

मो. आज़ाद आलम Md. Azad Alam जन्म तिथि/DOB: 18/12/1980 पुरुष/ MALE

भारत सरकार

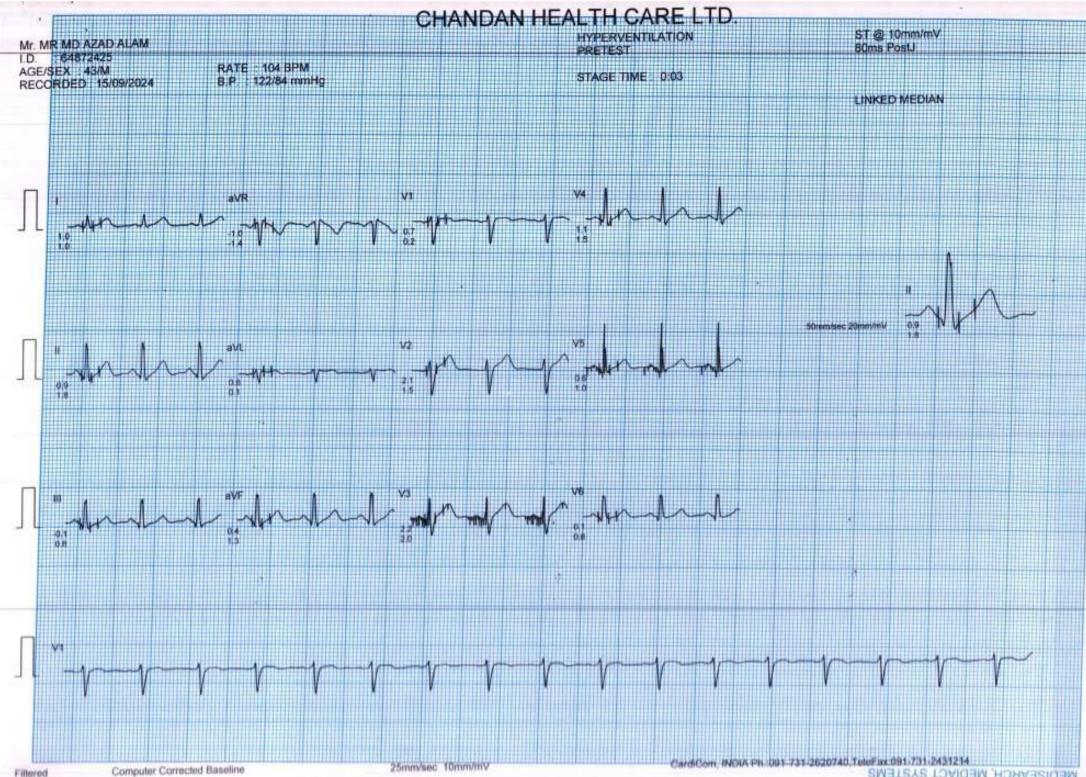


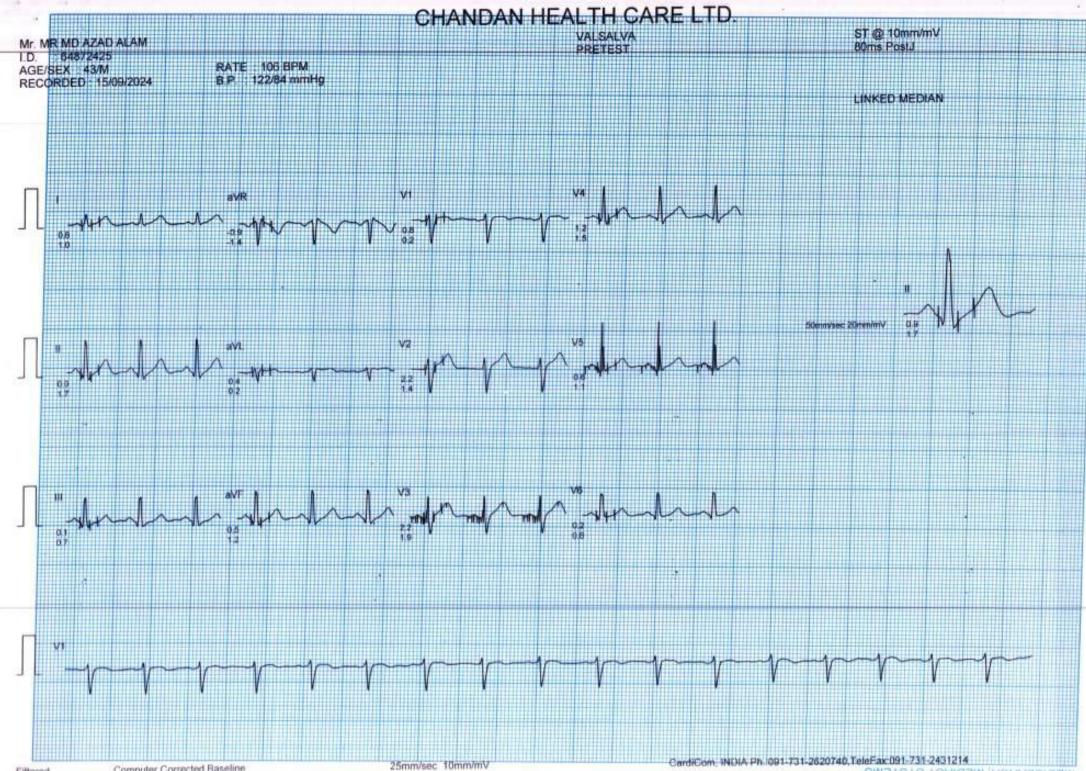
2967 0749 7329 VID: 9119 3061 1803 1055 मेरा आधार, मेरी पहचान

