

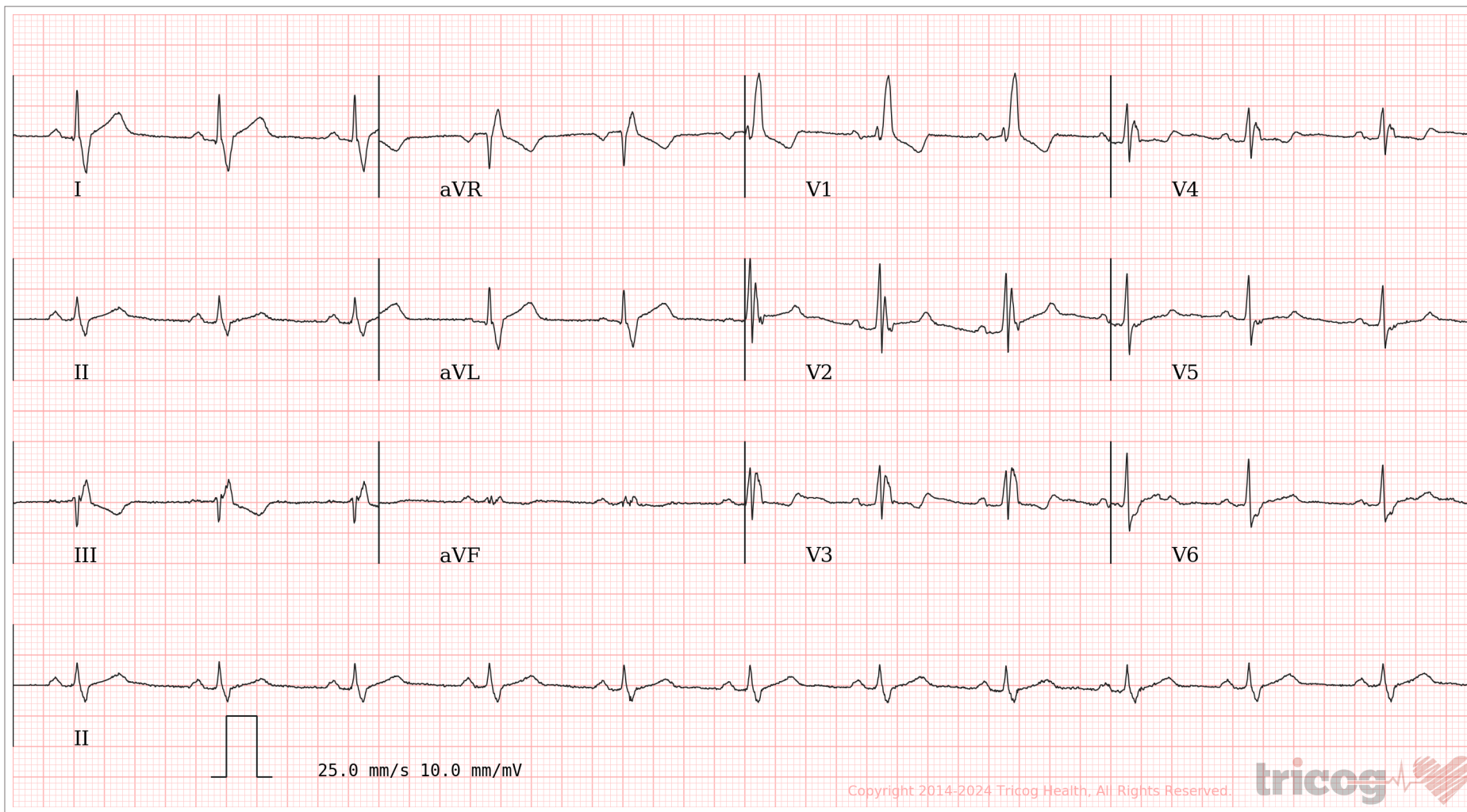


Age / Gender: 45/Male

Date and Time: 28th May 24 10:02 AM

Patient ID: CGKP0030762425

Patient Name: Mr.DHANANJAY KUMAR SINGH



AR: 70bpm    VR: 70bpm    QRSD: 126ms    QT: 398ms    QTcB: 429ms    PRI: 160ms    P-R-T: 43° 19° 1°

**Abnormal: Sinus Rhythm, Complete Right Bundle Branch Block. Concordant T waves noted in anterior leads. Rule out IHD. Please correlate clinically.**

AUTHORIZED BY

REPORTED BY

Dr. Charit  
MD, DM: Cardiology

Dr. Serrao Janice George

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.

