



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAKASH CHANDRA	Registered On	: 25/Mar/2023 08:47:29
Age/Gender	: 51 Y 8 M 12 D /M	Collected	: 25/Mar/2023 08:52:33
UHID/MR NO	: CHLD.0000088861	Received	: 25/Mar/2023 09:59:10
Visit ID	: CHLD0163462223	Reported	: 25/Mar/2023 12:47:41
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	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
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	17.50	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)	4,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	<9	
PCV (HCT)	53.00	%	40-54	
Platelet count				
Platelet Count	1.38	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	21.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	49.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.47	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.40	fl	80-100	CALCULATED PARAMETER
MCH	32.00	pg	28-35	CALCULATED PARAMETER
MCHC	35.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,332.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	196.00	/cu mm	40-440	




Dr Vinod Ojha
MD Pathologist





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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	153.50	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

345.20	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)	9.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	75.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	212	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.





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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 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 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) Sample:Serum	16.72	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.08	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	74.29	mg/dl	3.4-7.0	URICASE





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LFT (WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	53.35	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	78.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.03	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.83	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.48		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	125.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.98	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.35	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.63	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	182.74	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	43.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	125	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.10	mg/dl	10-33	CALCULATED
Triglycerides	70.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP


Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mr.PRAKASH CHANDRA	Registered On	: 25/Mar/2023 08:47:29
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UHID/MR NO	: CHLD.0000088861	Received	: 25/Mar/2023 09:59:10
Visit ID	: CHLD0163462223	Reported	: 25/Mar/2023 13:15:56
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	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
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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-4/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			




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MD Pathologist





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UHID/MR NO	: CHLD.0000088861	Received	: 25/Mar/2023 09:59:10
Visit ID	: CHLD0163462223	Reported	: 26/Mar/2023 10:26:06
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	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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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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




Dr Vinod Ojha
MD Pathologist





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Age/Gender	: 51 Y 8 M 12 D /M	Collected	: 25/Mar/2023 15:07:20
UHID/MR NO	: CHLD.0000088861	Received	: 25/Mar/2023 15:46:50
Visit ID	: CHLD0163462223	Reported	: 25/Mar/2023 16:03:27
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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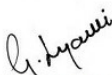
SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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




Dr GITIKA HYANKI KUTIYAL M.D
(PATHOLOGY)





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Patient Name	: Mr.PRAKASH CHANDRA	Registered On	: 25/Mar/2023 08:47:31
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UHID/MR NO	: CHLD.0000088861	Received	: N/A
Visit ID	: CHLD0163462223	Reported	: 25/Mar/2023 12:49:09
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA **

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.


DR KAMAL PANT
(MD RADIO DIAGNOSIS)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size (~11.2 cms) and echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

GALL BLADDER: Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

CBD: Normal in caliber and smoothly tapering towards its lower end.

PANCREAS: Normal in size and echotexture.

SPLEEN: Normal in size and echotexture.

KIDNEYS:-

Right kidney is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

No calculus seen.

Left kidney is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

No calculus seen.

URINARY BLADDER: Is partially distended.

- Pre void volume ~ 83.1 cc.
- Post void volume ~5 cc (insignificant).

PROSTATE: Is enlarged in size (~3.3x3.5x4.3 cms and 29.2 cc in volume) and normal in echotexture. No focal lesion seen.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

IMPRESSION:- *Grade I prostatomegaly with insignificant post void residual urine.*

(Adv:- Clinico-pathological correlation and further evaluation).





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

THYROID PROFILE - TOTAL, ECG / EKG, PSA (Prostate Specific Antigen), Total, Tread Mill Test (TMT)



DR KAMAL PANT
(MD RADIO DIAGNOSIS)

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 *Facilities Available at Select Location

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Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018

S K NURSING HOME AND HOSPITAL
G B PANT MARG TIKONIA HALDWANI
HALDWANI

Station

Telephone: 05946-221040,220263

EXERCISE STRESS TEST REPORT

Patient Name: MR PRAKASH CHANDRA,
Patient ID: 8799987
Height: 168 cm
Weight: 52 kg

DOB: 12.07.1971
Age: 51yrs
Gender: Male
Race:

Study Date: 25.03.2023
Test Type: --
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC
Attending Physician: DR.DEVASHISH GUPTA(MD)
Technician: MR.BHUWAN