CHANDAN HEALTH CARE LTD. BEISHIVAJI NAGAR MAHMOORGANJ VARANASI BE39703068

r. MR MD AZAD ALAM ge/Sex : 43/M of. by : MEDIWHEEL dication1 : DIFORMITY IN RT LEG - 50% dication2 dication3		i - 50%	ID: 64872425 Ht/Wt: 161/72 Recorded: 15/09		INAGAR MAHMOORGANJ VARANASI 9639703068 TREADMILL TEST SUMMARY REPORT Protocol: BRUCE History: Medication 1 Medication 2 Medication 3						
PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (8PM)	8.P. (mmHg)	RPP X100	Ŵ	ST LEVEL (mm) V2	V5	METS
PINE PERVENT LSALVA ANDING	0:03	0:03			102 104 106 106	122/84 122/84 122/84 122/84 122/84	124 126 129 129	0.8 0.9 0.9 0.9	2.2 2.1 2.2 2.2 2.2	0.5 0.6 0.6 0.6	
AGE 1 AGE 2 ENT	2 59 5 59 8 01 8 04	2:59 2:59 2:01 2:04	2.70 4.00 5.40	10.00 12.00 14.00	141 157 164 163	124/86 136/88 136/88 136/88	174 213 223 221	1 1 0 8 1.6 1.7	2.8 2.5 3.2 3.5	0.3 0.4 0.5 0.7	4.80 7.10 9.06 9.11
AK EXER ENT ENT COVERY	0 34 1 00 2 00 2 59	0.34 1.00 2:00 2:59	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	140 129 122 119	136/88 130/86 130/86 130/86 128/86	190 167 -158 152	2.2 2.8 1.7 1.1	3.5 3.6 2.8 2.6	1.2 1.7 1.1 ~ 0.6	
ULTS ise Duration leart Rate llood Pressure Vork Load on of Termination	164 136 9.1	04 Minutes 1 bpm 92 % of 1/88 mmHg 1 METS	target heart rate 17	7 bpm			•				
ESSIONS	s .	re mit Feder	is neg	odrie 6 Li copa		o-rsilale_		على نەر	Lean'9		
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MEDISEARCH, MEDIACT SYSTEMS



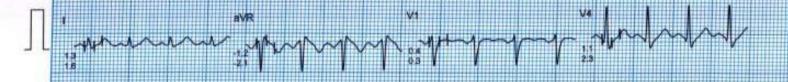


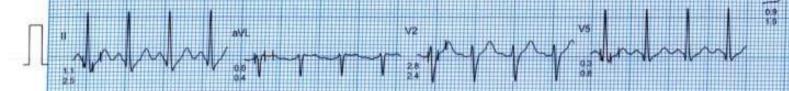
CHANDAN HEALTH CARE LTD.

Mr. MR MD AZAD ALAM I.D. 64872425 AGE/SEX 43/M RECORDED 15/09/2024

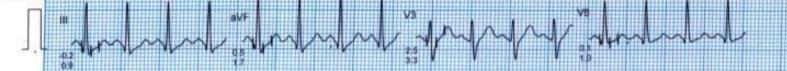
RATE 141 8PM 8.P. 124/86 mmHg BRUCE EXERCISE 1 PHASE TIME 2:59 STAGE TIME 2:59 ST @ 10mm/mV 80ms PostJ SPEED : 2:7 Km./Hr GRADE : 10.0 %

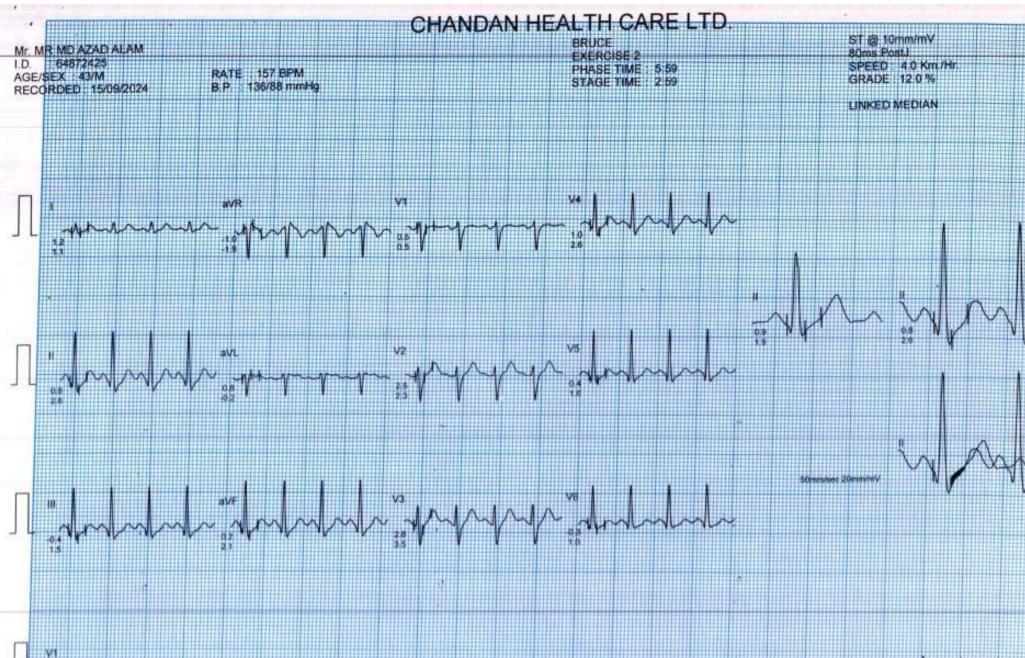
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TalaFax:001.731.2431214

