Chandan Diagnostic

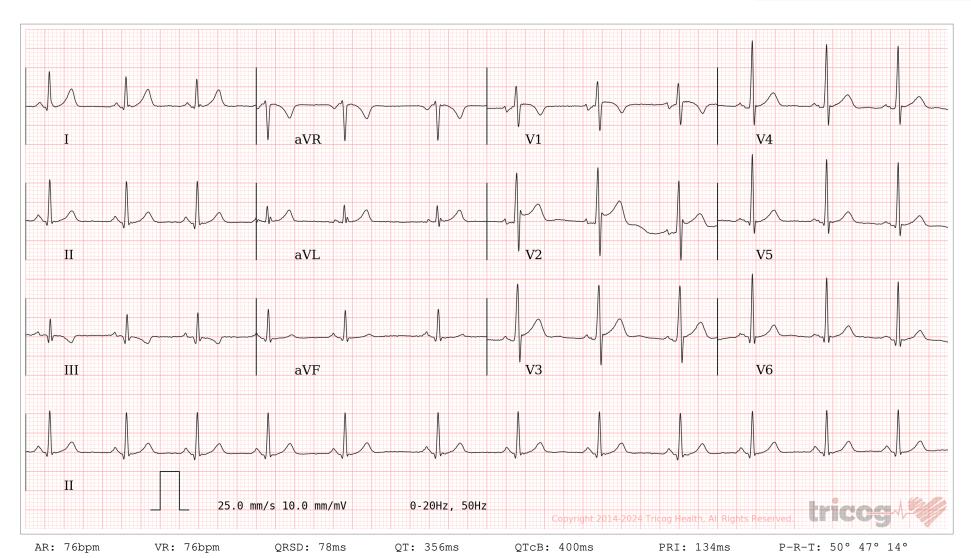


Age / Gender: 32/Male

Date and Time: 8th Mar 24 1:11 PM

Patient ID: CVAR0124742324

Patient Name: Mr.DEVESH SHAHAPURI - BOBE13034



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

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology

Dr. Priyanka Kumari

REPORTED BY

ian. 63382

WBMC 78253

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.





Name of Company: Mediuhed
Name of Executive: Devesh Shahahuri
Name of Company: Meadward Name of Executive: Devesh Shahapwri Date of Birth: 16
Sex: Male / Female
Height:
Weight:
BMI (Body Mass Index): 27.8
Chest (Expiration / Inspiration)
Abdomen:9. Q CMs
Blood Pressure: 124/
Pulse:96BPM - Regular / Irregular
Ident Mark: Cut Mark on Left side eye
Any Allergies: No
Vertigo: No
Any Medications: No
Any Surgical History: No
Habits of alcoholism/smoking/tobacco: ocasionally from 10 yem in muty 1/1 in
Chief Complaints if any:
Lab Investigation Reports:
Eye Check up vision & Color vision: Normal & Power Class - 12 Years



Marma

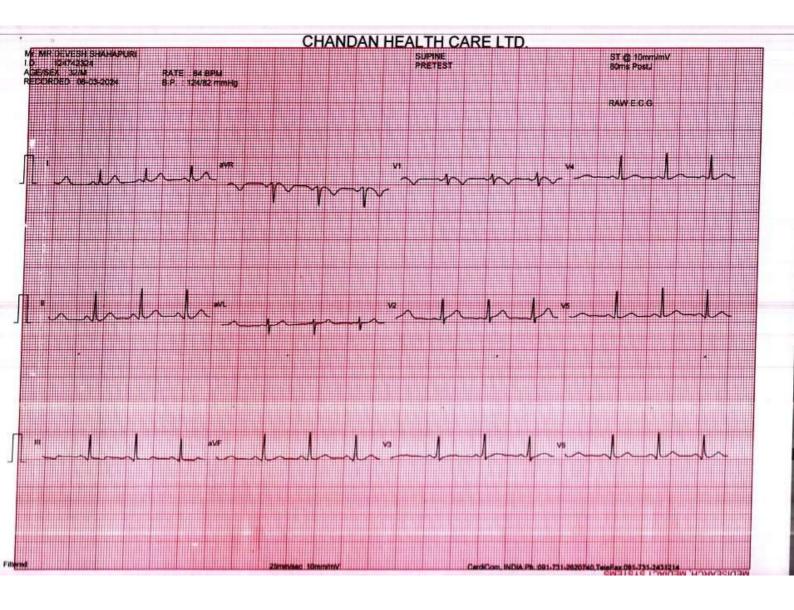
Right eye:

