

TIKT TRAIT



मूरज कुमार Suraj Kumar जन्म वर्ष / Year of Birth : 1992 पुरुष / Male



5254 1797 0561

आधार — आम आदमी का अधिकार





Name of Company: Medi wheel- 803

Name of Executive: Swaj Kunas

Date of Birth: 05/11/1992

Sex:

170 Gm. Height:

Weight: 75 Kg

BMI (Body Mass Index): 26.0

Chest (Expiration / Inspiration) 92/98

Abdomen:

Blood Pressure:

Pulse: 78 Row regular.

RR: 16

eytmorkon Head Ident Mark:

Any Allergies:

NO Vertigo:

Any Medications: NO

10 Any Surgical History:

Habits of alcoholism/smoking/tobacco: -Mo

Chief Complaints if any: 10

Lab Investigation Reports: Report Att.

Hormal Eye Check up vision & Color vision:

Normal Left eye:

Right eye: wormal

wormal Near vision:







Far vision: Normal

Dental check up: Normal

ENT Check up: Normal

Final impression

Client Signature:

122-0m/-

Signature of Medical Examiner
Name & Qualification DrRCRay, MRRS (MI)
Date. 05706 Delace. VNS.

Dr. Q.C. QOY







Etal Sample not Given.

105/06/21

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







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mr.SURAJ KUMAR-PKG10000238 Registered On : 05/Jun/2021 12:18:12 Age/Gender Collected : 05/Jun/2021 13:10:48 : 28 Y 0 M 0 D /M UHID/MR NO : CVAR.0000019378 : 05/Jun/2021 13:17:21 Received Visit ID : CVAR0033332122 Reported : 05/Jun/2021 14:12:26

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HAEMOGRAM * , Blood				
Haemoglobin	13.40	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	B POSITIVE	_		
TLC (WBC)	5,000	/Cu mm	4000-10000	MICROSCOPIC
				EXAMINATION
DLC		,		
Polymorphs (Neutrophils)	60.00	%	55-70	MICROSCOPIC
				EXAMINATION
Lymphocytes	30.00	%	25-40	MICROSCOPIC
				EXAMINATION
Monocytes	4.00	%	3-5	MICROSCOPIC
				EXAMINATION
Eosinophils	6.00	%	1-6	MICROSCOPIC
			1 18 18	EXAMINATION
Basophils	0.00	%	<1	MICROSCOPIC
ECD				EXAMINATION
ESR				
Observed	16.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 9	
PCV (HCT)	36.10	cc %	40-54	
GBP				

General Blood Picture (G.B.P. / P.B.S.)

- 1. RBCs are Normocytic and normochromic.
- 2. Leucocytes are adequate in numbers and reveal normal distribution.
- 3. Platelets are within normal limits.
- 4. Smears are Negative for Malarial and Microfilarial Parasite.
- 5. There are no blasts (precursor cells).

Ρ	la	te	let	СО	unt
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Platelet Count	1.50	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
RBC Count				
RBC Count	4.01	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
M.C.V.	89.90	fl	80-100	CALCULATED
				PARAMETER









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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method	
M.C.H.	33.40	pg	28-35	CALCULATED	
				PARAMETER	
M.C.H.C.	37.20	%	30-38	CALCULATED	
				PARAMETER	



S.N. Sinha (MD Path)









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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method	

Glucose Fasting Sample:Plasma 85.00

mg/dl

< 100 Normal

GOD POD

100-125 Pre-diabetes

≥ 126 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.

Glucose PP

130.00

mg/dl

<140 Normal

GOD POD

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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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.



Home Sample Collection 1800-419-0002



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

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

8.30

mg/dL

7.0-23.0

CALCULATED





^{**}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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result		nit Bio. Ref. Inter	val Method
rest Name	Result	U	int bio. Rei. intel	vai Wethou
Creatinine Sample:Serum	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration	101.00	ml/min/1.73n	n2 - 90-120 Normal	CALCULATED
Rate)			- 60-89 Near Normal	
Sample:Serum				
Protein	7.70	gm/dl	6.2-8.0	BIRUET
Sample:Serum		3 /		
Uric Acid	8.00	mg/dl	3.4-7.0	URICASE
Sample:Serum	0.00	1116/ 01	3.17.10	G11167.10E
1 5 7 (NAUTH CARAGE CT) *				
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.70	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	3.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.20		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	112.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	152.00	mg/dl	<200 Desirable	CHOD-PAP
Choicsteror (Total)	132.00	mg/ ai	200-239 Borderline Hi	
			> 240 High	6
HDL Cholesterol (Good Cholesterol)	38.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	85	mg/dl	< 100 Optimal	CALCULATED
		<u> </u>	100-129 Nr.	
			Optimal/Above Optim	al
			130-159 Borderline Hi	gh
			160-189 High	
			> 190 Very High	
VLDL	28.00	mg/dl	10-33	CALCULATED
Triglycerides	140.00	mg/dl	< 150 Normal	GPO-PAP
			150-199 Borderline Hi	S.N. Sintes
			200-499 High >500 Very High	7. N. 71111
			>200 AELÀ LIRII	Dr.S.N. Sinha (MD Path)







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: 05/Jun/2021 12:18:13 Patient Name : Mr.SURAJ KUMAR-PKG10000238 Registered On Age/Gender : 28 Y 0 M 0 D /M Collected : 05/Jun/2021 15:07:31 UHID/MR NO : CVAR.0000019378 Received : 05/Jun/2021 15:12:30 Visit ID : CVAR0033332122 Reported : 05/Jun/2021 15:13:43

