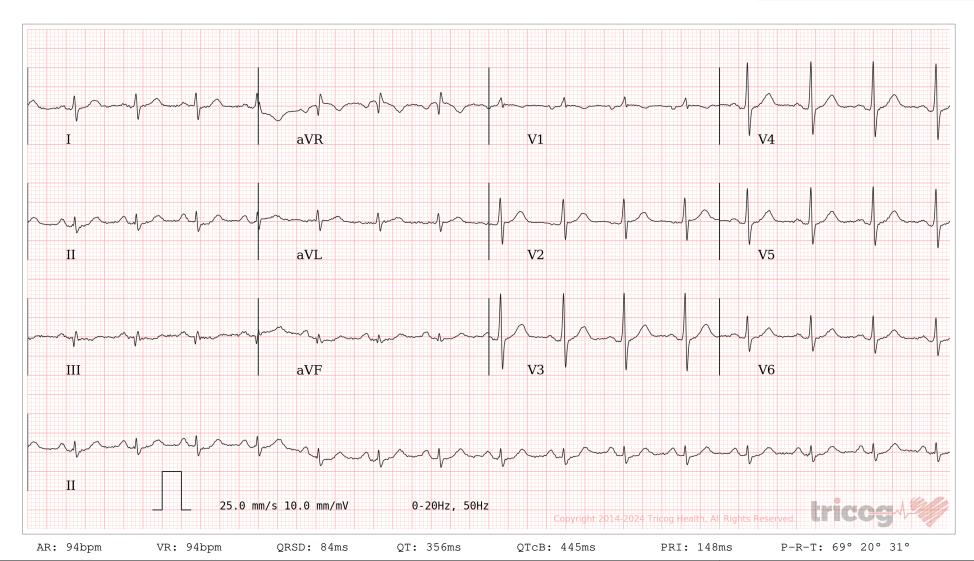
Chandan Diagnostic



Age / Gender: 54/Male Date and Time: 9th Mar 24 12:13 PM

Patient ID: CVAR0125042324

Patient Name: Mr.GUPTA RAJENDRA PRASAD-BOBE12001



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

AUTHORIZED BY

amt B

Dr. Charit MD, DM: Cardiology Dr. Prashant Valecha

REPORTED BY

63382

MCI 12-45260

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.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:11 Age/Gender Collected : 09/Mar/2024 11:03:04 : 54 Y 10 M 7 D /M UHID/MR NO : CVAR.0000048442 : 09/Mar/2024 11:22:53 Received Visit ID : CVAR0125042324 Reported : 09/Mar/2024 13:26:48 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) * ,	Blood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , wr	nole Blood			
Haemoglobin	15.80	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) <u>DLC</u>	7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils) Lymphocytes Monocytes Eosinophils Basophils ESR	58.00 32.00 4.00 6.00 0.00	% % % %	55-70 25-40 3-5 1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed	4.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.		
PCV (HCT) Platelet count	47.00	%	40-54	
Platelet Count	1.63	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











CIN: U85110DL2003PLC308206



Patient Name : 09/Mar/2024 09:04:11 : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On Age/Gender : 54 Y 10 M 7 D /M Collected : 09/Mar/2024 11:03:04 UHID/MR NO : CVAR.0000048442 Received : 09/Mar/2024 11:22:53 Visit ID : CVAR0125042324 Reported : 09/Mar/2024 13:26:48 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTM ENT OF HAEM ATOLOGY

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	5.08	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.60	fl	80-100	CALCULATED PARAMETER
MCH	31.10	pg	28-35	CALCULATED PARAMETER
MCHC	34.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,118.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	426.00	/cu mm	40-440	

S.n. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:11 Collected Age/Gender : 54 Y 10 M 7 D /M : 09/Mar/2024 11:03:04 UHID/MR NO : CVAR.0000048442 Received : 09/Mar/2024 11:22:54 Visit ID : CVAR0125042324 Reported : 09/Mar/2024 13:14:25 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

GLUCOSE FASTING, Plasma

Glucose Fasting 93.70 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.

S.N. Sinha (MD Path)

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CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:11 Age/Gender Collected : 10/Mar/2024 14:06:20 : 54 Y 10 M 7 D /M UHID/MR NO : CVAR.0000048442 : 10/Mar/2024 14:06:38 Received Visit ID : CVAR0125042324 Reported : 10/Mar/2024 14:08:41 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
Glucose PP Sample:Plasma After Meal	131.10	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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. Sinla

Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 : 09/Mar/2024 09:04:12 Registered On Collected Age/Gender : 54 Y 10 M 7 D /M : 09/Mar/2024 11:03:04 UHID/MR NO : CVAR.0000048442 Received : 10/Mar/2024 11:58:05 Visit ID : CVAR0125042324 Reported : 10/Mar/2024 13:53:08 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 HABMOGLOBIN (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.





UHID/MR NO

Ref Doctor

Visit ID

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

CIN: U85110DL2003PLC308206



: 09/Mar/2024 09:04:12

: 09/Mar/2024 11:03:04

: 10/Mar/2024 11:58:05

: 10/Mar/2024 13:53:08

Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On Age/Gender : 54 Y 10 M 7 D /M Collected

: CVAR.0000048442 Received

: Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

Reported

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity

: CVAR0125042324



Dr. Anupam Singh (MBBS MD Pathology)

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^{*}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.



