

## CHANDAN DIAGNOSTIC CENTRE



Name of Company: - Modicehoof

Name of Executive: MR / MKS. Ascharya .

Date of Birth: 28 / 11 / 1988

Sex: Male / Female

Height: 178 CMs

Weight: 79....KGs

BMI (Body Mass Index): 24.9

Chest (Expiration / Inspiration) 9.3.../9.7...CMs

Abdomen: 9........CMs

Blood Pressure: 138./...88.mm/Hg

Pulse: .......BPM - Regular / Irregular

Respiration Rate: 18......Resp/Min

Ident. Mark: Spot (Mode) on C+ Siale of Curo

Any Allergies: No

Vertigo:

Any Medications: (I)

Any Surgical History: (I) (II)

Habits of alcoholism/smoking/tobacco: (I) (II)

Chief Complaints if any:

Lab Investigation Reports:  $\sim$ 0

Eye Check up - vision & Color vision:

Left eye: freel

Right eye:





## CHANDAN DIAGNOSTIC CENTRE



Near vision: - Mompf
Far vision: - Mompf

Dental check up: - Monuel

ENT Check up: - Womf

Eye Checkup: - Womf

#### Final impression

Certified that I examined Ash charya S/O D/O W/O ..... is presently in good health and free from any cardio-respiratory / communicable ailment, he/she is fit / Unfit to join any organization.

Client Signature:

Signature of Medical Examiner

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

Date- ...2.7./.0.1. /2023,

Place - VARANASI

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





P- 93, Shivaji Nagar Colony, Mahmoorganj,
Varanasi, Uttar Pradesh 221010, India
Latitude Longitude
25.305407° 82.979019°

LOCAL 09:53:50 GMT 04:23:50 SUNDAY 01.22.2023 ALTITUDE 19 METER

#### **Chandan Diagnostic**



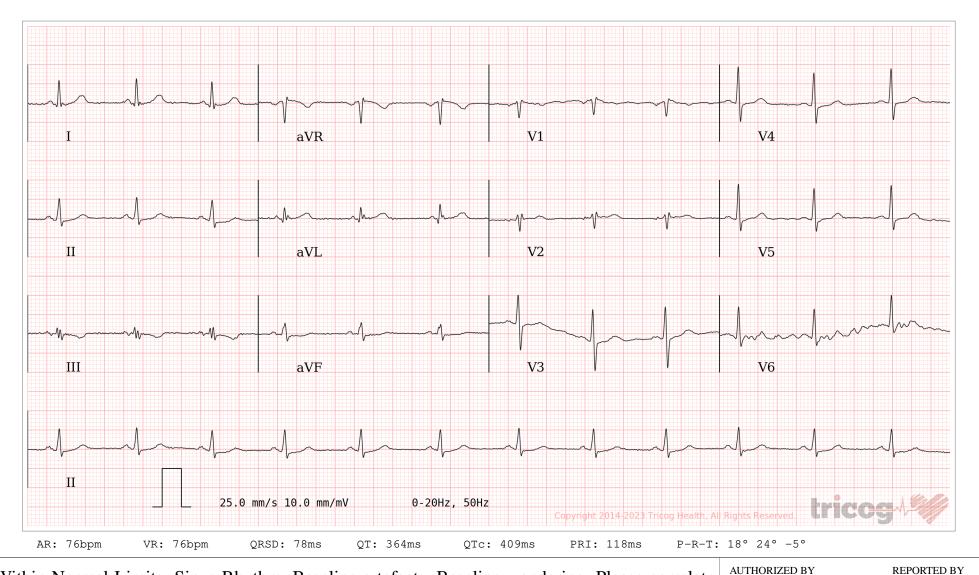
Age / Gender: 34/Male Date and Time: 22nd Jan 23 9:56 AM

Patient ID:

CVAR0078402223

Patient Name:

Mr.ASHCHARYA KUMAR -PKG10000238



ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Baseline wandering. Please correlate clinically.

> Dr. Charit MD, DM: Cardiology

> > 63382

REPORTED BY

Dr. Prashant Valecha

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.





### भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



पता: C/O बुचून प्रसाद, माता पुरम कॉलोनी, मडाव, नज़दीक पहाडी गेट, डी एल डब्ल्यू, ककरमता, वाराणसी, उत्तर प्रदेश, 221004
Address: C/O Buchun Prasad, MATA
PURAM COLONY, MADAV, NEAR PAHARI
GATE, D L W, Kakarmatta, Varanasi, Uttar
Pradesh, 221004



5048 7373 6058







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Download Date: 20/11/2021

## भारत सरका



ऋचा कुमारी Richa Kumari

जन्म तिथि/DOB: 20/09/1991

महिला/ FEMALE

Mobile No: 9284717238

2777 0054 4660

VID: 9104 9229 7797 2434

मेरा आधार, मेरी पहचान



# विशिष्ट पहचान प्राधिकरण

#### पता:

द्वारा: आश्चर्य कुमार, माता पुरम कॉलोनी, मडाव नजदीक पहाडी गेट के पास, ककरमत्ता, वाराणसी, उत्तर प्रदेश - 221004

#### Address:

C/O: Ashcharya Kumar, mata puram colony, madav near pahari gate, Kakarmatta, Varanasi, Uttar Pradesh - 221004

> 2777 0054 4660 VID: 9104 9229 7797 2434



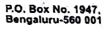


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CIN: U85110DL2003PLC308206



Patient Name : Mr.ASHCHARYA KUMAR -PKG10000238 Registered On : 22/Jan/2023 08:14:13 Age/Gender : 34 Y 0 M 0 D /M Collected : 22/Jan/2023 10:29:18 UHID/MR NO : CVAR.0000034961 Received : 22/Jan/2023 10:42:14 Visit ID : CVAR0078402223 Reported : 22/Jan/2023 13:20:16

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

#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) \*, Blood

Blood Group AB
Rh ( Anti-D) POSITIVE

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin

15.90

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) 4,900 /Cu mm 4000-10000 **ELECTRONIC IMPEDANCE** <u>DLC</u> Polymorphs (Neutrophils) 60.00 % 55-70 **ELECTRONIC IMPEDANCE** Lymphocytes 36.00 % 25-40 **ELECTRONIC IMPEDANCE** Monocytes 2.00 % 3-5 **ELECTRONIC IMPEDANCE** Eosinophils 2.00 % 1-6 **ELECTRONIC IMPEDANCE Basophils** 0.00 % < 1 **ELECTRONIC IMPEDANCE ESR** Observed 10.00 Mm for 1st hr. Corrected 6.00 Mm for 1st hr. < 9 PCV (HCT) 48.20 % 40-54 **Platelet count Platelet Count** 1.50 LACS/cu mm 1.5-4.0 **ELECTRONIC** IMPEDANCE/MICROSCOPIC PDW (Platelet Distribution width) fL nr 9-17 **ELECTRONIC IMPEDANCE** % P-LCR (Platelet Large Cell Ratio) nr 35-60 **ELECTRONIC IMPEDANCE** PCT (Platelet Hematocrit) % 0.108-0.282 **ELECTRONIC IMPEDANCE** nr MPV (Mean Platelet Volume) fΙ 6.5-12.0 **ELECTRONIC IMPEDANCE** nr **RBC Count RBC Count** 5.63 Mill./cu mm 4.2-5.5 **ELECTRONIC IMPEDANCE** 









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#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	85.70	fl	80-100	CALCULATED PARAMETER
MCH	28.20	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,940.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	138.00	/cu mm	40-440	

S.N. Sinla









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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

**GLUCOSE FASTING**, Plasma

Glucose Fasting 100.00 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

**Interpretation:** 

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP 136.00 mg/dl <140 Normal GOD POD

Sample:Plasma After Meal 140-199 Pre-diabetes >200 Diabetes

#### **Interpretation:**

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	99	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.









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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### **Clinical Implications:**

<sup>\*</sup>Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) Sample:Serum	15.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	7.10	mg/dl	3.4-7.0	URICASE





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:





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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Init Bio. Ref. Inter	rval Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	28.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	47.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	24.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.00	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	3.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.33		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	73.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) , Serum				
Cholesterol (Total)	254.00	mg/dl	<200 Desirable 200-239 Borderline Hi > 240 High	CHOD-PAP igh
HDL Cholesterol (Good Cholesterol)	83.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	119	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hi	CALCULATED
			160-189 High > 190 Very High	
VLDL	51.42	mg/dl	10-33	CALCULATED
Triglycerides	257.10	mg/dl	< 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High	GPO-PAP igh

S.N. Sinla









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.ASHCHARYA KUMAR -PKG10000238 Registered On : 22/Jan/2023 08:14:15 Age/Gender : 34 Y 0 M 0 D /M Collected : 22/Jan/2023 11:34:37 UHID/MR NO : CVAR.0000034961 : 22/Jan/2023 11:35:20 Received Visit ID : CVAR0078402223 Reported : 22/Jan/2023 12:57:03

