

Chandan Diagnostic

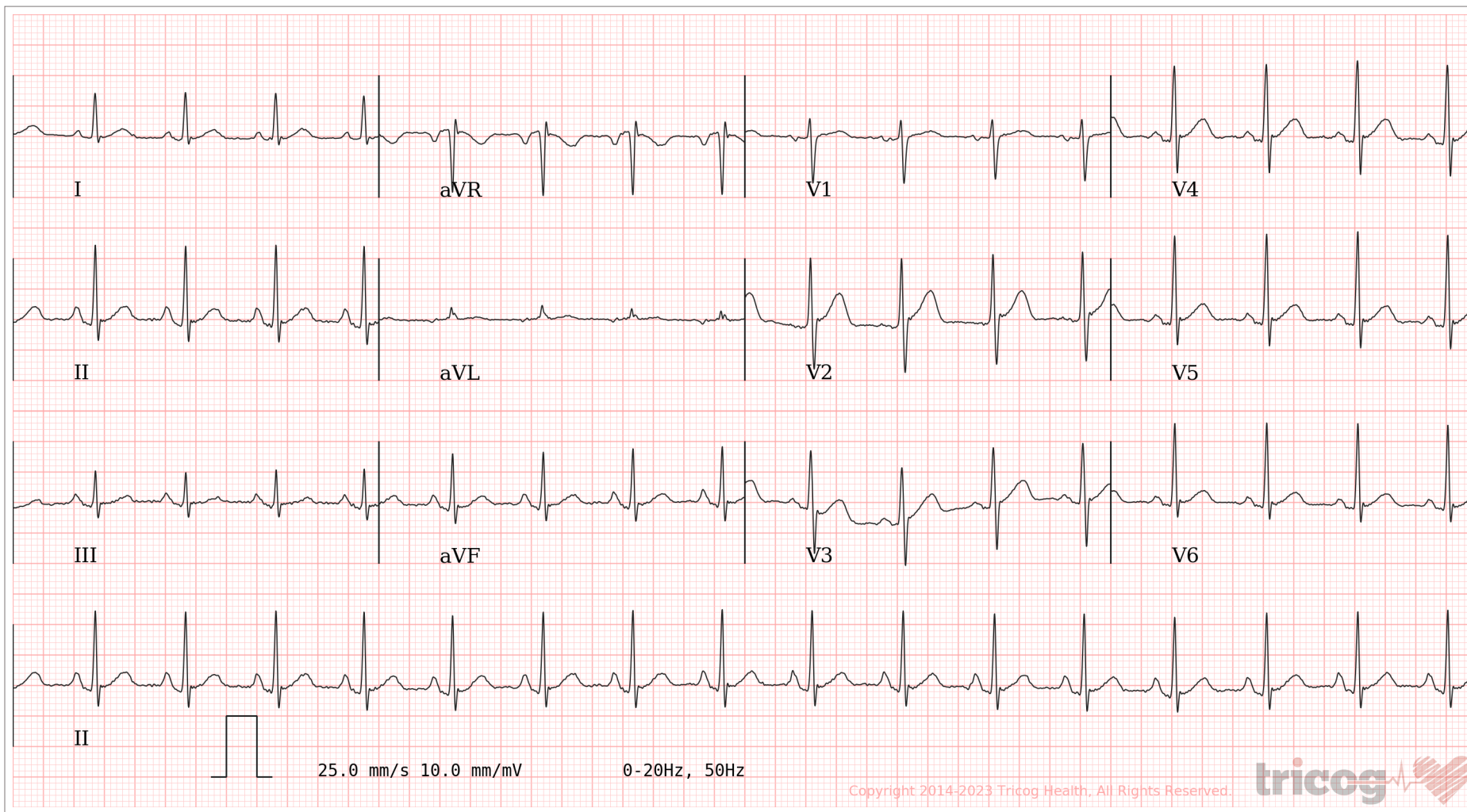


Age / Gender: 45/Male

Date and Time: 19th Feb 23 9:51 AM

Patient ID: CVAR0085902223

Patient Name: Mr.VINOD KUMAR MISHRA -PKG10000236



AR: 101bpm VR: 101bpm QRSD: 80ms QT: 326ms QTc: 422ms PRI: 130ms P-R-T: 68° 57° 60°

Sinus Tachycardia. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Kavitha Girish

