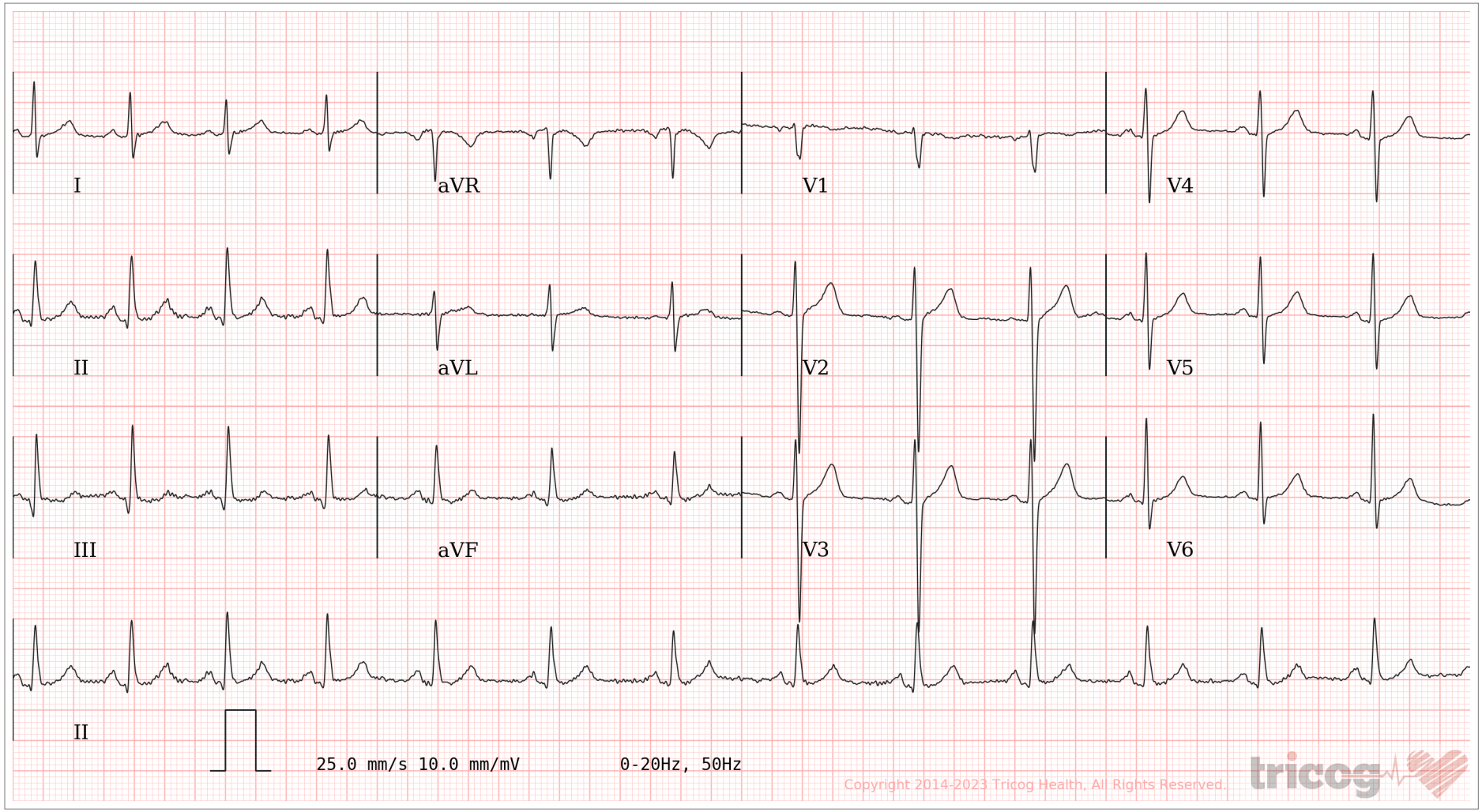
Chandan Diagnostic

Age / Gender:	57/Male	Date and Time:	31st Dec 23 9:45 AM
Patient ID:	IDUN0335082324		
Patient Name:	Mr.MAHENDER KUMAR -146159		



AR: 82bpm VR: 82bpm QRSD: 82ms QT: 364ms QTcB: 425ms PRI: 132ms P-R-T: 65° 71° 34°

Abnormal: Sinus Rhythm, Sinus Arrhythmia Seen, Left Ventricular Hypertrophy. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Ashish Agrawal

2007051721

CHANDAN DIAGNOSTIC CENTRE

Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun
Ph: 9235501532,01356617357
CIN : U85110DL2003PLC308206

