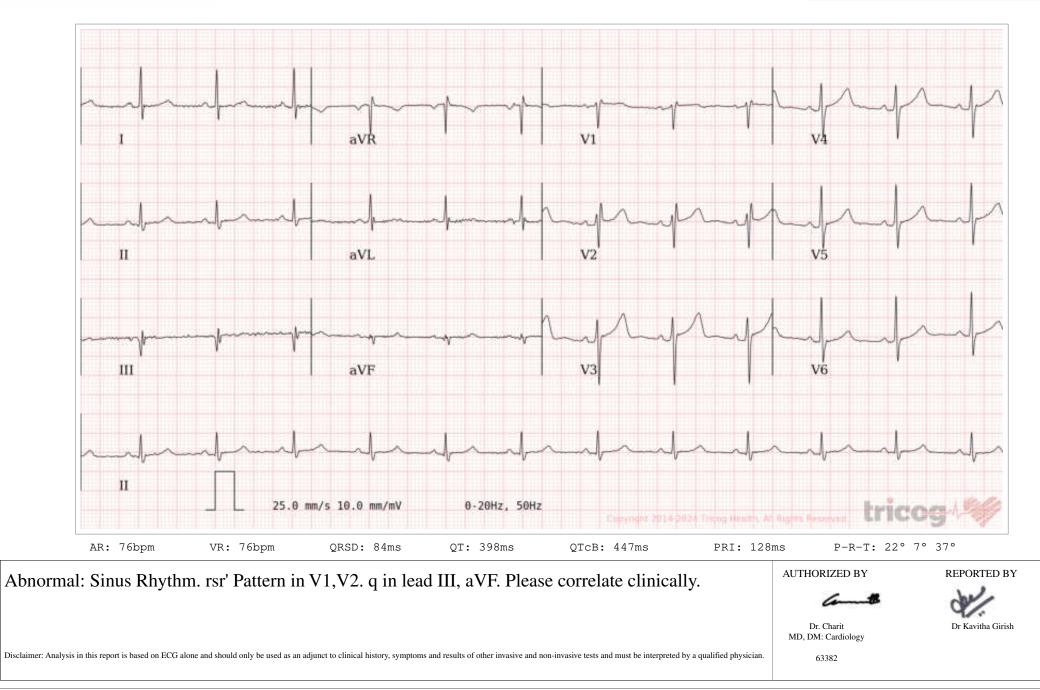
Chandan Diagnostic



Age / Gender:39/MaleDate and Time:18th Aug 24 9:21 AMPatient ID:CVAR0052722425Patient Name:Mr.SUJEET KUMAR DAS -35E7515



Chausten Since 1991	CHANDAN D Add: 99, Shivaji Nagar Mal Ph: 9235447795,0542-350 CIN : U85110UP2003PLC	hmoorganj,Varanasi 0227	FIC CEN'	TRE	30 TEARD
Age/Gender UHID/MR NO	: Mr.SUJEET KUMAR DAS -3 : 39 Y 8 M 18 D /M : CVAR.0000054491 : CVAR0052722425	35E7515	Registered Collected Received Reported	On : 18/Aug/2024 0 : 18/Aug/2024 1 : 18/Aug/2024 1 : 18/Aug/2024 1 : 18/Aug/2024 1	1:00:17 1:04:06
Ref Doctor	Dr.MEDIWHEEL VNS -		Status	: Final Report	
	Γ	DEPARTM ENT	OFHAEMAT	DLOGY	
	MEDIWHE	EL BANK OF B	ARODA MAL	EABOVE40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
• •)& Rhtyping)** , <i>Blood</i>				
Blood Group		0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)		POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Plead C	ount (CBC) ** , Whole Blo				
			a / dl	1 Day 14 5 22 5 a/dl	
Haemoglobin		14.40	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) <u>DLC</u>	14)	6,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutr	ophils)	52.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes		39.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes		6.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils		3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	< 1-2	ELECTRONIC IMPEDANCE
Observed		10.00	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 Pregnancy	







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:23
Age/Gender	: 39 Y 8 M 18 D /M	Collected	: 18/Aug/2024 11:00:17
UHID/MR NO	: CVAR.0000054491	Received	: 18/Aug/2024 11:04:06
Visit ID	: CVAR0052722425	Reported	: 18/Aug/2024 11:59:13
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

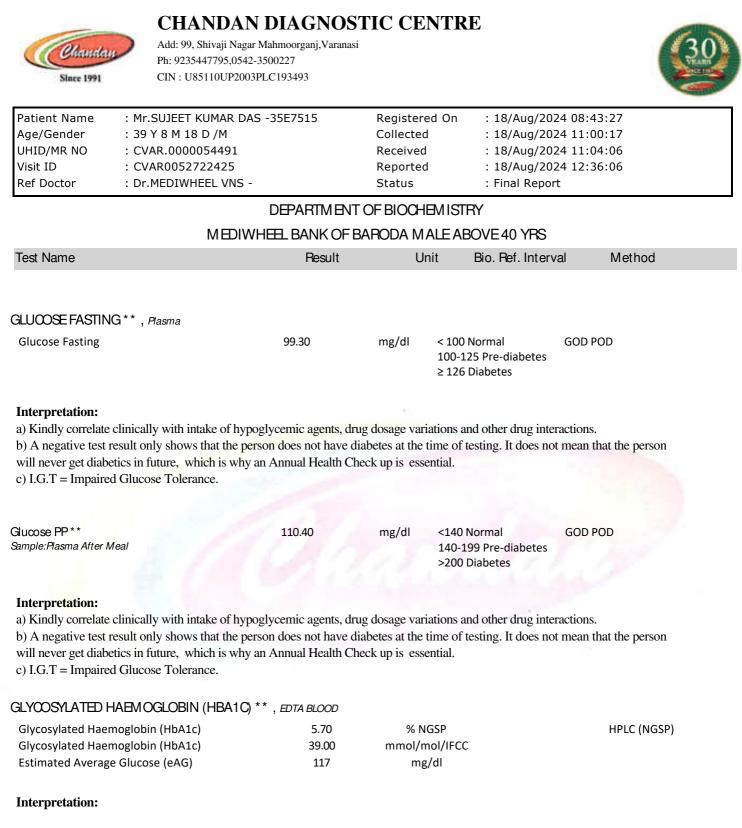
DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	4.00	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	45.20	%	40-54	
Platelet Count	1.52	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	48.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.45	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	101.60	fl	80-100	CALCULATED PARAMETER
МСН	32.40	pg	27-32	CALCULATED PARAMETER
МСНС	31.90	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,484.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	201.00	/cu mm	40-440	

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





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.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy

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Add: 99, Shivaji Nagar Mahmoorganj,Varana Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:27
Age/Gender :	: 39 Y 8 M 18 D /M	Collected	: 18/Aug/2024 11:00:17
UHID/MR NO :	: CVAR.0000054491	Received	: 18/Aug/2024 11:04:06
Visit ID :	: CVAR0052722425	Reported	: 18/Aug/2024 12:36:06
Ref Doctor :	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

|--|

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.

