# **Chandan Diagnostic**



Age / Gender: 43/Male

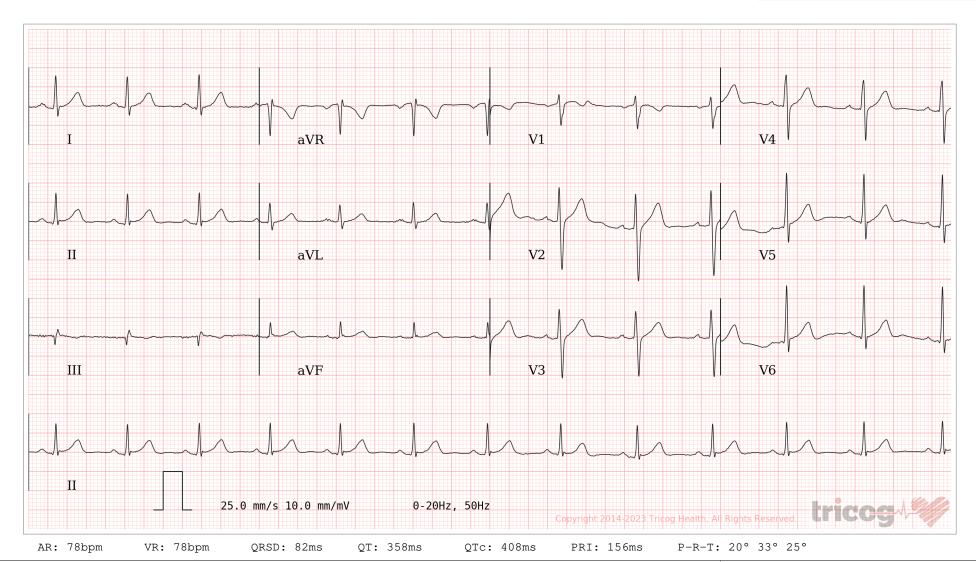
Date and Time: 5th Mar 23 9:20 AM

Patient ID:

CVAR0089482223

Patient Name:

Mr.UDAY KUMAR YADAV -BOBE31185



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

AUTHORIZED BY

amt B

Dr. Charit MD, DM: Cardiology Dr Sadath Uzma

REPORTED BY

63382

72392

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.

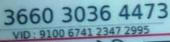


# भारत सरकार

## Government of India



उदय कुमार यादव UDAY KUMAR YADAV जन्म तिथि/DOB: 30/06/1979 पुरुष/ MALE



मेरा आधार, मेरी पहचान







# CHANDAN DIAGNOSTIC CENTRE

medi Wheel. (AHC) Name of Company:

Name of Executive: Mr. Volay KT. Yadan

Date of Birth: 30/06/1979

Sex: Male / Female

Height: 177 CMa

Weight: 74 KGs

BMI (Body Mass Index): 23.6

Abdomen: ...93 .....CMs

Blood Pressure: 30 86 mm/Hg

Pulse: ... & BPM - Regular / Irregular

RR: (2 Resp/Min

Ident Mark: Mole moldle exebrace

Any Allergies: Wo

Vertigo:

Any Medications: 1 Thyrord - Tab. Thypoxime 25 mg. - 24fg

Any Surgical History: Mo

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports:

Eye Check up vision & Color vision: Norral à Power glan 1 - 10785-( Power - NET Cat)

Left eye: Namp

Right eye:

Near vision: hat

Far vision: peul c'ylan

Dental check up :







# CHANDAN DIAGNOSTIC CENTRE

ENT Check up : No

Eye Checkup:

#### Final impression

Client Signature :-

day

Dr. R.C. RO MBBS, MD. Radio Diagnosis MBBS, MD. Radio Diagnosis

Signature of Medical Examiner

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

Date D.S. S. 12023, Place VARANASIS

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



# CHANDAN HEALTH CARE LTD.

99-SHIVA II NAGAR MAHMOORGAN I VARANASI 9839703069

Medication3

Mr LIDAY KUMAR YADAV Ana/Say - 42/M Ref by Indication 1

Indication?

