# Chandan Diagnostics Centre Varanasi

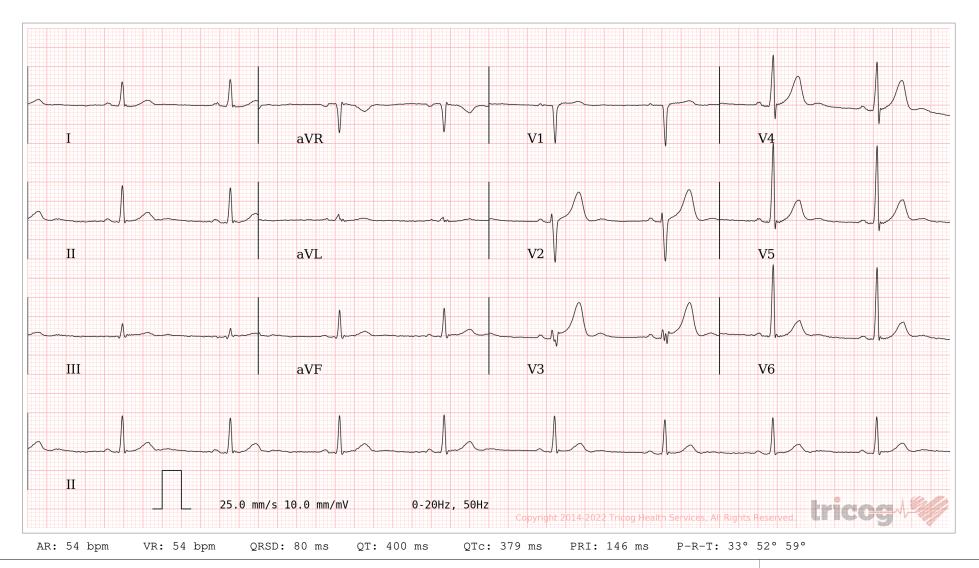


Age / Gender: 30/Male

Date and Time: 5th Feb 22 10:31 AM

Patient ID: CVAR0103892122

Patient Name: Mr.MOHAMMED ISLAM-PKG10000238



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

AUTHORIZED BY



Dr. Charit MD, DM: Cardiology Dr Velmurugan. J

63382

122015

REPORTED BY





# **CHANDAN DIAGNOSTIC CENTRE**

Far vision:	
Dental check up:	verval
ENT Check up:	normal
Eye Checkup:	worman

Final	im	pression

nohammed Islam Certified that I examined .....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.

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

Client Signature:

Signature of Medical Examiner

Name & Qualification 12 R Chary, MRJs MB

Date O.S. 2. - 2 Place Varanas







# **CHANDAN DIAGNOSTIC CENTRE**

Name of Company: Mediwheel

Name of Executive: Mohammed 121am

Date of Birth: 31.10-1991

Sex: Male

Height: 178

Weight: 84

BMI (Body Mass Index): Q 6 . 5

Chest (Expiration / Inspiration) 94 100

Abdomen: 892

Blood Pressure: 128186

Pulse: 80 Sn regular

RR: 16

Ident Mark: Cut ment an forehead.

Any Allergies: JO

Vertigo: 10

Any Medications: NO

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports: Alports AH.

Eye Check up vision & Color vision:

Left eye: pm al

Right eye: Nernal

Near vision: Normal







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

CIN: U85110DL2003PLC308206



Patient Name : Mr.MOHAMMED ISLAM-PKG10000238 Registered On : 05/Feb/2022 09:47:34 Age/Gender : 30 Y 0 M 0 D /M Collected : 05/Feb/2022 10:16:46 UHID/MR NO : CVAR.0000026150 Received : 05/Feb/2022 10:24:07 Visit ID : CVAR0103892122 Reported : 05/Feb/2022 12:24:20

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

#### **DEPARTMENT OF HAEMATOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Blood Group (ABO & Rh typing) \*, Blood

**Blood Group** В

Rh (Anti-D) **NEGATIVE** 

COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	16.50	g/dl	Male- 13.5-17.5 g/dl	
			Female-12.0-15.5 g/dl	
TLC (WBC)	9,400	/Cu mm	4000-10000	<b>ELECTRONIC IMPEDANCE</b>
DLC				
Polymorphs (Neutrophils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	4.00	Mm for 1st hr.	< 9	
PCV (HCT)	49.10	cc %	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.34	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.90	fl	80-100	CALCULATED PARAMETER
MCH	30.80	pg	28-35	CALCULATED PARAMETER
in X <del>SY€</del> rt∡ini	33.50	%	30-38	CALCULATED
	11.60	%	11-16	ELECTRONIC
	40.90	fL	35-60	ELECTRONII S.N. Sinds
utrophils Count	6,110.00	/cu mm	3000-7000	Dr.S.N. Sinha (MD Path)

/cu mm

40-440



sinophils Count (AEC)



282.00





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

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

# **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

**GLUCOSE FASTING**, Plasma

Glucose Fasting 94.20 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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 = Impared Glucose Tolerance.

Glucose PP 136.00 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 = Impared Glucose Tolerance.

### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c) 5.00 % NGSP HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c) 31.00 mmol/mol/IFCC
Estimated Average Glucose (eAG) 96 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 & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method	Result Unit	Bio. Ref. Interval Method
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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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### **Clinical Implications:**

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- \*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- \*Pregnancy d. chronic renal failure. Interfering Factors:
- \*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.





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





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# **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uni	it Bio. Ref. Interv	al Metho	d
BUN (Blood Urea Nitrogen) Sample:Serum	7.30	mg/dL	7.0-23.0	CALCULATED	
Creatinine Sample:Serum	0.90	mg/dl	0.7-1.3	MODIFIED JAFFE	ES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	102.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED	
Uric Acid Sample:Serum	6.00	mg/dl	3.4-7.0	URICASE	
L.F.T.(WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST)	32.00	U/L	< 35	IFCC WITHOUT F	P5P
SGPT / Alanine Aminotransferase (ALT)	30.00	U/L	< 40	IFCC WITHOUT F	
Gamma GT (GGT)	22.00	IU/L	11-50	OPTIMIZED SZAZ	
Protein	6.80	gm/dl	6.2-8.0	BIRUET	
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.	
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED	
A:G Ratio	1.43		1.1-2.0	CALCULATED	
Alkaline Phosphatase (Total)	64.60	U/L	42.0-165.0	IFCC METHOD	
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & G	ROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & G	ROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & G	ROF
LIPID PROFILE ( MINI ) , Serum					
Cholesterol (Total)	142.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP	
HDL Cholesterol (Good Cholesterol)	37.30	mg/dl	30-70	DIRECT ENZYMA	TIC
LDL Cholesterol (Bad Cholesterol)	81	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal		
			130-159 Borderline High 160-189 High > 190 Very High	1	
三の25546日 (3 <b>22</b> 79 公元5)	23.32	mg/dl	10-33	CALCULATED	20
	116.60	mg/dl	< 150 Normal	GPO-PAP	S.n. Sinta
			150-199 Borderline High 200-499 High >500 Very High	1	Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

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Patient Name : Mr.MOHAMMED ISLAM-PKG10000238 Registered On

: 05/Feb/2022 09:47:34

Age/Gender

: 30 Y 0 M 0 D /M

Collected

: 05/Feb/2022 15:30:22 : 05/Feb/2022 15:31:02

UHID/MR NO Visit ID

: CVAR.0000026150 : CVAR0103892122

Received Reported

: 05/Feb/2022 15:56:02

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

: Final Report Status

# **DEPARTMENT OF CLINICAL PATHOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

URINE EXAMINATION, ROUTINE * ,	Jrine			
Color	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile P <mark>igment</mark> s	ABSENT			
Urobil <mark>inogen(1:20 dilution)</mark>	ABSENT			
Microscopic Examination:				
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
Others	ABSENT			EXAMINATION
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

# S

# **Interpretation:**

(+)< 0.5

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2









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Patient Name : Mr.MOHAMMED ISLAM-PKG10000238 Registered On

: 05/Feb/2022 09:47:34

Age/Gender

: 30 Y 0 M 0 D /M

Collected

: 05/Feb/2022 15:30:22 : 05/Feb/2022 15:31:02

UHID/MR NO

: CVAR.0000026150

Received

Visit ID

: CVAR0103892122

Reported

: 05/Feb/2022 15:56:02

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status

: Final Report

# **DEPARTMENT OF CLINICAL PATHOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

**SUGAR, PP STAGE \* , Urine** 

Sugar, PP Stage

**ABSENT** 

**Interpretation:** 

(+)< 0.5 gms%

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



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











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

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Patient Name : Mr.MOHAMMED ISLAM-PKG10000238 : 05/Feb/2022 09:47:34 Registered On Age/Gender Collected : 30 Y 0 M 0 D /M : 05/Feb/2022 10:16:46 UHID/MR NO : CVAR.0000026150 Received : 05/Feb/2022 12:53:47 Visit ID : CVAR0103892122 Reported : 05/Feb/2022 12:54:27 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

# **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	93.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.04	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.04	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimest	er
		0.5-4.6 μIU/	mL Second Trim	ester
		0.8-5.2 µIU/	mL Third Trimes	ter
		0.5-8.9 µIU/	mL Adults	55-87 Years
		0.7-27 μIU/	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/	mL Child(21 wk	- 20 Yrs.)
		1-39 μΙ	J/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.



S.N. Sinha

Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mr.MOHAMMED ISLAM-PKG10000238

Registered On

: 05/Feb/2022 09:47:35

Age/Gender UHID/MR NO : 30 Y 0 M 0 D /M

Collected : N/A Received

Visit ID

: CVAR.0000026150 : CVAR0103892122

: N/A Reported

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

: 07/Feb/2022 11:20:51 Status : Final Report

#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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 correlare clinically.

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

\*Facilities Available at Select Location 365 Days Open











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

Latitude

25.305450°

LOCAL 10:31 AM GMT 05:01 AM Longitude 82.979122°

SATURDAY 02.05.2022 ALTITUDE 60 FEET