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) **	10.00	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

Low BUN levels can be seen in the following:

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Since 1991	CIN: U85110UP2003F	PLC193493				3
						E.C.
Patient Name	: Mr.SUJEET KUMAR DAS	-35E7515	Register	-	/2024 08:43:27	
Age/Gender	: 39 Y 8 M 18 D /M		Collected	-	/2024 11:00:17	
UHID/MR NO	: CVAR.0000054491		Received	-	/2024 11:04:06	
Visit ID	: CVAR0052722425		Reported	-	/2024 12:36:06	
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Re	port	
		DEPARTMEN			_	
	MEDIWH			ALE ABOVE 40 YF		
Test Name		Result	U	nit Bio. Ref. Int	terval Method	
I au matain diat a	wanthrough the second					
Low-protein diet, or	verhydration, Liver disease.					
Creatinine * *		1 10	ma/dl	0.7-1.30		
Sample:Serum		1.10	mg/dl	0.7-1.30	MODIFIED JAFFES	
Intonnatotion						
Interpretation:		a internets d in lie	ht of the metion	to muscale massa A mot		
	single creatinine value must b					
-	gher creatinine concentration.				_	
	concentration. Serum creatini		-			
could be affected mi	ildly and may result in anoma	lous values if seru	im samples hav	e heterophilic antibodi	es, hemolyzed, icteric or	
lipemic.						
Uric Acid **		5.70	mg/dl	3.4-7.0	URICASE	
Sample:Serum						
T (1 (1)						
Interpretation:						
Note:-	l lovela con he con in the f			14		
Elevated uric acid	l levels can be seen in the f	ollowing:				
Drugs, Diet (high-p	rotein diet, alcohol), Chronic	kidnev disease. H	Ivpertension, O	besity.		
8-, (8 F	,,,		-, F, C			
LFT (WITH GAMM	A GT) * * , <i>S</i> erum					
	Aminotransferase (AST)	42.60	U/L	< 35	IFCC WITHOUT P5P	
	inotransferase (ALT)	81.80	U/L	< 40	IFCC WITHOUT P5P	
Gamma GT (GGT)		49.90	IU/L	11-50	OPTIMIZED SZAZING	
Protein		6.50	gm/dl	6.2-8.0	BIURET	
Albumin		4.00	gm/dl	3.4-5.4	B.C.G.	
Globulin		2.50	gm/dl	1.8-3.6	CALCULATED	
A:G Ratio		1.60	ginyai	1.1-2.0	CALCULATED	
Alkaline Phosphata	ase (Total)	93.40	U/L	42.0-165.0	PNP/AMP KINETIC	
Bilirubin (Total)		1.00	mg/dl	42.0-165.0 0.3-1.2	JENDRASSIK & GROF	
Bilirubin (Direct)		0.40	mg/dl	< 0.30	JENDRASSIK & GROF	
Bilirubin (Indirect)		0.40 0.60	mg/dl	< 0.30	JENDRASSIK & GROF	
		0.00	iiig/ui		JENDIAJJIN & GRUF	
LIPID PROFILE (M	INI)**,Serum					
Cholesterol (Total)		262.00	mg/dl	<200 Desirable	CHOD-PAP	
			0, -	200-239 Borderline		
				> 240 High		

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Patient Name	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:27
Age/Gender	: 39 Y 8 M 18 D /M	Collected	: 18/Aug/2024 11:00:17
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Visit ID	: CVAR0052722425	Reported	: 18/Aug/2024 12:36:06
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	L	Jnit Bio. Ref. Inte	erval Method
HDL Cholesterol (Good Cholesterol)	63.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	163	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Opti 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	36.20	mg/dl	10-33	CALCULATED
Triglycerides	181.00	mg/dl	< 150 Normal	GPO-PAP
			150-199 Borderline H 200-499 High >500 Very High	ligh

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Dr.5.N. Sinha (MD Path)

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		IC CENTR	RE	(30) YEAR
Patient Name : Mr.SUJEET KUMAR D	AS -35E7515	Registered On	: 18/Aug/2024 08	:43:26
Age/Gender : 39 Y 8 M 18 D /M		Collected	: 18/Aug/2024 11	
UHID/MR NO : CVAR.0000054491		Received	: 18/Aug/2024 11	
Visit ID : CVAR0052722425 Ref Doctor : Dr.MEDIWHEEL VNS		Reported	: 18/Aug/2024 14	:11:14
Ref Doctor : Dr.MEDIWHEEL VNS		Status	: Final Report	
	WHEEL BANK OF BA			
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAM INATION, ROUTINE ** , Color Specific Gravity	Urine LIGHT YELLOW 1.025			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++)	DIPSTICK
			>500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++)	DIPSTICK
Ketone	ABSENT	ma/dl	>2 (++++) 0.1-3.0	BIOCHEMISTRY
		mg/dl	0.1-3.0	BIOCHEIVIISTRY
Bile Salts	ABSENT			
Bile Pigments Bilirubin	ABSENT ABSENT		19	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIFSTICK
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:	ADJENT			DII SHEK
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Puscells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION ** ,	Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Basic (8.0)			

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Max. 2018

Home Sample Collection 1800-419-0002



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name Age/Gender	: Mr.SUJEET KUMAR DAS -35E7515 : 39 Y 8 M 18 D /M	Registered On Collected	: 18/Aug/2024 08:43:26 : 18/Aug/2024 11:00:17
UHID/MR NO	: CVAR.0000054491	Received	: 18/Aug/2024 11:04:06
Visit ID	: CVAR0052722425	Reported	: 18/Aug/2024 14:11:14
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	М
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2			14	
UGAR, PP STAGE * * , Urine				
Sugar, PP Stage	ABSENT			
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%				

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

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Dr.5.N. Sinha (MD Path)

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Patient Name	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:27			
Age/Gender	: 39 Y 8 M 18 D /M	Collected	: 18/Aug/2024 11:00:17			
UHID/MR NO	: CVAR.0000054491	Received	: 18/Aug/2024 11:04:06			
Visit ID	: CVAR0052722425	Reported	: 18/Aug/2024 14:01:34			
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report			
	DEPARTME	NT OF IMMUNOLOG	GY			
MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS						

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.64	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)	153.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.97	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.000	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 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/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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Patient Name Age/Gender	: Mr.SUJEET KUMAR DAS -35E7515 : 39 Y 8 M 18 D /M	Registered On Collected	: 18/Aug/2024 08:43:27 : 18/Aug/2024 11:00:17
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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit

Test Name

Result

Bio. Ref. Interval

l 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.

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Dr.5.N. Sinha (MD Path)

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Patient Name	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:30
Age/Gender	: 39 Y 8 M 18 D /M	Collected	: 2024-08-19 09:17:25
UHID/MR NO	: CVAR.0000054491	Received	: 2024-08-19 09:17:25
Visit ID	: CVAR0052722425	Reported	: 19/Aug/2024 09:19:06
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

Dr Raveesh Chandra Roy (MD-Radio)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:30
Age/Gender	: 39 Y 8 M 18 D /M	Collected	: 2024-08-19 11:55:09
UHID/MR NO	: CVAR.0000054491	Received	: 2024-08-19 11:55:09
Visit ID	: CVAR0052722425	Reported	: 19/Aug/2024 12:01:18
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (**11.4 cm in midclavicular line**) and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.3 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**2.6 mm in caliber**) not dilated.
- The gall bladder is **normal** in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is **normal** in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

• <u>Right kidney:-</u>

- Right kidney is normal in size, measuring ~ 10.5 x 5.0 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~ 10.5 x 4.9 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~ 9.1 cm in its long axis) and has a normal homogenous echo-

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.SUJEET KUMAR DAS -35E7515	Registered On	: 18/Aug/2024 08:43:30
Age/Gender	: 39 Y 8 M 18 D /M	Collected	: 2024-08-19 11:55:09
UHID/MR NO	: CVAR.0000054491	Received	: 2024-08-19 11:55:09
Visit ID	: CVAR0052722425	Reported	: 19/Aug/2024 12:01:18
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

texture.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is almost empty.
- Pre-void urine volume is ~ 2 cc.