63382



# CHANDAN DIAGNOSTIC CENTRE

Add: Near Pulse Hospital, Chatra Sangh Chauraha, Gorakhpur (U.P)  
Ph: 7232903044,9161222228  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.DHANANJAY KUMAR SINGH	Registered On	: 28/May/2024 08:56:29
Age/Gender	: 45 Y 5 M 20 D /M	Collected	: 28/May/2024 09:08:22
UHID/MR NO	: CGKP.0000029391	Received	: 28/May/2024 10:23:29
Visit ID	: CGKP0030762425	Reported	: 28/May/2024 12:04:05
Ref Doctor	: Dr.Mediwheel gkp -	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	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	15.40	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)	6,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	60.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	20.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	46.30	%	40-54	
Platelet count				
Platelet Count	1.25	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	54.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.16	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.97	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.00	fl	80-100	CALCULATED PARAMETER
MCH	30.90	pg	27-32	CALCULATED PARAMETER
MCHC	33.20	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,900.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	65.00	/cu mm	40-440	

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DR VASUNDHARA MD PATHOLOGIST





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Patient Name	: Mr.DHANANJAY KUMAR SINGH	Registered On	: 28/May/2024 08:56:32
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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	141.20	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

272.60	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)	6.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	50.30	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	147	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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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 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 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.





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## DEPARTMENT OF BIOCHEMISTRY

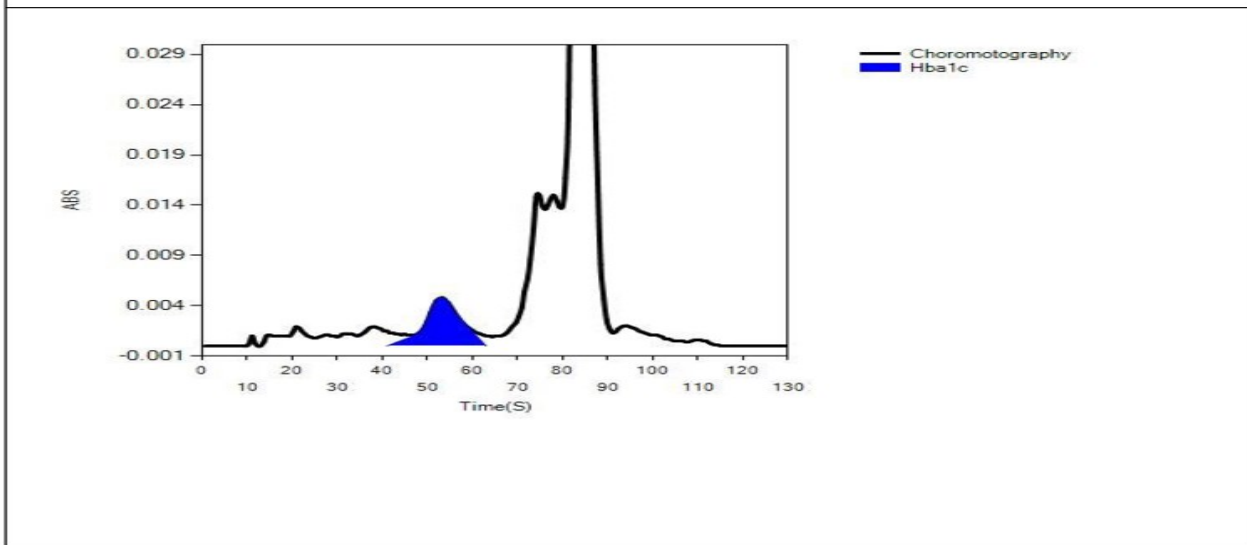
### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Sample Id :
Age :	Department :	Sample Type : Whole Blood EDTA	Total Area : 8328
Gender :			

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	84	1661	7581	91.0
HbA1c	52	48	530	6.8
La1c	37	19	126	1.6
HbF	26	10	9	0.1
Hba1b	20	19	66	0.8
Hba1a	14	12	16	0.2



BUN (Blood Urea Nitrogen) * Sample:Serum	11.06	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.93	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.41	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	52.70	U/L	<35	IFCC WITHOUT P5P





