



P- 93, Shivaji Nagar Colony, Mahmoorganj,  
Varanasi, Uttar Pradesh 221010, India

Latitude

Longitude

25.305391°

82.979103°

LOCAL 12:07:55

SATURDAY 09.25.2021

GMT 06:37:55

ALTITUDE 19 METER

आयकर विभाग

INCOME TAX DEPARTMENT

NIRAJ KUMAR SRIVASTAV

PARAS NATH SRIVASTAV

04/05/1978

Permanent Account Number

BLTPSS5724A

Signature

*Niraj*



भारत सरकार  
GOVT. OF INDIA



24082015





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRAJ KUMAR SRIVASTAV-PKG1000023	Registered On	: 25/Sep/2021 11:22:16
Age/Gender	: 43 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022312	Received	: N/A
Visit ID	: CVAR0063972122	Reported	: 25/Sep/2021 11:51:08
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CARDIOLOGY

### 2D ECHO \*

#### 2D ECHO & COLOUR DOPPLER REPORT

##### AORTIC VALVES STUDY

Ao DIAMETER	2.6 Cms.
LA DIAMETER	3.1 Cms.
CUSP OPENING	1.5 Cms.

##### LEFT VENTRICLE

IVSd	1.0	cms
LVIDd	3.9	cms
LVPWd	0.8	cms
IVSs	1.4	cms
LVIDs	2.5	cms
LVPWs	1.2	cms
EDV	67	ml
ESV	23	ml

EJECTION FRACTION	:	64 %	( 60 ± 7 % )
SHORTENING FRACTION	:	34 %	( 30 ± 5% )

##### RIGHT VENTRICLE

RVIDd : 2.8 cm.

##### DIMENSIONAL IMAGING

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
INTER VENTRICULAR SEPTUM:		NORMAL
INTERATRIAL SEPTUM	:	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA :		ABSENT
LEFT ATRIUM	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL
RIGHT ATRIUM	:	NORMAL
PERICARDIUM	:	NORMAL
OTHER	:	NORMAL





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## DEPARTMENT OF CARDIOLOGY

### COLOUR FLOW MAPPING

	VELOCITY m/s	PRESSURE GRADIENT mm/Hg	REGURGITATION
MITRAL FLOW	E: NORMAL A:		TRACE
AORTIC FLOW		NORMAL	ABSENT
PULMONARY FLOW		NORMAL	ABSENT
TRICUSPID FLOW		NORMAL	TRACE

### SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THROMBUS /CLOT/ EFFUSION

### FINAL IMPRESSION

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64%
- NO LVH WITH NORMAL DIASTOLIC FUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

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



Dr. Ganesh Shankar (MBBS PGDCC)

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 Conduction 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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Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 15:00:59
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## 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	O
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	16.00	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	8,000	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

#### DLC

Polymorphs (Neutrophils )	<b>50.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>42.00</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	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)	48.10	cc % 40-54

#### Platelet count

Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	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 IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	<b>5.77</b>	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	83.30	fl	80-100	CALCULATED PARAMETER
MCH	29.50	pg	28-35	CALCULATED PARAMETER
MCHC	35.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,000.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	320.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 15:53:44
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
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	<b>185.30</b>	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	<b>211.00</b>	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 diabetes in future, which is why an Annual Health Check up is essential.
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	45.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	134	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.

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 G8 90 SL TOSOH HPLC Analyser.







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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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#### 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.



*Anupam Singh*

Dr. Anupam Singh  
M.B.B.S, M.D. (Pathology)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	8.80	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	101.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	4.80	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	30.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	22.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIRUET
Albumin	3.80	gm/dl	3.8-5.4	B.C.G.
Globulin	3.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	108.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.40</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	199.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	132	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	31.10	mg/dl	10-33	CALCULATED
Triglycerides	155.50	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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200-499 High  
>500 Very High



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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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#### 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 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2







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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 ** <i>Sample:Serum</i>	0.540	ng/mL	< 2.0	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)	121.65	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.63	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.53	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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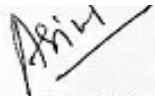
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- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary 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. Anupam Singh  
M.B.B.S, M.D. (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRAJ KUMAR SRIVASTAV-PKG1000023	Registered On	: 25/Sep/2021 10:43:46
Age/Gender	: 43 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022312	Received	: N/A
Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 15:44:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## 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

- 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 : N O R M A L S K I A G R A M**



Dr Raveesh Chandra Roy (MD-Radio)







# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

- The liver measures (14.5 cm). Mild diffuse increase in liver echogenicity seen. Fatty spared areas in liver parenchyma noted. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein (7.6 mm) and CBD (3.1 mm) are not dilated.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (9.5 cm), shape and echogenicity.
- Right kidney is not its in usual position and it is ectopic in location and seen anterior to lumbar spine in the region of lower abdominal cavity.
- Right kidney measures : 7.2 x 3.8 cm
- Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Left kidney measures : 11.0 x 5.6 cm
- Urinary bladder is well filled (187 cc).
- The prostate is normal in size (26 x 28 x 23 mm/10 cc), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

