Chandan Diagnostics Centre Varanasi

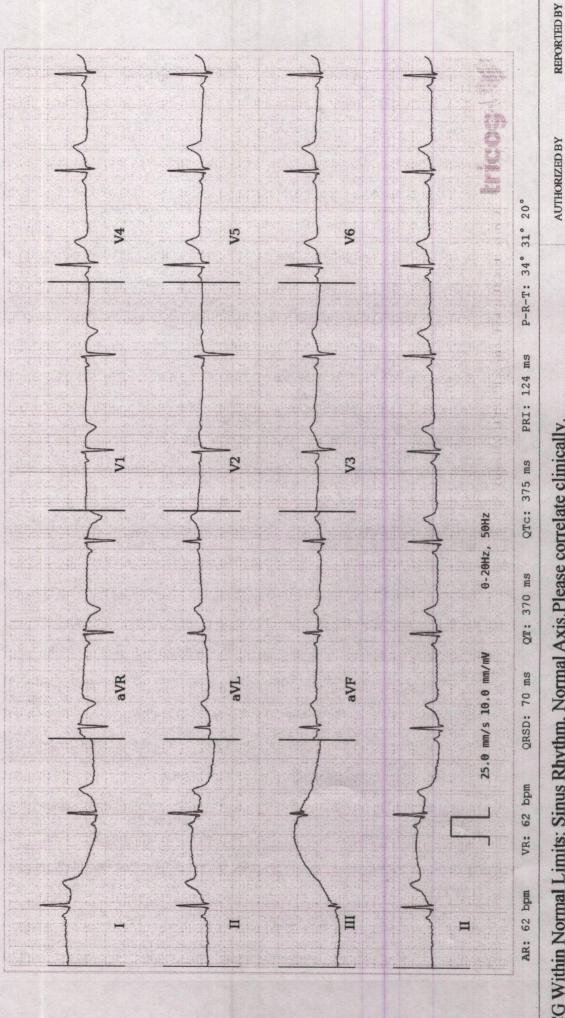


38/Male Age / Gender:

CVAR0042172122 Patient ID:

Date and Time: 10th Jul 21 9:44 AM

Mr. ABHISHEK PANDEY-PKG10000238 Patient Name:



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

Dr. Charit MD, DM: Cardiology

63382

Mik

Dr. Javed Ali Khadri

85866

Disclaimer: Analysis in this report is based on ECG atone 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.





I'll completion of Fasting Sample time is 1110Mr. Hence count give PP sample & stool test

Mondey 10/07/2021

Charedan







Far vision: Werna

ENT consultation: worwal

Dental Checkup: www.al

Eye Checkup:

Final impression-

Certified that I examined Abus hek Penal So or Do.

is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is Fit / Unfit to join any organization.

Dr. R.C. ROY
MBBS.,MB. (Redie Diagnosis) Reg. No.-26918

Signature of Medical Examiner

Name & Qualification Dykl Roy MBOY, M

Date 100 9 21 Place VARANASI







nodowned-305 Name of Company:

Name of Executive: Athis held pending

Date of Birth: 05-01-1986

Sex: Male

Height: 166 ~

Weight: 67 Co-

BMI (Body Mass Index): 24.3

Chest (Expiration / Inspiration) 93196 W

Dr a Abdomen:

Blood Pressure: 134/96

Pulse:

20 fg/ Min

Ident Mark: Mark (Mole or) Lt . Arm

Any Allergies: NO

Vertigo: Non-(,

Any Medications: NO

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports: Yes Att

Eye Check up vision & Color vision: fower gloss since lost 145

Left eye: 0.5

Right eye: 0 - 7 5 D

Near vision: Near





भारत निर्वाचन आयोग पहचान पत्र ELECTION COMMISSION OF INDIA IDENTITY CARD TEE0404152



निर्वाचक का नाम :अभिषेक पाण्डेय

Elector's Name

पिता का नाम

Father's Name

लिंग / Sex

जन्य की तारीख Date Of Birth

Abhishek Pandey

:भगवती प्रसाद

:Bhagwati Prasad

: yeq / Male

XX/XX/1983





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mr.ABHISHEK PANDEY-PKG10000238 Registered On : 10/Jul/2021 09:23:15 Age/Gender : 38 Y 0 M 0 D /M Collected : 10/Jul/2021 11:49:36 UHID/MR NO : CVAR.0000020214 Received : 10/Jul/2021 12:03:32 Visit ID : CVAR0042172122 Reported : 10/Jul/2021 13:34:01

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

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HAEMOGRAM * , Blood				
Haemoglobin	15.60	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	B POSITIVE			
TLC (WBC)	4,400	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC		9		
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC
				IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC
				IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC
Facinaphile	1.00	%	1.6	IMPEDANCE ELECTRONIC
Eosinophils	1.00	70	1-6	IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC
		A A A	A A A A	IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	4.00	Mm for 1st hr.		
PCV (HCT)	46.30	cc %	40-54	
GBP				

General Blood Picture (G.B.P. / P.B.S.)

- 1. RBCs are Normocytic and normochromic.
- 2. Leucocytes are adequate in numbers and reveal normal distribution.
- 3. Platelets are within normal limits.
- 4. Smears are Negative for Malarial and Microfilarial Parasite.
- 5. There are no blasts (precursor cells).