CHANDAN HEALTH CARE LTD.

Mr. MR MD AZAD ALAM 1.D. 54872425 AGE/SEX 43/M RECORDED 15/09/2024

RATE : 164 BPM B.P. 136/88 mmHg

BRUCE EXERCISE 3 (EVENT) PHASE TIME 8:01 STAGE TIME 2:01 ST @ 10mm/mV 80ms PostJ SPEED 5.4 Km/Hr. GRADE 14.0 %

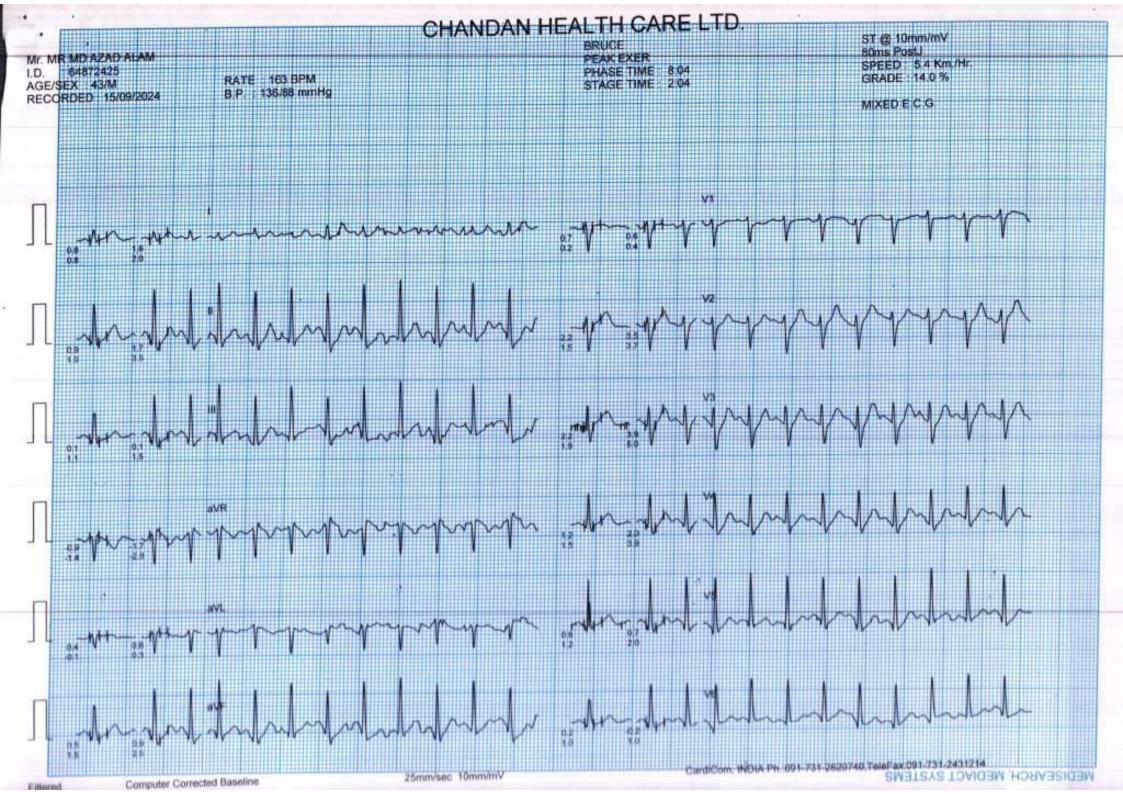
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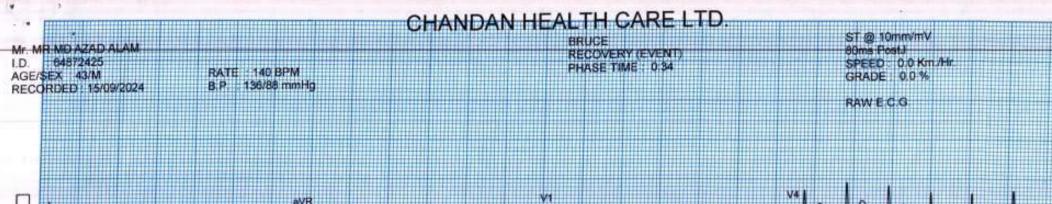
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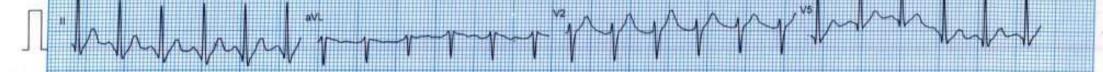
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25mm/sec 10mm/mV