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:12 Age/Gender Collected : 09/Mar/2024 11:03:04 : 54 Y 10 M 7 D /M UHID/MR NO : CVAR.0000048442 : 09/Mar/2024 11:22:54 Received Visit ID : CVAR0125042324 Reported : 09/Mar/2024 13:14:23 Ref Doctor : Dr.MEDIWHEEL VNS -: Final Report 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	12.30	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.20	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	4.00	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.40	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	22.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.71		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	75.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	167.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	52.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	82	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	32.54	mg/dl	10-33	CALCU
Triglycerides	162.70	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-P











Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:11 Age/Gender Collected : 09/Mar/2024 11:03:04 : 54 Y 10 M 7 D /M UHID/MR NO : CVAR.0000048442 Received : 09/Mar/2024 11:22:53 Visit ID : CVAR0125042324 Reported : 09/Mar/2024 15:53:50 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	1.015			
Reaction PH	Acidic (5.5)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
K.I.	ARCENIT	July 1	>2 (++++)	DIOCUEN MICTOY
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			DIRCTION
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
	, the			EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Jugui, i astilig stage	ADJLINI	g111370		

Interpretation:



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CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001

Registered On

: 09/Mar/2024 09:04:11

Age/Gender

: 54 Y 10 M 7 D /M

Collected

: 09/Mar/2024 11:03:04 : 09/Mar/2024 11:22:53

UHID/MR NO Visit ID

: CVAR.0000048442 : CVAR0125042324

Received Reported

Ref Doctor

: 09/Mar/2024 15:53:50

: Dr.MEDIWHEEL VNS -

Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

< 0.5 (+)

0.5 - 1.0(++)

(+++)1-2

(++++) > 2



S.N. Sinta

Dr.S.N. Sinha (MD Path)











CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 : 09/Mar/2024 09:04:12 Registered On Age/Gender : 54 Y 10 M 7 D /M Collected : 09/Mar/2024 11:03:04 UHID/MR NO : CVAR.0000048442 Received : 10/Mar/2024 10:34:56 Visit ID : CVAR0125042324 Reported : 10/Mar/2024 12:57:20 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	
PSA (Prostate Specific Antigen), Total **	0.49	ng/mL	<4.1	CLIA	
Sample:Serum		<u>.</u>			

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)

Page 10 of 14







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

CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:12 Age/Gender Collected : 54 Y 10 M 7 D /M : 09/Mar/2024 11:03:04 UHID/MR NO : CVAR.0000048442 Received : 09/Mar/2024 11:22:53 Visit ID Reported : CVAR0125042324 : 09/Mar/2024 16:38:07 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
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	116.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.000	μIU/mL	0.27 - 5.5	CLIA
		9		
Interpretation:				
		0.3-4.5 $\mu IU/r$	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trim	nester
		0.8-5.2 μIU/r	nL Third Trimes	ster
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	- 20 Yrs.)
		1-39 µIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r	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.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:12

 Age/Gender
 : 54 Y 10 M 7 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000048442
 Received
 : N/A

Visit ID : CVAR0125042324 Reported : 09/Mar/2024 17:02:14

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.GUPTA RAJENDRA PRASAD-BOBE12001 Registered On : 09/Mar/2024 09:04:12

 Age/Gender
 : 54 Y 10 M 7 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000048442
 Received
 : N/A

Visit ID : CVAR0125042324 Reported : 09/Mar/2024 11:28:00

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 measuring 14.5 cm in midclavicular line. Mild diffuse increase in liver echogenicity noted. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (**8.1 mm in caliber**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.8 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 ~ 11.6 x 3.9 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 ~ 11.3 x 4.5 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 (~ 11.1 cm in its long axis) and has a normal homogenous echotexture.









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.GUPTA RAJENDRA PRASAD-BOBE12001 : 09/Mar/2024 09:04:12 Registered On

Age/Gender : 54 Y 10 M 7 D /M Collected : N/A UHID/MR NO : CVAR.0000048442 Received : N/A

Visit ID : CVAR0125042324 Reported : 09/Mar/2024 11:28:00

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ILIAC FOSSAE & PERITONEUM

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

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is well filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 271 cc.

PROSTATE

• The prostate gland is normal in size (~ 31 x 27 x 28 mm / 13 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- FATTY LIVER GRADE I
- REST OF THE ABDOMINAL ORGANS ARE NORMAL.

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

End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, 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 365 Days Open *Facilities Available at Select Location











Name of Company: Medicuted

Name of Executive: Regently Prakad GNP7

Date of Birth: .03 / .05 / 1969

Sex: Male / Female

BMI (Body Mass Index): 29.0

Abdomen: .l.o.c......CMs

Pulse: 9.2 BPM - Regular / Irregular

Ident Mark: Male on Left etc

Any Allergies: No

Vertigo:

