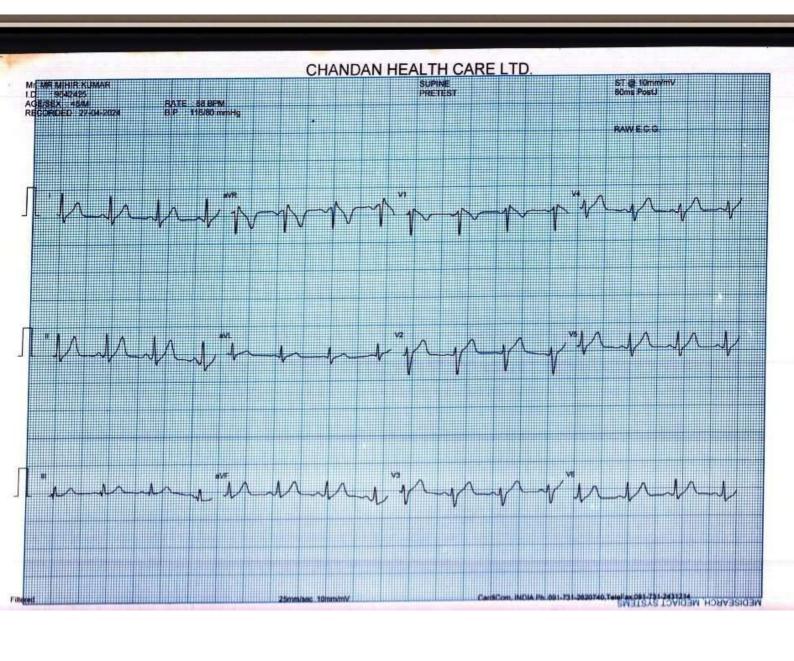
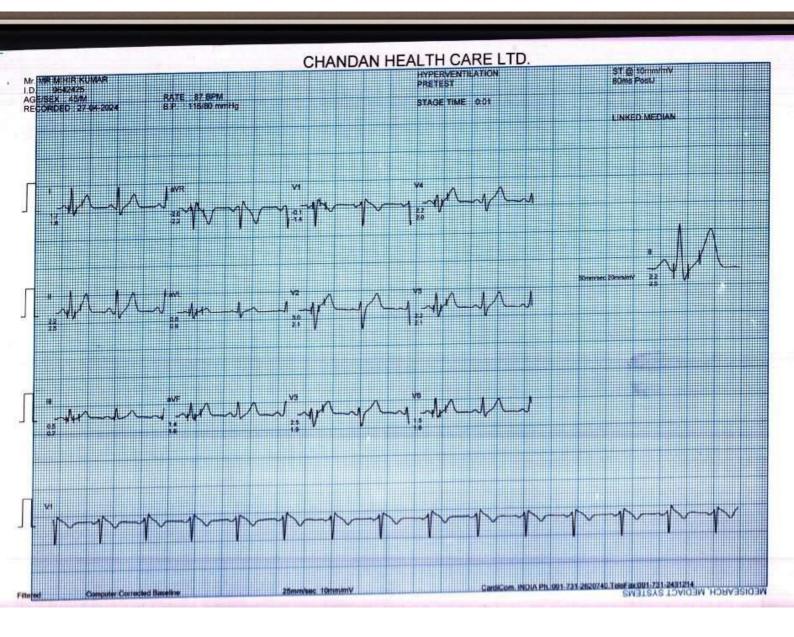
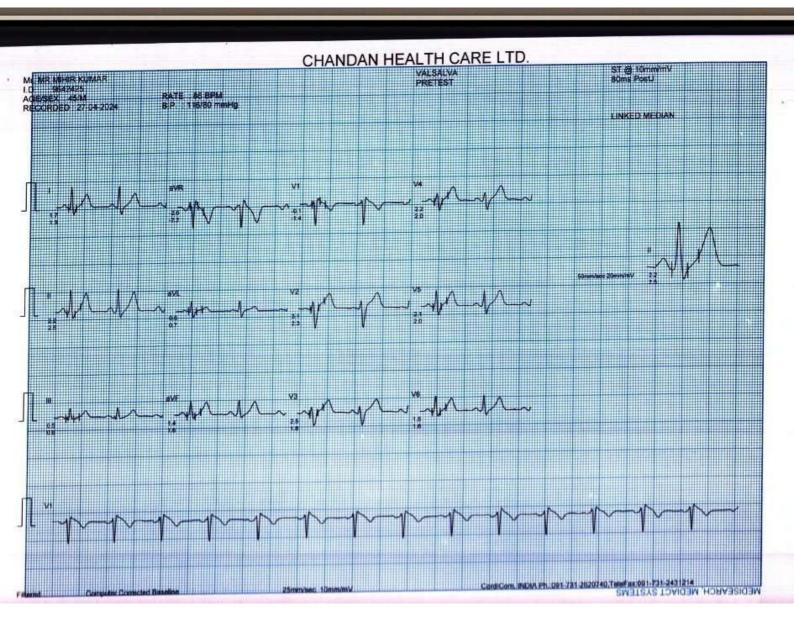
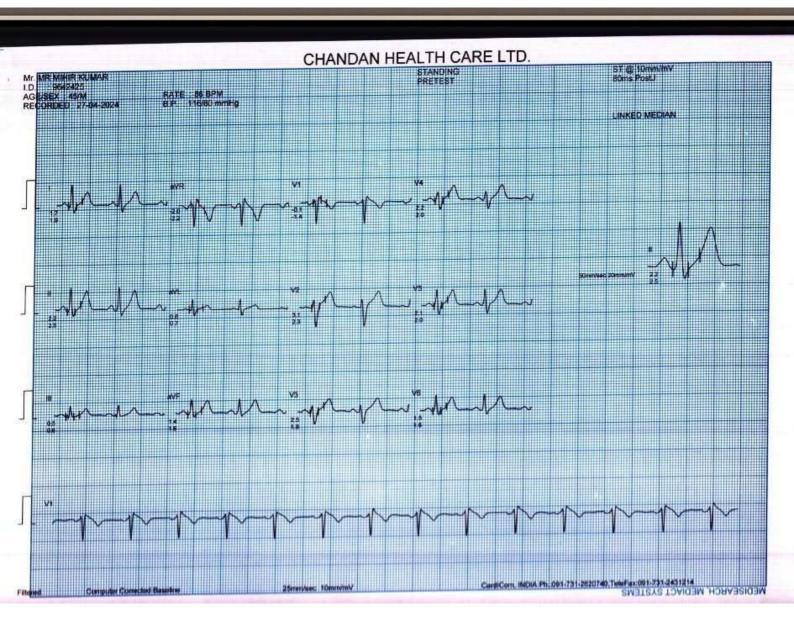
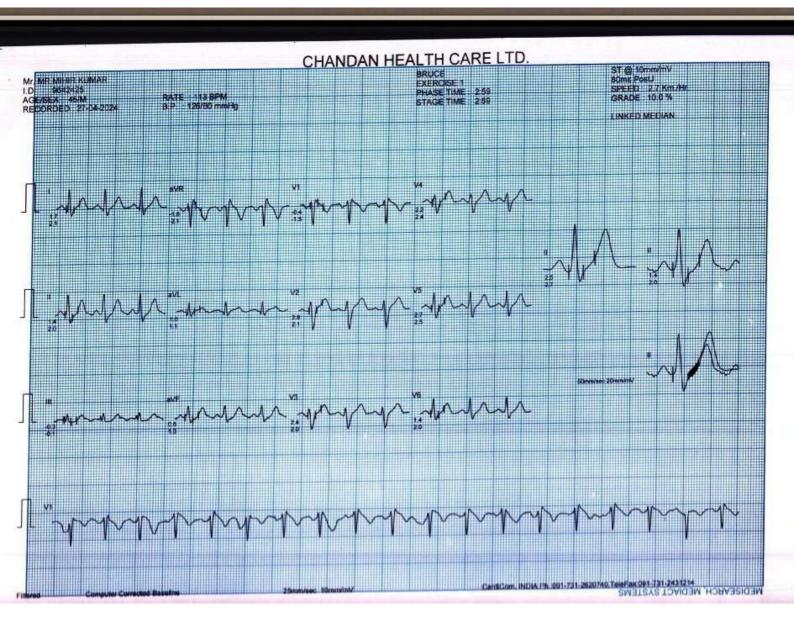
MR MIHIR KUV e/Sex 45/M f by: MEDIVVHE dication1 lication2 lication3	TAR TAR		ID: 9642425 Ht/W1: 167/91 Recorded: 27-04	99-SHIVAJI		ALTH COORGANJ VARAN TREADMILL T Profecci BRUI History Wedication1 Medication2 Medication3	IASI-983970306 EST SUMMARY	3			,
PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R (BPM)	B.P. (mmHg)	RPP X100	и	ST LEVEL (mm)	V5	МЕТ
SUPINE HYPERVENT VALSALVA STANDING	0:01	0.01			88 87 86 86	116/80 116/80 116/80 116/80	102 100 99 99	2.2 2.2 2.2 2.2 2.2	3.0 3.0 3.1 3.1	2.2 2.2 2.1 2.1	
