

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr. ASHISH KUMAR MISHRA -161514

: 39 Y 7 M 23 D /M

: ALDP.0000113254 : ALDP0400462324

Visit ID : ALDP0400462324 : Dr. MEDIWHEEL-ARCOFEMI HEALTH

Ref Doctor : Dr. MEDIN

Registered On

: 17/Mar/2024 08:53:43

Collected : N/A Received : N/A

Reported

: 17/Mar/2024 09:15:28

Status : Final Report

DEPARTMENT OF CARDIOLOGY-2D-ECHO

2D ECHO *

Age/Gender

UHID/MR NO

Measurement: B.B.A (M2)

Aortic Root Diameter 3.39 2.0-3.7 cm <2.2 cm/m2

Aortic Value Opening 1.97 1.5-2.6 cm

LA SIZE 2.40 1.9-4.0 cm <2.2 cm/m²

RVD 2.44 0.7-2.6 cm <1.2 cm/m²

LV E.D.D. 4.33 3.7-5.6 cm <3.2 cm/m²

LV E.S.D. 2.99 2.2-4.0 cm

I.V.S. E.D. 1.06 E.S. 1.22 0.6-1.1 cm

LVPW Thickness E.D. 1.06 E.S. 1.22 0.5-1.0 cm

IVS/LVPW Normal

M.P.A. (Size) RPA Normal 1.5-2.5 cm

LPA Normal

INDICES OF FUNCTION:

LVEDV 95.5 \pm 19.4 ml.

LVESV $38.6 \pm 9.5 \text{ ml.}$

S.V. $39.9 \pm 7.0 \text{ ml/m2}$

F.S. 0.30 0.18 – 0.42

E.F. 59% $60 \pm 6.20\%$

DIASTOLIC DYSFUNCTION

RWMA No regional wall motion abnormality

LAD Territory Normal

LCX Territory Normal

RCA Territory Normal







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: N/A

DEPARTMENT OF CARDIOLOGY-2D-ECHO

Acc Dec. Slope Mxv MnV **MxPG** MnPG Pt/2 Area Regurgitation MV 0.78 0.62 No MR AV 0.74 2.23 No AR 0.44 No TR PVNormal No PR

2D - Echo Characteristics of Values:

Th...Nil...Ca⁺⁺..Nil...Sub Val. Apparatus...Normal......Mobility...Normal......MV Score...

Thrombus/Tumor/Vegetation:

Pericardium:

Effusion ____Nil___, Thick/Ca ____Nil___

FINAL COMMENTS:

- Normal valve & chamber dimension .
- Normal colour flow.
- No regional wall motion abnormality .
- Good LV systolic function LVEF 59 %
- LV diastolic dysfunction.
- No LA / LV Clot / Vegetation / Pericardial effusion .

*** End Of Report ***



Dr. R K VERMA MBBS PGDGM

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

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Patient Name

: Mr.ASHISH KUMAR MISHRA -161514

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Age/Gender UHID/MR NO : 39 Y 7 M 23 D /M

Collected Received : N/A

Visit ID

: ALDP.0000113254 : ALDP0400372324

Reported

: 17/Mar/2024 10:46:56

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

: N/A

DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG / EKG *

1. Machnism, Rhythm

Sinus, Regular

2. Atrial Rate

97

/mt

3. Ventricular Rate

97

/mt

4. P - Wave

Normal

5. P R Interval

Normal

6. Q R S

Axis:

Normal

R/S Ratio: Configuration:

Normal Normal

7. Q T c Interval

Normal

8. S - T Segment

Normal

9. T – Wave

Normal

FINAL IMPRESSION

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













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: 39 Y 7 M 23 D /M

Collected

: 17/Mar/2024 08:43:10 : 17/Mar/2024 09:25:37

Age/Gender UHID/MR NO Visit ID

: ALDP.0000113254 : ALDP0400372324

Received Reported

Registered On

: 17/Mar/2024 09:44:43 : 17/Mar/2024 13:01:13

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

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) * , Bloo | od . | | | |
| Blood Group | А | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Complete Blood Count (CBC) * , Whole B | Blood | | | |
| Haemoglobin | 14.20 | 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) DLC | 7,700.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| Polymorphs (Neutrophils) | 52.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 36.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 8.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 4.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 2.00 | Mm for 1st hr. | | |
| Corrected | , d. 5 | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 42.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.11 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.70 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | - | % | 35-60 | ELECTRONIC IMPEDANCE |











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Patient Name : Mr.ASHISH KUMAR MISHRA -161514 Age/Gender

CARE LTD -

: 39 Y 7 M 23 D /M

: ALDP.0000113254 : ALDP0400372324

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

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: 17/Mar/2024 08:43:10

: 17/Mar/2024 13:01:13

Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|----------|-------------|--------------------|----------------------|
| | | | | |
| PCT (Platelet Hematocrit) | 0.26 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 12.60 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 3.56 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 118.70 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 40.00 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.70 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 16.10 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 71.60 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,004.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 616.00 | /cu mm | 40-440 | |

Dr. Akanksha Singh (MD Pathology)









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D/M Collected

Received : 17/Mar/2024 09:44:43

UHID/MR NO Visit ID

Age/Gender

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Reported

Registered On

: 17/Mar/2024 11:51:55

: 17/Mar/2024 08:43:11

: 17/Mar/2024 09:25:36

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

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

275.20

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 *

364.10

mg/dl

<140 Normal

GOD POD

140-199 Pre-diabetes

>200 Diabetes

Interpretation:

Sample:Plasma After Meal

- 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) | 9.10 | % NGSP | HPLC (NGSP) |
|----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 76.10 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 215 | 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.