PROSTATE

• The prostate gland is normal in size (~ 34 x 24 x 20 mm / 9 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

• No significant sonological abnormality noted.

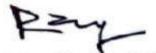
Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, Varanasi, Mahmoorganj

Result/s to Follow: ECG / EKG, Tread Mill Test (TMT)





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

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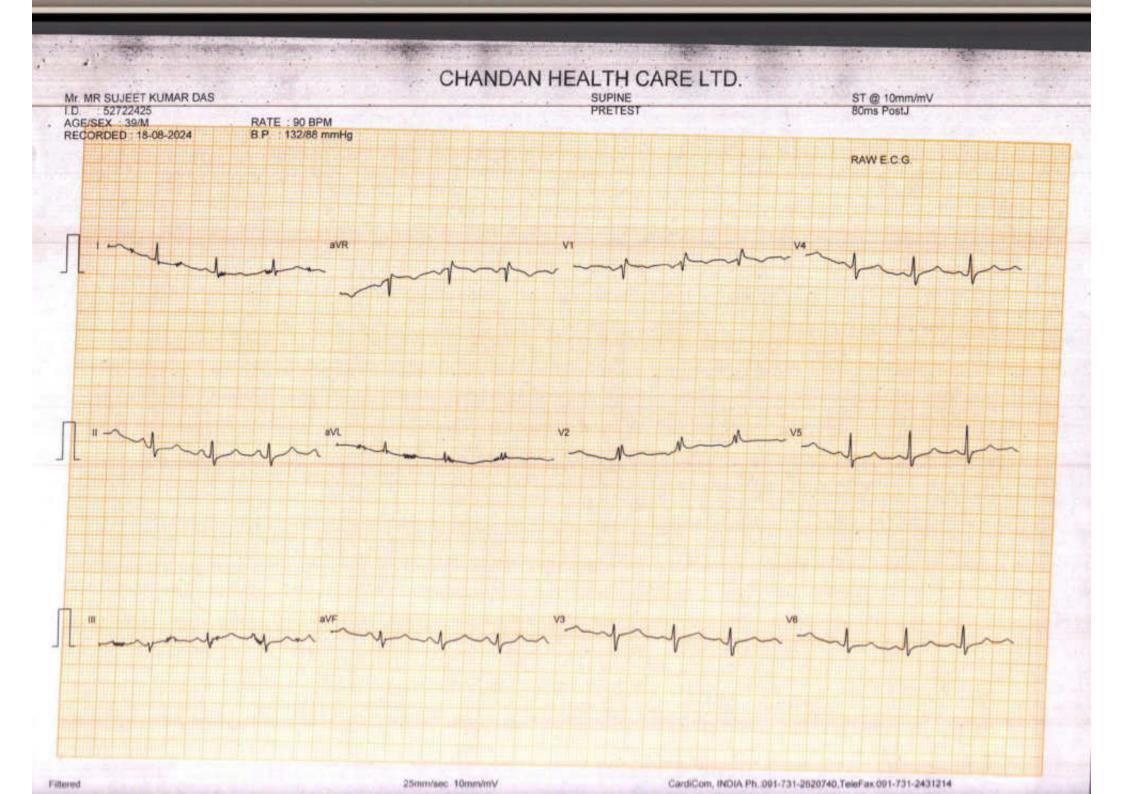
CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel Name of Executive: Suject Kimot Das. Sex: Male / Female Weight:KGs BMI (Body Mass Index): 27.6 Chest (Expiration / Inspiration) 9.6 / 100 CMs Abdomen: 8.8 CMs Pulse: BPM - Regular/ Irregular Ident Mark: Cut Manleon night you Head Any Allergies: Mo Vertigo: No Any Medications: No Any Surgical History: No Habits of alcoholism/smoking/tobacco: No Chief Complaints if any: No Lab Investigation Reports: No Eye Check up vision & Color vision: Parsadi Calor blind & Pawar glass 4 yeu Left eye: 0-25 Right eye: 0.25