Indication3

ID - 80482222 HINAM - / Recorded: 05-03-2023 9:55

TREADMILL TEST SUMMARY REPORT Protocol BRUCE History Medication 1 Medication2

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	п	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT VALSALVA STANDING	0:06	0:06			98 102 102 99	130/86 130/86 130/86 130/86	127 132 132 128	1.0 0.9 0.9 0.9	1.9 2.3 2.3 2.0	0.8 0.8 0.8 0.7	
EVENT EVENT STAGE 1 EVENT STAGE 2 EVENT STAGE 3 EVENT	0:07 2:08 2:59 3:40 5:59 6:12 8:59 9:17	0:07 2:08 2:59 0:40 2:59 0:12 2:59 0:17	2.70 2.70 2.70 4.00 4.00 5.40 5.40 6.70	10.00 10.00 10.00 12.00 12.00 14.00 14.00	101 113 112 119 125 133 156 165	130/86 135/86 135/86 135/86 138/86 140/86 145/86 148/86	131 152 151 160 172 186 226 244	0.9 1.1 1.1 0.8 1.0 0.7 0.7	2.5 2.7 2.9 2.5 3.4 3.3 3.7 3.9	0.7 0.6 0.7 0.7 0.9 1.2 0.8 0.7	0.19 3.43 4.80 5.31 7.10 7.29 10.00
PEAK EXER RECOVERY EVENT	9:22 2:59 3:10	0:22 2:59 3:10	0.00	0.00	167 115 114	148/86 148/86 148/86	247 170 168	1.3 0.4 0.5	4.4 1.1 0.9	1.0 0.2 0.3	10.49

#### RESULTS.

Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination

9:22 Minutes 167 bpm 94 % of target heart rate 177 bpm 148/86 mmHa

IMPRESSIONS

-> Baselie Echie normal

-) NO. Rignifut ST-7 Changensean at pour Exercise and Recovery-> Good Effect Toloman

10 49 METS

Peq. No.-39794

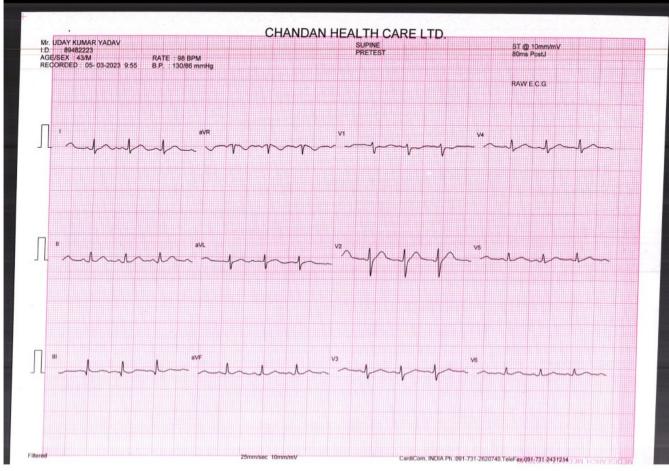
TM Tie negely for RMC Dr. Ankit Krishna Agarred Cardiologist -> TM Tie negative for RMC MB.B.S., MD, DM