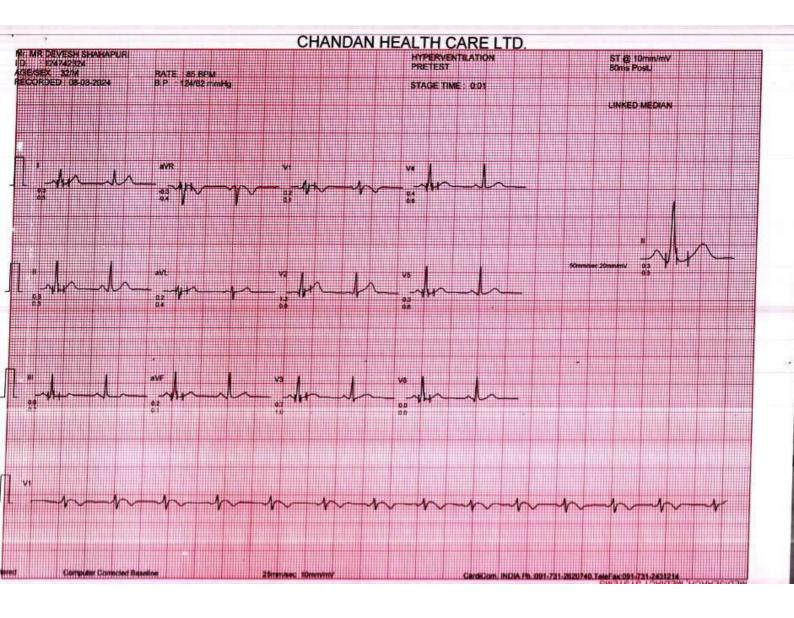
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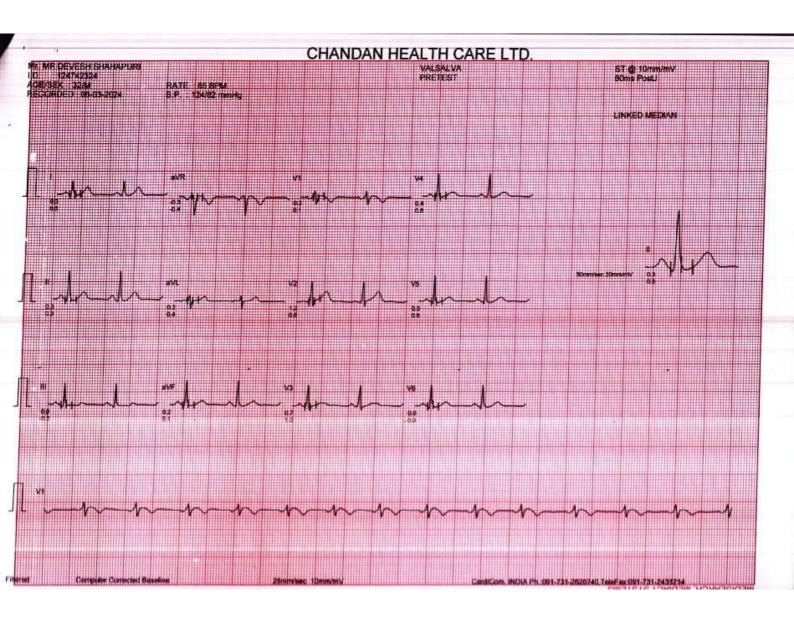