Patient Name	: Mr.MAHENDER KUMAR -146159	Registered On	: 31/Dec/2023 09:19:53
Age/Gender	: 57 Y 0 M 0 D /M	Collected	: 31/Dec/2023 09:32:37
UHID/MR NO	: IDUN.0000217485	Received	: 31/Dec/2023 09:59:14
Visit ID	: IDUN0335082324	Reported	: 31/Dec/2023 11:09:33
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	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) * , *Blood*				
Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
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)	7,480.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	63.20	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.20	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.50	%	1-6	ELECTRONIC IMPEDANCE
Basophils	1.10	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	--	Mm for 1st hr.	< 9	
PCV (HCT)	43.70	%	40-54	
Platelet count				
Platelet Count	2.84	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	12.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	37.60	%	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)	0.29	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.82	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	75.20	fl	80-100	CALCULATED PARAMETER
MCH	27.30	pg	28-35	CALCULATED PARAMETER
MCHC	36.40	%	30-38	CALCULATED PARAMETER
RDW-CV	11.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	36.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,740.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	410.00	/cu mm	40-440	

DR. RITU BHATIA
MD (Pathology)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , *Plasma*				
Glucose Fasting	153.07	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 *Sample:Plasma After Meal*	222.89	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , *EDTA BLOOD*

Glycosylated Haemoglobin (HbA1c)	8.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	73.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	206	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 ABOVE 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)	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*	7.58	mg/dL	7.0-23.0	CALCULATED
Creatinine *Sample:Serum*	1.14	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid *Sample:Serum*	2.88	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)	23.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	24.08	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	26.57	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.20	gm/dl	6.2-8.0	BIURET
Albumin	4.71	gm/dl	3.4-5.4	B.C.G.
Globulin	2.49	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.89		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	47.15	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.92	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.52	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , *Serum*				
Cholesterol (Total)	119.76	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	34.31	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	67	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	18.33	mg/dl	10-33	CALCULATED
Triglycerides	91.65	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

DR.SMRITI GUPTA MD (PATHOLOGY)

CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.MAHENDER KUMAR -146159	Registered On	: 31/Dec/2023 09:19:54
Age/Gender	: 57 Y 0 M 0 D /M	Collected	: 31/Dec/2023 13:47:23
UHID/MR NO	: IDUN.0000217485	Received	: 31/Dec/2023 14:03:19
Visit ID	: IDUN0335082324	Reported	: 31/Dec/2023 17:24:31
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

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	1.010			
Reaction PH	Basic (8.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	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	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , *Urine*				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

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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%

DR.SMRITI GUPTA MD (PATHOLOGY)

CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: IDUN.0000217485	Received	: 31/Dec/2023 09:59:14
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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*	0.94	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.

THYROID PROFILE - TOTAL * , *Serum*

T3, Total (tri-iodothyronine)	125.92	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.520	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.

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.SMRITI GUPTA MD (PATHOLOGY)

Patient Name	: Mr.MAHENDER KUMAR -146159	Registered On	: 31/Dec/2023 09:19:57
Age/Gender	: 57 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDUN.0000217485	Received	: N/A
Visit ID	: IDUN0335082324	Reported	: 31/Dec/2023 14:55:36
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

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

IMPRESSION : NO SIGNIFICANT ABNORMALITY DETECTED

Dr. Amit Bhandari MBBS MD RADIOLOGY

CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER is normal in size and measures 13.2 cm . It shows diffuse increase in echogenicity. No focal lesion is seen.

PORTAL VEIN: is normal at porta .

CBD is normal. Intra Hepatic biliary radicles are not dilated.

GALL BLADDER :seen in distended state with echofree lumen. Wall thickness is normal.

SPLEEN : is normal in size, shape and echotexture. No focal lesion is seen.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases.

KIDNEYS : Right kidney measures approx 103 x 42 mm and Left kidney measures approx 102 x 35 mm .

Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No calculus/hydronephrosis seen.

Unilocular thin walled anechoic cyst measuring approx 22.8 x 21.8 mm is seen in mid portion of left kidney.

LYMPHNODES : No pre-or-para aortic lymph node mass is seen.

URINARY BLADDER: seen in distended state with echofree lumen. Wall thickness is normal.

Post void residual urine volume is approx 60 cc (significant).

PROSTATE: is enlarged and measures approx 43.61 x 39.73 x 54.51 mm and vol = 49.46 cc with median lobe projecting into urinary bladder.

FLUID : No significant free fluid seen in peritoneal cavity.

IMPRESSION : GRADE I DIFFUSE FATTY CHANGE OF LIVER

- *SIMPLE LEFT RENAL CYST*
- *SIGNIFICANT AMOUNT OF POST VOID RESIDUL URINE IN BLADDER*
- *PROSTATIC ENLARGEMENT WITH MEDIAN LOBE PROJECTING IN TO URINARY BLADDER*

Note: - In case of any discrepancy due to typing error kindly get it rectified immediately

*** End Of Report ***

Re
ST EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

Dr. Amit Bhandari MBBS MD RADIOLOGY