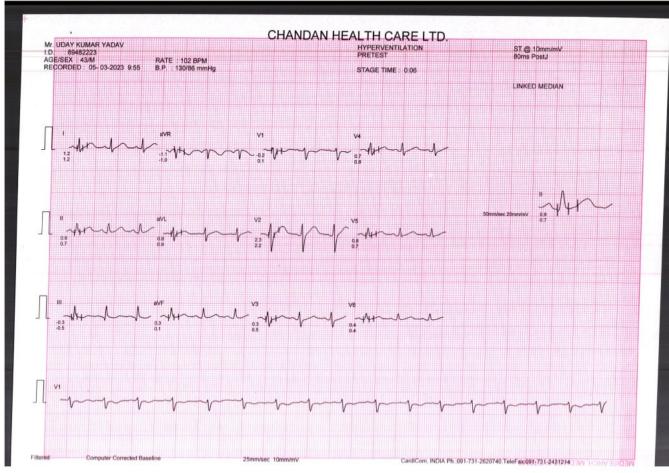
M.B.B.S., MD, DM

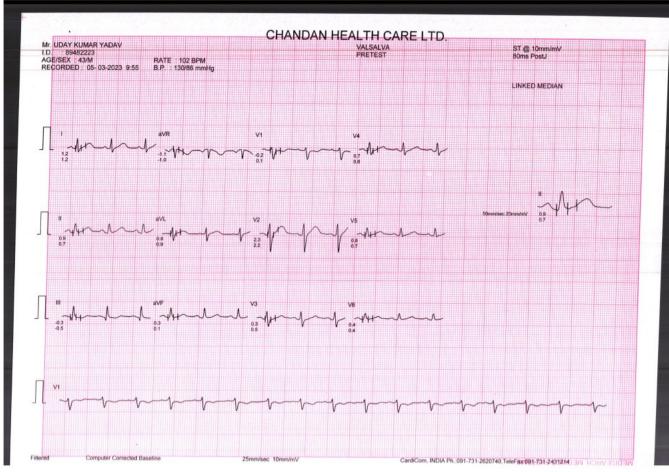
Cardiologist

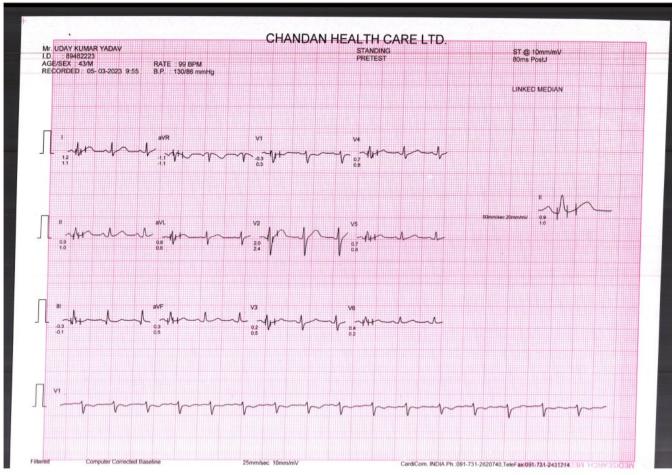
Cardiologist

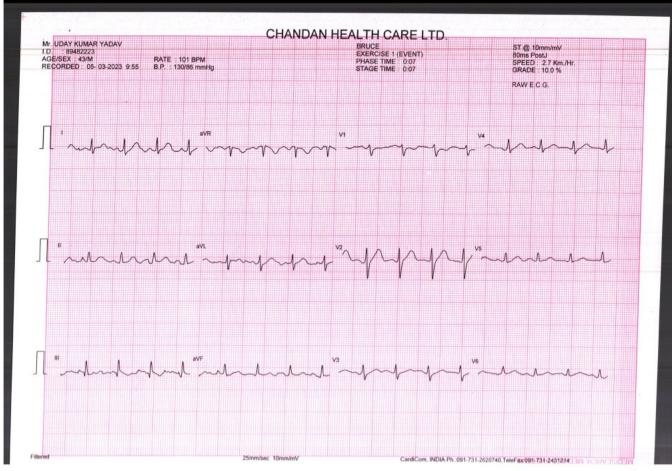
Cardiologist







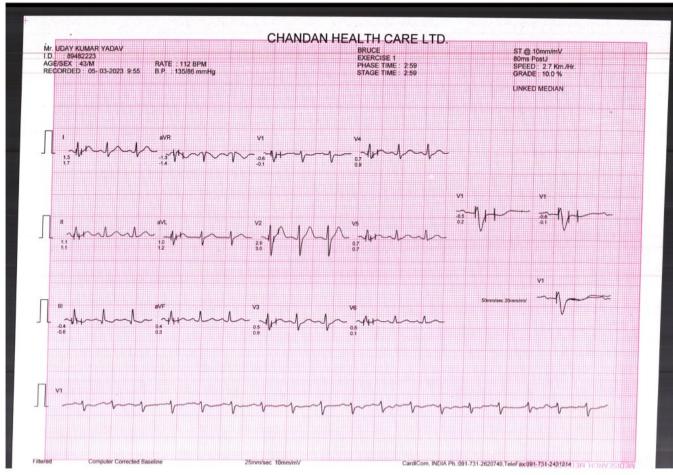




# CHANDAN HEALTH CARE LTD. Mr. UDAY KUMAR YADAV BRUCE ST @ 10mm/mV ID 89482223 EXERCISE 1 (EVENT) 80ms Post. AGE/SEX 43/M RATE: 113 BPM PHASE TIME 2:08 SPEED: 27 Km /Hr RECORDED: 05-03-2023 9-55 B.P. 135/86 mmHa STAGE TIME - 2:08 GRADE: 10.0 % RAW E C.G.