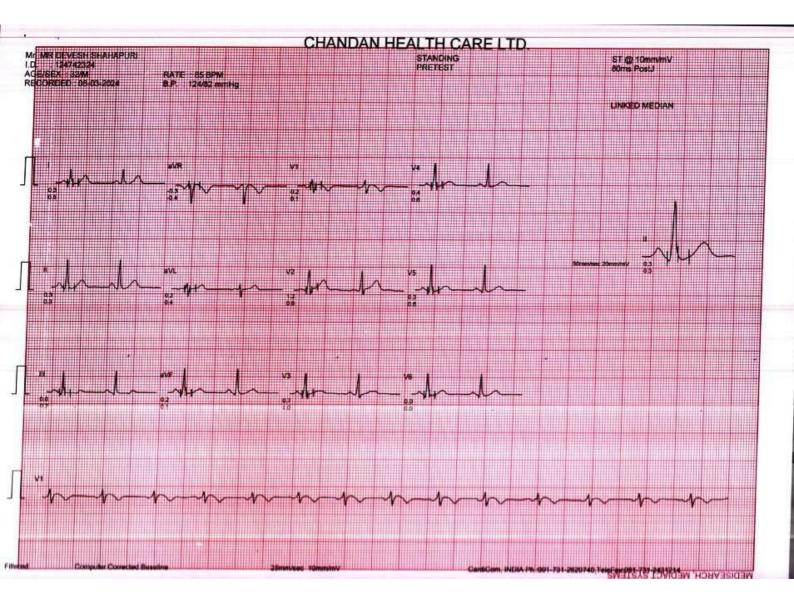


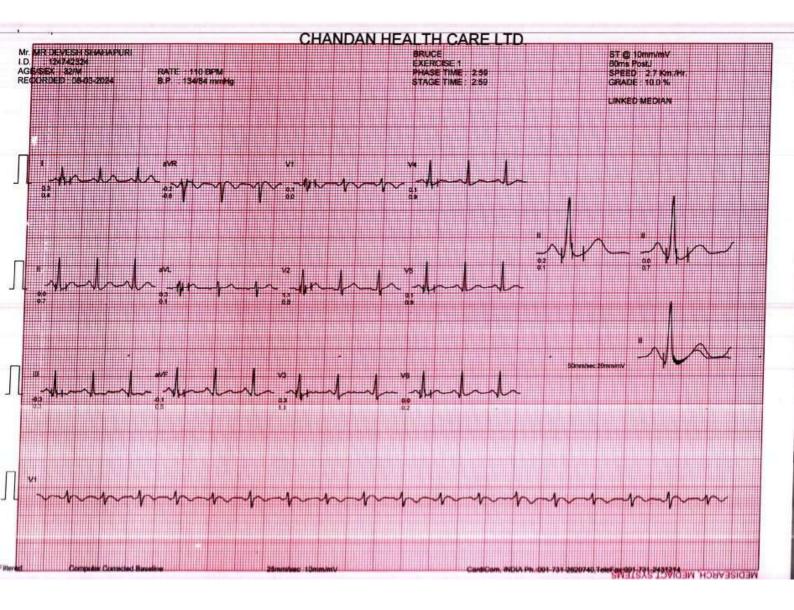
M. LIR DEVESH SHAHAPURI Age/Sex 32/M Ref. by: MEDIWHEEL Indications: Indications: Indications:		198 HANN 176/86		TREADMILL TEST SUMMARY REPORT Protocol BRUGE History Medication1 Medication2 Medication3:							
PHASE	PHASE TIME	STAGE TIME	SPEED (Km/Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	и	ST LEVEL (mm) V2	¥5	MET
SUPINE HYPERVENT VALSALVA STANDING SUPINE	0:01	0:01			84 85 85 85 85	124/82 124/82 124/82 124/82 124/82	104 105 106 105	0.3 0.3 0.3 0.3 0.3	1,2 1,2 1,2 1,2 1,2	0.3 0.3 0.3 0.3 0.3	
STAGE 1 STAGE 2 EVENT	2:59 5:59 7:03	2:59 2:59 1:03	2.70 4.00 5.40	10.00 12.00 14.00	110 133 166	134/84 144/86 160/88	147 191 265	0.0 -0.5 -1.2	1.1 0.6 0.1	0.1 -0.3 -1.1	4.80 7.10 8.12
PEAK EXER EVENT EVENT EVENT RECOVERY	7:05 0:30 1:01 2:01 2:59	0:30 1:01 2:01 2:59	0 00 0 00 0 00 0 00	0.00 0.00 0.00	167 143 97 95 96	160/58 158/58 156/58 152/56 148/84	267 225 151 144 142	-12 -02 0.7 -0.1 -0.2	0.1 1.0 1.1 0.4 0.4	-1.1 0.1 0.7 6.0 -0.1	8.15
SULTS SIZE Duration The Heart Rate K Blood Pressure Vivink Load ason of Termination PRESSIONS	167 : 160/	5 Minutes bom 88 % of ta 88 mmHg METS	rget heart rule 186	i lipri		→ B	akelire No sign	ECGIO mut ST : Oxoner	noma Tichm	L 18 m sem	
-7m1	19/	wah f	in <u>pans</u>			一丁・ Cardiologist は大行動になり、 B.B.S. MO C	garular	o nogah	of part		