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:29	0.00	0.00	82		
	STANDING	00:28	0.00	0.00	78	130/80	
	HYPERV.	00:39	0.80	0.00	78	130/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	120	130/80	
	STAGE 2	03:00	4.00	12.00	134	140/90	
	STAGE 3	01:31	5.40	14.00	148	150/100	
RECOVERY		03:22	0.00	0.00	101	130/80	

The patient exercised according to the BRUCE for 7:30 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 80 bpm rose to a maximal heart rate of 148 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/100 mmHg. The exercise test was stopped due to Max HR.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: above average (>20%).
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

--



Physician-

DR DEVASHISH GUPTA (MD)

MR PRAKASH CHANDRA,

Patient ID: 8799987

81 bpm

130/80 mmHg

PRETEST

SUPINE

00:25

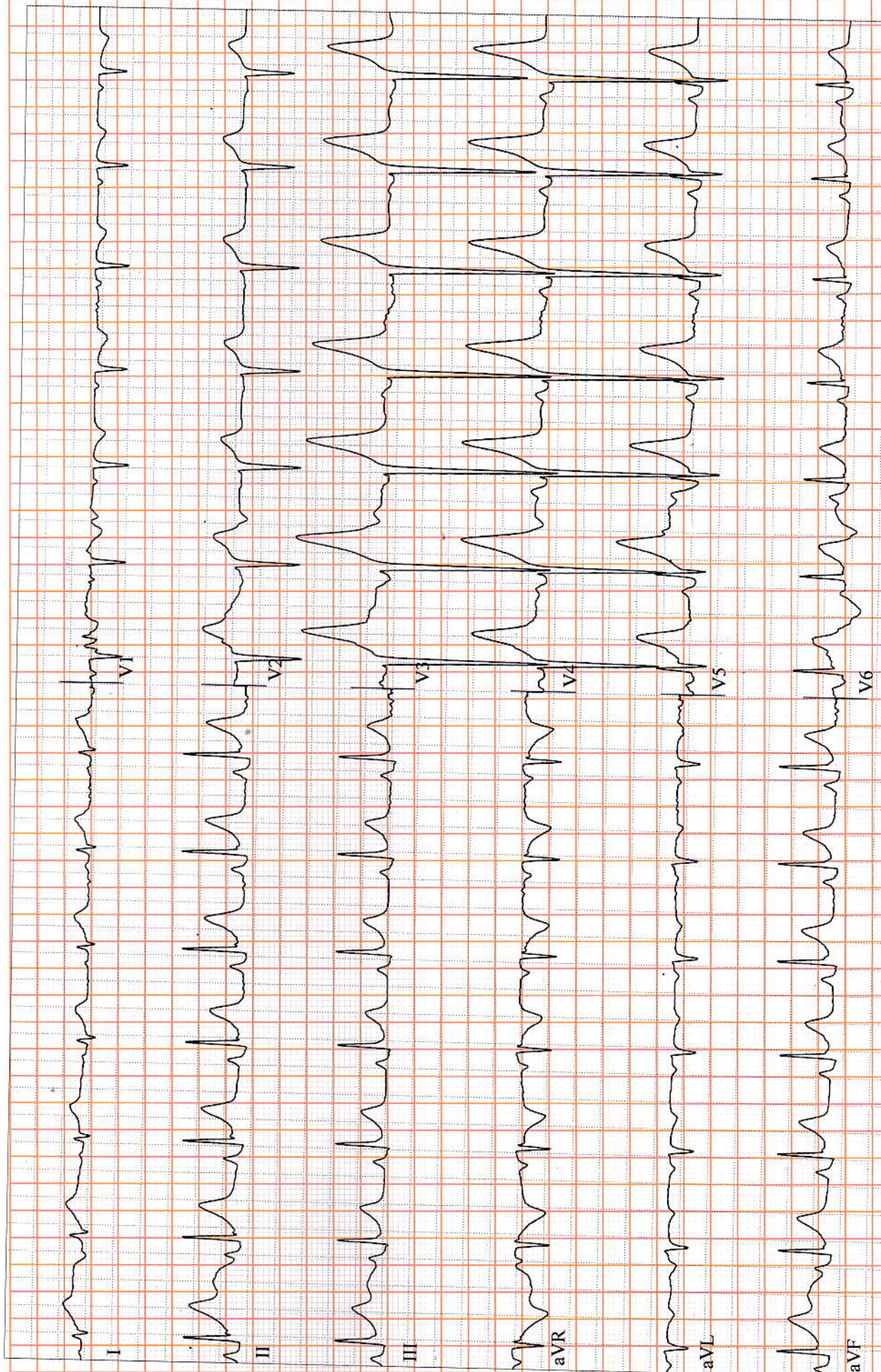
12-Lead Report

S K NURSING HOME AND HOSPITAL

BRUCE

0.0 km/h

0.0 %



MR PRAKASH CHANDRA,

Patient ID 8799987

25.03.2023

11:25:48am

12-Lead Report

PRETEST

STANDING

00:53

78 bpm

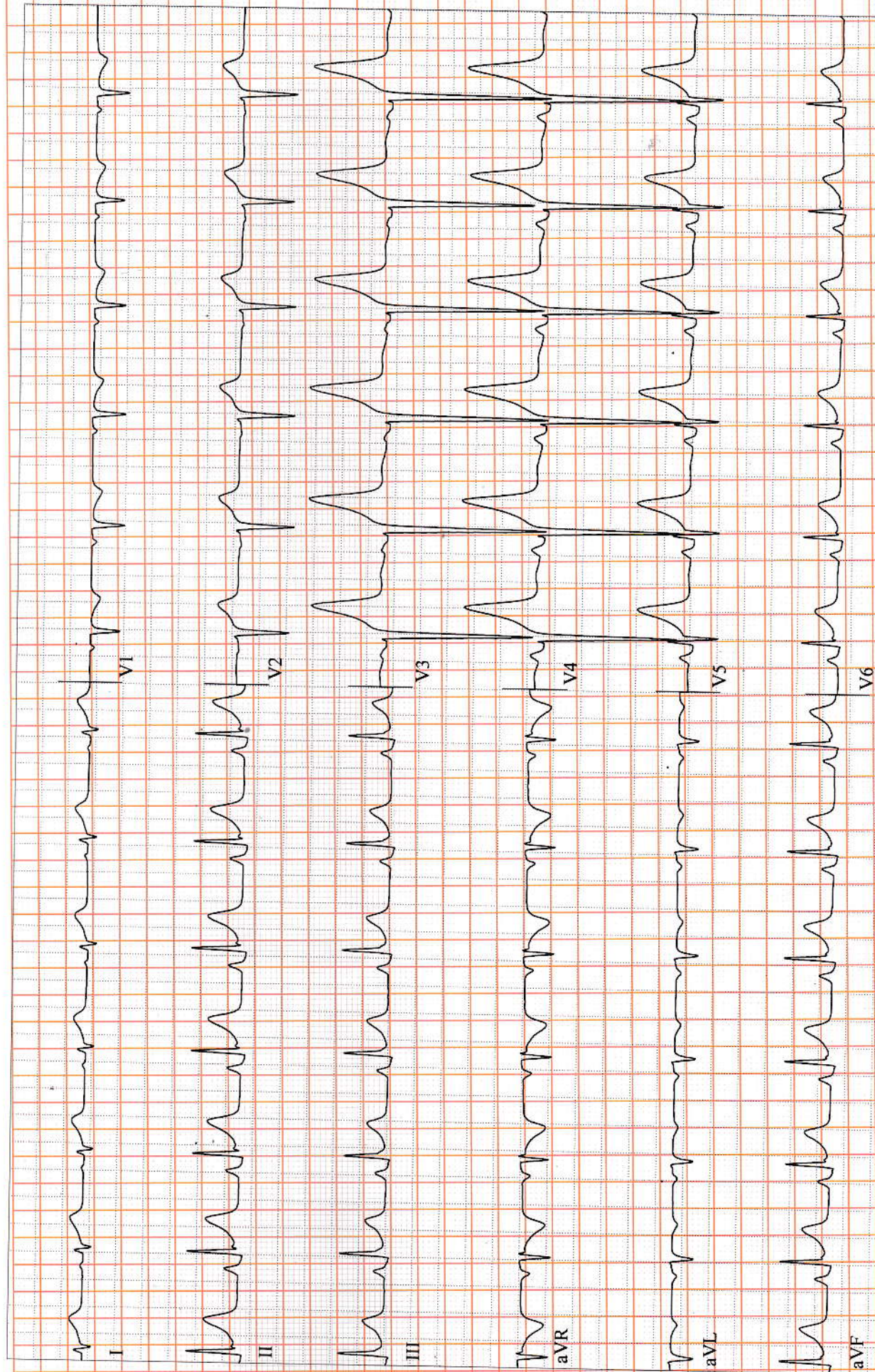
130/80 mmHg

S K NURSING HOME AND HOSPITAL

BRUCE

0.0 km/h

0.0 %