CardiCom, INDIA Ph.:091-731-2620740.TeleFax:091-731-2431214

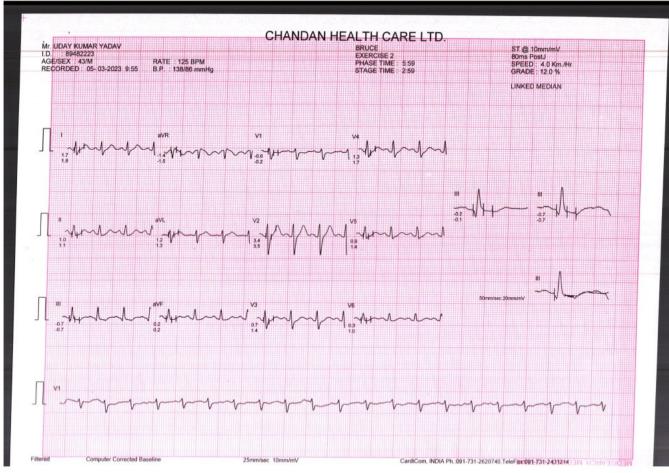
25mm/sec 10mm/mV

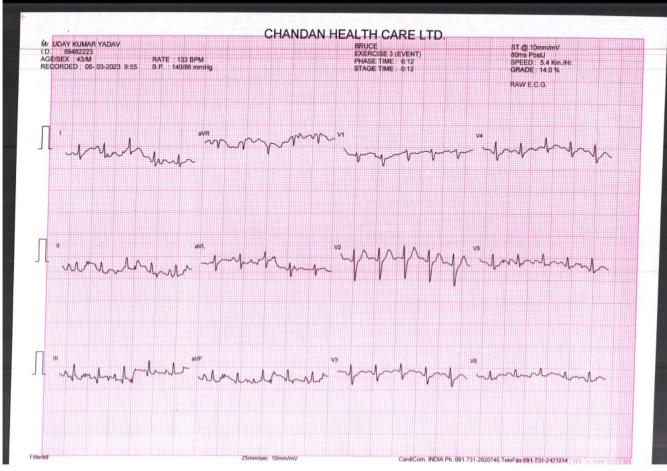


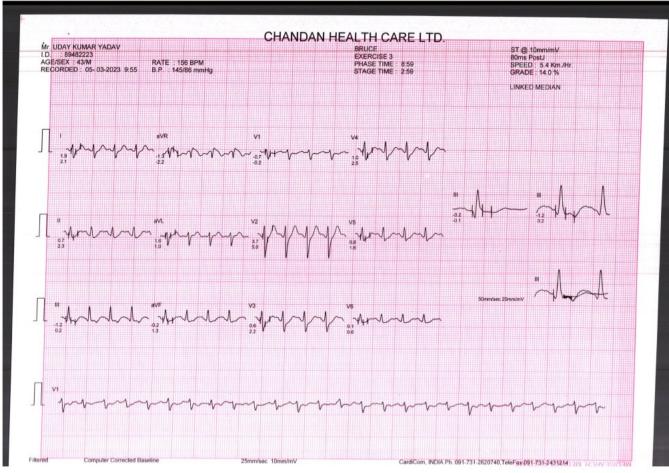
# CHANDAN HEALTH CARE LTD Mr UDAY KUMAR YADAY BRUCE ST @ 10mm/mV I.D.: 89482223 EXERCISE 2 (EVENT) 80ms Post I AGE/SEX : 43/M RATE: 119 BPM PHASE TIME: 3:40 SPEED: 40 Km /Hr RECORDED: 05-03-2023 9:55 B.P. 135/86 mmHa STAGE TIME : 0:40 GRADE: 12.0 % RAWECG