TAGE 1 TAGE 2 TAGE 3 VENT	2:59 5:59 8:59 9:20	2:59 2:59 2:59 0:20	2.70 4.00 5.40 6.70	10.00 12.00 14.00 16.00	113 123 146 153	126/80 136/82 146/82 156/84	142 167 213 238	1.4 2.4 1.8 1.9	2.8 2.9 2.1 2.1	2.7 3.2 2.4 2.5	4,80 7,10 10,00 10,45
VENT VENT VENT ECOVERY	0.30 1.00 2.05 2.59	0:30 1:00 2:05 2:59	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	146 126 119 111	156/84 156/84 156/82 154/80 152/78	227 196 185 170 167	2.4 3.7 4.2 2.7 2.3	2.3 2.9 2.8 1.9	2.6 3.3 3.6 2.3 1.9	10.56
SULTS GISE Duration Hear Rate Blood Pressure Work Load son of Termination	152 156 100 100	56 METS	arget heart rate 17				aseline Lo Sign Peak Mr7	ECOn idionat execus	is nom ST-7 c se and	1 1 2	Seen 7
			0			Cardiologist nkit Xrishna. 1.B.B.S., MD, Cardiologis 1.eg. No397	DM t	A Ph. 091-731-262	0740, TeleFax 091, 731-		