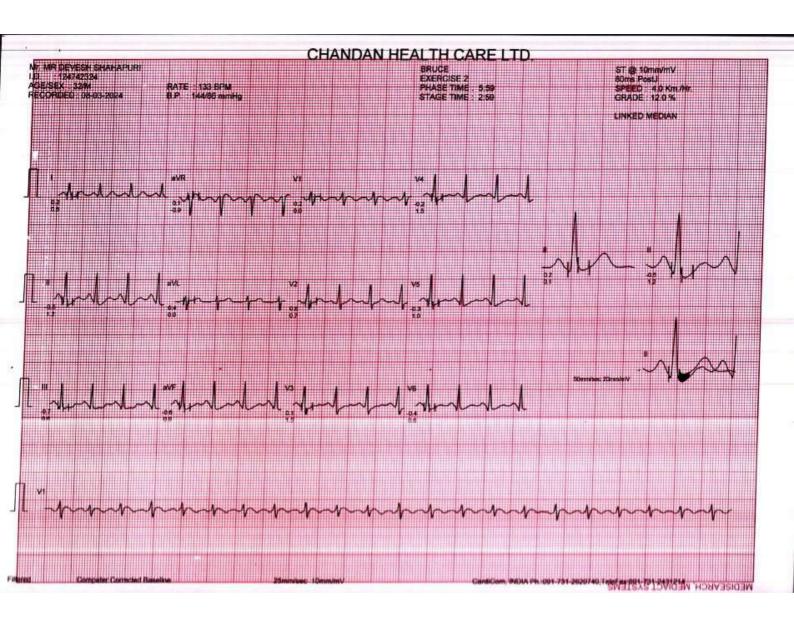


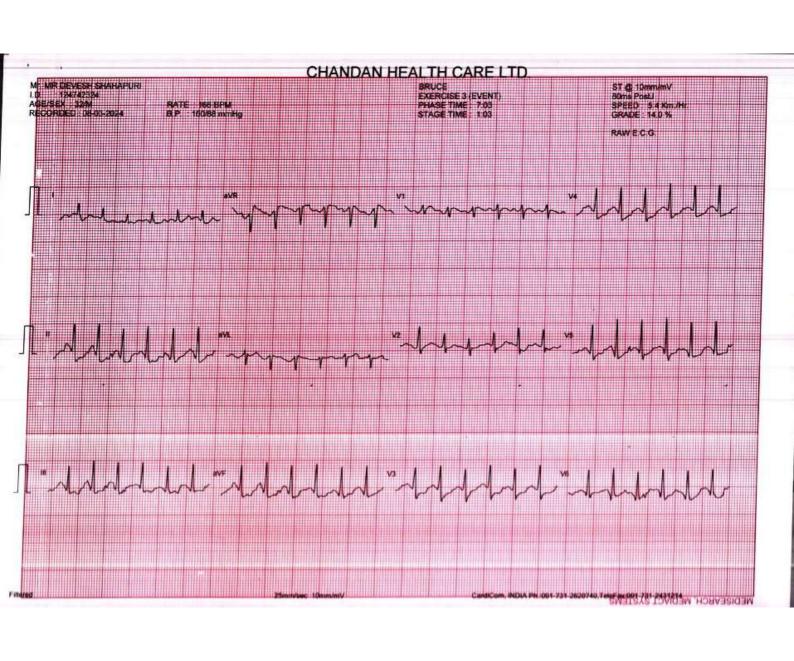


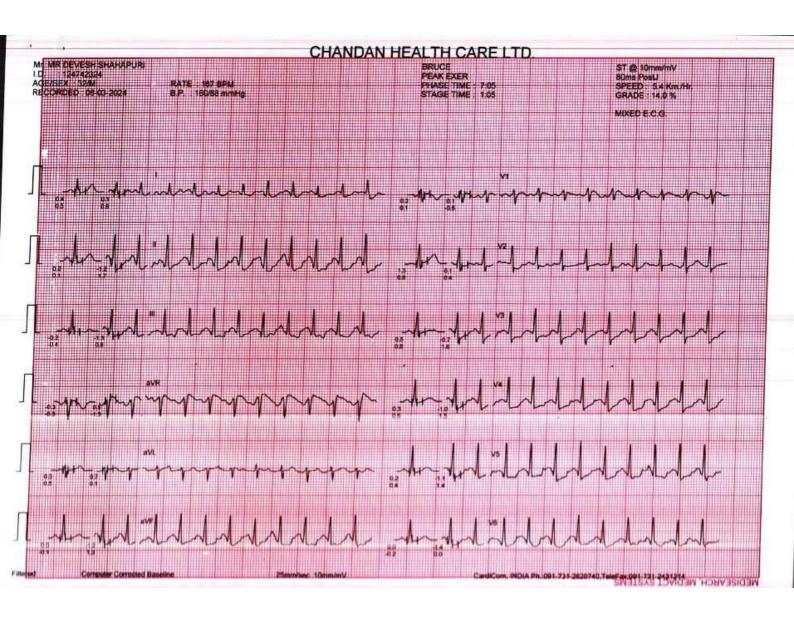


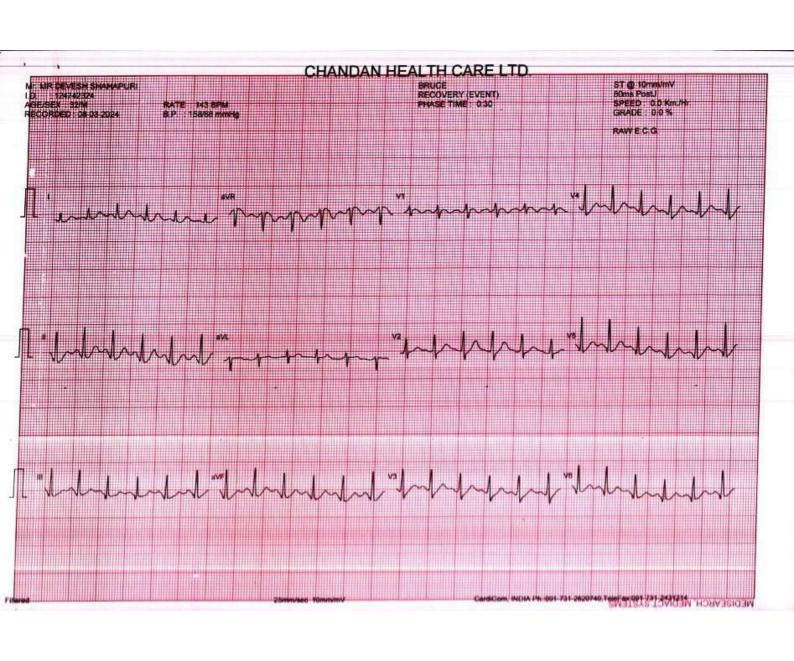


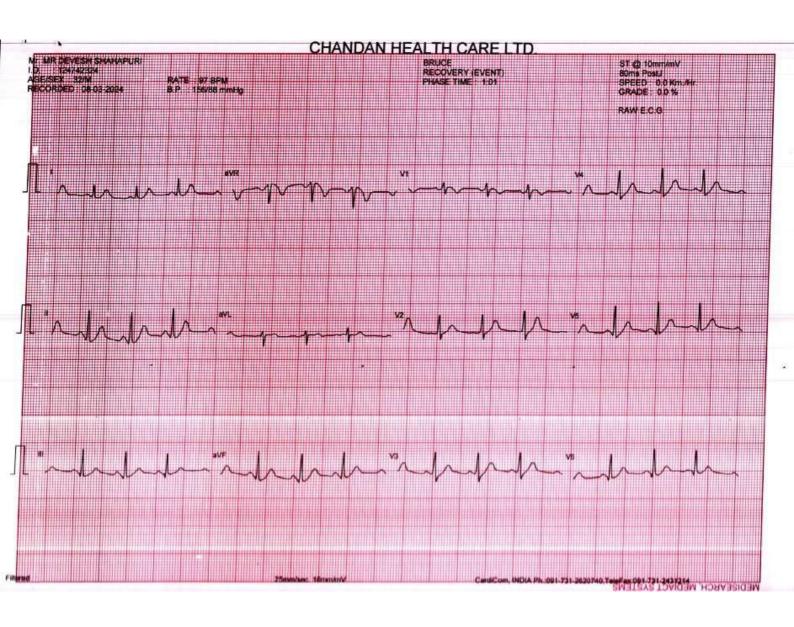


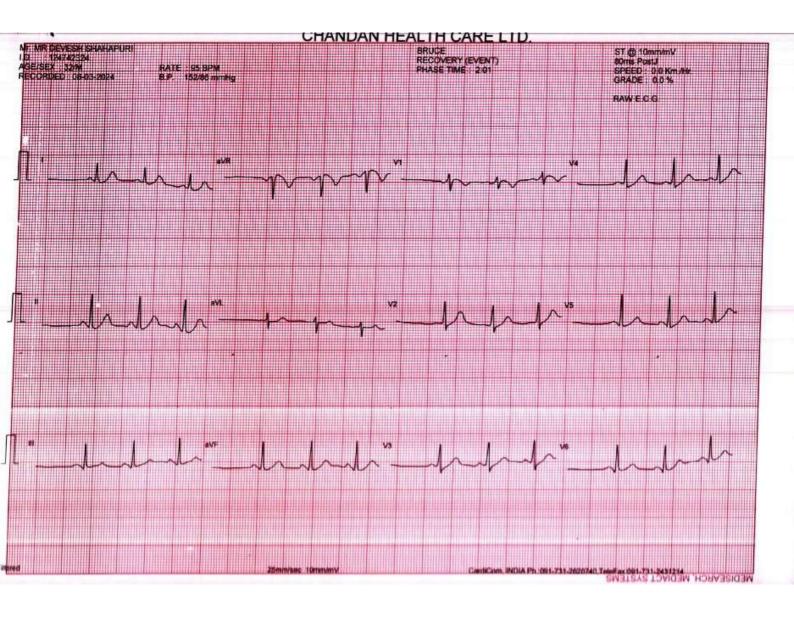


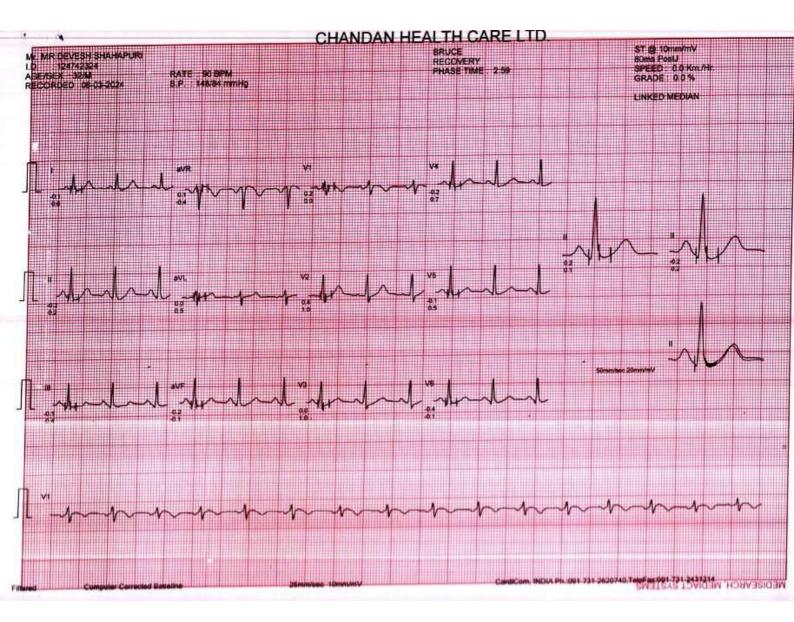
















NL Near vision:

616 E Glass Far vision:

Dental check up: nlannel
ENT Check up: Non mel

Eye Checkup:

Final impression

Certified that I examined. Denth Statfunis presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization.

Client Signature :-

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. (2024)

Place - VARANASI









CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:49 Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 11:27:44 UHID/MR NO : CVAR.0000048413 Received : 08/Mar/2024 11:28:23 Visit ID : CVAR0124742324 Reported : 08/Mar/2024 13:01:02 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS -Status

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Disad Crave (ADO 9 Disturbing) *				
Blood Group (ABO & Rh typing) * , B	lood			
Blood Group	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	-		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) * , Whol	le Blood			