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



भारत सरकार

Government of India



विनोद कुमार मिश्रा

Vinod Kumar Mishra

जन्म तिथि/DOB: 27/09/1977

पुरुष/ MALE



2879 9111 9759

VID: 9102 8620 1198 4383

मेरा आधार, मेरी पहचान

CHANDAN DIAGNOSTIC CENTRE

Name of Company: - Medivhoel (PVT)

Name of Executive: Vinod Kumar Mishra,

Date of Birth: 27/09/1977

Sex: Male / Female

Height: 1.77 CMs

Weight: 85 KGs

BMI (Body Mass Index): 27.1

Chest (Expiration / Inspiration) 79 / 107 CMs

Abdomen: 89 CMs

Blood Pressure: 116 / 72 mm/Hg

Pulse: 78 BPM - Regular / Irregular

RR: 18 Resp/Min

Ident Mark: Mole on Forehead Middle of eyebrow

Any Allergies: No

Vertigo: No

Any Medications: No

Any Surgical History: Rt knee injured & replaced by Artificial leg, in an Accident - 2010.

Habits of alcoholism/smoking/tobacco: No

Chief Complaints if any: Rt leg. (Artificial) - Certificate Attached

Lab Investigation Reports: No

Eye Check up vision & Color vision: Normal & Power glass - 14Ps.

Left eye: 1.0 D

Right eye: 1.0 D.

Near vision: Good

Far vision: Good

Dental check up: Good

CHANDAN DIAGNOSTIC CENTRE

ENT Check up :- *Normal*

Eye Checkup: - *Normal*

Final impression

Certified that I examined Vinod Kumar S/o 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 :-

Mishra

.....
Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date... 19.10.2023, Place - VARANASI

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

Chandan Diagnostic Centre
19, Shivaji Nagar, Mahmooorgan,
Varanasi-221010 (U.P.)
Phone No.: 0542-2223232



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.VINOD KUMAR MISHRA -PKG10000236	Registered On	: 19/Feb/2023 08:33:05
Age/Gender	: 45 Y 0 M 0 D /M	Collected	: 19/Feb/2023 10:09:28
UHID/MR NO	: CVAR.0000035650	Received	: 19/Feb/2023 10:17:54
Visit ID	: CVAR0085902223	Reported	: 19/Feb/2023 13:56:37
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

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	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	12.90	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	4,500	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
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
<u>ESR</u>				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT)	37.30	%	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
<u>RBC Count</u>				
RBC Count	4.16	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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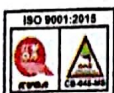
MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	89.80	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	34.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,925.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	135.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000035650	Received	: 19/Feb/2023 11:22:28
Visit ID	: CVAR0085902223	Reported	: 19/Feb/2023 12:55:02
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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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GLUCOSE FASTING, Plasma

Glucose Fasting	101.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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.

Glucose PP Sample: Plasma After Meal	137.00	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.

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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)	5.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	102	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.

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





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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.



Dr. Anupam Singh (MBBS MD Pathology)





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample: Serum</i>	8.00	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample: Serum</i>	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid <i>Sample: Serum</i>	5.80	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	20.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	34.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.86		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	58.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	166.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	113	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.26	mg/dl	10-33	CALCULATED
Triglycerides	81.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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>500 Very High



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Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000035650	Received	: 19/Feb/2023 12:45:04
Visit ID	: CVAR0085902223	Reported	: 19/Feb/2023 13:01:13
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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	1.025			
Reaction PH	Acidic (5.5)			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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			
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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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE* , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



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UHID/MR NO	: CVAR.0000035650	Received	: 20/Feb/2023 10:58:02
Visit ID	: CVAR0085902223	Reported	: 20/Feb/2023 12:13:07
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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>	0.720	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)	125.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.05	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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- 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 (MBBS MD Pathology)





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Patient Name	: Mr.VINOD KUMAR MISHRA -PKG10000236	Registered On	: 19/Feb/2023 08:33:06
Age/Gender	: 45 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000035650	Received	: N/A
Visit ID	: CVAR0085902223	Reported	: 20/Feb/2023 11:02:02
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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 Speciality Lab.

Result/s to Follow:

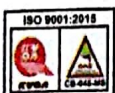
STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT)



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





D63/6B-99, Shivaji Nagar Colony,
Mahmoorganj, Varanasi, Uttar Pradesh
22 10 10, India

Latitude

25.305396°

Longitude

82.979044°

LOCAL 09:36:47

GMT 04:06:47

SUNDAY 02.19.2023

ALTITUDE 22 METER