110DL2003PLC308206



Patient Name : Mr.KUMAR BIRENDRA -BOBE15894 : 29/Mar/2024 09:10:09 Registered On Age/Gender : 34 Y 4 M 18 D /M Collected : 29/Mar/2024 10:22:42 UHID/MR NO : CVAR.0000049391 Received : 30/Mar/2024 09:58:58 Visit ID : CVAR0135042324 Reported : 30/Mar/2024 11:51:10 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	
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.32	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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002

# CHANDAN DIAGNOSTIC CENTRE



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CIN: U85110DL2003PLC308206



Patient Name : Mr.KUMAR BIRENDRA -BOBE15894 : 29/Mar/2024 09:10:07 Registered On Age/Gender Collected : 34 Y 4 M 18 D /M : 29/Mar/2024 10:22:41 UHID/MR NO : CVAR.0000049391 Received : 29/Mar/2024 10:50:30 Visit ID : CVAR0135042324 Reported : 29/Mar/2024 17:10:55 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
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	141.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.100	μIU/mL	0.27 - 5.5	CLIA
		y.		
Interpretation:				
		0.3-4.5 $\mu IU/r$		
		0.5-4.6 µIU/r	nL Second Trin	nester
		0.8-5.2 µIU/r	nL Third Trime	ster
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r		2-20 Week
Interpretation:	2.100	0.3-4.5 μIU/r 0.5-4.6 μIU/r 0.8-5.2 μIU/r 0.5-8.9 μIU/r 0.7-27 μIU/r 2.3-13.2 μIU/r 0.7-64 μIU/r 1-39 μIU	mL First Trimes mL Second Trim mL Third Trime mL Adults mL Premature mL Cord Blood mL Child(21 wk m/mL Child	ter nester ster 55-87 Years 28-36 Week > 37Week - 20 Yrs.) 0-4 Days

- 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.

S.N. Sinta

Dr.S.N. Sinha (MD Path)









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Patient Name : Mr.KUMAR BIRENDRA -BOBE15894 Registered On : 29/Mar/2024 09:10:08

 Age/Gender
 : 34 Y 4 M 18 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000049391
 Received
 : N/A

Visit ID : CVAR0135042324 Reported : 29/Mar/2024 17:19:56

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

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT)



Bont

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 \*

\*Facilities Available at Select Location