Any Medications: No

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

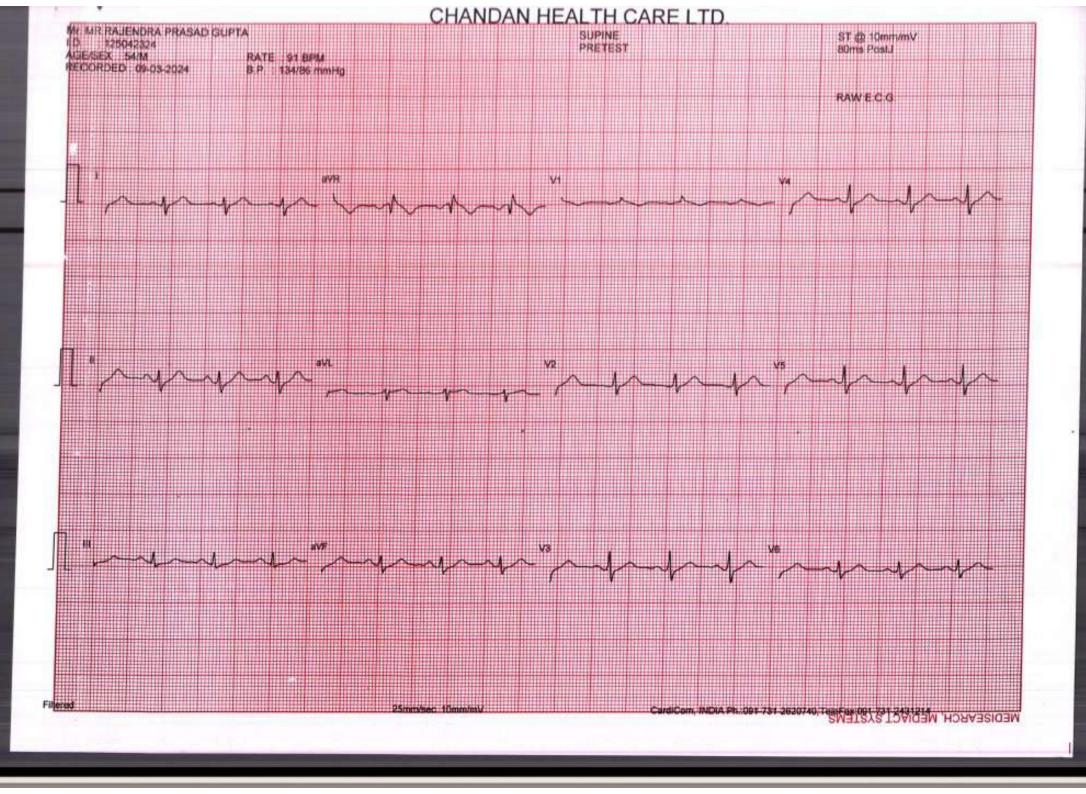
Lab Investigation Reports: 10

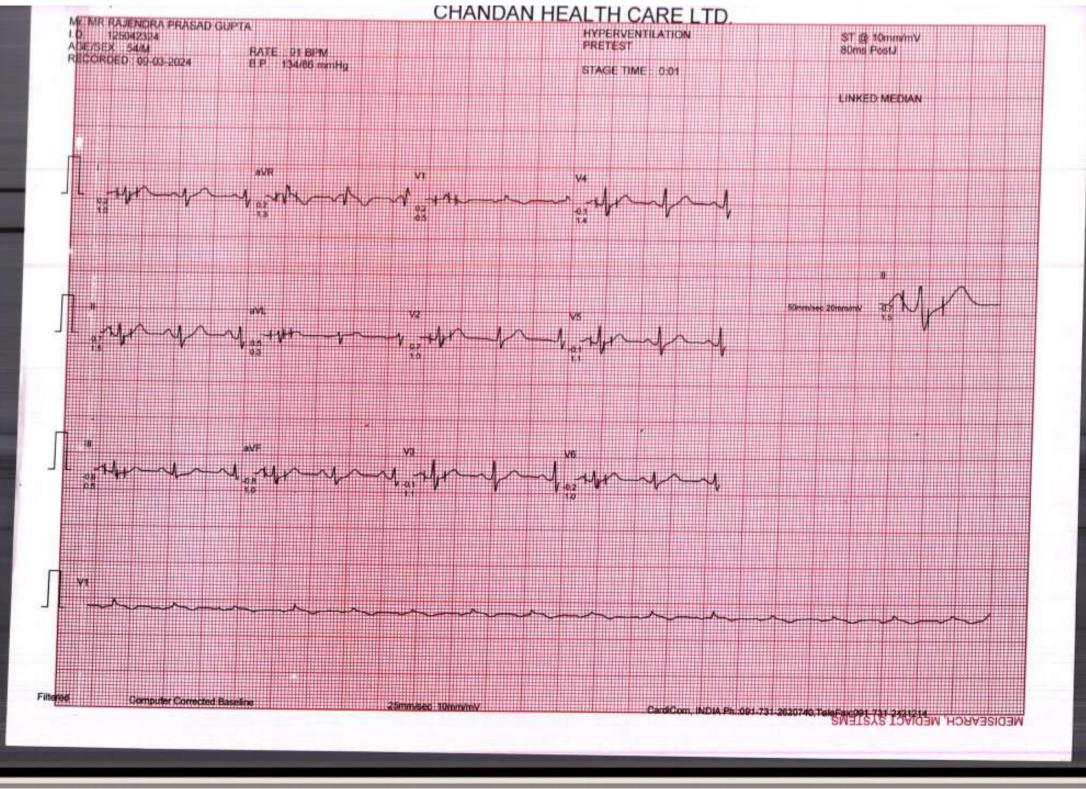
Eye Check up vision & Color vision: Wound & Power Colors - 15 Trans