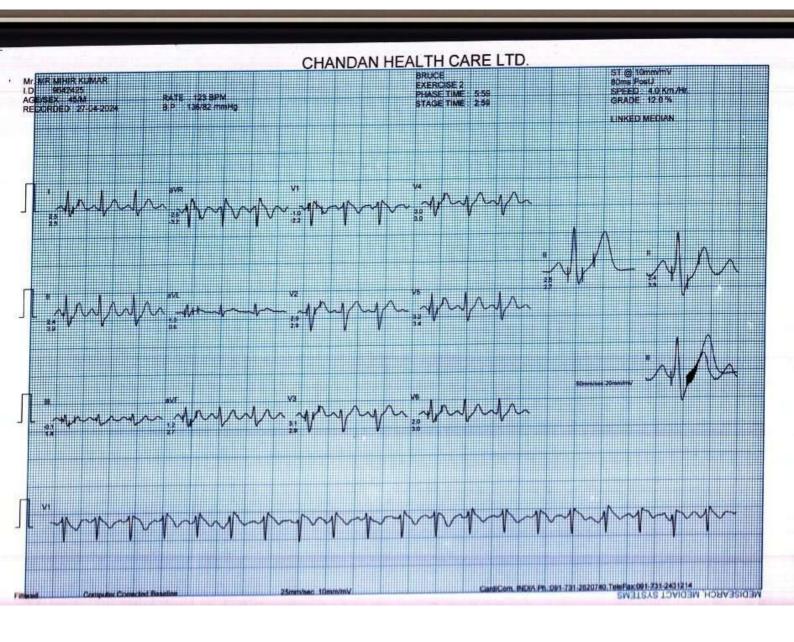


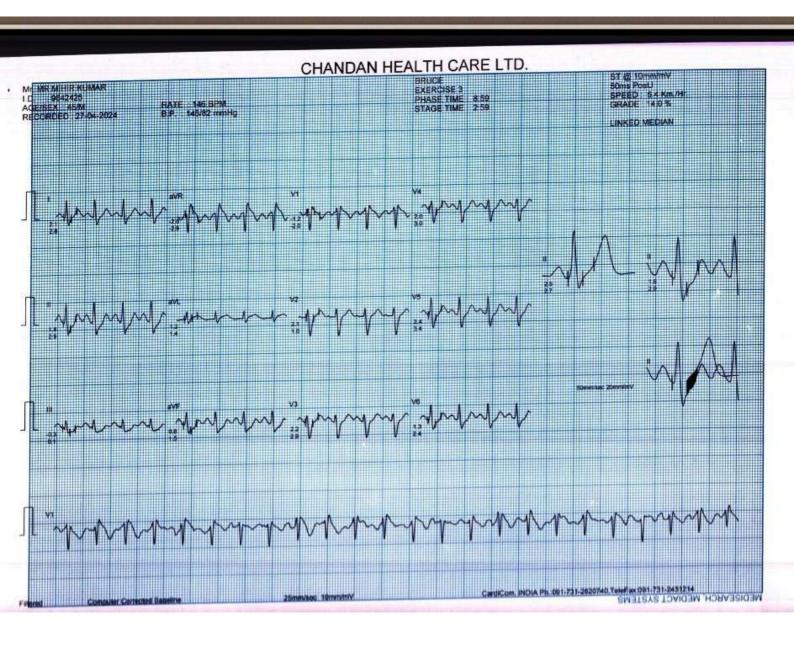


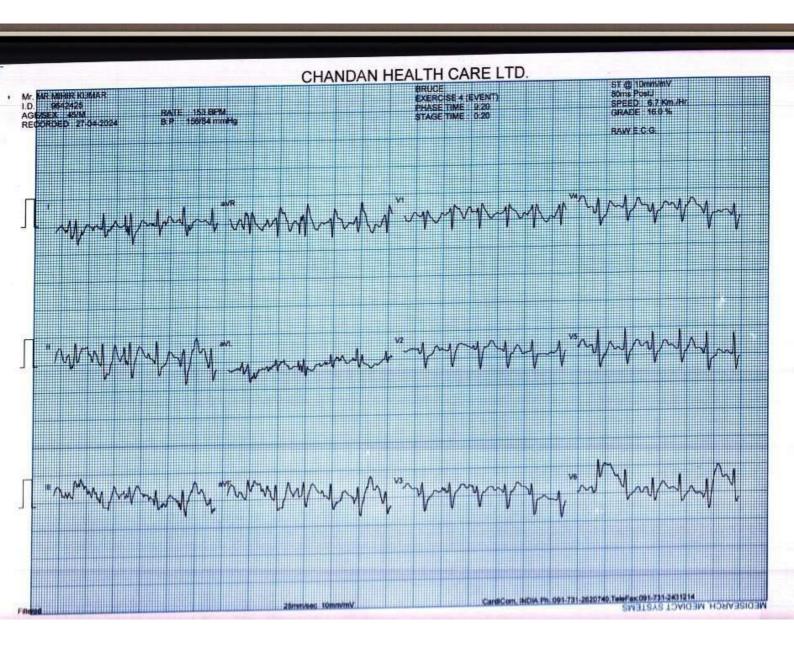


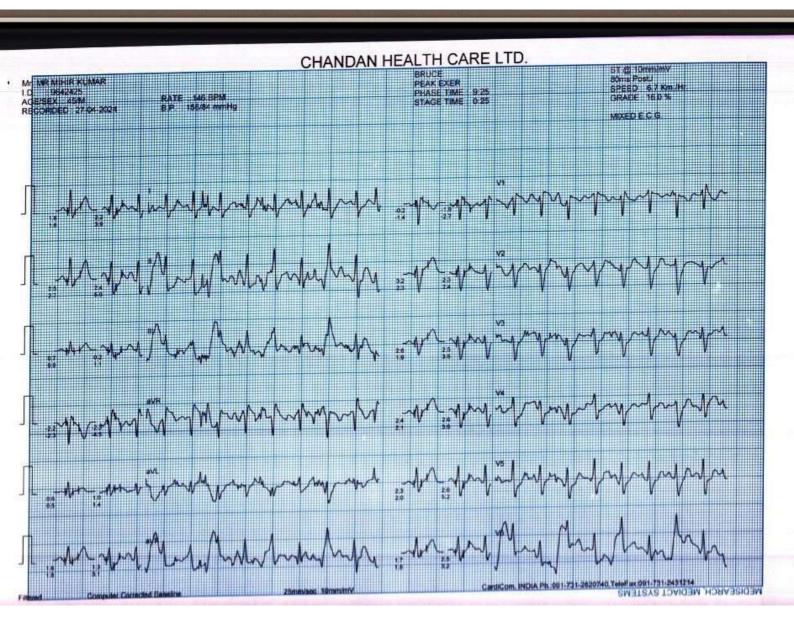


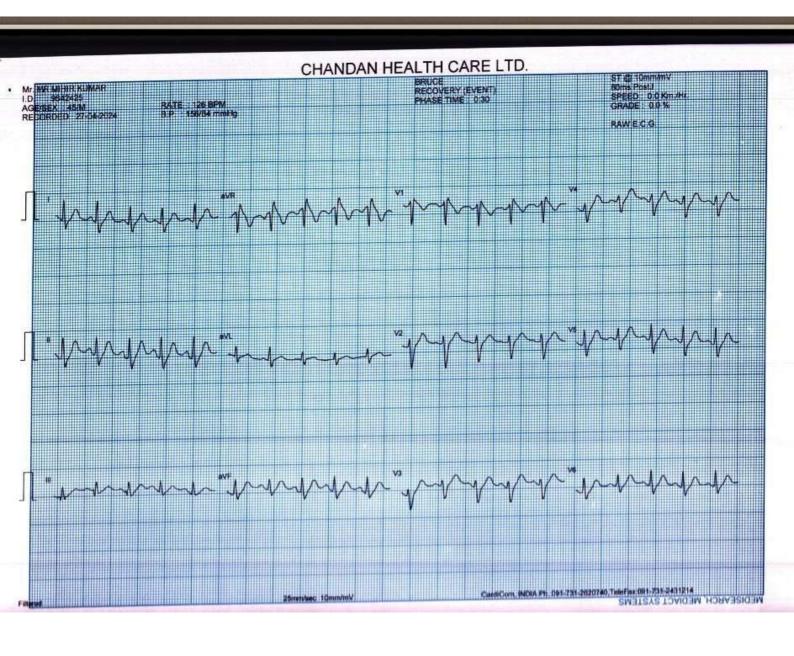


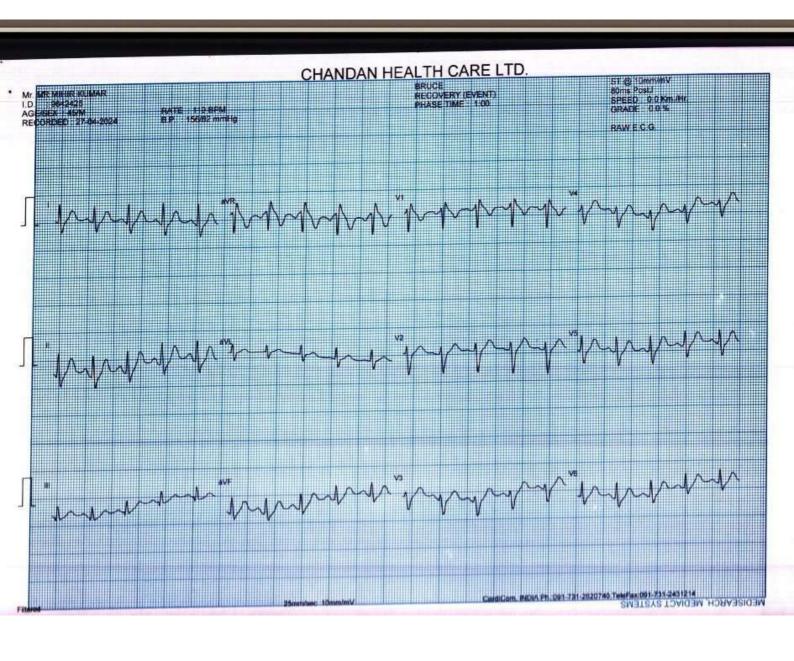


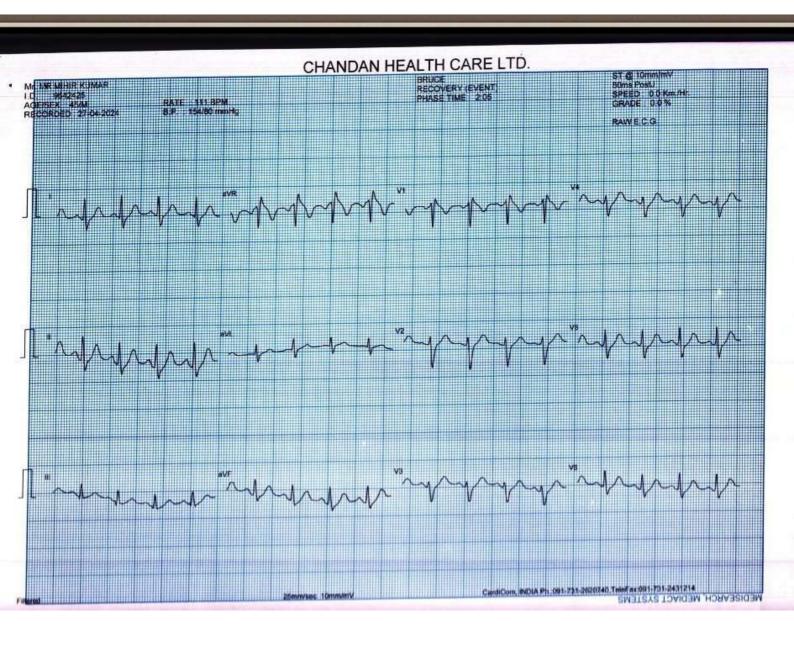


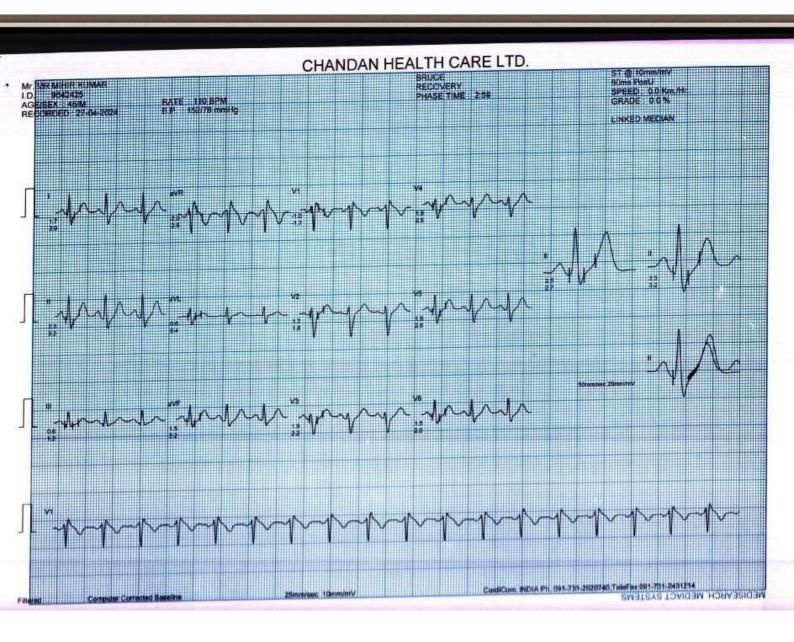












Chandan Diagnostic

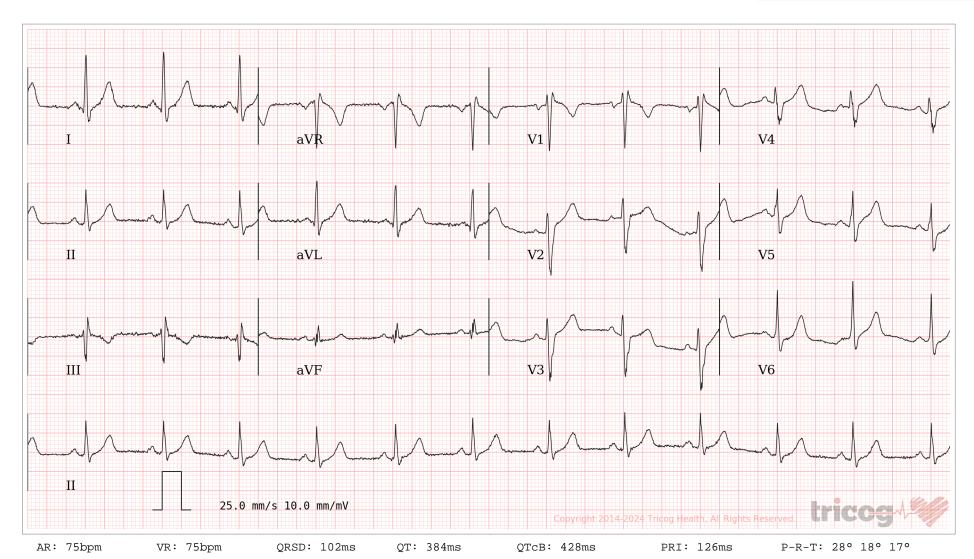