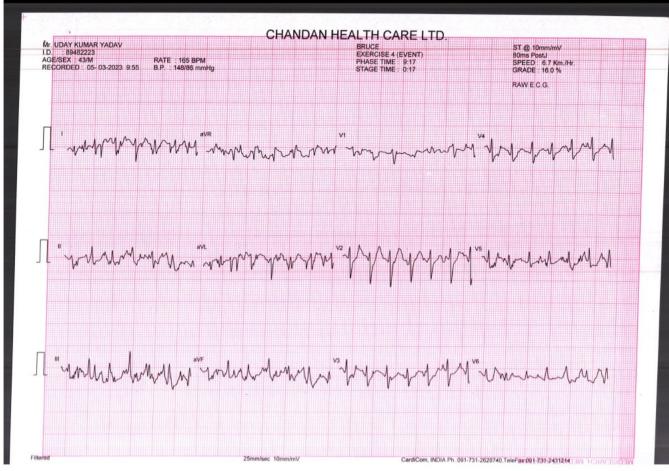
CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

25mm/sec 10mm/mV

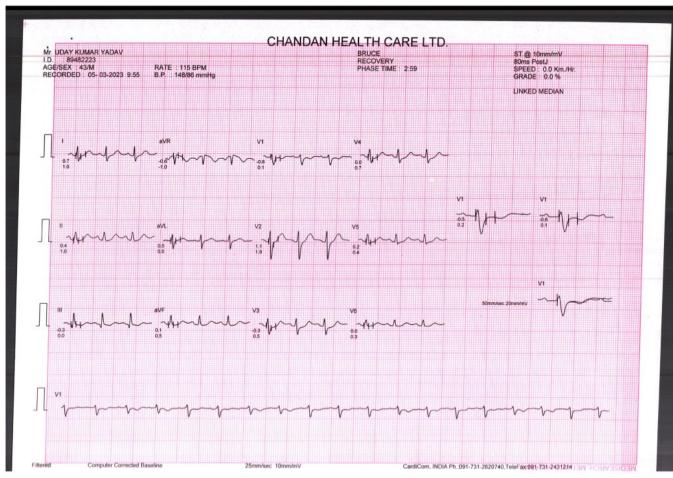


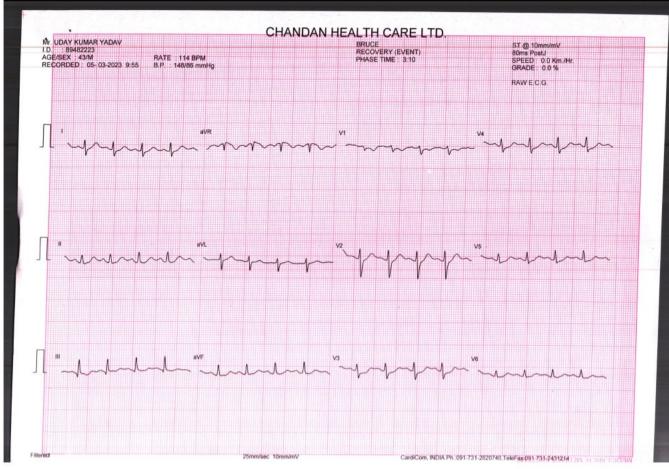






CHANDAN HEALTH CARE LTD Mr UDAY KUMAR YADAV BRUCE D 89482223 ST @ 10mm/mV PEAK EXER AGE/SEY A3/M 80me Poet I RATE : 167 RPM PHASE TIME 9:22 RECORDED : 05, 03, 2023 9:55 SPEED: 6.7 Km /Hr B.P.: 148/86 mmHa STAGE TIME: 0:22 GRADE 16.0 % MIXEDECG I in the physical physical states which will state the state of the st I got for the good of the state Cardicom, INDIA Ph. 081-731-2620740.TeleFax,081,733.2431234









CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 Registered On : 05/Mar/2023 08:27:09 Age/Gender Collected : 05/Mar/2023 09:33:26 : 43 Y 0 M 0 D /M UHID/MR NO : CVAR.0000035979 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089482223 Reported : 05/Mar/2023 14:42:54