#### IMPRESSION :

- **Fatty infiltration liver**
- **Ectopic right kidney**
- **Rest of the abdominal organs are normal**

#### Please correlate clinically

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, TREAD MILL TEST



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 \*  
365 Days Open \*Facilities Available at Select Location



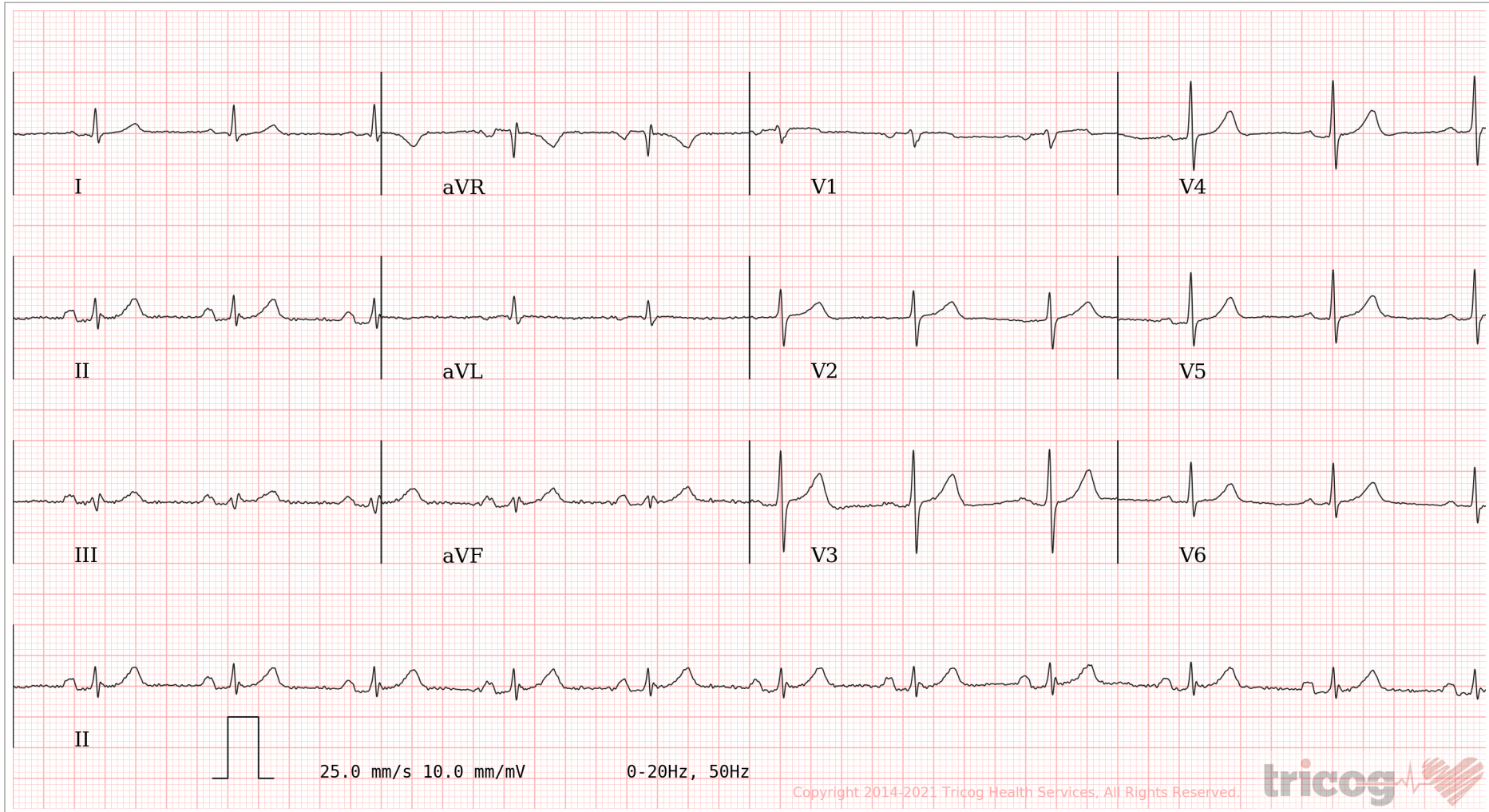
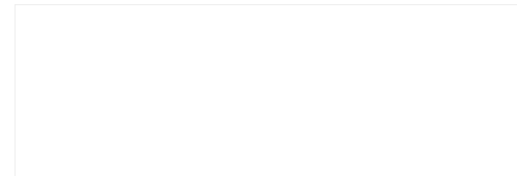