CHANDAN HEALTH CARE LTD. 99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

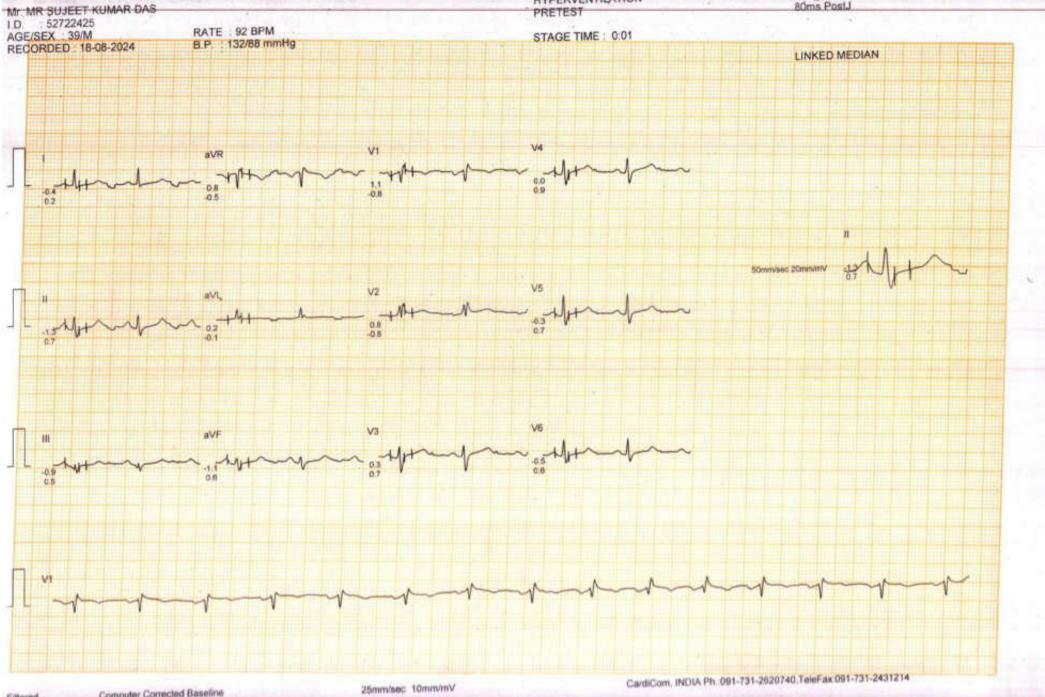
MR SUJEET KUM	AR DAS		ID : 52722425	the state of the state of the	and the second second	TREADMILL TES					
e/Sex: 39/M			Ht/Wt : 167/77 Recorded : 18-08	2024		History:					
f. by : MEDILIFE			Kecorcea 10-00	2024		Medication1 :					
lication1 :						Medication2 :					
dication2 :						Medication3 :					Attended
lication3 :											
									CTIEVEL (mm)		METS
		OTACE	SPEED	GRADE	H.R.	B.P.	RPP	10	ST LEVEL (mm) V2	V5	
	PHASE	STAGE	(Km/Hr.)	(%)	(BPM)	(mmHg)	X100	u	¥4	1831. 1	A
PHASE	TIME	TINE	(KINSTR.)								
-						132/88	118	-0.7	0.9	-0.2	A
SUPINE			1 121 L		90	132/88	121	-1.3	0.8	-0.3	Aller
HYPERVENT	0:01	0:01			92	132/88	120	-1.3	0.8	-0.3	A
VALSALVA	and the second second				91	132/88	117	-1.3	0.8	-0.3	A
STANDING					89	132/00					1.00
STANDING				100 Mag 100	107	132/88	167	-1.6	0.7	-0.3	4,80
STAGE 1	2:59	2:59	2.70	10.00	127	148/88	201	-2.1	0.6	-0.9	7 10
STAGE 2	5:59	2:59	4.00	12.00	136	154/88	231	-2.1	0.3	-0.9	10.00
STAGE 3	8:59	2:59	5.40	14.00	150	160/88	249	-2.2	0.0	-1,1	10.45
EVENT	9:20	0.20	6,70	16.00	156	100100					10.5
EVENI					450	160/88	252	-2.2	0.0	-1.1	10.51
PEAK EXER	9:23	0:23			158	. 160/88					
PEAN CALIN	122303		Construction of the local division of the lo			160/88	232	-1.5	0.5	-0.7	
EVENT	0.30	0:30	0.00	0.00	145	158/88	200	-1.1	0.7	-0.2	ALLER
EVENT	1.01	1:01	0.00	0.00	127	156/88	170	-1.9	0.2	-0.9	
EVENT	2:00	2:00	0.00	0.00	109	154/88	164	-2.1	0.0	-1.3	
RECOVERY	2:59	2:59	0.00	0.00	107	104.00		11.5 Solution			
NECOTEM			Statute and the statement								Alle
RESULTS			State of the second state	And Address of the other states of the state							
Exercise Duration	6 B	9:23 Minutes									
Max Heart Rate		58 bom 87 % of	f target heart rate	181 bpm							
Max Blood Pressure	and the second	160/88 mmHg									
Max Work Load		10.51 METS									A
Reason of Terminati											
(eason of renting as	101.		-								
IMPRESSIONS	2			A - Long Decision and the second	•						4
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	weiling and	15 1 11			Lhy	A P P S	MD, DM			M	1
(e laste	<i>clinically</i>	1.		D	-M.D.D.D.	iologist			N//	
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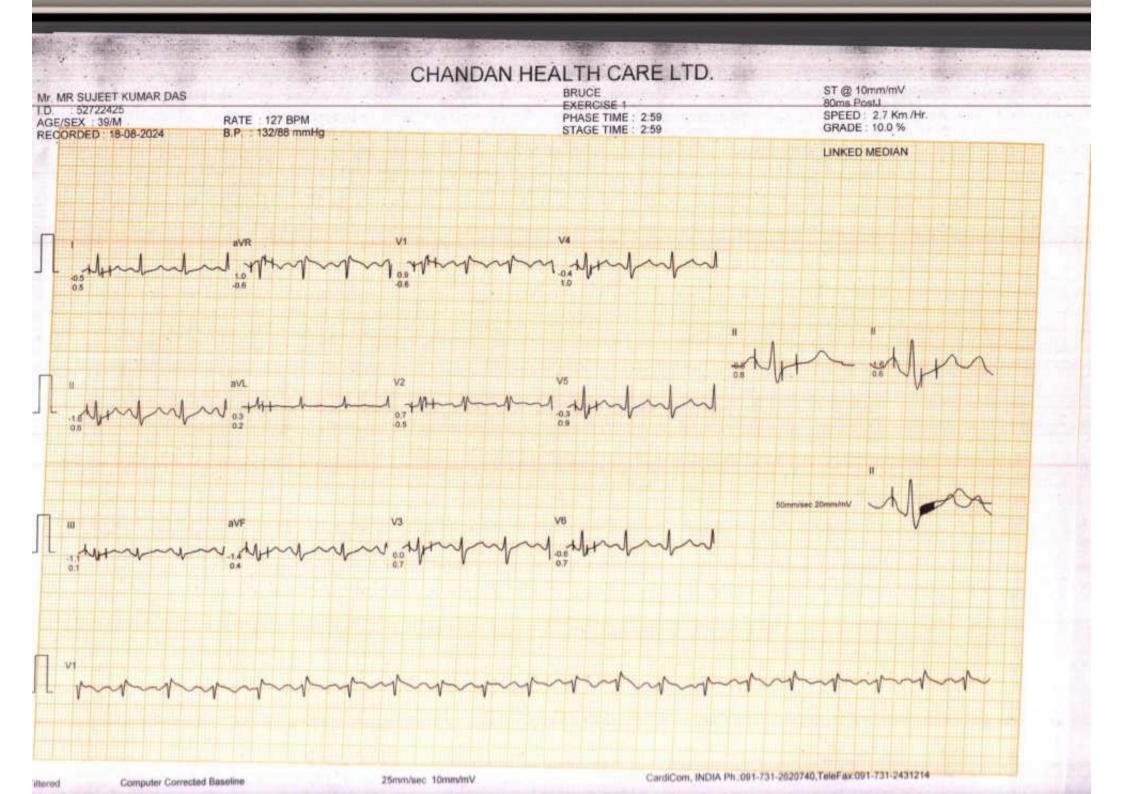


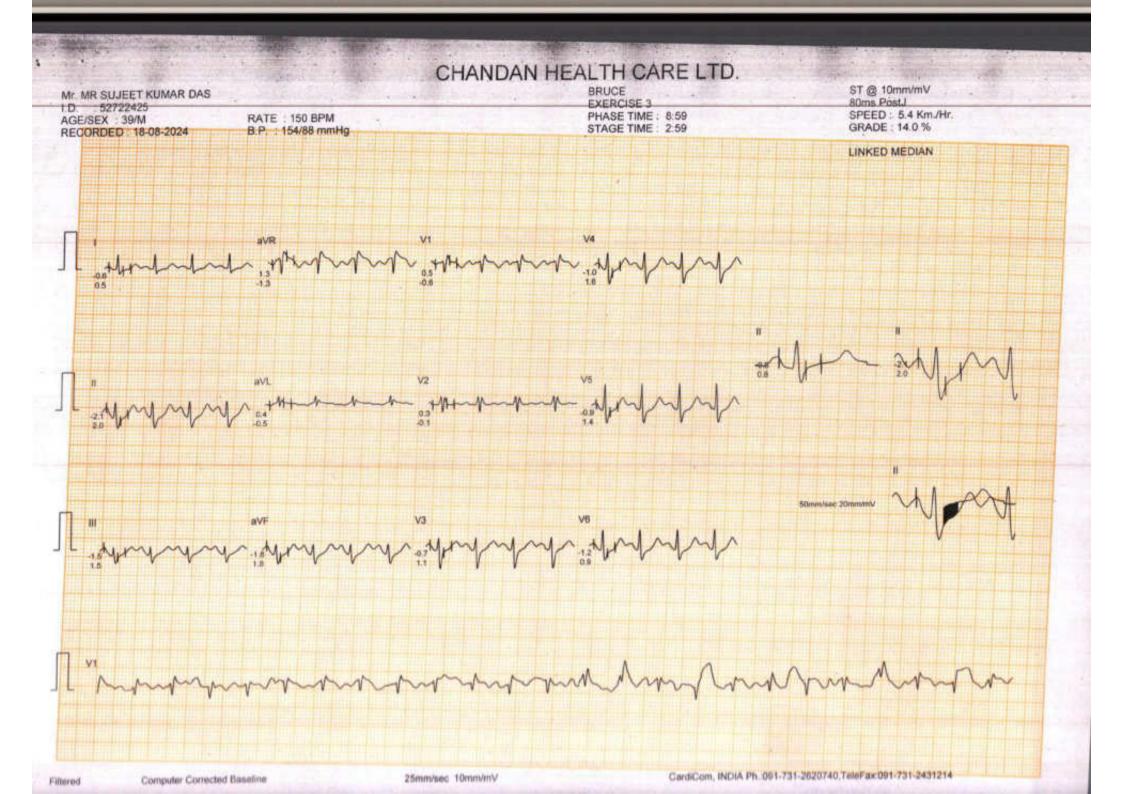
CHANDAN HEALTH CARE LTD.