Platelet count

Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	NR	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	NR	%	0.108-0.282	ELECTRONIC
MPV (Mean Platelet Volume)	14.20	fL	6.5-12.0	IMPEDANCE ELECTRONIC









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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
				IMPEDANCE
RBC Count				
RBC Count	5.00	Mill./cu mm	4.2-5.5	ELECTRONIC
				IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
M.C.V.	92.60	fl	80-100	CALCULATED
		,		PARAMETER
M.C.H.	31.20	pg	28-35	CALCULATED
				PARAMETER
M.C.H.C.	33.70	%	30-38	CALCULATED
				PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC
				IMPEDANCE
RDW-SD	44.70	fL	35-60	ELECTRONIC
				IMPEDANCE
Absolute Neutrophils Count	2,640.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	44.00	/cu mm	40-440	

S.N. Sinha (MD Path)









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: Final Report Status

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting	89.20	mg/dl < 100	Normal GOD	POD

100-125 Pre-diabetes ≥ 126 Diabetes

Interpretation:

Sample:Plasma

- 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)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	106	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 (%)NG	SP 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.









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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
		•		

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

N.B.: Test carried out on Automated G8 90 SL TOSOH 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	9.20	mg/dL 7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl 0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	101.00	ml/min/1.73m2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Protein Sample:Serum	6.20	gm/dl 6.2-8.0	BIRUET
Uric Acid Sample:Serum	5.20	mg/dl 3.4-7.0	URICASE







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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result		Unit	Bio. Ref. Interva	nl Method
L.F.T.(WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST)	38.20	U/L	< 35		IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	58.10	U/L	< 40		IFCC WITHOUT P5P
Gamma GT (GGT)	23.80	IU/L	11-50)	OPTIMIZED SZAZING
Protein	6.20	gm/dl	6.2-8	.0	BIRUET
Albumin	3.80	gm/dl	3.8-5	.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3	.6	CALCULATED
A:G Ratio	1.58		1.1-2	.0	CALCULATED
Alkaline Phosphatase (Total)	80.90	U/L	42.0-	165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1	.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30)	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8		JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum					
Cholesterol (Total)	135.00	mg/dl		Desirable 39 Bord <mark>e</mark> rline High High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70		DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	75	mg/dl	100-1	Optimal 29 Nr. nal/Above Optimal	CALCULATED
			130-1 160-1	59 Borderline High 89 High Very High	
VLDL	24.10	mg/dl	10-33	•	CALCULATED
Triglycerides	120.50	mg/dl	150-1 200-4	Normal 99 Borderline High 99 High Very High	GPO-PAP

S.N. Sinha (MD Path)







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Visit ID : CVAR0042172122 Reported : 10/Jul/2021 13:20:30

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

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION. ROUTINE * . Urine

URINE EXAMINATION, ROUTINE *,	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++)	DIPSTICK
Sugar.	ADCENT		> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT	- 3 · A		
Bile Pigments	ABSENT			
Urobi <mark>linoge</mark> n(1:20 dilution)	ABSENT			
Microscopic Examination:			4 3 5 1 5	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells .	ABSENT			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			EXAMINATION
SUGAR, FASTING STAGE * , Urine				

S

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2 (++++) > 2









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mr.ABHISHEK PANDEY-PKG10000238 Registered On

: 10/Jul/2021 09:23:15

Age/Gender

: 38 Y 0 M 0 D /M

Collected Received

: 10/Jul/2021 11:49:36 : 10/Jul/2021 12:03:32

UHID/MR NO Visit ID

: CVAR.0000020214 : CVAR0042172122

Reported

Status

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

: 10/Jul/2021 13:20:30 : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Unit Bio. Ref. Interval Method **Test Name** Result



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









CIN: U85110DL2003PLC308206



Patient Name : Mr.ABHISHEK PANDEY-PKG10000238 : 10/Jul/2021 09:23:15 Registered On Age/Gender Collected : 38 Y 0 M 0 D /M : 10/Jul/2021 11:49:36 UHID/MR NO : CVAR.0000020214 Received : 10/Jul/2021 16:18:34 Visit ID : CVAR0042172122 Reported : 10/Jul/2021 16:20:41 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interva	I Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	103.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.22	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimes	ster
		0.4-4.2 µIU/	mL Adults	21-54 Years
		$0.5-4.6 \mu IU/$		
		$0.5-8.9 \mu IU/$		55-87 Years
		$0.7-64 \mu IU/$	mL Child(21 wk	c - 20 Yrs.)
		0.7-27 µIU/	mL Premature	28-36 Week
		0.8-5.2 µIU/	mL Third Trime	ester
		1-39 μIU/	mL Child	0-4 Days
		1.7-9.1 μIU/	mL Child	2-20 Week
		2.3-13.2 µIU/	mL Cord Blood	> 37Week

- 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. Sinha (MD Path)



Home Sample Collection 1800-419-0002





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Patient Name : Mr.ABHISHEK PANDEY-PKG10000238 Registered On : 10/Jul/2021 09:23:15

 Age/Gender
 : 38 Y 0 M 0 D /M
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 UHID/MR NO
 : CVAR.0000020214
 Received
 : N/A

Visit ID : CVAR0042172122 Reported : 10/Jul/2021 13:09:09

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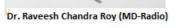
DEPARTMENT OF X-RAY

X-RAY DIGITAL CHEST PA * (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM











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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver measures 12.7 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 9.8 mm in caliber. CBD measures 3.0 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (9.8 cm in its long axis), shape and echogenecity.
- Right kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated. Right kidney measures: 9.6 x 3.8 cm.
- Left kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures: 10.8 x 5.0 cm.
- Urinary bladder is almost empty. Prevoid urine volume 7 cc.
- The prostate is normal in size (31 x 28 x 28 mm/12gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

Result/s to Follow:

STOOL R/M, GLUCOSE PP, SUGAR, PP STAGE, 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









99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude Longitude

25.305366° 82.978984°

LOCAL 10:31:27SATURDAY 10.07.2021 GMT 05:01:27 ALTITUDE 15 METER