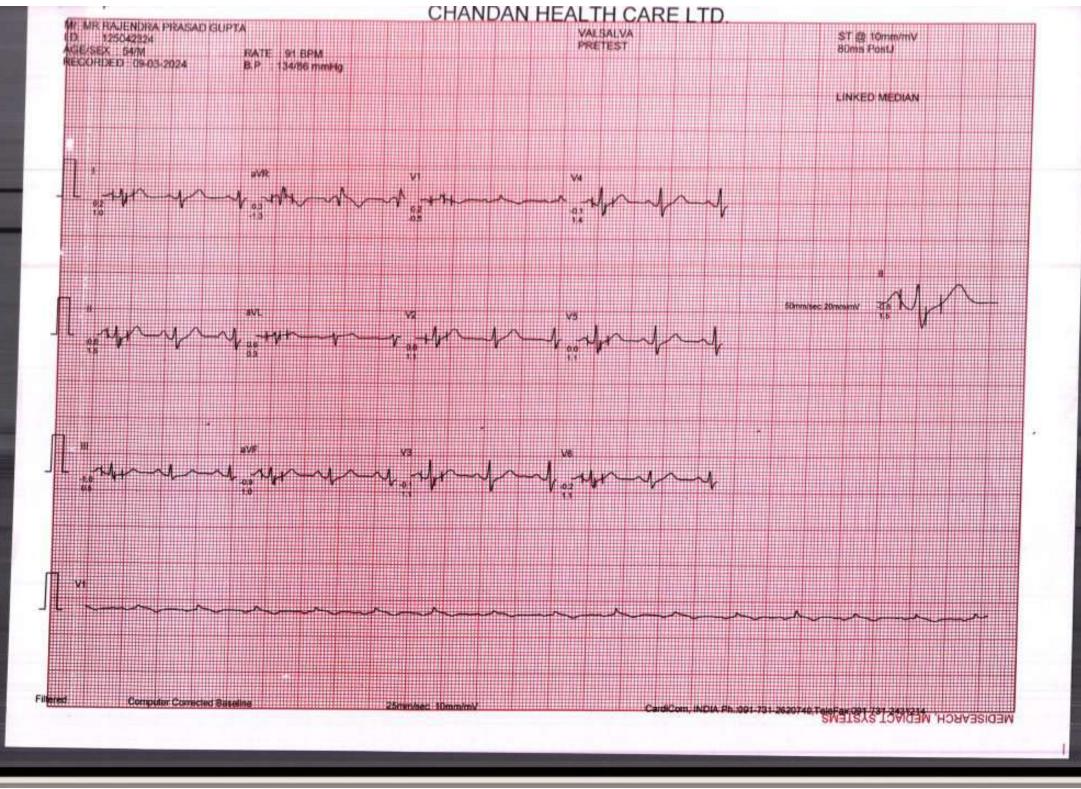
Left eye: 12 oum

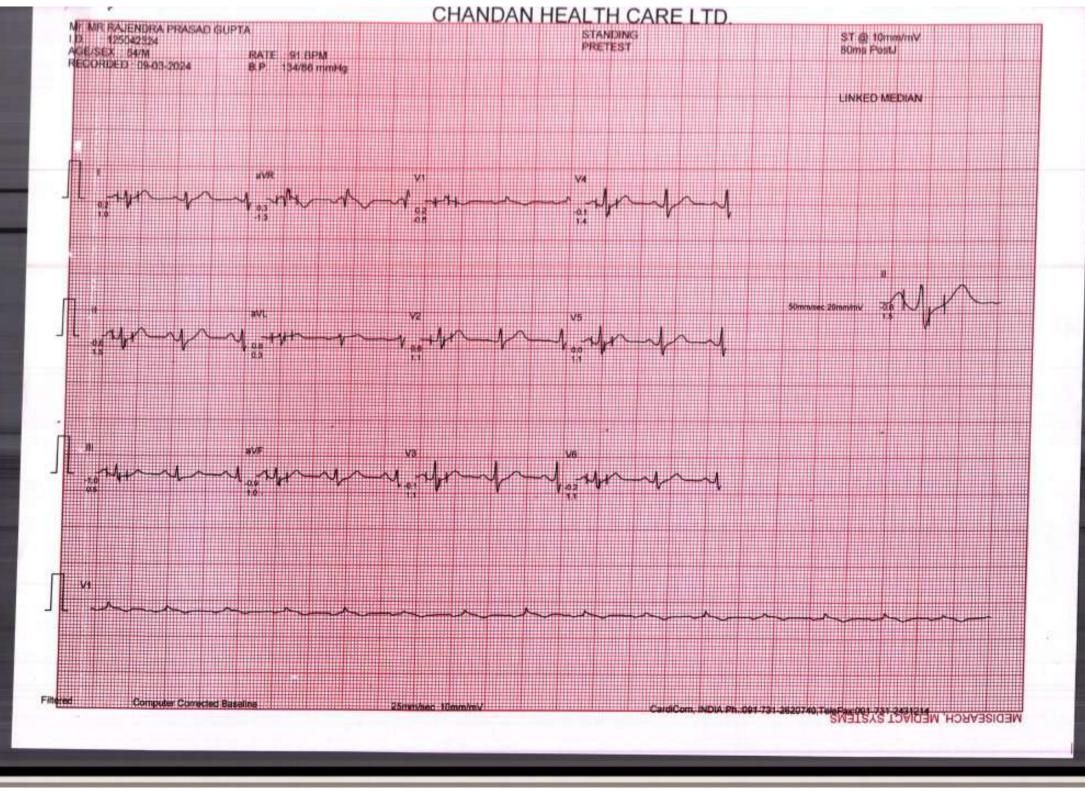
Right eye: · Narmal

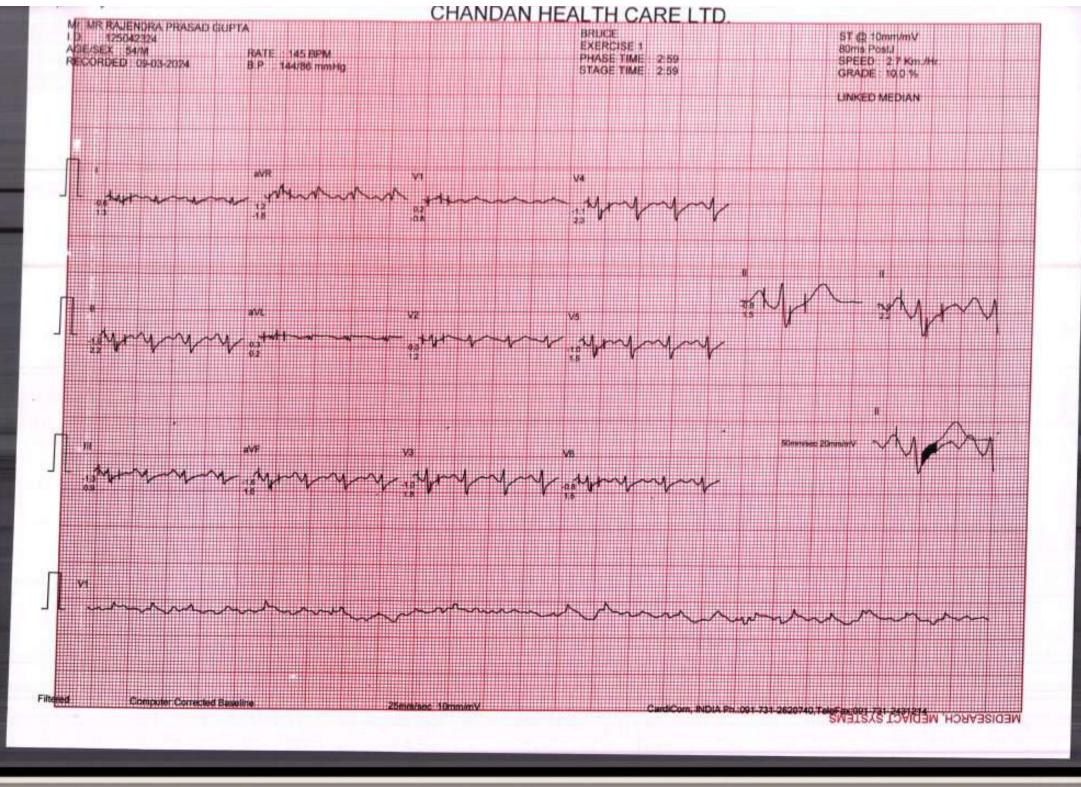
CHANDAN HEALTH CARE LTD. 99-SHIVAJI NAGAR MAHMOORGANJ VARANASI 9839703068 MH RAJENDRA PRASAD GUPTA ID: 125042324 TREADMILL TEST SUMMARY REPORT ge/Sex 54/M HI/V/I 170/86 Protocol: BRUCE HI by MEDIVMEN Recorded 09-03-2024 History ridicition t Medication 1 ndicution2 Madication2 dications. Medication3 PHASE STAGE SPEED GRADE HR PPP PHASE ST LEVEL (mm) METS TIME TIME (Km /Hr.) ('943 (BPM) (mmHg) X100 **W**5 SUPINE 134/86 HYPERVENT 0.01 0.01 91 134/86 -0.7 0.7 WALSAL VA 0.1 91 134/86 121 STANDING -0.8 8.0 0.0 134/86 121 8.0+ OB 0.0 STAGE 2:59 2 59 2.70 10.56 145 144/86 208 -1.9 EVENT 0.3 -1.0 4.80 5-46 2.46 4.00 12 00 160 154/88 246 49.4 2.0 6.93 PEAK EXER 5.48 2.48 162 154/88 249 +3 1 on 2.0 6.96 EVENT 0:30 0.00 0.00 152/88 EVENT -26 1.00 1.00 0.00 0.00 142 150/88 213 EVENT +2.0 0.9 2.00 2 00 0.00 0.00 130 146/88 189 2.0 00 RECOVERY 1,2 2.59 o ne 0.00 126 142/86 178 2.1 0.6 41.2 RESULTS Exercise Duration 5 48 Minutes Max Heart Rate 162 bpm 97 % of larget heart rate 166 bpm - Baseline ECG is normal Max Blood Pressure 154/88 mmHa Max Work Load 6.96 METS - No eignifical STT Charges seen at beak exercise and record Reason of Termination **MPRESSIONS** TM TIR negative RMS Cardiologist