Ref Doctor : Dr.MEDIWHEEL VNS Status : Final Report

#### DEPARTMENT OF HABMATOLOGY

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

reservance reservance since bio. Feb. interval internor	Test Name	Result	Unit	Bio. Ref. Interval	Method	
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Blood Group (ABO & Rh typing) \*, Blood

**Blood Group** 

0

Rh (Anti-D)

POSITIVE

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) DLC	8,000	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT)	42.70	%	40-54	
Platelet count				
Platelet Count	2.49	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
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	4.90	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 : 05/Mar/2023 08:27:09 Registered On Age/Gender : 43 Y 0 M 0 D /M Collected : 05/Mar/2023 09:33:26 UHID/MR NO : CVAR.0000035979 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089482223 Reported : 05/Mar/2023 14:42:54 Ref Doctor : Dr.MEDIWHEEL VNS Status : Final Report

## DEPARTMENT OF HABMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	87.10	fl	80-100	CALCULATED PARAMETER
MCH	29.90	pg	28-35	CALCULATED PARAMETER
MCHC	34.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,000.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	240.00	/cu mm	40-440	

S.N. Sinla

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 Registered On : 05/Mar/2023 08:27:10 Collected Age/Gender : 43 Y 0 M 0 D /M : 05/Mar/2023 11:17:17 UHID/MR NO : CVAR.0000035979 Received : 05/Mar/2023 12:31:36 Visit ID : CVAR0089482223 Reported : 05/Mar/2023 13:16:49 Ref Doctor : Dr.MEDIWHEEL VNS Status : Final Report

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Hesult	Unit	Bio. Het. Interval	Method	
GLUCOSE FASTING, Plasma					
Glucose Fasting	143.20	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 126 Diabetes	GOD POD s	

#### **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.

Glucose PP	160.60	mg/dl	<140 Normal	<b>GOD POD</b>
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 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)



1800-419-0002







CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 : 05/Mar/2023 08:27:11 Registered On Collected Age/Gender : 43 Y 0 M 0 D /M : 05/Mar/2023 09:33:26 UHID/MR NO : CVAR.0000035979 Received : 06/Mar/2023 11:27:11 Visit ID : CVAR0089482223 Reported : 06/Mar/2023 14:03:15 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

#### GLYCOSYLATED HAEM OGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	50.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	145	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 G8 90 SL TOSOH 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.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 Registered On

: 05/Mar/2023 08:27:11

Age/Gender

: 43 Y 0 M 0 D /M

Collected

: 05/Mar/2023 09:33:26

UHID/MR NO Visit ID

: CVAR.0000035979

Received

: 06/Mar/2023 11:27:11

Ref Doctor

: CVAR0089482223 : Dr.MEDIWHEEL VNS Reported

: 06/Mar/2023 14:03:15

Status

: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name Unit Bio. Ref. Interval Method Result

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





<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.





CIN: U85110DL2003PLC308206



: 05/Mar/2023 08:27:11 Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 Registered On Age/Gender : 43 Y 0 M 0 D /M Collected : 05/Mar/2023 09:33:26 UHID/MR NO : CVAR.0000035979 Received : 05/Mar/2023 09:54:17 Visit ID : CVAR0089482223 Reported : 05/Mar/2023 10:57:18 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS Status

#### 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	7.80	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	5.20	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)  LIPID PROFILE (MINI), Serum Cholesterol (Total)	24.30 46.30 49.50 6.50 4.20 2.30 1.83 109.90 0.80 0.30 0.50	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)  VLDL  Triglycerides	32.50 73 58.04 290.20	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline High > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High	DIRECT ENZYMATIC CALCULATED  CALCULATED  GPO-PAP









CIN: U85110DL2003PLC308206



Patient Name

: Mr.UDAY KUMAR YADAV -BOBE31185

Registered On

: 05/Mar/2023 08:27:11

Age/Gender

: 43 Y 0 M 0 D /M

Collected Received : 05/Mar/2023 09:33:26 : 05/Mar/2023 09:54:17

UHID/MR NO Visit ID

: CVAR.0000035979 : CVAR0089482223

Reported

Ref Doctor

: Dr.MEDIWHEEL VNS

: 05/Mar/2023 10:57:18

Status

: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name Unit Bio. Ref. Interval Method Result