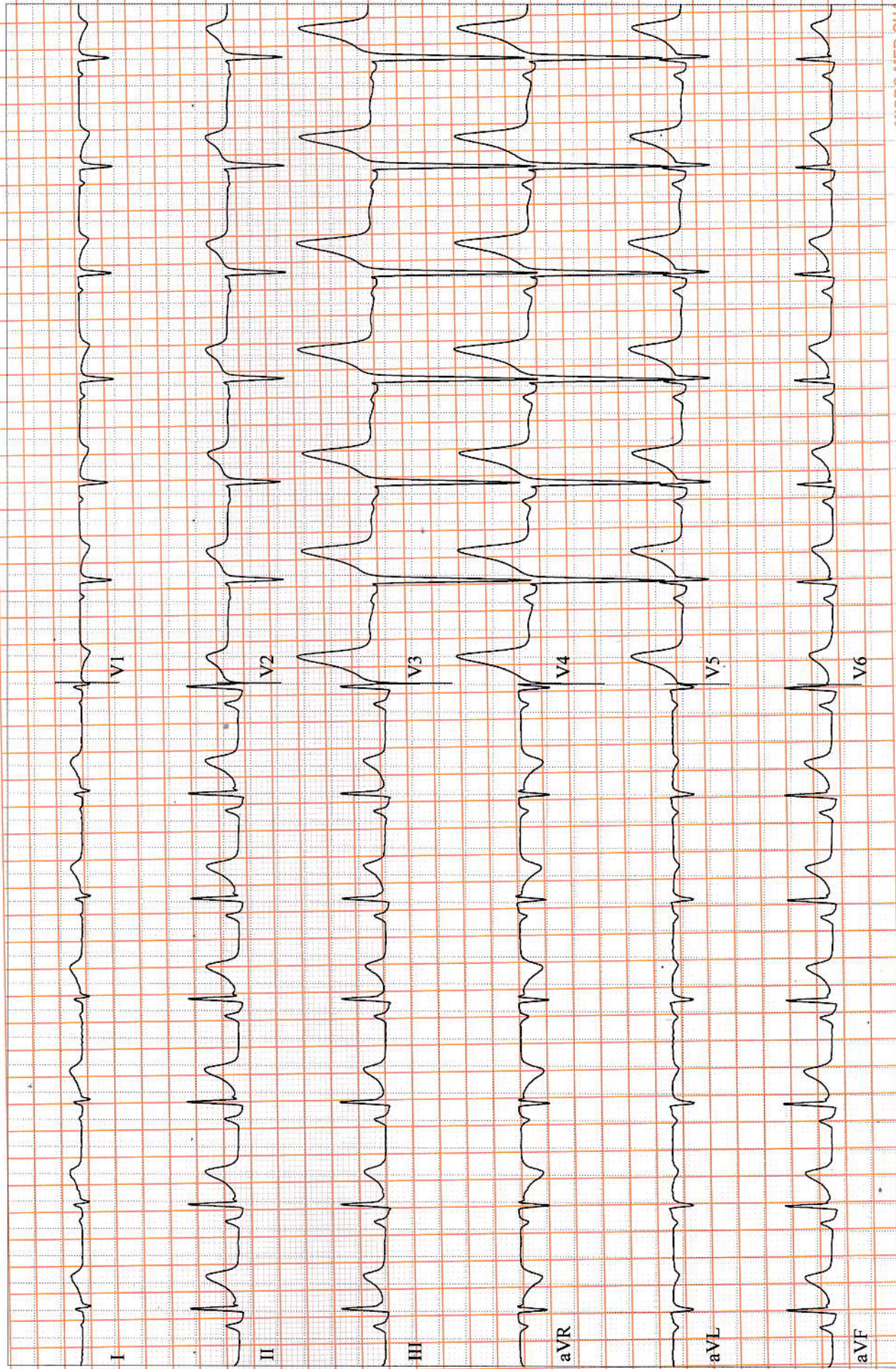
12-Lead Report

BRUCE
0.0 km/h
0.0 %

PRETEST
HYPERV.
01:26

81 bpm
130/80 mmHg

MR PRAKASH CHANDRA,
Patient ID 8799987
25.03.2023
11:26:20am

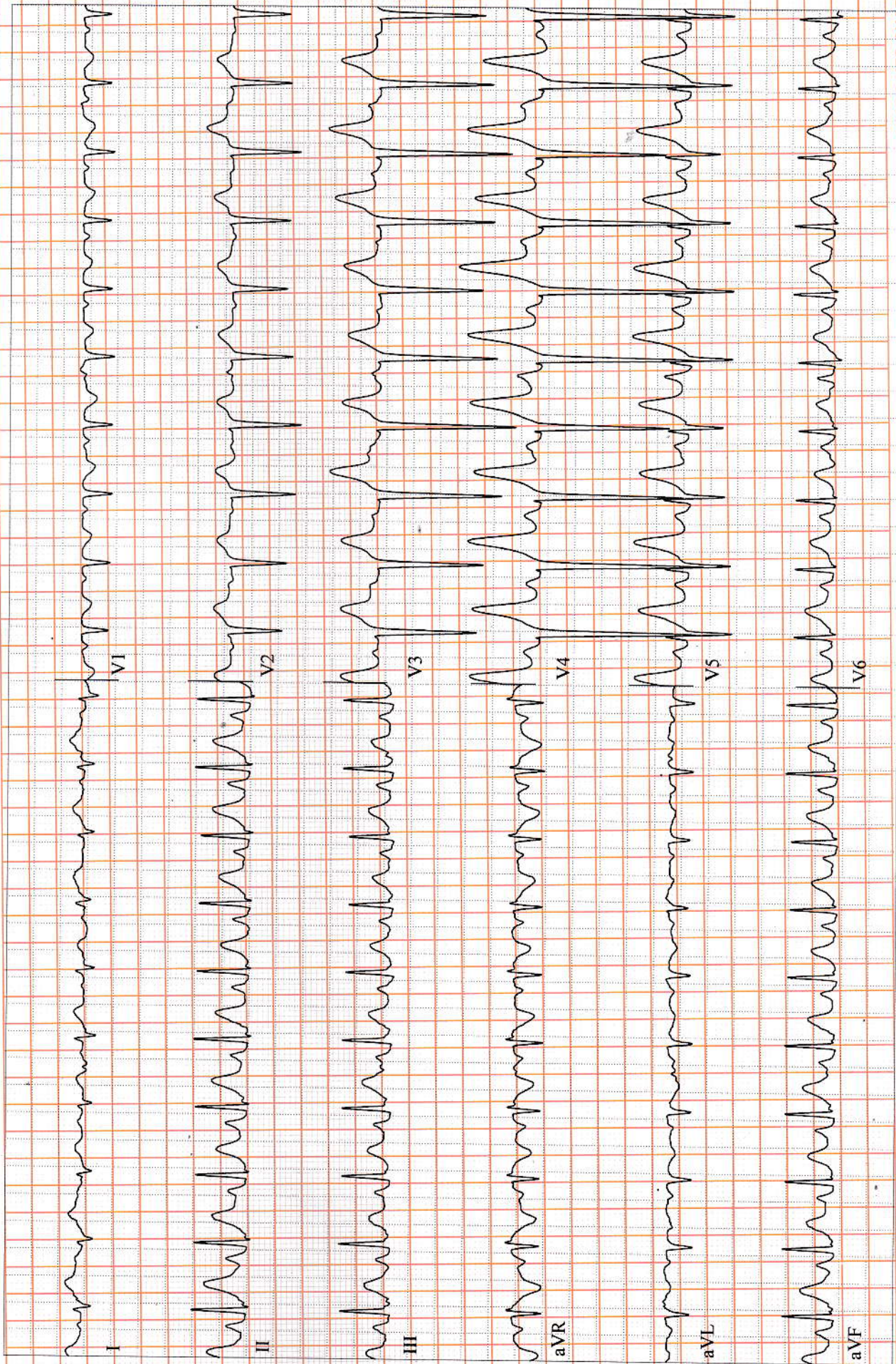


MR PRAKASH CHANDRA,
Patient ID 8799987
25.03.2023
11:29:27am

12-Lead Report
EXERCISE
STAGE 1
03:00

120 bpm
130/80 mmHg

S K NURSING HOME AND HOSPITAL
BRUCE
2.7 km/h
10.0 %