Haemoglobin TLC (WBC)	12.90 8,000.00	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	8,000.00	/Cu IIIII	4000-10000	ELECTRONIC INFEDANCE
Polymorphs (Neutrophils)	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	10.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	14.00	Mm for 1st hr.		
Corrected	4.00	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	38.00	%	40-54	
Platelet Count	1.75	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









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 : 08/Mar/2024 10:57:49 Registered On Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 11:27:44 UHID/MR NO : CVAR.0000048413 Received : 08/Mar/2024 11:28:23 Visit ID : CVAR0124742324 Reported : 08/Mar/2024 13:01:02 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) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.81	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	79.30	fΙ	80-100	CALCULATED PARAMETER
MCH	26.80	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,880.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	800.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:50 Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 14:53:55 UHID/MR NO : CVAR.0000048413 Received : 08/Mar/2024 15:24:47 Visit ID : CVAR0124742324 Reported : 08/Mar/2024 16:10:55 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	95.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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.

Glucose PP	104.70	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.

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









CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 : 08/Mar/2024 10:57:50 Registered On Collected Age/Gender : 32 Y 0 M 0 D /M : 08/Mar/2024 11:27:44 UHID/MR NO : CVAR.0000048413 Received : 09/Mar/2024 11:42:03 Visit ID : CVAR0124742324 Reported : 09/Mar/2024 14:35:12 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)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	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.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034

Registered On

: 08/Mar/2024 10:57:50

Age/Gender

: 32 Y 0 M 0 D /M

Collected Received : 08/Mar/2024 11:27:44 : 09/Mar/2024 11:42:03

UHID/MR NO Visit ID : CVAR.0000048413 : CVAR0124742324

Reported

: 09/Mar/2024 14:35:12

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

c. Alcohol toxicity d. Lead toxicity



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.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:51 Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 11:27:44 UHID/MR NO : CVAR.0000048413 Received : 08/Mar/2024 11:28:23 Visit ID : CVAR0124742324 Reported : 08/Mar/2024 13:27:54 : Final Report Ref Doctor : 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	8.80	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.30	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	5.50	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	21.80	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	23.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIURET
Albumin	4.30	gm/dl	3.4-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.65		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	53.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.50	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	168.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	90	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	21.56	mg/dl	10-33	CALCU
Triglycerides	107.80	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High >500 Very High	GPO-P S·M·Linds Dr.S.N. Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206