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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINE EXAMINATION, ROUTINE * , Urine  Color PALE YELLOW Specific Gravity 1.015 Reaction PH Acidic (6.5) DIPSTICK Protein ABSENT mg % <10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) > 500 (++++) + 1-2 (+++) > 2 (+++++) > 2 (+++++) > 2 (+++++) > 2 (++++++++++++++++++++++++++++++++++	Test Name	Result	Unit	Bio. Ref. Interval	Method
Color					
Specific Gravity   1.015   Reaction PH	URINE EXAMINATION, ROUTINE *	<b>k</b> , Urine			
Reaction PH	Color	PALE YELLOW			
Protein	Specific Gravity	1.015			
10-40 (+)   40-200 (++)   200-500 (+++)   200-500 (+++)   > 500 (+++)   > 500 (+++)   > 500 (+++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (+++++)   > 500 (+++++)   > 500 (++++++)   > 500 (++++++++++++++++++++++++++++++++++	Reaction PH	Acidic ( 6.5 )			DIPSTICK
A0-200 (++)   200-500 (+++)   200-500 (+++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (+++++)   > 500 (+++++)   > 500 (+++++)   > 500 (++++++++++++++++++++++++++++++++++	Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Sugar			,		
Sugar  ABSENT  BIOCHEMISTRY  Ketone  ABSENT  Bile Salts  Bile Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  1-2/h.p.f  RBCs  ABSENT  Crystals  ABSENT  ABSENT  MICROSCOPIC  EXAMINATION  ABSENT  MICROSCOPIC  EXAMINATION  Others  ABSENT  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  BROWNISH					
Sugar  ABSENT  gms% < 0.5 (+)  0.5-1.0 (++)  1-2 (+++)  > 2 (++++)  > 2 (++++)  > 2 (++++)  Bile Salts  Bile Salts  Bile Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  1-2/h.p.f  RBCs  ABSENT  MICROSCOPIC  EXAMINATION  Pus cells  ABSENT  Crystals  ABSENT  Crystals  ABSENT  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  MICROSCOPIC  EXAMINATION  ABSENT  MICROSCOPIC  EXAMINATION  Cast  ABSENT  ABSENT  MICROSCOPIC  EXAMINATION  TEXAMINATION  MICROSCOPIC  EXAMINATION  BROWNISH					
Color BROWNISH   Ketone  ABSENT  0.5-1.0 (++)  1-2 (+++)  > 2 (++++)  > 2 (++++)  > 2 (++++)  ABSENT  BIOCHEMISTRY  MICROSCOPIC  EXAMINATION  CEXAMINATION  ABSENT  Others  ABSENT  BROWNISH	Sugar	ADCENIT	amc%		DIDSTICK
1-2 (+++)   > 2 (++++)	Sugai	ADJLINI	g111570		DIFSTICK
Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 1-2/h.p.f MICROSCOPIC EXAMINATION  Pus cells 0-1/h.p.f RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT MICROSCOPIC EXAMINATION  Chers ABSENT MICROSCOPIC EXAMINATION  STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH					
Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 1-2/h.p.f MICROSCOPIC EXAMINATION  Pus cells 0-1/h.p.f RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT EXAMINATION  Crystals ABSENT MICROSCOPIC EXAMINATION  Others ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH					
Bile Pigments Urobilinogen(1:20 dilution) ABSENT Microscopic Examination:  Epithelial cells 1-2/h.p.f  Pus cells 0-1/h.p.f  RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT Crystals ABSENT Crystals ABSENT MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  ABSENT Crystals ABSENT STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH	Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  1-2/h.p.f  MICROSCOPIC EXAMINATION  Pus cells  0-1/h.p.f  RBCs  ABSENT  MICROSCOPIC EXAMINATION  Cast  Crystals  ABSENT  Crystals  ABSENT  MICROSCOPIC EXAMINATION  Cast  ABSENT  MICROSCOPIC EXAMINATION  Cast  ABSENT  MICROSCOPIC EXAMINATION  ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color  BROWNISH	Bile Salts	ABSENT			
Microscopic Examination:  Epithelial cells 1-2/h.p.f MICROSCOPIC EXAMINATION  Pus cells 0-1/h.p.f  RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT EXAMINATION  Crystals ABSENT MICROSCOPIC EXAMINATION  Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool  Color BROWNISH	Bile Pigments	ABSENT			
Epithelial cells  1-2/h.p.f  Pus cells  0-1/h.p.f  RBCs  ABSENT  Crystals  ABSENT  ABSENT  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  TOTAL  TOTAL  BROWNISH	Urobi <mark>linogen</mark> (1:20 dilution)	ABSENT			
Pus cells  RBCs  ABSENT  Crystals  O-1/h.p.f  ABSENT  ABSENT  Crystals  ABSENT  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  MICROSCOPIC EXAMINATION  ABSENT  MICROSCOPIC EXAMINATION  STOOL, ROUTINE EXAMINATION*, Stool  Color  BROWNISH	Microscopic Examination:				
Pus cells     0-1/h.p.f       RBCs     ABSENT     MICROSCOPIC EXAMINATION       Cast     ABSENT     MICROSCOPIC EXAMINATION       Crystals     ABSENT     MICROSCOPIC EXAMINATION       Others     ABSENT       STOOL, ROUTINE EXAMINATION*, Stool       Color     BROWNISH	Epithelial cells	1-2/h.p.f			MICROSCOPIC
RBCs ABSENT MICROSCOPIC EXAMINATION  Cast ABSENT Crystals ABSENT MICROSCOPIC EXAMINATION  Others ABSENT  STOOL, ROUTINE EXAMINATION*, Stool  Color BROWNISH					EXAMINATION
Cast ABSENT Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT  STOOL, ROUTINE EXAMINATION*, Stool Color BROWNISH	Pus cells	0-1/h.p.f			
Cast ABSENT Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT  STOOL, ROUTINE EXAMINATION*, Stool Color BROWNISH	RBCs	ABSENT			
Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool Color BROWNISH					EXAMINATION
Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool Color BROWNISH					
Others ABSENT  STOOL, ROUTINE EXAMINATION * , Stool Color BROWNISH	Crystals	ABSENT			
STOOL, ROUTINE EXAMINATION * , Stool Color BROWNISH	Otherna	ADCENT			EXAMINATION
Color BROWNISH	Others	ABSENT			
	STOOL, ROUTINE EXAMINATION *	* , Stool			
Consistency SEMI SOLID	Color	BROWNISH			
	Consistency				
Reaction (PH) Basic (8.0)		Basic ( 8.0 )			
Mucus ABSENT	Mucus				
Blood ABSENT	Blood	ABSENT			
Worm ABSENT	Worm	ABSENT			
Pus cells 1-2/h.p.f	Pus cells	1-2/h.p.f			
RBCs ABSENT	RBCs	ABSENT			