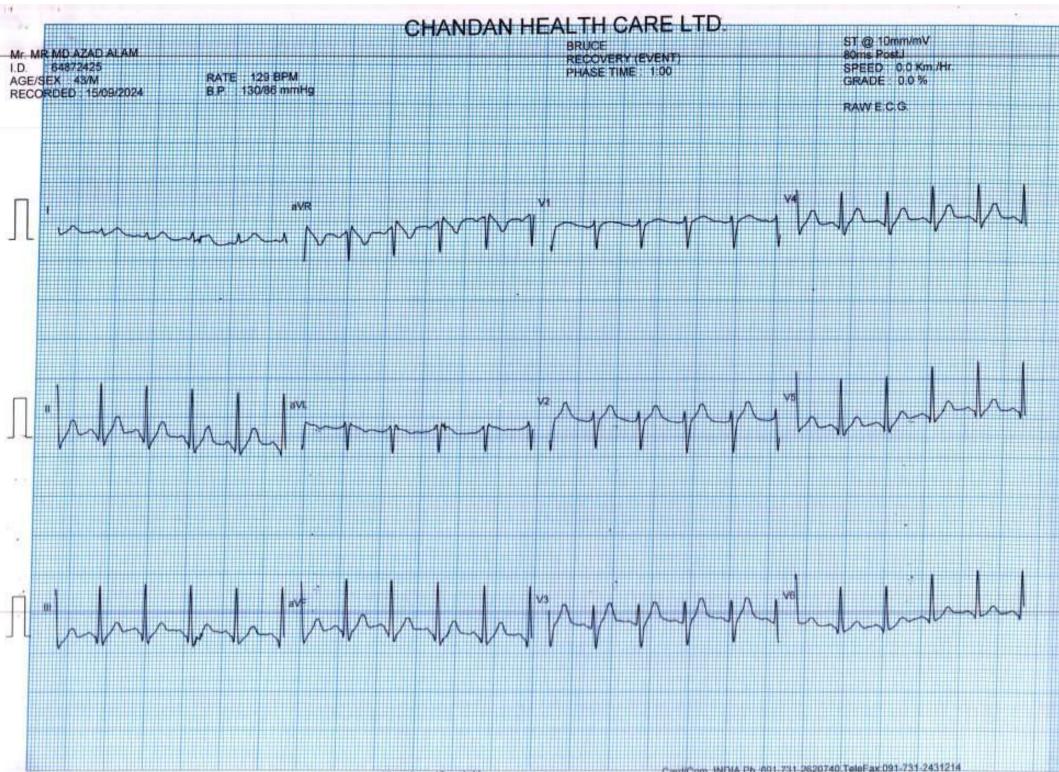






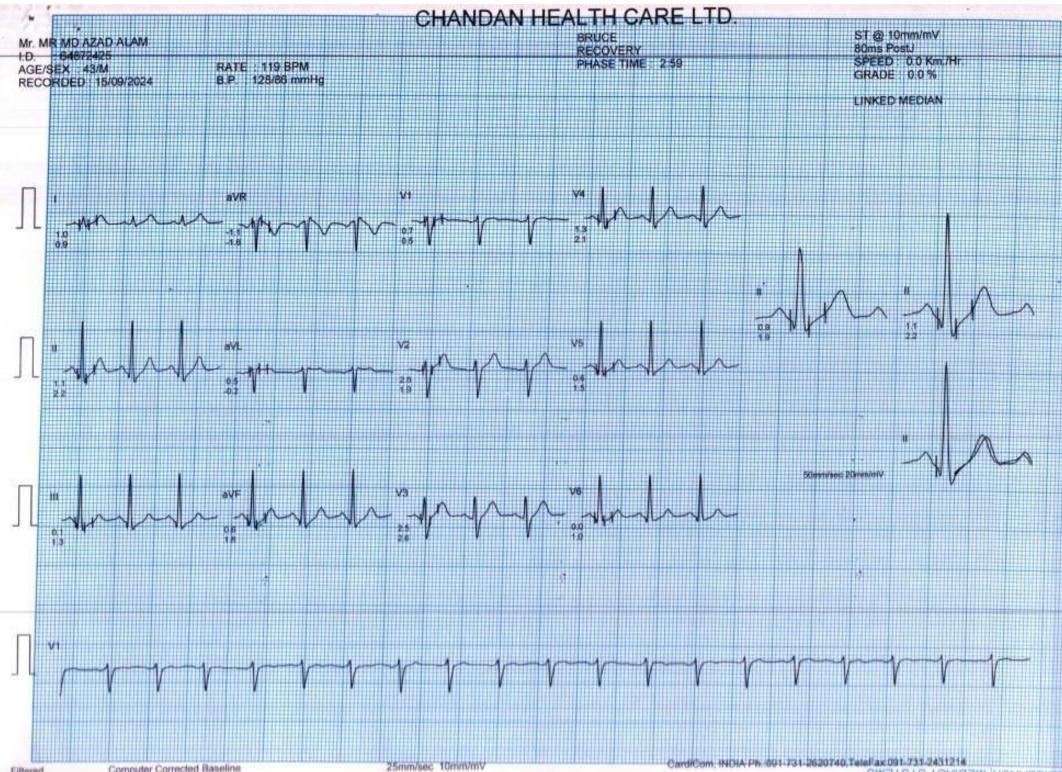


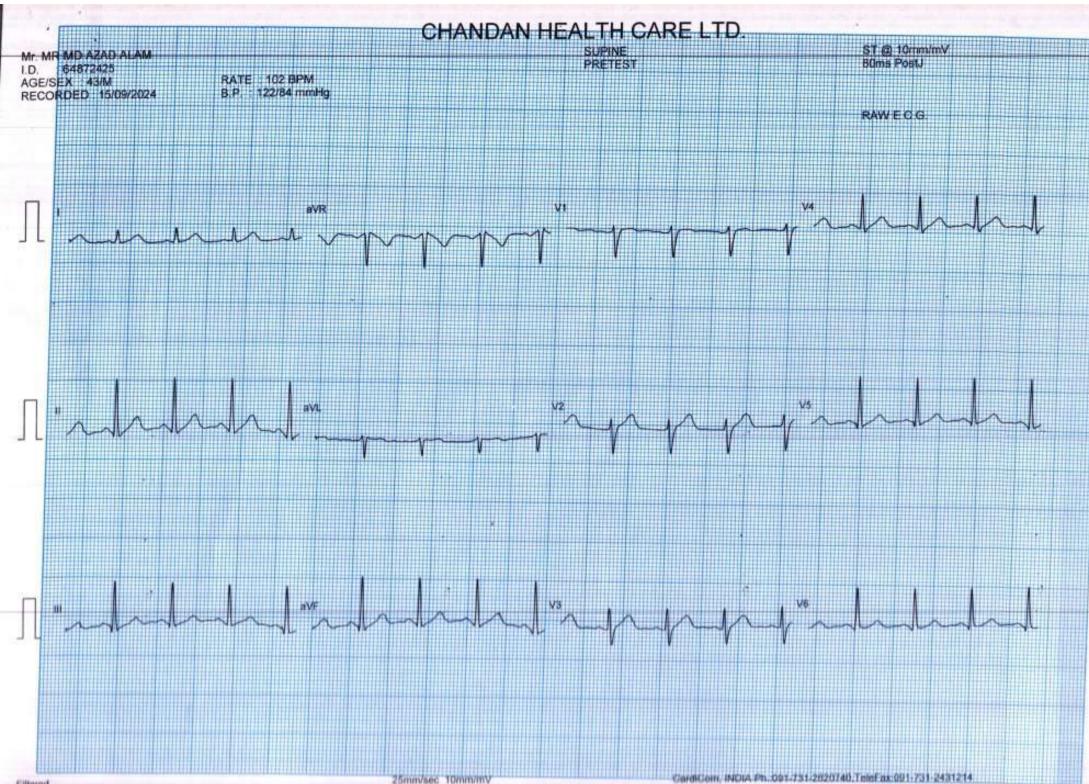




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E HI E HIGHOUTIC CENTR
Name of Company: Mediwheel
Name of Executive: MD Azad Alcm
Date of Birth:
Sex: Maté / Female
Height:CMs
Weight:
BMI (Body Mass Index): 27,8
Chest (Expiration / Inspiration)
Abdomen:
Blood Pressure:
Pulse:100BPM - Regular / Irregular
Ident Mark: Mole on left side dace
Any Allergies: NO
Vertigo : MO
Any Medications: No
Any Surgical History: NO
Habits of alcoholism/smoking/tobacco: No
Chief Complaints if any: No
Lab Investigation Report addressly
Eye Check up vision & Color vision: Mormal & power glass Since 3 month
Left eye:
Right eye:



Chandan

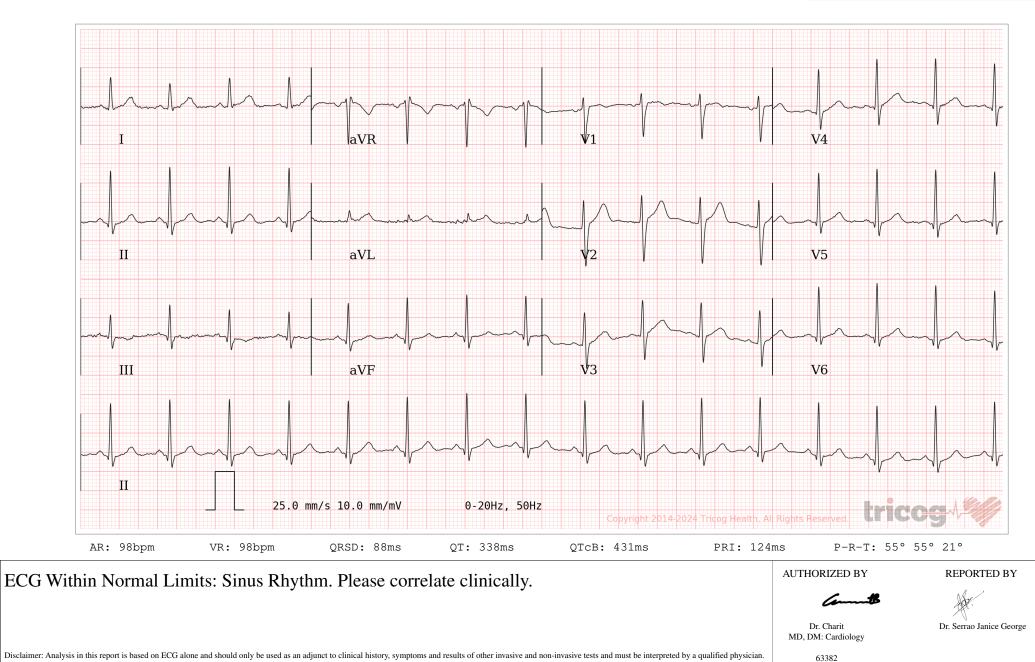
Since 1991

2024

Chandan Diagnostic



Age / Gender:43/MaleDate and Time:15th Sep 24 11:18 AMPatient ID:CVAR0064872425Patient Name:Mr.MD AZAD ALAM- 22S33016





Near vision:

Chanda

Since 1991

Far vision : 6/	6
Dental check up	: Normal
ENT Check up :	Morman
Eye Checkup:	Normal

Final impression

organiza	tion.											
cardio-res	spirato	ry/c	communicable	ailment,	he/she	is	fit	/ Ur	nfit	to	join	any
•••••		••••		is	presently	in	good	health	and	free	from	any
			examined									

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

the Busus Sidan **Client Signature :-**

Chandan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223230 Signature of Medical Examiner







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.MD AZAD ALAM- 22S3 : 43 Y 8 M 28 D /M : CVAR.0000055654 : CVAR0064872425 : Dr.MEDIWHEEL VNS -	3016	Registered C Collected Received Reported Status	on : 15/Sep/2024 0 : 15/Sep/2024 1 : 15/Sep/2024 1 : 15/Sep/2024 1 : 15/Sep/2024 1 : Final Report	1:44:22 1:52:33
		DEPARTM ENT			
	MEDIWHE			ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (Al	BO&Rhtyping)**, <i>Blood</i>				
Blood Group	, (AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)		NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood	Count (CBC) ** , Whole Bld	ood			
Haemoglobin		13.90	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC) <u>DLC</u>		7,300.00	/Cu mm	4000-10000	IMPEDANCE METHOD
Polymorphs (Ne Lymphocytes Monocytes Eosinophils Basophils ESR	utrophils)	65.00 25.00 8.00 2.00 0.00	% % % %	40-80 20-40 2-10 1-6 < 1-2	FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY
Observed		16.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	











Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:05
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 15/Sep/2024 11:44:22
UHID/MR NO	: CVAR.0000055654	Received	: 15/Sep/2024 11:52:33
Visit ID	: CVAR0064872425	Reported	: 15/Sep/2024 12:57:53
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	8.00	Mm for 1st hr.	<9	
PCV (HCT)	43.80	%	40-54	
Platelet count				
Platelet Count	1.40	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	15.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	4.44	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	98.70	fl	80-100	CALCULATED PARAMETER
MCH	31.40	pg	27-32	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,745.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	146.00	/cu mm	40-440	

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report		
Visit ID	: CVAR0064872425	Reported	: 15/Sep/2024 13:45:03		
UHID/MR NO	: CVAR.0000055654	Received	: 15/Sep/2024 11:52:33		
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 15/Sep/2024 11:44:22		
Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:05		

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	ι	Jnit	Bio. Ref. Interv	ral	Method
GLUCOSE FASTING * * , Plasma						
Glucose Fasting	80.10	mg/dl	100-12	Normal 25 Pre-diabetes Diabetes	GOD PO	D

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 = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body. Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP * *	100.00	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 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 = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	mg/dl	

Interpretation:

<u>NOTE</u>:-

• eAG is directly related to A1c.











Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:05
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 15/Sep/2024 11:44:22
UHID/MR NO	: CVAR.0000055654	Received	: 15/Sep/2024 11:52:33
Visit ID	: CVAR0064872425	Reported	: 15/Sep/2024 13:45:03
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Result

Uni

Unit Bio. Ref. Interval

Method

- 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 (%)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 1 diabetics. 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.