: Dr.MEDIWHEEL VNS -



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:50 Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 17:20:45 UHID/MR NO Received : CVAR.0000048413 : 08/Mar/2024 17:21:56 Visit ID : CVAR0124742324 Reported : 08/Mar/2024 17:23:25 Ref Doctor

DEPARTMENT OF CLINICAL PATHOLOGY

Status

: Final Report

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	1.030			
Reaction PH	Acidic (6.0)			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 (+++)	
		/ W / 11 /	>2 (++++)	DIOCUES METRY
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT		4 5 1 5 1	
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	2-3/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%		
545a.) . 43tii 6 3tu6c	ABSEITI	P111370		

Interpretation:







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

CIN: U85110DL2003PLC308206



: Mr.DEVESH SHAHAPURI - BOBE13034 Patient Name Registered On : 08/Mar/2024 10:57:50 Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 17:20:45 UHID/MR NO : CVAR.0000048413 Received : 08/Mar/2024 17:21:56 Visit ID : CVAR0124742324 Reported : 08/Mar/2024 17:23:25

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

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE*, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

S.N. Sinla

Dr.S.N. Sinha (MD Path)











CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 : 08/Mar/2024 10:57:52 Registered On Age/Gender : 32 Y 0 M 0 D /M Collected : 08/Mar/2024 11:27:44 UHID/MR NO : CVAR.0000048413 Received : 09/Mar/2024 10:48:09 Visit ID : CVAR0124742324 Reported : 09/Mar/2024 12:22:09 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 **	0.54	ng/mL	<4.1	CLIA	
Sample:Serum					

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)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:51 Age/Gender Collected : 32 Y 0 M 0 D /M : 08/Mar/2024 11:27:44 UHID/MR NO : CVAR.0000048413 Received : 08/Mar/2024 11:28:23 Visit ID Reported : CVAR0124742324 : 08/Mar/2024 17:28:22 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)	118.00	ng/dl	84.61-201.7	CLIA	
T4, Total (Thyroxine)	6.50	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.800	μIU/mL	0.27 - 5.5	CLIA	
Interpretation:					
		0.3-4.5 μIU/n	nL First Trimes	ter	
		0.5-4.6 μIU/n		nester	
		0.8-5.2 μIU/n	nL Third Trime	Third Trimester	
		0.5-8.9 μIU/n	nL Adults	55-87 Years	
		0.7-27 μIU/n	nL Premature	28-36 Week	
		2.3-13.2 μIU/n	nL Cord Blood	> 37Week	
		0.7-64 μIU/n	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.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:52

Collected Age/Gender : 32 Y 0 M 0 D /M : N/A UHID/MR NO : N/A : CVAR.0000048413 Received

Visit ID : CVAR0124742324 Reported : 08/Mar/2024 16:10:07

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.DEVESH SHAHAPURI - BOBE13034 Registered On : 08/Mar/2024 10:57:52

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 UHID/MR NO
 : CVAR.0000048413
 Received
 : N/A

Visit ID : CVAR0124742324 Reported : 08/Mar/2024 11:21:11

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 (12.6 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 (10.2 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (2.7 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 ~ 8.9 x 4.0 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 ~ 9.7 x 4.2 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 (~ 7.5 cm in its long axis) and has a normal homogenous echotexture.









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

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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 ~ 600 cc.

PROSTATE

• The prostate gland is normal in size (~ 36 x 27 x 26 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, 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











My Selb Devesh Shahapwii don't give stool Sample to comy own wish

De resh Shahapari

Dr. R.C. ROY

MBBS.,MD. (Radio Diagnosis)

Reg. No.-26918

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