Age / Gender: 43/Male

Date and Time: 25th Sep 21 11:21 AM

Patient ID: CVAR0063932122

Patient Name: Mr.NIRAJ KUMAR SRIVASTAV-PKG10000236



AR: 67 bpm VR: 67 bpm QRSD: 82 ms QT: 382 ms QTc: 403 ms PRI: 170 ms P-R-T: 74° 20° 59°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr. Abhisek Tikmani



# CHANDAN DIAGNOSTIC CENTRE

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## 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	O
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	16.00	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	8,000	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

#### DLC

Polymorphs (Neutrophils )	<b>50.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>42.00</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	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)	48.10	cc % 40-54

#### Platelet count

Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	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 IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	<b>5.77</b>	Mill./cu mm	4.2-5.5	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
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	83.30	fl	80-100	CALCULATED PARAMETER
MCH	29.50	pg	28-35	CALCULATED PARAMETER
MCHC	35.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,000.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	320.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Age/Gender	: 43 Y 0 M 0 D /M	Collected	: 25/Sep/2021 15:07:57
UHID/MR NO	: CVAR.0000022312	Received	: 25/Sep/2021 15:12:17
Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 15:53:44
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
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	<b>185.30</b>	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	<b>211.00</b>	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



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





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Visit ID	: CVAR0063932122	Reported	: 26/Sep/2021 18:38:28
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	45.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	134	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.

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 G8 90 SL TOSOH HPLC Analyser.





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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



*Anupam Singh*

Dr. Anupam Singh  
M.B.B.S,M.D.(Pathology)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	8.80	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	101.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	4.80	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	30.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	22.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIRUET
Albumin	3.80	gm/dl	3.8-5.4	B.C.G.
Globulin	3.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	108.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.40</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	199.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	132	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	31.10	mg/dl	10-33	CALCULATED
Triglycerides	155.50	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High  
>500 Very High



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 15:30:00
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	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
----------------------	--------	------

#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2







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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 ** <i>Sample:Serum</i>	0.540	ng/mL	< 2.0	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)	121.65	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.63	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.53	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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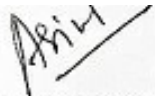
## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- 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. Anupam Singh  
M.B.B.S, M.D. (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.NIRAJ KUMAR SRIVASTAV-PKG1000023	Registered On	: 25/Sep/2021 10:43:46
Age/Gender	: 43 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022312	Received	: N/A
Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 15:44:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## 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

- 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 : N O R M A L S K I A G R A M**



Dr Raveesh Chandra Roy (MD-Radio)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795, 0542-2223232  
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UHID/MR NO	: CVAR.0000022312	Received	: N/A
Visit ID	: CVAR0063932122	Reported	: 25/Sep/2021 13:08:59
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

- The liver measures (14.5 cm). Mild diffuse increase in liver echogenicity seen. Fatty spared areas in liver parenchyma noted. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein (7.6 mm) and CBD (3.1 mm) are not dilated.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (9.5 cm), shape and echogenicity.
- Right kidney is not its in usual position and it is ectopic in location and seen anterior to lumbar spine in the region of lower abdominal cavity.
- Right kidney measures : 7.2 x 3.8 cm
- Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Left kidney measures : 11.0 x 5.6 cm
- Urinary bladder is well filled (187 cc).
- The prostate is normal in size (26 x 28 x 23 mm/10 cc), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

#### IMPRESSION :

- **Fatty infiltration liver**
- **Ectopic right kidney**
- **Rest of the abdominal organs are normal**

#### Please correlate clinically

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, TREAD MILL TEST



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 \*  
365 Days Open \*Facilities Available at Select Location



## CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Mediwheel.*

Name of Executive: *Nisaj Kumar Srivastava.*

Date of Birth: *04/05/1978*

Sex: *Male*

Height: *156 cm*

Weight: *65 kg*

BMI (Body Mass Index): *26.7*

Chest (Expiration / Inspiration): *96/80 cm*

Abdomen: *97 cm*

Blood Pressure: *124/82*

Pulse: *82 BPM*

RR: *19 per min.*

Ident Mark: *Mole near the Rt eye.*

Any Allergies: *No*

Vertigo: *Normal*

Any Medications: *No*

Any Surgical History: *No*

Habits of alcoholism/smoking/tobacco: *(i) Smoking - 3 sticks/day - 34 R.*

Chief Complaints if any: *paleo - in foot - since Birth*

Lab Investigation Reports: *Yes Attached.*

Eye Check up vision & Color vision: *Normal & Power glass*

Left eye: *Normal*

Right eye: *Normal*

Near vision: *Normal*



## CHANDAN DIAGNOSTIC CENTRE

Far vision : Normal  
Dental check up : Normal  
ENT Check up : Normal  
Eye Checkup : Normal

### **Final impression**

Certified that I examined Niranj K. S/o or D/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

Qualification

Date 25/09/21 Place Varanasi

Dr. R.C. ROY  
MBBS., MD. (Radio Diagnosis)  
Reg. No.-26918

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