Age / Gender: 45/Male

Date and Time: 27th Apr 24 9:21 AM

Patient ID: CVAR0009642425

Patient Name: Mr.MIHIR KUMAR -35E5249



ECG Within Normal Limits: Sinus Rhythm, Incomplete Right Bundle Branch Block. Please correlate clinically.

AUTHORIZED BY

amts

Dr. Charit MD, DM: Cardiology Dr Velmurugan. J

REPORTED BY

63382

KMC 122015

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.





CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 Registered On : 27/Apr/2024 08:44:02 Age/Gender Collected : 27/Apr/2024 10:48:53 : 45 Y 11 M 27 D /M UHID/MR NO : CVAR.0000050440 Received : 27/Apr/2024 11:05:14 Visit ID : CVAR0009642425 Reported : 27/Apr/2024 12:35:57

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blo	od			
Blood Group	АВ			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin TLC (WBC)	15.80 5,700.00	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
DLC	5,700.00	/Cu IIIIII	4000-10000	ELLCTROINIC IIVIFLDANCE
Polymorphs (Neutrophils) Lymphocytes Monocytes Eosinophils Basophils ESR	68.00 28.00 2.00 2.00 0.00	% % % %	55-70 25-40 3-5 1-6 < 1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.		
PCV (HCT) Platelet count	46.10	%	40-54	
Platelet Count	2.03	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











CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 : 27/Apr/2024 08:44:02 Registered On Age/Gender : 45 Y 11 M 27 D /M Collected : 27/Apr/2024 10:48:53 UHID/MR NO : CVAR.0000050440 Received : 27/Apr/2024 11:05:14 Visit ID : CVAR0009642425 Reported : 27/Apr/2024 12:35:57 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF HAEMATOLOGY

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	4.94	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.50	ŧΙ	80-100	CALCULATED PARAMETER
MCH	32.00	pg	28-35	CALCULATED PARAMETER
MCHC	34.20	%	30-38	CALCULATED PARAMETER
RDW-CV	15.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	55.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,876.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	114.00	/cu mm	40-440	

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









CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 Registered On : 27/Apr/2024 08:44:04 Age/Gender Collected : 45 Y 11 M 27 D /M : 27/Apr/2024 10:48:52 UHID/MR NO : CVAR.0000050440 Received : 27/Apr/2024 11:05:16 Visit ID : CVAR0009642425 Reported : 27/Apr/2024 12:24:49 Ref Doctor

: Final Report : Dr.MEDIWHEEL VNS -Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	97.70	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD

≥ 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.

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











CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 : 27/Apr/2024 08:44:05 Registered On Age/Gender : 45 Y 11 M 27 D /M Collected : 27/Apr/2024 10:48:53 UHID/MR NO : CVAR.0000050440 Received : 28/Apr/2024 11:45:56 Visit ID : CVAR0009642425 Reported : 28/Apr/2024 13:59:15 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	
011/000// 4750 11451400100111//10440	.				

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	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)	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 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







^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249

Registered On

: 27/Apr/2024 08:44:05

Age/Gender

: 45 Y 11 M 27 D /M : CVAR.0000050440 Collected : 27/Apr/2024 10:48:53 Received : 28/Apr/2024 11:45:56

UHID/MR NO Visit ID

Ref Doctor

: CVAR0009642425 : Dr.MEDIWHEEL VNS - Reported : 28/Apr/2024 13:59:15 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)







^{*}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.





CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 Registered On : 27/Apr/2024 08:44:05 Age/Gender Collected : 27/Apr/2024 10:48:52 : 45 Y 11 M 27 D /M UHID/MR NO : CVAR.0000050440 Received : 27/Apr/2024 11:05:15 Visit ID : CVAR0009642425 Reported : 27/Apr/2024 12:24:45 Ref Doctor : Final Report : 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	10.20	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.00	mg/dl	0.6-1.30	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)	17.30 7.20 16.40 6.10 3.60 2.50 1.44 96.70 1.60 0.80 0.80	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	54.10 67 21.00 105.00	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline High > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	DIRECT ENZYMATIC CALCULATED CALCULATED CALCULATED CALCULATED CALCULATED

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CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 Registered On : 27/Apr/2024 08:44:04 Age/Gender Collected : 27/Apr/2024 10:48:53 : 45 Y 11 M 27 D /M UHID/MR NO : CVAR.0000050440 Received : 27/Apr/2024 11:05:15 Visit ID : CVAR0009642425 Reported : 27/Apr/2024 14:14:04

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	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.5)			DIPSTICK
Appearance	CLEAR			Dil offor
Protein	ABSENT	[*] mg %	< 10 Absent	DIPSTICK
1100011	ABOLIVI	1119 70	10-40 (+)	Dil offor
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
	ADOFNIT	1 11 111 1	> 2 (++++)	DIGGLIEN MOTEV
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			DIDOTION
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIDOTION
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	8-10/h.p.f			
RBCs	ABSENT			MICROSCOPIC
	4.005147			EXAMINATION
Cast	ABSENT			1 410 D 0 0 0 D 10
Crystals	ABSENT			MICROSCOPIC
Othern	ADCENT			EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
	502111	3,110,70		

Interpretation:









CIN: U85110DL2003PLC308206



: Mr.MIHIR KUMAR -35E5249 Patient Name

: 45 Y 11 M 27 D /M

Collected

: 27/Apr/2024 08:44:04 : 27/Apr/2024 10:48:53

Age/Gender UHID/MR NO : CVAR.0000050440

Received

Registered On

: 27/Apr/2024 11:05:15

Visit ID : CVAR0009642425

Reported

: 27/Apr/2024 14:14:04

: Dr.MEDIWHEEL VNS -Ref Doctor

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2



S.N. Sinta

Dr.S.N. Sinha (MD Path)