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGPT / Alanine Aminotransferase (ALT)	83.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	58.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.48	gm/dl	6.2-8.0	BIURET
Albumin	4.34	gm/dl	3.4-5.4	B.C.G.
Globulin	3.14	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.38		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	99.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.51	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.61	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.90	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	209.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	85.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	74	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	49.48	mg/dl	10-33	CALCULATED
Triglycerides	247.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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## 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	1.025			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
Appearance	CLEAR			
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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
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%	
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#### Interpretation:







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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++> 2



*Vasundhara*

DR VASUNDHARA MD PATHOLOGIST





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Patient Name	: Mr.DHANANJAY KUMAR SINGH	Registered On	: 28/May/2024 08:56:34
Age/Gender	: 45 Y 5 M 20 D /M	Collected	: 28/May/2024 09:08:22
UHID/MR NO	: CGKP.0000029391	Received	: 29/May/2024 11:27:46
Visit ID	: CGKP0030762425	Reported	: 29/May/2024 14:27:17
Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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PSA (Prostate Specific Antigen), Total ** Sample: Serum	0.80	ng/mL	<4.1	CLIA
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#### 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.

Dr. Anupam Singh (MBBS MD Pathology)





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Patient Name	: Mr.DHANANJAY KUMAR SINGH	Registered On	: 28/May/2024 08:56:31
Age/Gender	: 45 Y 5 M 20 D /M	Collected	: 28/May/2024 09:08:22
UHID/MR NO	: CGKP.0000029391	Received	: 28/May/2024 10:23:29
Visit ID	: CGKP0030762425	Reported	: 28/May/2024 13:16:49
Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	188.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.95	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.270	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

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

Vasundhara

DR VASUNDHARA MD PATHOLOGIST





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Ref Doctor	: Dr.Mediwheel gkp -	Status	: Final Report

## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA \*

### X-RAY REPORT

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)  
CHEST P-A VIEW**

(Rotation+)

- **Subtle haziness is noted in right CP angle.....? Pleural thickening / ? Pleural effusion.**
- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- 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.

**Adv: clinico-pathological correlation and further evaluation**

Dr Aditya Agarwal  
(MD Radiology)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

**Liver – is enlarged in size- 16.3 cm with increased parenchymal echogenicity.** No IHBR dilatation is seen. Portal vein shows normal diameter and flow pattern. No definite focal or diffuse mass lesion noted.

**Gall bladder – Adequately distended.** No calculus in lumen. Wall thickness is normal.

**CBD – Normal.** No intra-ducal calculus is seen.

**Pancreas-** is normal in thickness. Clearly defined margins are seen.

**Spleen-** shows normal size and parenchymal echotexture.

**Right kidney-** is normal in size. No pelvicalyceal calculus is seen. No backpressure changes are seen. Ureter is normal.

**Left kidney-** is normal in size. No pelvicalyceal calculus is seen. No backpressure changes are seen. Ureter is normal.

**Urinary bladder-** is adequately distended. Wall is smooth and regular. No mass or calculus seen.

**PVRU~ 109 ml significant.**

**Prostate – is enlarged in size- 25.5 cc.**

No ascites is seen.

#### IMPRESSION

- **Mild hepatomegaly with grade II fatty liver.**
- **Mild prostatomegaly.**

ADV-CLINICAL CORRELATION AND FOLLOW UP STUDY.

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

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



RE: EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)

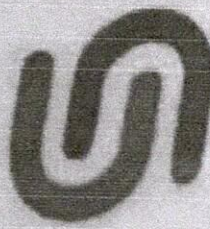
*Aditya*  
**Dr Aditya Agarwal**  
(MD Radiology)

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.

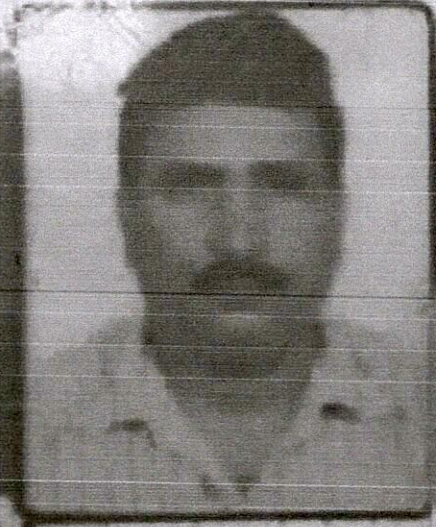
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, 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