>500 Very High



S.N. Sinta

Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 Registered On

: 05/Mar/2023 08:27:11 : 05/Mar/2023 11:17:17

Age/Gender UHID/MR NO : 43 Y 0 M 0 D /M : CVAR.0000035979 Collected Received

: 05/Mar/2023 12:31:36

Visit ID

Sugar

: CVAR0089482223

Reported

: 05/Mar/2023 12:31:59

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

URINE EXAMINATION, ROUTINE\*, Urine

Color LIGHT YELLOW

Specific Gravity 1.030

Reaction PH Acidic (5.5) DIPSTICK **DIPSTICK** 

Protein **ABSENT** mg % < 10 Absent 10-40 (+)

40-200 (++)

200-500 (+++) > 500 (++++)

**ABSENT** < 0.5 (+)gms%

0.5-1.0(++)

1-2 (+++) > 2 (++++)

Ketone **ABSENT** mg/dl 0.2-2.81 **BIOCHEMISTRY** 

**Bile Salts ABSENT** 

**Bile Pigments ABSENT** 

Urobilinogen(1:20 dilution)

Microscopic Examination:

Epithelial cells 2-3/h.p.f **MICROSCOPIC** 

**ABSENT** 

**EXAMINATION** 

DIPSTICK

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%

**Interpretation:** 

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2









CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 Registered On

: 05/Mar/2023 08:27:11

Age/Gender

: 43 Y 0 M 0 D /M

Collected

: 05/Mar/2023 11:17:17 : 05/Mar/2023 12:31:36

UHID/MR NO Visit ID

: CVAR.0000035979 : CVAR0089482223

Received

Ref Doctor

Test Name

Reported

: 05/Mar/2023 12:31:59

: Dr.MEDIWHEEL VNS

Status : Final Report

# DEPARTM ENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit Bio. Ref. Interval Method Result

SUGAR, PP STAGE\*, Urine

Sugar, PP Stage

Trace

#### **Interpretation:**

< 0.5 gms% (+)

0.5-1.0 gms% (++)

(+++) 1-2 gms%

(++++) > 2 gms%

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







## CHANDAN DIAGNOSTIC CENTRE



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 : 05/Mar/2023 08:27:11 Registered On Age/Gender : 43 Y 0 M 0 D /M Collected : 05/Mar/2023 09:33:26 UHID/MR NO : CVAR.0000035979 Received : 06/Mar/2023 10:21:01 Visit ID : CVAR0089482223 Reported : 06/Mar/2023 12:24:57 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS Status

#### 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	0.600	ng/mL	< 2.0	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)	95.36	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	15.38	μIU/mL	0.27 - 5.5	CLIA

#### **Interpretation:**

0.3 - 4.5	μIU/mL	First Trimester	
0.5-4.6	$\mu IU/mL$	Second Trimester	
0.8 - 5.2	$\mu IU/mL$	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	$\mu IU/mL$	Cord Blood	> 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)	
1-39	$\mu IU/mL$	Child	0-4 Days
1.7-9.1	$\mu IU/mL$	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.









CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 : 05/Mar/2023 08:27:11 Registered On Age/Gender Collected : 43 Y 0 M 0 D /M : 05/Mar/2023 09:33:26 UHID/MR NO : CVAR.0000035979 Received : 06/Mar/2023 10:21:01 Visit ID : CVAR0089482223 : 06/Mar/2023 12:24:57 Reported 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

- 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







## CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.UDAY KUMAR YADAV -BOBE31185 : 05/Mar/2023 08:27:12 Registered On

Age/Gender : 43 Y 0 M 0 D /M Collected : N/A UHID/MR NO : CVAR.0000035979 Received : N/A

Visit ID : CVAR0089482223 Reported : 06/Mar/2023 09:32:23

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:

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 \*

\*Facilities Available at Select Location 365 Days Open









Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India Latitude Longitude

25.304962°

82.977877°

LOCAL 09:11:57 GMT 03:41:57

SUNDAY 03.05.2023 ALTITUDE 42 METER