<u>Clinical Implications:</u>

*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) **	9.00	mg/dL	7.0-23.0	
Sample:Serum				

CALCULATED



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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22	S33016	Registere		: 15/Sep/2024		
Age/Gender	: 43 Y 8 M 28 D /M		Collected		: 15/Sep/2024		
UHID/MR NO	: CVAR.0000055654		Received		: 15/Sep/2024		
Visit ID	: CVAR0064872425		Reported	1	: 15/Sep/2024	4 13:45:03	
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status		: Final Report		
Ta at Mara a	MEDIVVI	HEEL BANK OF				. Mathad	
Test Name		Result	UI	nit l	Bio. Ref. Interva	l Method	
Interpretation: Note: Elevated B	UN levels can be seen in tl	he following:					
		_					
High-protein diet, I	Dehydration, Aging, Certain n	nedications, Burn	s, Gastrointestin	nal (GI) bl	eeding.		
Low BUN levels o	can be seen in the following	g:					
Low-protein diet, o	overhydration, Liver disease.						
Yeatinine * * ample:Serum		0.90	mg/dl	0.7-1.30)	MODIFIED JAFFES	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine	single creatinine value must b gher creatinine concentration. concentration. Serum creatin hildly and may result in anoma	be interpreted in li The trend of seru ine concentrations	ght of the patien im creatinine cor s may increase v	ts muscle : ncentration vhen an A	mass. A patient w ns over time is mc CE inhibitor (AC	vith a greater muscle pre important than E) is taken. The assay	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m	gher creatinine concentration. concentration. Serum creatin	be interpreted in li The trend of seru ine concentrations	ght of the patien im creatinine cor s may increase v	ts muscle : ncentration vhen an A	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	vith a greater muscle pre important than E) is taken. The assay	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Jric Acid ** ample:Serum Interpretation: Note:- Elevated uric acid	gher creatinine concentration. concentration. Serum creatini hildly and may result in anoma d levels can be seen in the f	be interpreted in li The trend of seru ine concentrations alous values if ser 4.60 following:	ght of the patien im creatinine con s may increase v um samples have mg/dl	ts muscle : ncentration vhen an A e heteroph 3.4-7.0	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	with a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Jric Acid ** ample:Serum Interpretation: Note:- Elevated uric acid	gher creatinine concentration. concentration. Serum creatin idly and may result in anoma	be interpreted in li The trend of seru ine concentrations alous values if ser 4.60 following:	ght of the patien im creatinine con s may increase v um samples have mg/dl	ts muscle : ncentration vhen an A e heteroph 3.4-7.0	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	with a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or	
Ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Iric Acid ** Ample:Serum Interpretation: Note:- Elevated uric acid Drugs, Diet (high-p	gher creatinine concentration. concentration. Serum creatini hildly and may result in anoma d levels can be seen in the f protein diet, alcohol), Chronic	be interpreted in li The trend of seru ine concentrations alous values if ser 4.60 following:	ght of the patien im creatinine con s may increase v um samples have mg/dl	ts muscle : ncentration vhen an A e heteroph 3.4-7.0	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	with a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Jric Acid ** ample:Serum Interpretation: Note:- Elevated uric acid Drugs, Diet (high-p FT (WITH GAMM SGOT / Aspartate J	gher creatinine concentration. concentration. Serum creatini hildly and may result in anoma d levels can be seen in the f protein diet, alcohol), Chronic IA GT) ** , <i>Serum</i> Aminotransferase (AST)	be interpreted in li The trend of seru ine concentrations alous values if ser 4.60 following:	ght of the patien im creatinine con s may increase v um samples have mg/dl Hypertension, O	ts muscle : ncentration vhen an A e heteroph 3.4-7.0 besity.	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	with a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Iric Acid ** ample:Serum Interpretation: Note:- Elevated uric acid Drugs, Diet (high-p FT (WITH GAMM SGOT / Aspartate J	gher creatinine concentration. concentration. Serum creatini hildly and may result in anoma d levels can be seen in the f protein diet, alcohol), Chronic IA GT) ** , <i>Serum</i>	be interpreted in li The trend of seru ine concentrations alous values if ser 4.60 following: tkidney disease, l	ght of the patien um creatinine cor s may increase v um samples have mg/dl Hypertension, O U/L U/L	ts muscle : ncentration vhen an A e heteroph 3.4-7.0 besity.	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	with a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or URICASE	
Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Iric Acid ** ample:Serum Interpretation: Note:- Elevated uric acid Drugs, Diet (high-p FT (WITH GAMM SGOT / Aspartate A SGPT / Alanine Am Gamma GT (GGT)	gher creatinine concentration. concentration. Serum creatini hildly and may result in anoma d levels can be seen in the f protein diet, alcohol), Chronic IA GT) ** , <i>Serum</i> Aminotransferase (AST)	be interpreted in li The trend of servi ine concentrations alous values if ser 4.60 following: kidney disease, I 23.00 20.40 17.90	ght of the patien im creatinine cor s may increase v um samples have mg/dl Hypertension, O U/L U/L IU/L	ts muscle i ncentration vhen an A e heteroph 3.4-7.0 besity. < 35 < 40 11-50	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	rith a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or URICASE IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING	
ample:Serum Interpretation: The significance of mass will have a hig absolute creatinine could be affected m lipemic. Iric Acid * * ample:Serum Interpretation: Note:- Elevated uric acid Drugs, Diet (high-p FT (WITH GAMM SGOT / Aspartate A SGPT / Alanine Am Gamma GT (GGT) Protein	gher creatinine concentration. concentration. Serum creatini hildly and may result in anoma d levels can be seen in the f protein diet, alcohol), Chronic IA GT) ** , <i>Serum</i> Aminotransferase (AST)	pe interpreted in li The trend of seru ine concentrations alous values if ser 4.60 following: kidney disease, I 23.00 20.40 17.90 6.10	ght of the patien im creatinine cor s may increase v um samples have mg/dl Hypertension, O U/L U/L IU/L gm/dl	ts muscle : ncentration vhen an A e heteroph 3.4-7.0 besity. < 35 < 40 11-50 6.2-8.0	mass. A patient w ns over time is mo CE inhibitor (AC ilic antibodies, he	rith a greater muscle ore important than (E) is taken. The assay emolyzed, icteric or URICASE IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET	
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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:05
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 15/Sep/2024 11:44:22
UHID/MR NO	: CVAR.0000055654	Received	: 15/Sep/2024 11:52:33
Visit ID	: CVAR0064872425	Reported	: 15/Sep/2024 13:45:03
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	nit Bio. Ref. Inter	rval Method
Alkaline Phosphatase (Total)	88.80	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	160.00	mg/dl	<200 Desirable 200-239 Borderline Hi > 240 High	CHOD-PAP gh
HDL Cholesterol (Good Cholesterol)	44.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optin 130-159 Borderline Hi 160-189 High > 190 Very High	
VLDL	19.20	mg/dl	10-33	CALCULATED
Triglycerides	96.00	mg/dl	< 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High	GPO-PAP gh