Home Sample Collection 1800-419-0002





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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
- 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.

| BUN (Blood Urea Nitrogen) * Sample:Serum | 13.64 | mg/dL | 7.0-23.0 | CALCULATED |
|--|-------|-------|----------|-----------------|
| Creatinine * Sample:Serum | 0.60 | mg/dl | 0.6-1.30 | MODIFIED JAFFES |
| Uric Acid * Sample:Serum | 3.95 | mg/dl | 3.4-7.0 | URICASE |

LFT (WITH GAMMA GT) *, Serum





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



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | ι | Jnit Bio. Ref. Interv | val Method |
|---|--------|-------|---|-------------------|
| | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 17.60 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 19.90 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 18.90 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 8.30 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.40 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 3.90 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.13 | , | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 87.00 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 1.70 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.60 | mg/dl | < 0.30 | Jendrassik & Grof |
| Bilirubin (Indirect) | 1.10 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 154.00 | mg/dl | <200 Desirable 200-239 Borderline Hig > 240 High | CHOD-PAP h |
| HDL Cholesterol (Good Cholesterol) | 41.00 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 67 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High | |
| vldl | 45.92 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 229.60 | mg/dl | < 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High | GPO-PAP h |

Dr. Akanksha Singh (MD Pathology)





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: Dr. MEDIWHEEL-ARCOFEMI HEALTH

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Collected Received : 17/Mar/2024 09:44:43

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DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|

| URINF | FXAM | IINATION. | ROUTINE * | . Urine |
|-------|-------------|-----------|------------------|---------|
| | | | | |

| Color Specific Gravity Reaction PH Appearance | DARK YELLOW 1.020 Acidic (5.0) CLEAR | | | DIPSTICK |
|--|---|-------|--|--------------|
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK |
| Sugar | PRESENT (++) | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone Bile Salts Bile Pigments | ABSENT ABSENT ABSENT | mg/dl | 0.1-3.0 | BIOCHEMISTRY |
| Bilirubin | ABSENT | | | DIPSTICK |

ABSENT

Leucocyte Esterase Urobilinogen(1:20 dilution)

ABSENT Nitrite **ABSENT** Blood **ABSENT**

Microscopic Examination:

Epithelial cells 1-2/h.p.f

Pus cells 1-2/h.p.f **RBCs ABSENT**

Cast **ABSENT** Crystals **ABSENT**

Others **ABSENT**

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE *, Urine

Sugar, Fasting stage **PRESENT**





DIPSTICK

DIPSTICK

DIPSTICK

MICROSCOPIC EXAMINATION

MICROSCOPIC EXAMINATION

MICROSCOPIC EXAMINATION

gms%



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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Interpretation:

(+)< 0.5

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

PRESENT (++)

Interpretation:

(+)< 0.5 gms%

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Akanksha Singh (MD Pathology)

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: Dr. MEDIWHEEL-ARCOFEMI HEALTH

CARE LTD -

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Reported

: 17/Mar/2024 08:43:12

: 18/Mar/2024 13:20:32

: 17/Mar/2024 09:25:36

Received : 18/Mar/2024 09:57:33

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 ** Sample:Serum | 0.19 | ng/mL | <4.1 | CLIA | |

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Bring

Dr. Anupam Singh (MBBS MD Pathology)

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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH 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) | 191.00 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 7.80 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.300 | μIU/mL | 0.27 - 5.5 | CLIA |
| | | , | | |
| Interpretation: | | | | |
| | | 0.3-4.5 $\mu IU/n$ | nL First Trimes | ter |
| | | 0.5-4.6 μIU/n | nL Second Trim | nester |
| | | 0.8-5.2 μIU/n | nL Third Trimes | ster |
| | | 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 | | 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.

Dr. Akanksha Singh (MD Pathology)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name : Mr. ASHISH KUMAR MISHRA -161514

20 V 7 M 22 D /M

Collected

Registered On

: 17/Mar/2024 08:43:11

Age/Gender UHID/MR NO : 39 Y 7 M 23 D /M : ALDP.0000113254

Received

: N/A

Visit ID

: ALDP0400372324

Reported

: 17/Mar/2024 15:11:39

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

: N/A

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS,DMRE)









Age/Gender

UHID/MR NO

Ref Doctor

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name : Mr.ASHISH KUMAR MISHRA -161514

: 39 Y 7 M 23 D /M

: ALDP.0000113254

Visit ID : ALDP0400372324

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

CARE LTD -

Registered On

: 17/Mar/2024 08:43:12

Collected : N/A Received : N/A

Reported

: 17/Mar/2024 10:49:18

Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Enlarged in size (16.8 cm) with normal, shape and echogenicity shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/pericholecystic fluid.

CBD:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size (11.3 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (12.2 cm), shape and echogenicity. Few tiny concreation are seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE: Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION:

- Mild hepatomegaly grade I fatty liver.
- Left renal concreation

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.









Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name

: Mr.ASHISH KUMAR MISHRA -161514

Registered On

: 17/Mar/2024 08:43:12

Age/Gender UHID/MR NO : 39 Y 7 M 23 D /M

Collected

: N/A

Visit ID

: ALDP.0000113254 : ALDP0400372324

Received Reported

: 17/Mar/2024 10:49:18

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

CARE LTD -

Status

: Final Report

: N/A

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, Tread Mill Test (TMT)





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

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