



CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANAND KUMAR SINGH	Registered On	: 23/Dec/2023 09:30:41
Age/Gender	: 49 Y 5 M 15 D /M	Collected	: 23/Dec/2023 09:59:09
UHID/MR NO	: ALDP.0000131140	Received	: 23/Dec/2023 10:26:05
Visit ID	: ALDP0316612324	Reported	: 23/Dec/2023 13:51:32
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	13.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	71.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	22.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	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	-	Mm for 1st hr.	<9	
PCV (HCT)	41.00	%	40-54	
Platelet count				
Platelet Count	1.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.51	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.60	fl	80-100	CALCULATED PARAMETER
MCH	30.50	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,189.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	118.00	/cu mm	40-440	

AS

Dr.Akanksha Singh (MD Pathology)





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANAND KUMAR SINGH	Registered On	: 23/Dec/2023 09:30:42
Age/Gender	: 49 Y 5 M 15 D /M	Collected	: 23/Dec/2023 09:59:08
UHID/MR NO	: ALDP.0000131140	Received	: 23/Dec/2023 10:26:05
Visit ID	: ALDP0316612324	Reported	: 23/Dec/2023 12:03:52
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
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GLUCOSE FASTING * , Plasma

Glucose Fasting	168.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP *

Sample: Plasma After Meal

214.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HbA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	49.70	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	146	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 management.





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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.

**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 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	11.39	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.30	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	3.20	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	14.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	31.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.00	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	1.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.16		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	68.40	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)	99.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	47	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.00	mg/dl	10-33	CALCULATED
Triglycerides	60.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr.Akanksha Singh (MD Pathology)





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Age/Gender	: 49 Y 5 M 15 D /M	Collected	: 23/Dec/2023 14:32:58
UHID/MR NO	: ALDP.0000131140	Received	: 23/Dec/2023 15:44:11
Visit ID	: ALDP0316612324	Reported	: 23/Dec/2023 18:28:38
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	TRACE	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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Visit ID	: ALDP0316612324	Reported	: 23/Dec/2023 14:49:28
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	104.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	4.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	20.600	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	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.

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Dr.Akanksha Singh (MD Pathology)





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANAND KUMAR SINGH	Registered On	: 23/Dec/2023 09:30:44
Age/Gender	: 49 Y 5 M 15 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000131140	Received	: N/A
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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 correlate clinically.

DR K N SINGH (MBBS,DMRE)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (12.9 cm), shape and echogenicity. 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 (9.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (11.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

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

PROSTATE :- Normal in size (3.1 x 3.5 x 2.8 cm vol - 16.6 cc), 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 : No significant abnormality seen.


Please correlate clinically

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, PSA (Prostate Specific Antigen), Total, Tread Mill Test (TMT)




DR K N SINGH (MBBS, DMRE)

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

Page 10 of 10



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH ANAND KUMAR
EC NO.	90560
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	ALLAHABAD,ASHOK NAGAR
BIRTHDATE	09-07-1974
PROPOSED DATE OF HEALTH CHECKUP	23-12-2023
BOOKING REFERENCE NO.	23D90560100080412E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-12-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार
Government of India



Issue Date: 31/03/2014



आनन्द कुमार सिंह
ANAND KUMAR SINGH
जन्म तिथि / DOB : 09/07/1974
पुरुष / MALE



3479 6997 2074

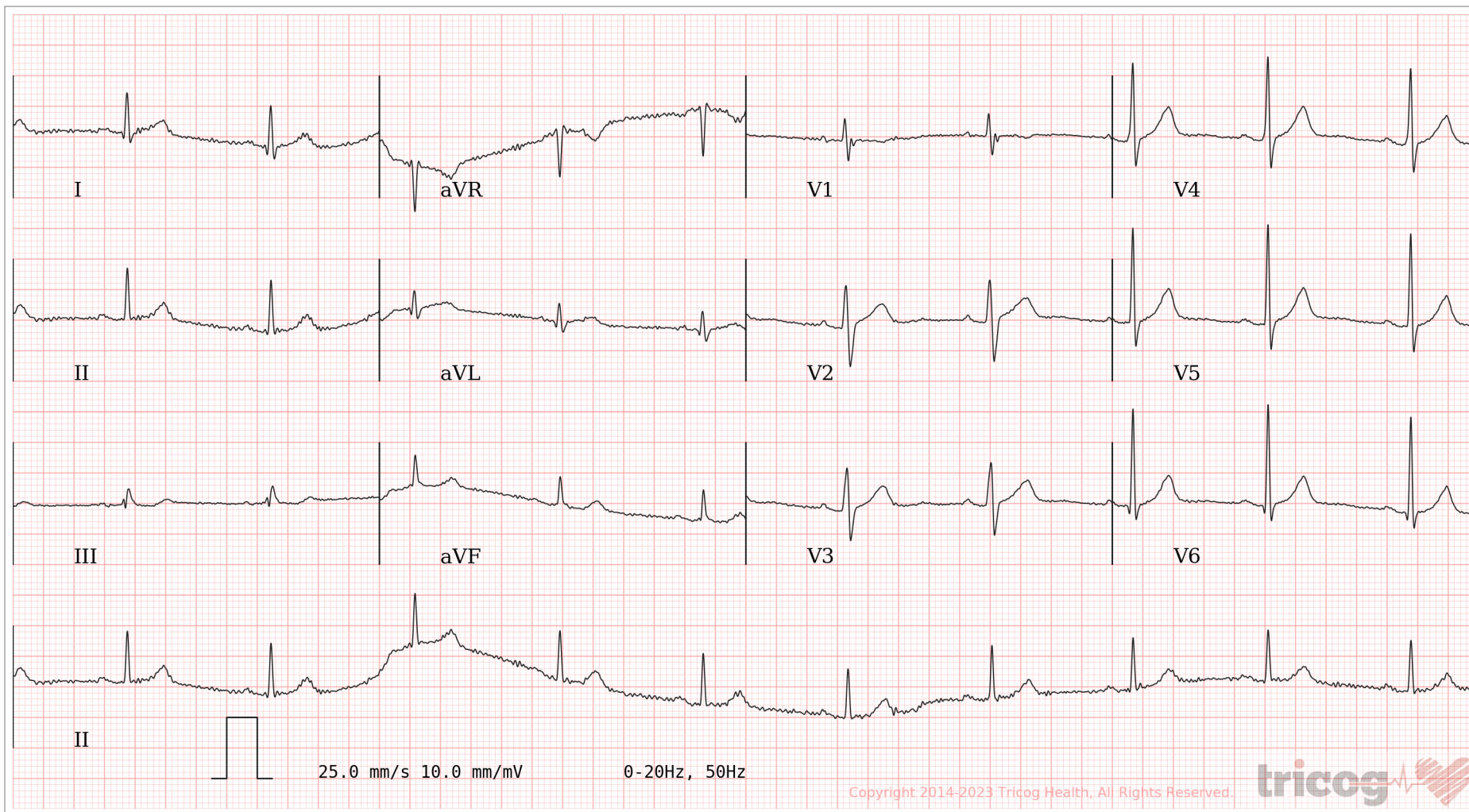
मेरा आधार, मेरी पहचान

Chandan Diagnostic



Age / Gender: 49/Male
Patient ID: ALDP0316612324
Patient Name: Mr.ANAND KUMAR SINGH

Date and Time: 23rd Dec 23 11:35 AM



AR: 64bpm VR: 64bpm QRSD: 88ms QT: 372ms QTcB: 383ms PRI: 146ms P-R-T: 48° 47° 44°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Nethra

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.

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