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22S3	33016	Registered On	: 15/Sep/2024 09	
Age/Gender UHID/MR NO	: 43 Y 8 M 28 D /M : CVAR.0000055654		Collected Received	: 15/Sep/2024 17 : 15/Sep/2024 17	
Visit ID	: CVAR.0000033034		Reported	: 15/Sep/2024 17	
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Report	
	DE	PARTMENT OF	CLINICAL PATHO	DLOGY	
	MEDIWHE	EL BANK OF BA	ARODA MALE AI	BOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINA	ATION, ROUTINE * * , Urine	,			
Color		PALE YELLOW			
Specific Gravity		1.010			
Reaction PH		Acidic (6.0)			DIPSTICK
Appearance		CLEAR			
Protein		ABSENT	mg %	< 10 Absent	DIPSTICK
				10-40 (+)	
				40-200 (++) 200-500 (+++)	
				> 500 (++++)	
Sugar		ABSENT	gms%	< 0.5 (+)	DIPSTICK
-			-	0.5-1.0 (++)	
				1-2 (+++)	
				>2 (++++)	
Ketone		ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts		ABSENT		011112 0.0 14.0	
Bile Pigments		ABSENT			
Bilirubin		ABSENT			DIPSTICK
Leucocyte Estera	ase	ABSENT			DIPSTICK
Urobilinogen(1:2	20 dilution)	ABSENT			
Nitrite		ABSENT			DIPSTICK
Blood		ABSENT			DIPSTICK
Microscopic Exa	mination:				
Epithelial cells		1-2/h.p.f			MICROSCOPIC
					EXAMINATION
Pus cells		1-2/h.p.f			
RBCs		ABSENT			MICROSCOPIC
Cast		ABSENT			EXAMINATION
		ABSENT			MICROSCOPIC
Crystals		ADJEINI			EXAMINATION
Others		ABSENT			
SUGAR, FASTIN	G STAGE * * , Urine				
Sugar, Fasting st	age	ABSENT	gms%		
			-		









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:05
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 15/Sep/2024 17:54:04
UHID/MR NO	: CVAR.0000055654	Received	: 15/Sep/2024 17:56:59
Visit ID	: CVAR0064872425	Reported	: 15/Sep/2024 18:00:31
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval Method

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (++) & 1-2 \\ (+++) & > 2 \end{array}$

SUGAR, PP STAGE** , Urine

Sugar, PP Stage

ABSENT

Interpretation:

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

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

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Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:05		
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 15/Sep/2024 11:44:22		
UHID/MR NO	: CVAR.0000055654	Received	: 15/Sep/2024 11:52:33		
Visit ID	: CVAR0064872425	Reported	: 15/Sep/2024 14:19:11		
Ref Doctor	: Dr.MEDIWHEEL VNS -	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	0.29	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)	177.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.29	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.300	µlU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimest	er	
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



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Re	esult Unit	Bio. Ref. Interval	Method
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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. Sinton Dr.S.N. Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-4501413 CIN: U85110UP2003PLC193493

Patient Name	: Mr.MD AZAD ALAM- 22S33016	Registered On	: 15/Sep/2024 09:33:06
Age/Gender	: 43 Y 8 M 28 D /M	Collected	: 2024-09-16 09:16:15
UHID/MR NO	: CVAR.0000055654	Received	: 2024-09-16 09:16:15
Visit ID	: CVAR0064872425	Reported	: 16/Sep/2024 09:16:38
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

* NO OBVIOUS DETECTABLE ABNORMALITY SEEN

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, MAHMOORGANJ

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT)





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 Page 11 of 11



Home Sample Collection 08069366666



D63/6-B3, Mahmoorganj, Varanasi, Uttar Pradesh 221001, India

Latitude 25.305424°

LOCAL 11:20:04 GMT 05:50:04 Longitude 82.979105°

SUNDAY 09.15.2024 ALTITUDE 37 METER