यूनियन बैंक  
of India



Union Bank  
of India



नाम : धनंजय कुमार सिंह

Name : Dhananjay Kumar Singh

Designation - Clerk

Vasundhara

कर्मचारी क्र/Employee No. 767541

Dr. Vasundhara  
MBBS, MD

जन्म तिथि /Date of Birth. 08.12.1978

Reg. No. - 68248

रक्त ग्रुप /Blood Group : AB+

Chandan Diagnostic Centre  
Near Pulse Hospital Chhatra  
Sangh Chauraha, Gorakhpur

हस्ताक्षर/Signature

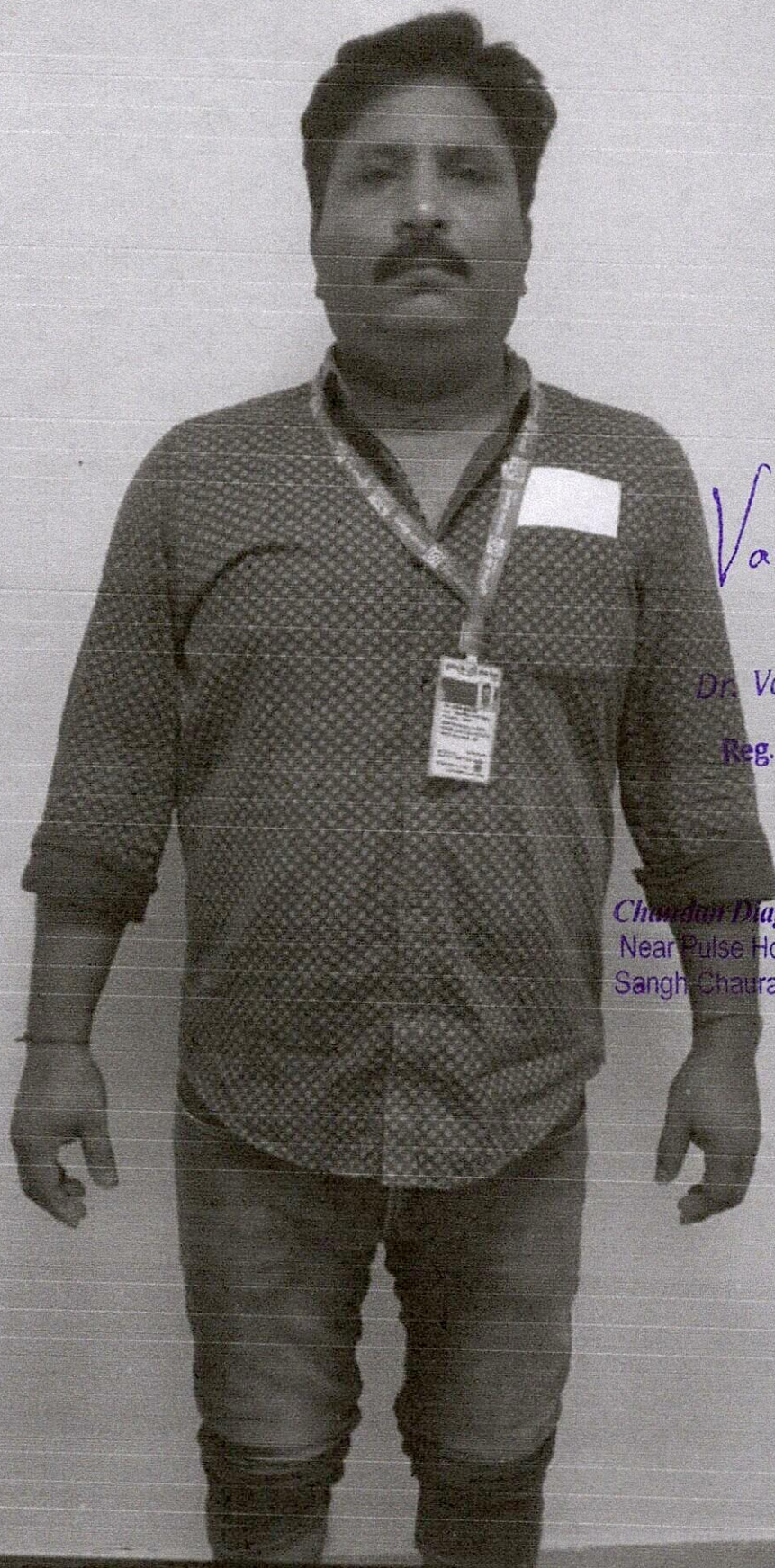
जारी करने का स्थान

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जारी करने की तिथि : 10/10/2020



जारी कर्ता अधिकारी /Issuing Authority



Vasundhara

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