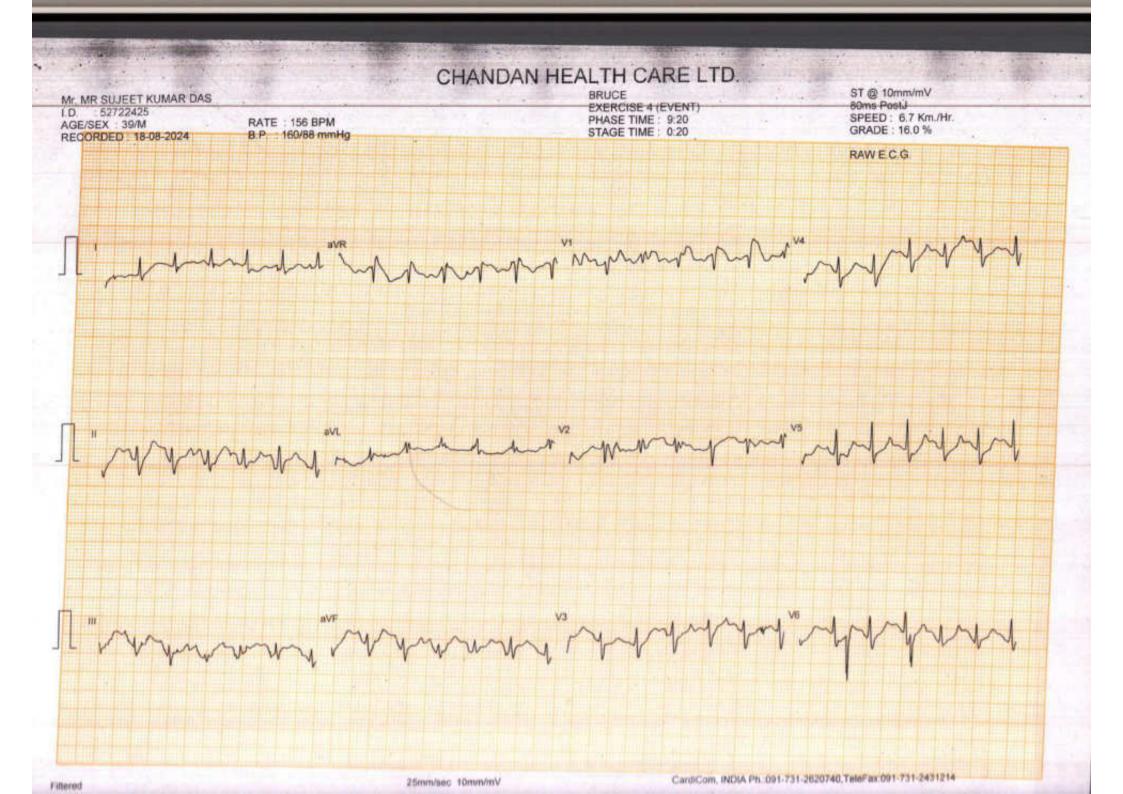
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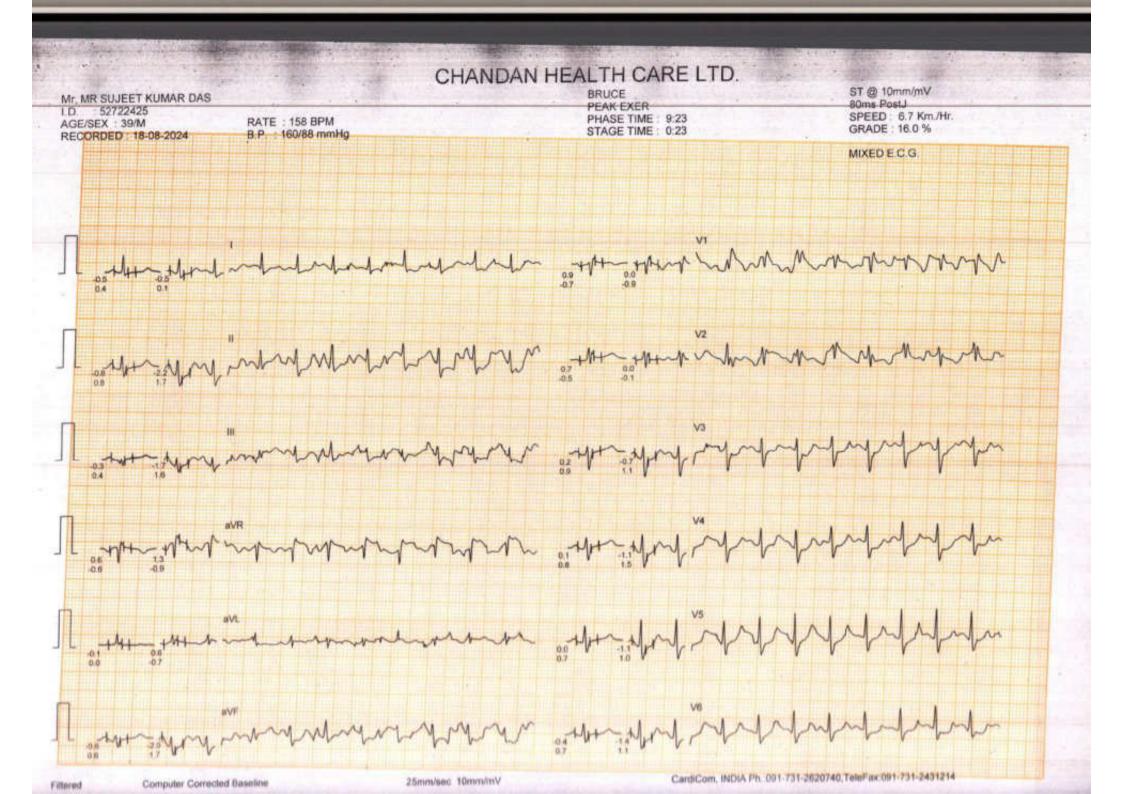
ST @ 10mm/mV 80ms PostJ