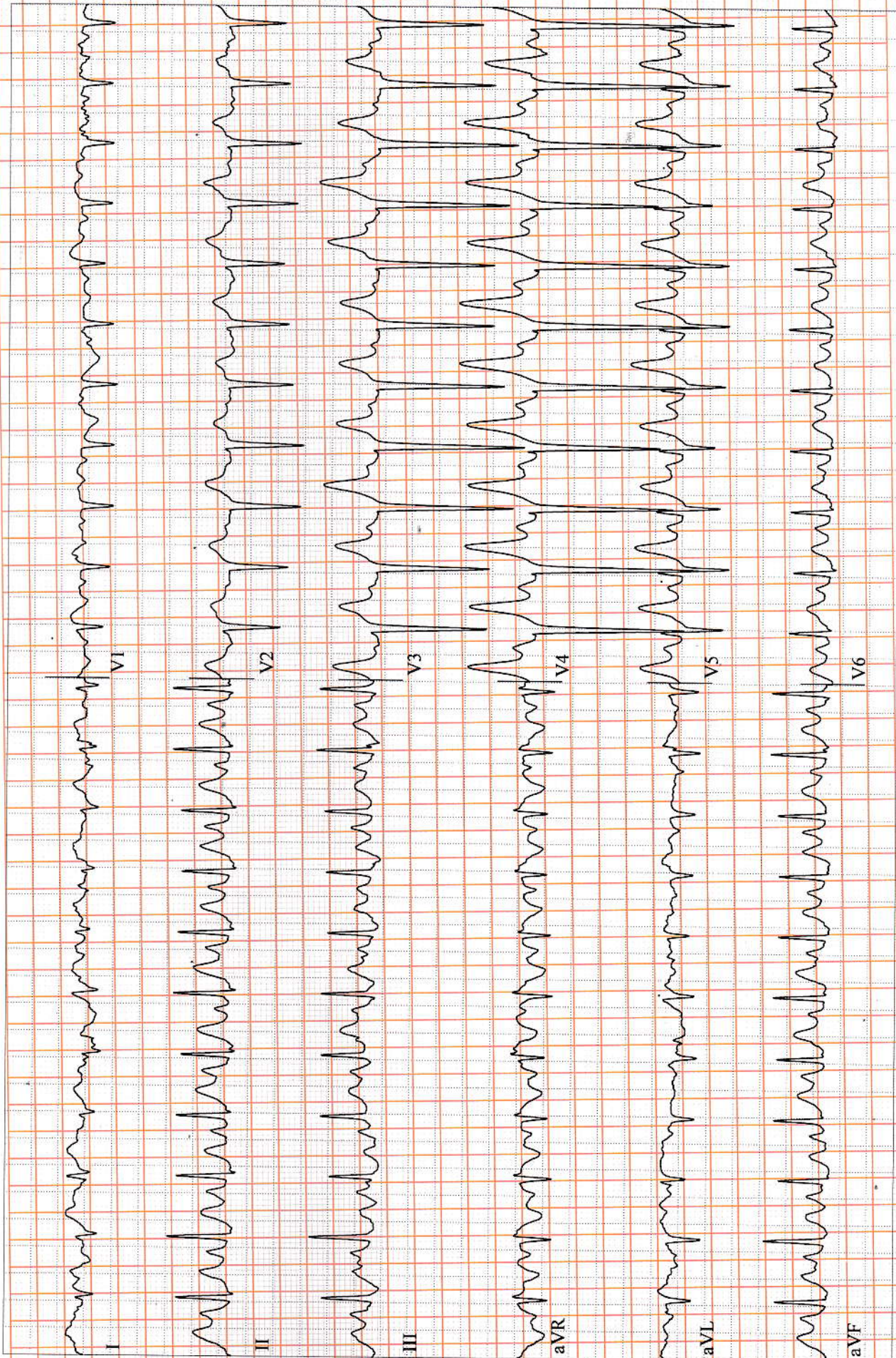


MR PRAKASH CHANDRA,
Patient ID 8799987
25.03.2023
11:32:27am

12-Lead Report
EXERCISE
STAGE 2
06:00

134 bpm
140/90 mmHg

S K NURSING HOME AND HOSPITAL
BRUCE
4.0 km/h
12.0 %

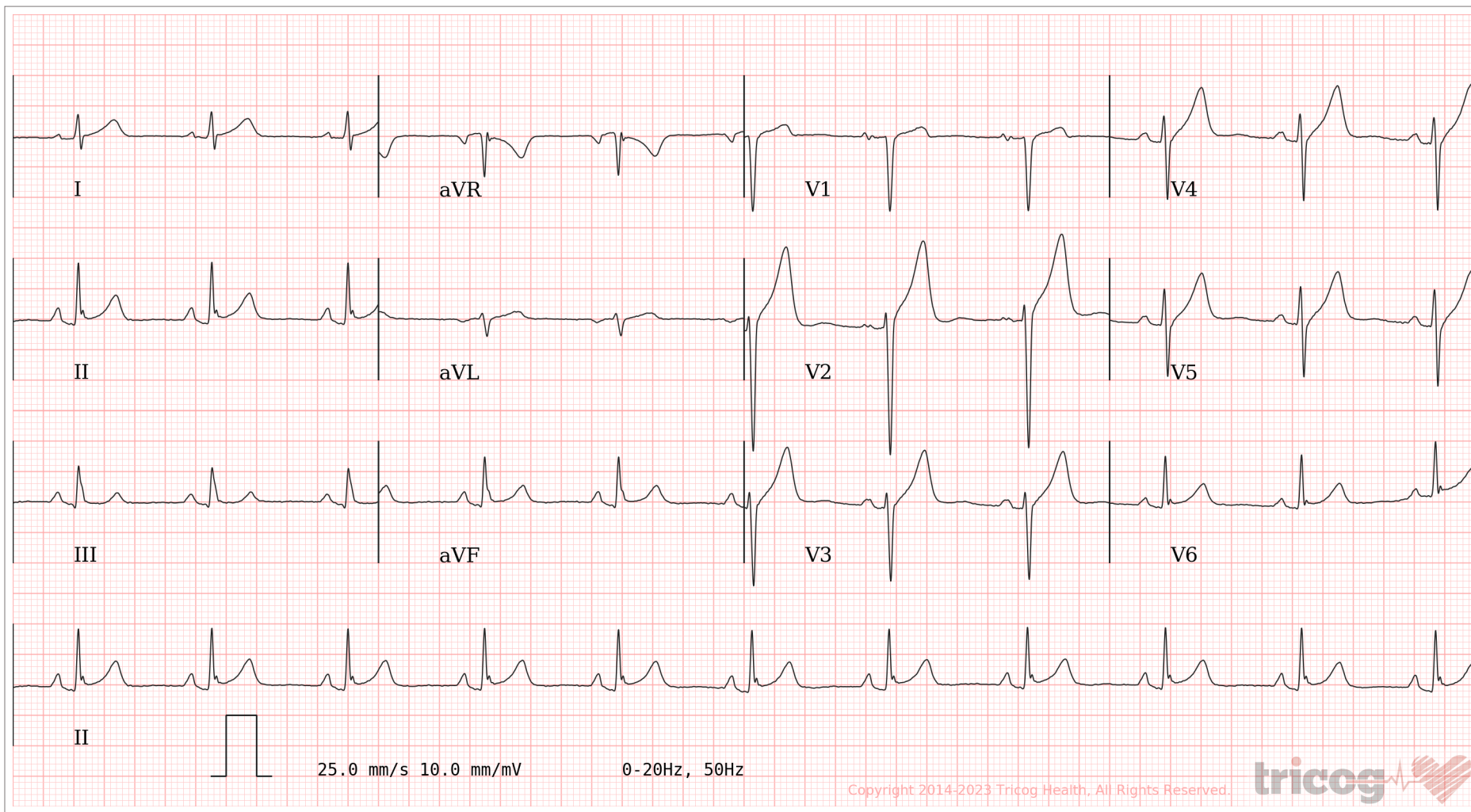
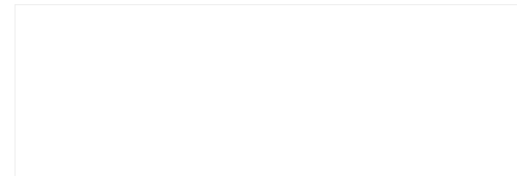


Chandan Diagnostic



Age / Gender: 51/Male
Patient ID: CHLD0163462223
Patient Name: Mr.PRAKASH CHANDRA

Date and Time: 25th Mar 23 9:38 AM



AR: 67bpm VR: 67bpm QRSD: 72ms QT: 362ms QTc: 382ms PRI: 152ms P-R-T: 77° 74° 50°

ECG Within Normal Limits: Sinus Rhythm, Early repolarization with an ascending ST segment. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Devendra Muralidhar Dhande

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.

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