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







CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 : 27/Apr/2024 08:44:07 Registered On Age/Gender : 45 Y 11 M 27 D /M Collected : 27/Apr/2024 10:48:52 UHID/MR NO : CVAR.0000050440 Received : 28/Apr/2024 10:04:40 Visit ID : CVAR0009642425 Reported : 28/Apr/2024 11:48:17 Ref Doctor : Final Report : 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	0.79	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)





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CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 : 27/Apr/2024 08:44:05 Registered On Age/Gender : 45 Y 11 M 27 D /M Collected : 27/Apr/2024 10:48:52 UHID/MR NO : CVAR.0000050440 Received : 27/Apr/2024 11:05:15 Visit ID : 27/Apr/2024 16:46:34 : CVAR0009642425 Reported Ref Doctor : Final Report : Dr.MEDIWHEEL VNS -Status

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)	169.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.400	μlŪ/mL	0.27 - 5.5	CLIA
Turkovanuskokiona		k		
Interpretation:		0.2.4.5	nL First Trimes	ton
		0.3-4.5 μIU/n 0.5-4.6 μIU/n		
		0.8-5.2 μIU/m		
		0.5-8.9 μIU/m		55-87 Years
		0.7-27 μIU/m		28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 µIU/	mL Child	0-4 Days
		1.7-9.1 μIU/n	nL 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.

S.N. Sinta

Dr.S.N. Sinha (MD Path)











CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 Registered On : 27/Apr/2024 08:44:07

 Age/Gender
 : 45 Y 11 M 27 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000050440
 Received
 : N/A

Visit ID : CVAR0009642425 Reported : 27/Apr/2024 09:55:46

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

Dr Raveesh Chandra Roy (MD-Radio)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.MIHIR KUMAR -35E5249 Registered On : 27/Apr/2024 08:44:07

 Age/Gender
 : 45 Y 11 M 27 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000050440
 Received
 : N/A

Visit ID : CVAR0009642425 Reported : 27/Apr/2024 10:01:28

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (**14.4 cm in midclavicular line**) and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.0 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (4.1 mm in caliber) not dilated.
- The gall bladder is **normal** in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is **normal** in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

• Right kidney:-

- Right kidney is normal in size, measuring ~ 10.7 x 4.4 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~ 10.5 x 4.9 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~ 9.2 cm in its long axis) and has a normal homogenous echo-



Home Sample Collection 1800-419-0002



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

CIN: U85110DL2003PLC308206



Patient Name : M

: Mr.MIHIR KUMAR -35E5249

Registered On

: 27/Apr/2024 08:44:07

Age/Gender UHID/MR NO : 45 Y 11 M 27 D /M : CVAR.0000050440 Collected : N/A Received : N/A

Visit ID

: CVAR.0000030440

Reported : 27/Apr/2024 10:01:28

Ref Doctor : Dr.MEDIWHEEL VNS -

Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

texture.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is **partially filled**. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 30 cc.

PROSTATE

• The prostate gland is normal in size (~ 30 x 30 x 29 mm / 14 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

• No significant sonological abnormality noted.

Adv: Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, 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











भारत सरकार GOVT. OF INDIA





13122008



GXRJ+8M4, Jariyari, Uttar Pradesh 221101, India

Latitude 25.5399366666667°

Local 09:10:47 AM GMT 03:40:47 AM Longitude 82.98240499999999°

Altitude 79 meters Saturday, 27.04.2024





Name of Company: Hediwheil

Name of Executive: Mahir kumar

Sex: Male / Female

Height: .f.G.7.....CMs

Weight: ...9./.....KGs

BMI (Body Mass Index): 32.6

Chest (Expiration / Inspiration) 94 / 101 CMs

Abdomen: | CMs

Pulse: BPM - Regular / Irregular

Ident Mark: Cut Mork on B Chuk

Any Allergies: Mo

Vertigo:

Any Surgical History: No

Habits of alcoholism/smoking/tobacco: 170

Chief Complaints if any:

Lab Investigation Reports: No

Eye Check up vision & Color vision: 1-1 orrof & Power Calaba

Left eye: -1. ♥ D

Right eye: _ / · ② ①









Near vision:

Dental check up: Normal
ENT Check up: Normal

Eye Checkup: Name

Final impression

Certified that I examined Mikim Kymay S/o or D/ois presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization.

> Dr. R.C. ROY
> MBBS.,MD. (Radio Diagnosis) Reg. No.-26918

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

Signature of Medical Examiner

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

Date . 77... 1.07. 12024

Place - VARANASI