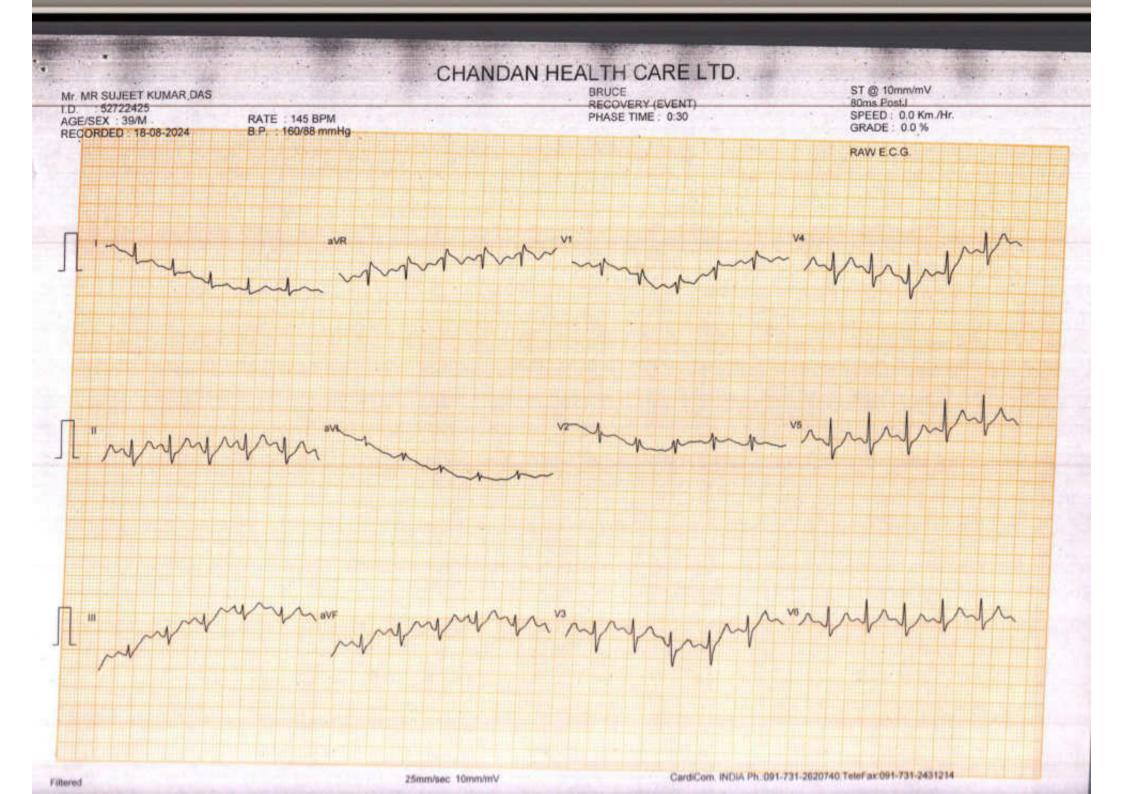


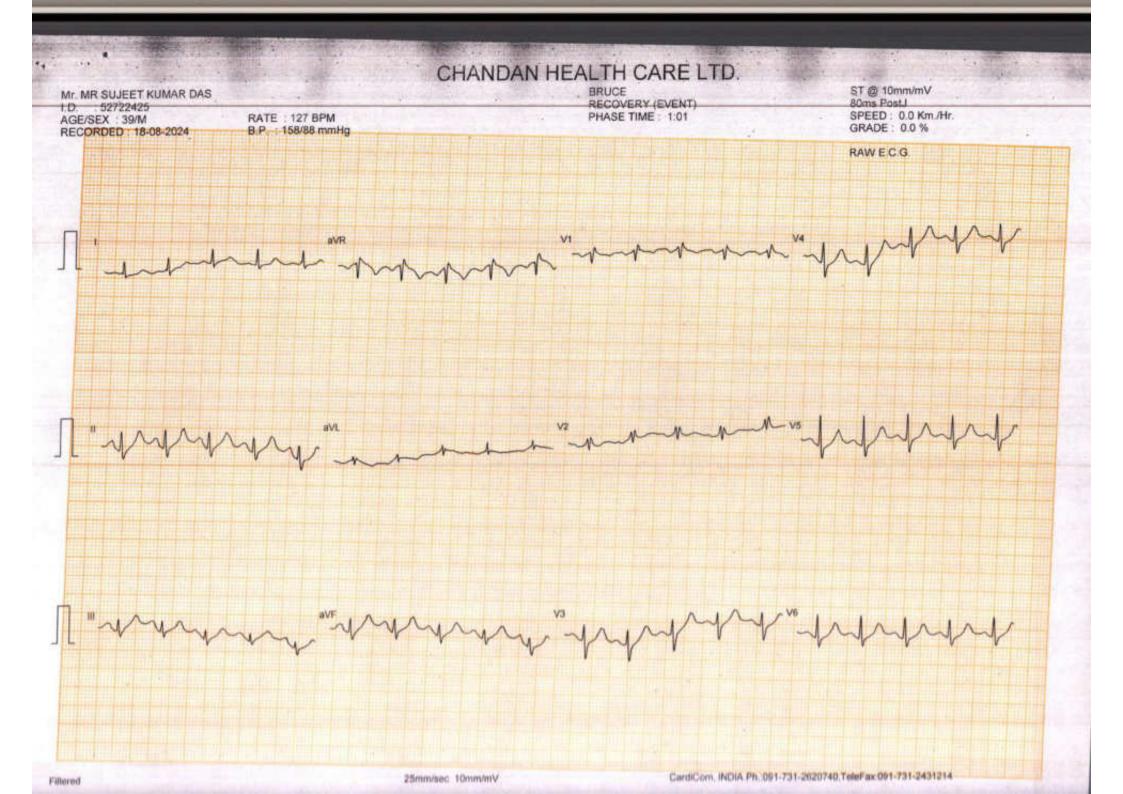


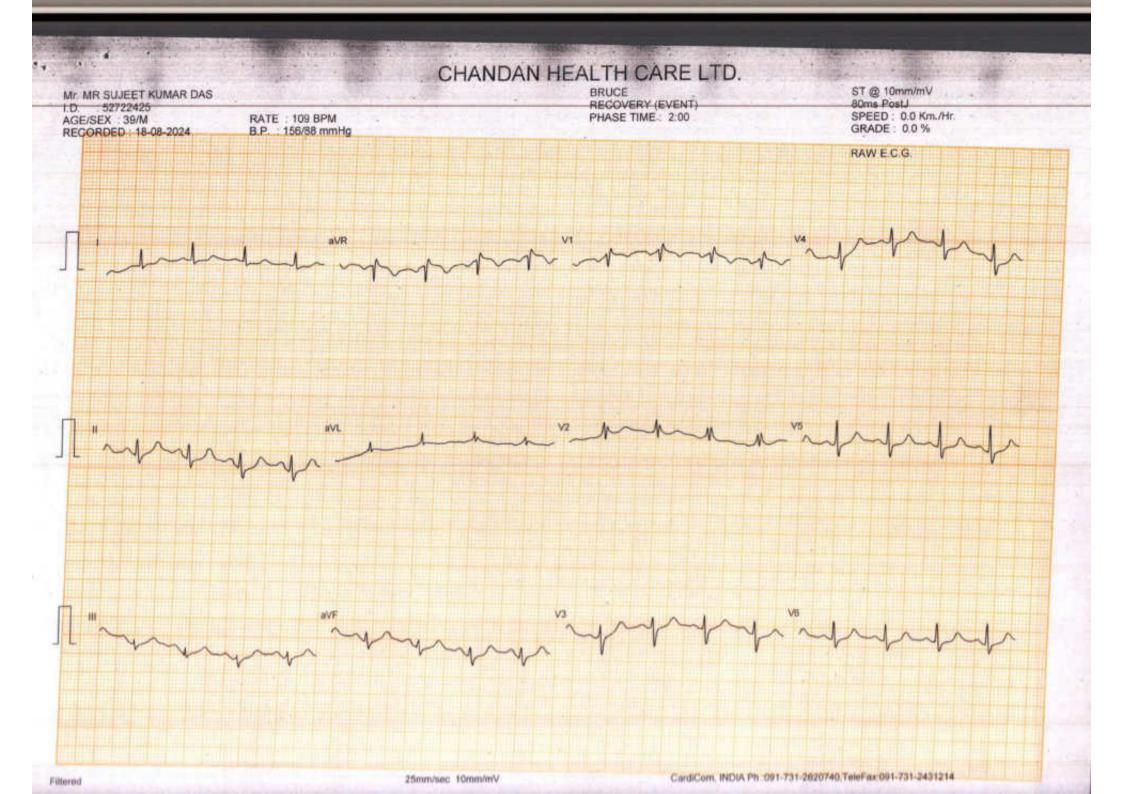


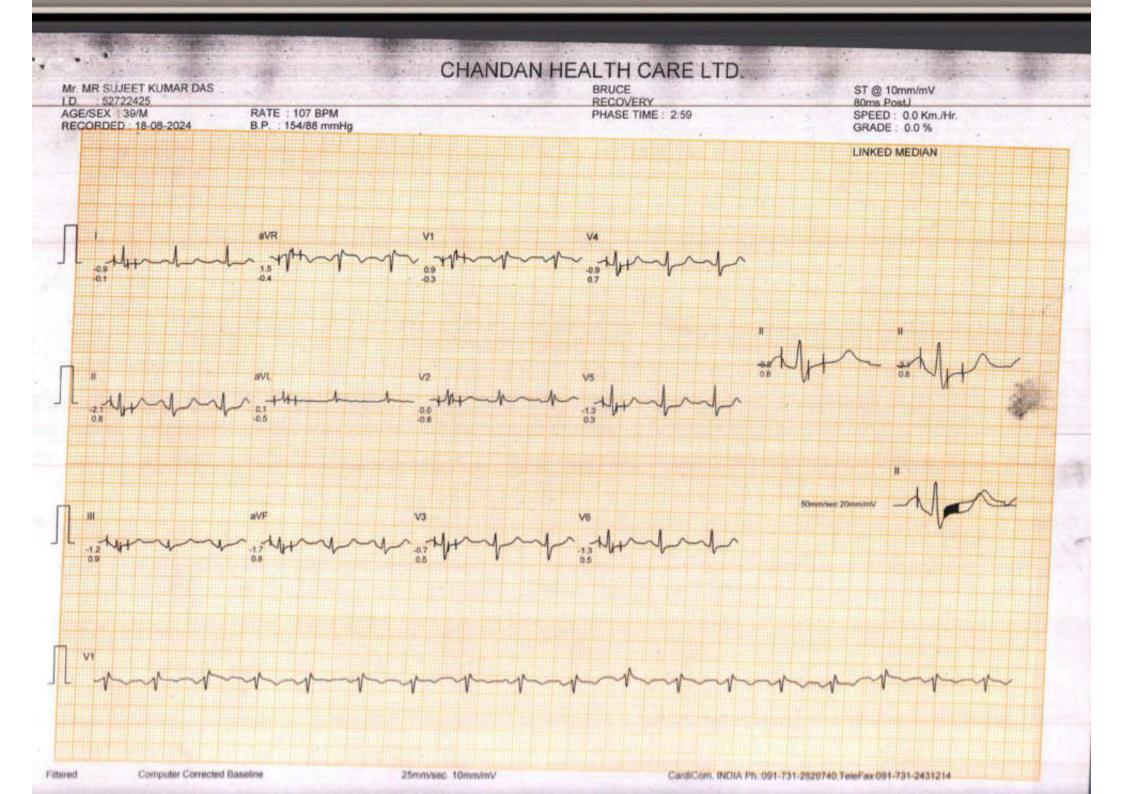


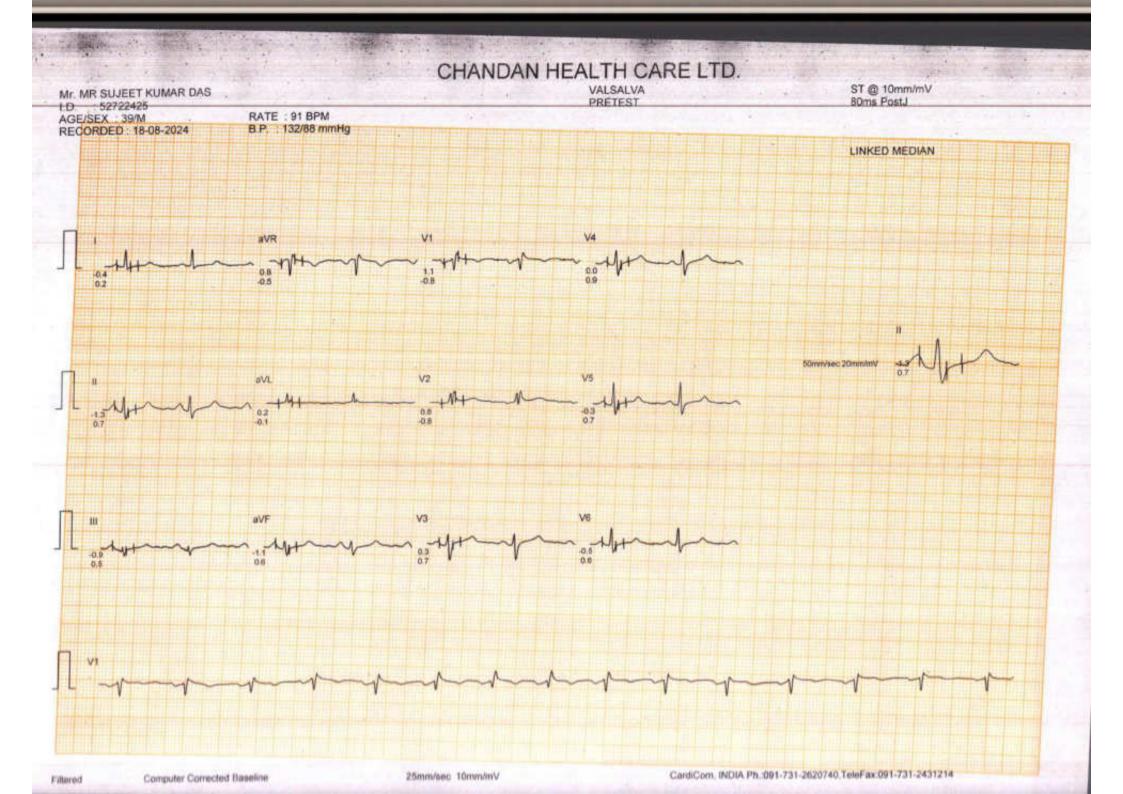


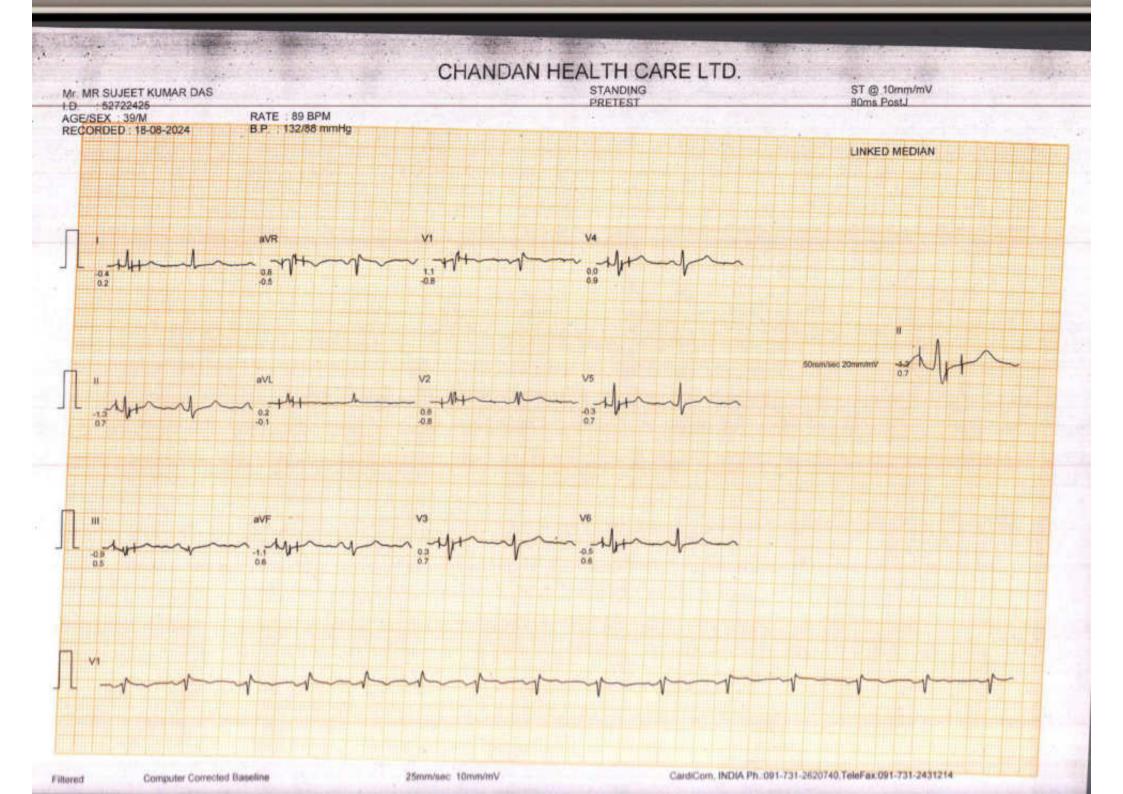


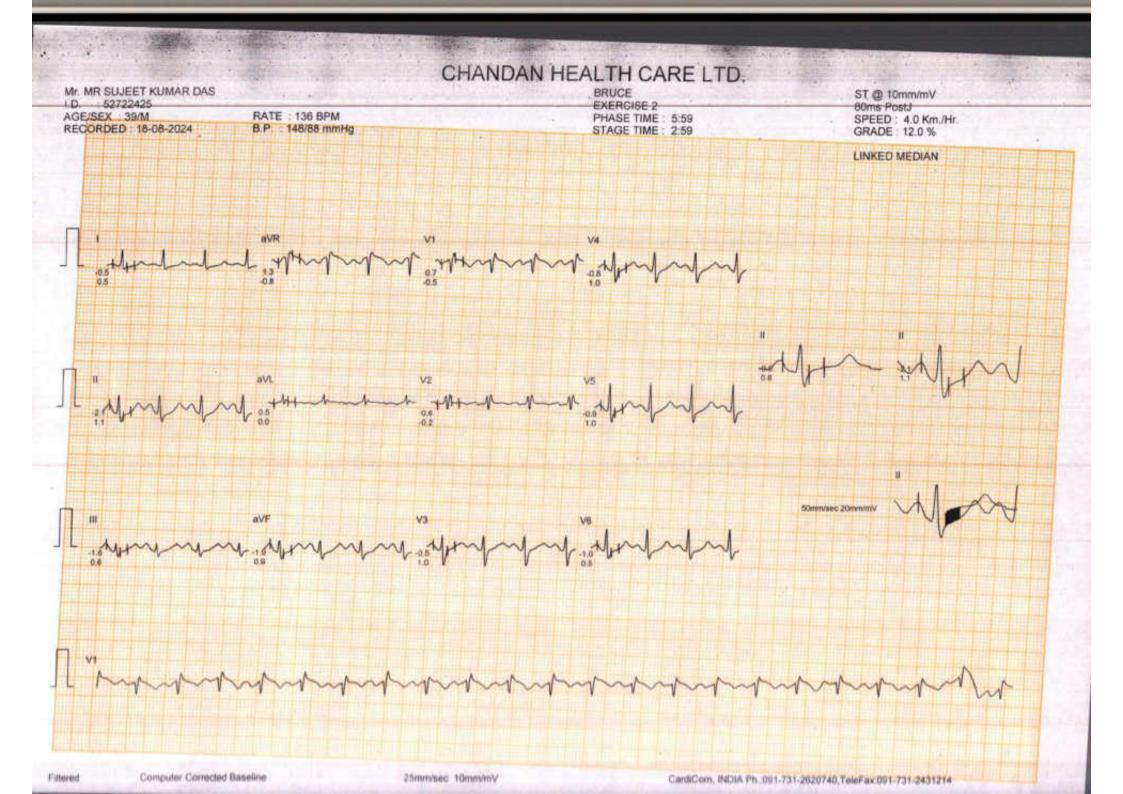
















Near vision: 1/6
Far vision: 6/6
Dental check up: Na-
ENT Check up: Manual
Eye Check-up:

Final impression-

Certified that I examined <u>Supert</u> <u>kyman</u> day S/o or D/o <u>is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is Fit / Unfit to join any organization.</u>

Client Signature:

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. No.-2691P

Home Sample Collectio 08069366666

Signature of Medical Examiner

Name & Qualification - Dr. R. C. ROY (MBBS, MD) Date...].ສ./..ດຕິ.../2024 Place - VARANASI

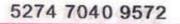
> Chandan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232





सुजीत कुमार दास Sujeet Kumar Das जन्म तिथि/ DOB: 30/11/1984 पुरुष / MALE

भारत सरकार GOVERNMENT OF INDIA



मेरा आधार, मेरी पहचान