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method

URINE EXAMINATION, ROUTINE * , Urine	•			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK
			200-500 (+++)	
Sugar	ABSENT	gms%	> 500 (++++) < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT	1 1 1		
Bile Pigments	ABSENT			
Urobi <mark>linoge</mark> n(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells .	2-3/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

S

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2









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Patient Name : Mr.SURAJ KUMAR-PKG10000238 Registered On

: 05/Jun/2021 12:18:13

Age/Gender

: 28 Y 0 M 0 D /M

Collected

: 05/Jun/2021 15:07:31 : 05/Jun/2021 15:12:30

UHID/MR NO Visit ID

: CVAR.0000019378 : CVAR0033332122

Received Reported

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Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Unit Bio. Ref. Interval Method **Test Name** Result

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

< 0.5 gms%

0.5-1.0 gms% (++)

(+++) 1-2 gms%

(++++) > 2 gms%

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









act Name

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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	103.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	4.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.86	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		7		
		0.3-4.5 μIU/	mL First Trimest	er
		0.4-4.2 μIU/	mL Adults	21-54 Years
		0.5-4.6 μIU/	mL Second Trime	ester
		0.5-8.9 μIU/	mL Adults	55-87 Years
		0.7-64 μIU/	mL Child(21 wk -	- 20 Yrs.)
		0.7-27 μIU/	mL Premature	28-36 Week
		0.8-5.2 μIU/	mL Third Trimes	ter
		1-39 μIU	mL Child	0-4 Days
		1.7-9.1 µIU/		2-20 Week
		2.3-13.2 µIU/	mL Cord Blood	> 37Week

- 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. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

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Patient Name : Mr.SURAJ KUMAR-PKG10000238 Registered On : 05/Jun/2021 12:18:13

 Age/Gender
 : 28 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000019378
 Received
 : N/A

Visit ID : CVAR0033332122 Reported : 05/Jun/2021 14:54:54

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF X-RAY

X-RAY DIGITAL CHEST PA * (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM

Dr. Raveesh Chandra Roy (MD-Radio)









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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

The liver measures 15 .0 cm in mid clavicular line. Mild diffuse increase in liver echogenecity seen. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended and is normal.

Portal vein measures 9.4 mm in caliber. CBD measures 4.6 mm in caliber.

Pancreas is normal in size, shape and echogenecity.

Spleen is normal in size (10.0 cm in its long axis), shape and echogenecity.

Right kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated. Right kidney measures: 11.1 x 3.9 cm.

Left kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures: 11.7 x 3.8 cm.

Urinary bladder is partially filled. Prevoid urine volume 21 cc.

The prostate is normal in size (38 x 35 x 22 mm/15 gms), shape and echopattern.

No free fluid is seen in the abdomen/pelvis.

IMPRESSION:

- Fatty liver grade I.
- Rest of the abdominal organs are normal.

Please correlate clinically

*** End Of Report ***

Result/s to Follow:

STOOL R/M, ECG / EKG, GENERAL PHYSICAL EXAM

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



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Chandan Diagnostics Centre Varanasi

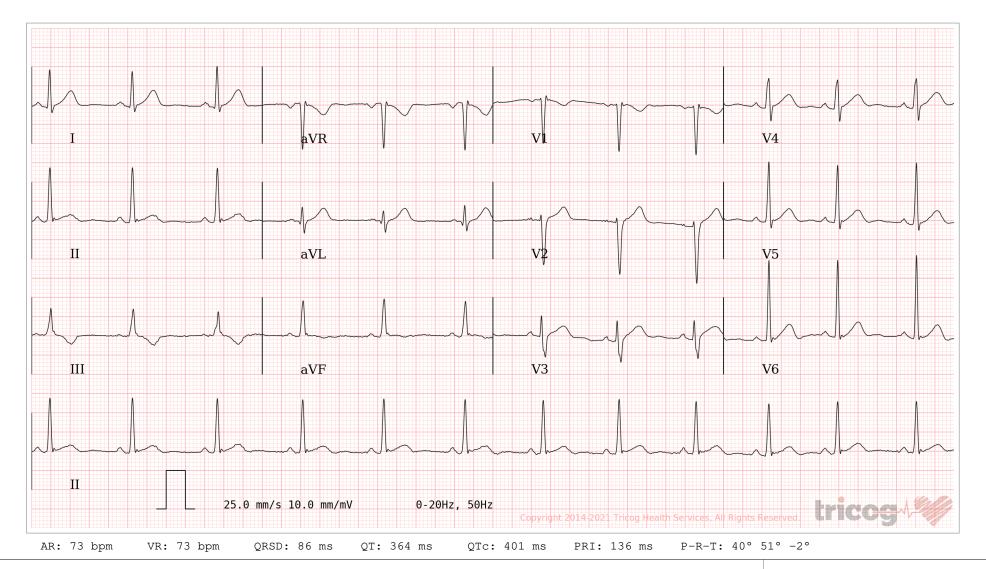


Age / Gender: 28/Male

Date and Time: 5th Jun 21 2:39 PM

Patient ID: CVAR0033332122

Patient Name: Mr.SURAJ KUMAR-PKG10000238



ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



Do Joseph Al

Dr. Charit MD, DM: Cardiology Dr. Javed Ali Khadri

63382

85866



B38/42/27, Mohinikunj, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India Latitude Longitude 82.979107°

25.305427°

GMT 08:57:38

LOCAL 14:27:38 SATURDAY 06.05.2021 ALTITUDE 18 METER