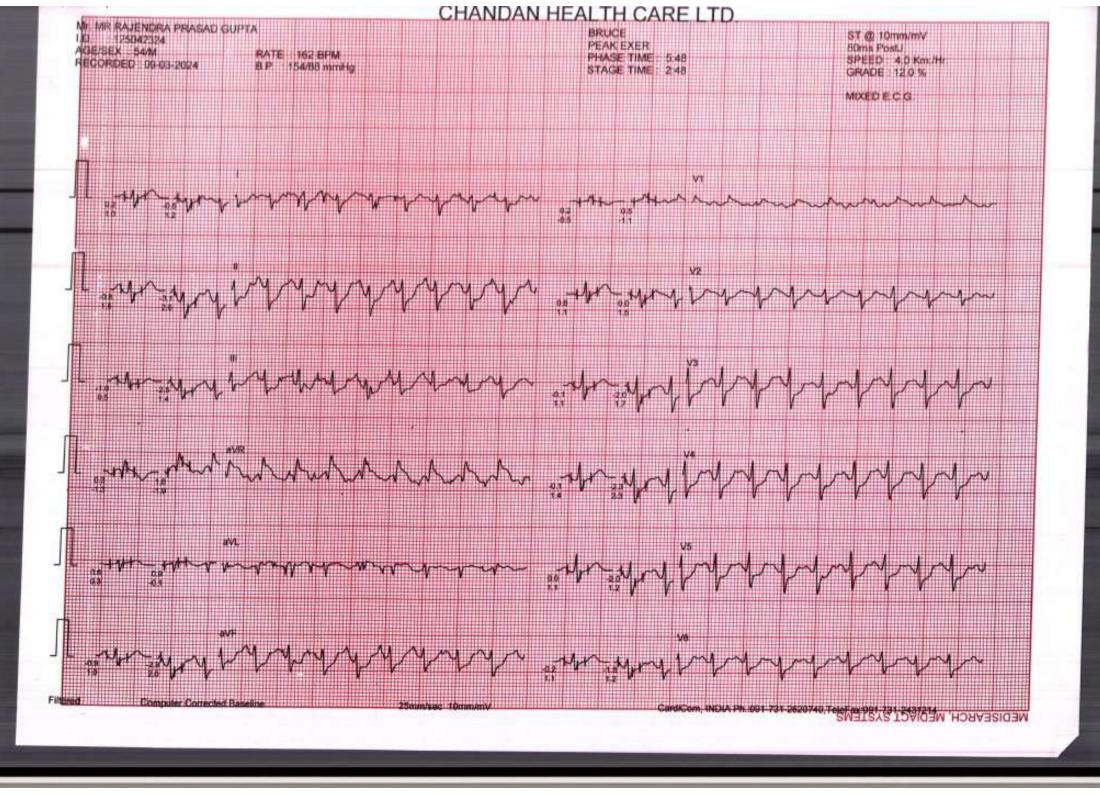


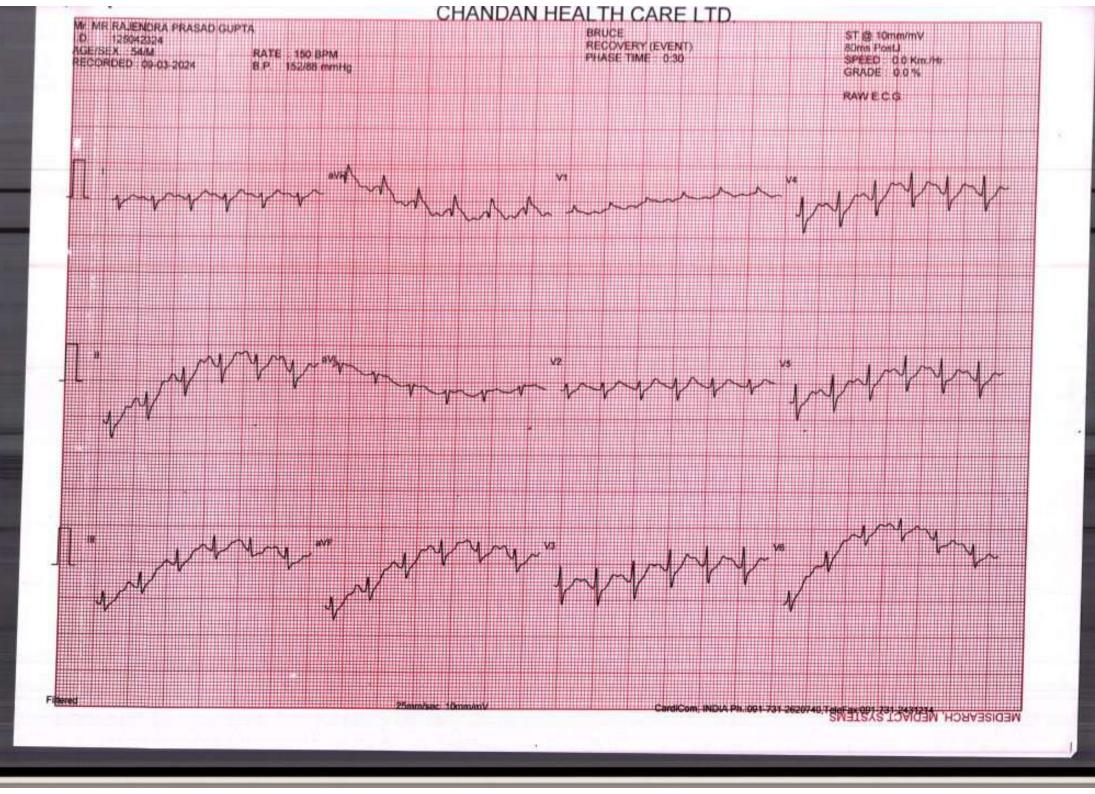


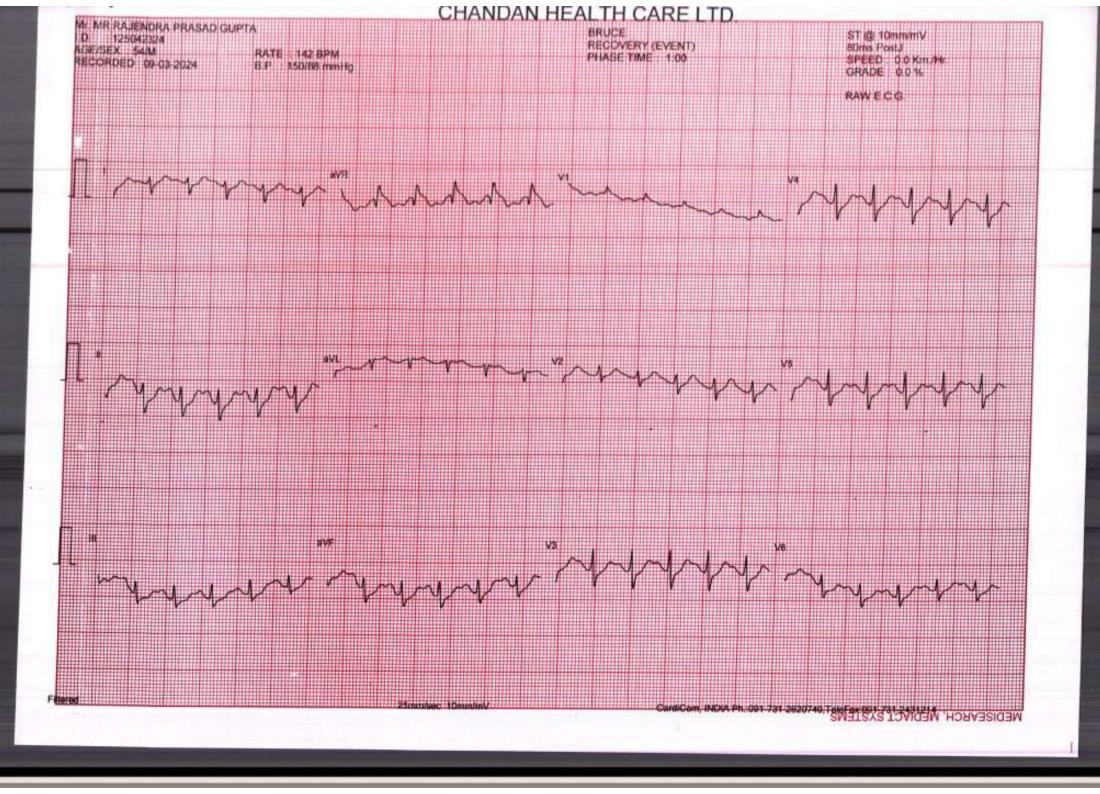


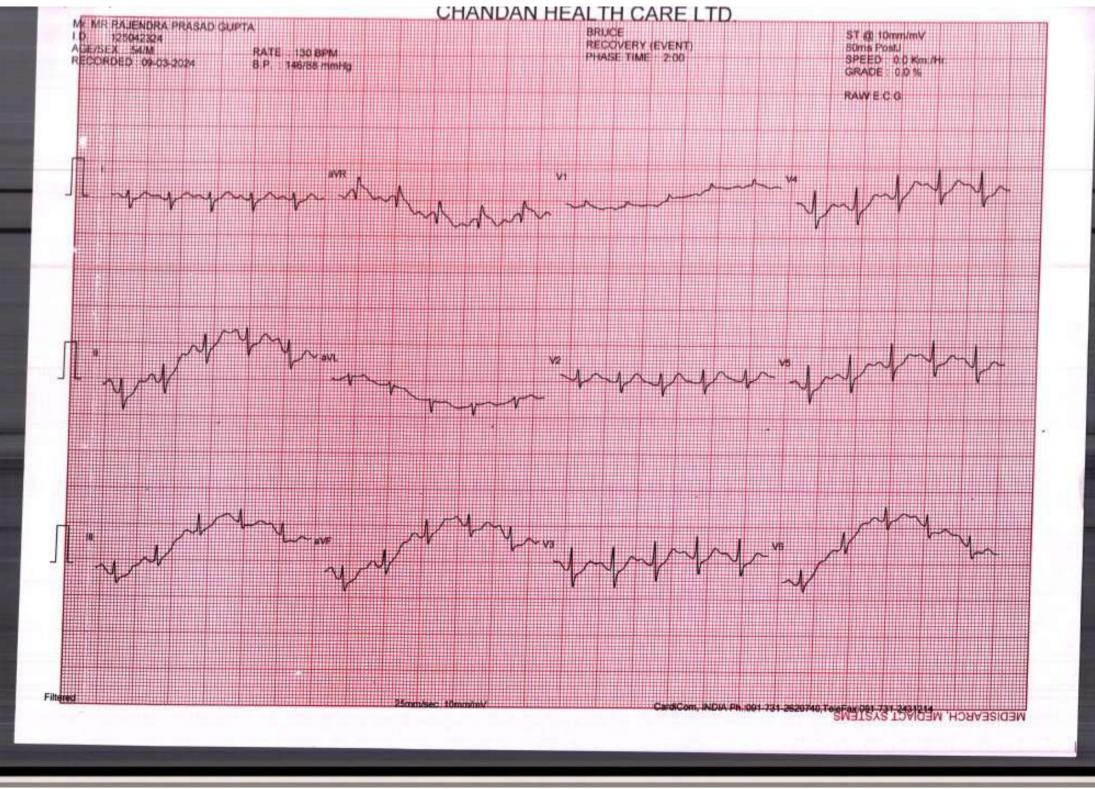


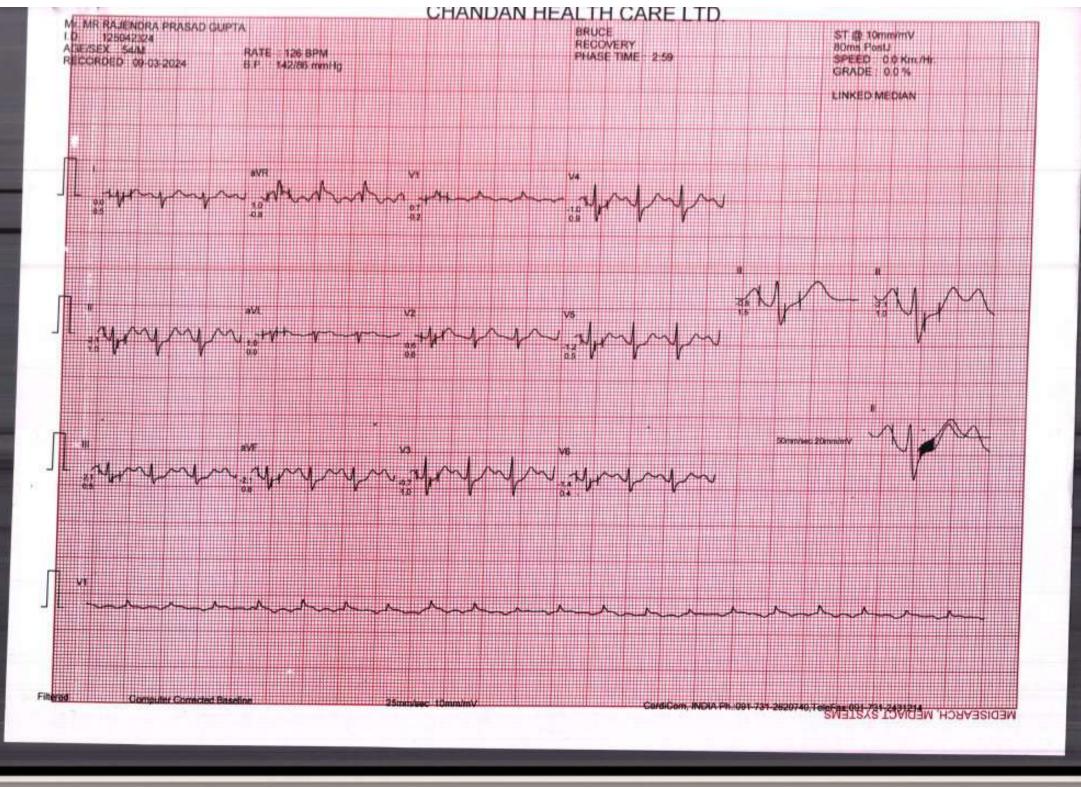
CHANDAN HEALTH CARE LTD M(MR HAJENDRA PRASAD GUPTA I.D. 125042324 AGE/SEX 54/M (RECORDED 09-03-2024 BRUCE EXERCISE 2 (EVENT) PHASE TIME | 5:46 STAGE TIME | 2:46 ST @ 10mm/mV 80ms PostJ SPEED 4.0 Km/Hr. GRADE 12.0 % RATE 160 BPM B.P. 154/88 mmHg RAWECG















Near vision: MIG E Wash

Farvision: 616 Ebreak

Dental check up : Nonna

ENT Check up: Normal

Eye Checkup:

Final impression

Client Signature :-

Signature of Medical Examiner

Man R. C. ROY
Man T. Mando Ulagnosis)
Reg. NO. -25918

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

Date. 09.../03.. /2024

Place - VARANASI

Changan Offsenostic Center 99, Side at Trace Memboorgan Variance, 2010 (d.P.) Phone No. 0542-2223232







D63/6B-100, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305305°

LOCAL 12:33:00 GMT 07:03:00 Longitude 82.979074°

SATURDAY 03.09.2024 ALTITUDE 37 METER



भारत सरकार Government of India



राजेन्द्र प्रसाद गुप्ता Rajendra Prasad Gupta जन्म तिथि/DOB: 03/05/1969 पुरुष/ MALE

3963 2389 2980



मेरा आधार, मेरी पहचान