CIN: U85110DL2003PLC308206



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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

#### **Interpretation:**

< 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. Sinta









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.ASHCHARYA KUMAR -PKG10000238 : 22/Jan/2023 08:14:15 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 22/Jan/2023 10:29:18 UHID/MR NO : CVAR.0000034961 Received : 22/Jan/2023 16:06:51 Visit ID : CVAR0078402223 Reported : 22/Jan/2023 16:08:42 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	102.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.22	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.72	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
. •		0.3-4.5 μIU/ı	mL First Trimes	ster
		0.5-4.6 μIU/1	mL Second Trir	nester
		0.8-5.2 μIU/1	nL Third Trime	ester
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/ı	mL Child(21 wl	c - 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/ı		2-20 Week
		1 4 4 4		

- 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









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Patient Name : Mr.ASHCHARYA KUMAR -PKG10000238 Registered On : 22/Jan/2023 08:14:17

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 : 34 Y 0 M 0 D /M
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 : N/A

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Visit ID : CVAR0078402223 Reported : 23/Jan/2023 10:25:53

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#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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)







#### CHANDAN DIAGNOSTIC CENTRE



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

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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

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

#### **LIVER**

• The liver is normal in size **12.7 cm in longitudinal span** and has a normal homogenous echotexture. No focal lesion is seen.

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein is normal (10.5 mm) at the porta.
- Porta hepatis is normal.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (5 mm) at the porta.
- Gall bladder Hyperechoic focus 9.8 mm in diameter is seen in GB lumen.It moves with gravity.

#### **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### **RIGHT KIDNEY**

- Right kidney is normal in size (11.0 x 4.3 cm), and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal. The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

#### LEFT KIDNEY

- Left kidney is normal in size ( 11.0 x 4.4 cm), and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal. The vesicoureteric junction is normal.



Home Sample Collection 1800-419-0002





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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

#### **SPLEEN**

• The spleen is normal in size (10.8 cm), and has a homogenous echotexture.

#### **ILIAC FOSSA**

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

#### **URINARY BLADDER**

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is -79 cc.

#### **PROSTATE**

• The prostate gland is normal in texture and size (35 x 28 x 24 mm / 13 grams).

#### **IMPRESSION**

- Solitary GB calculus
- Rest of the abdominal organs are normal

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

Result/s to Follow: ECG/EKG



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



