



Name - Mvs. Himansky Svivastowy
Age - 39 Years/Male
Date - 18/2/24

Sample not given by client

Charles Ch

Dr. R.C. ROY F.BBS., MD. (Radio Diagnosis)

Reg. No.-26918

Thandan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj Varanasi 22,7010 (U.P.) Phone No.:0542-2223232



Chandan Diagnostic



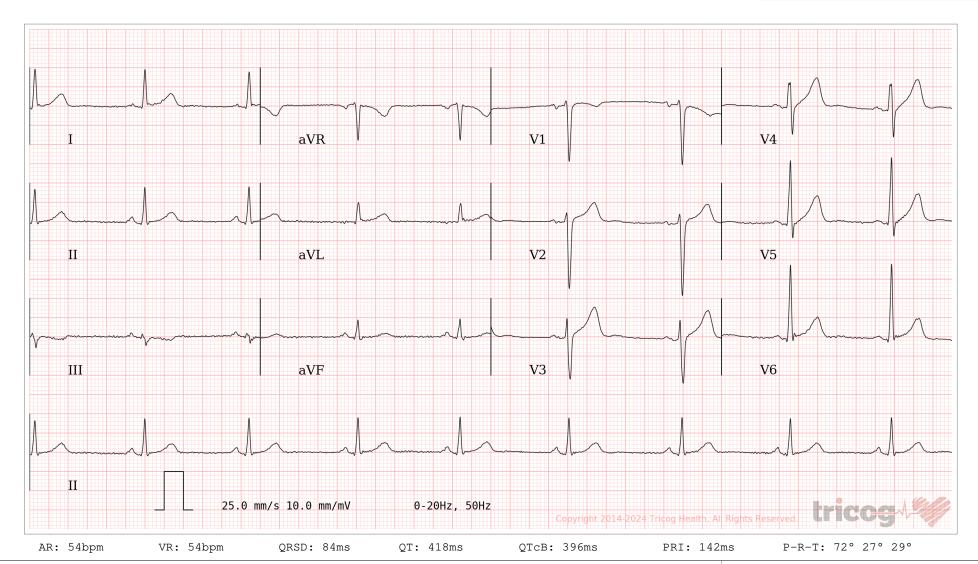
Age / Gender: 39/Male Date and Time: 18th Feb 24 9:43 AM

Patient ID:

CVAR0115162324

Patient Name:

Mr.HIMANSHU SRIVASTAVA -PKG10000474



Abnormal: Sinus Bradycardia, Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.

MD, DM: Cardiology

REPORTED BY



Dr. Charit

AUTHORIZED BY

Dr. Devendra Muralidhar Dhande

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.

63382



D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305386°

LOCAL 11:54:28 GMT 06:24:28 Longitude

82.979030°

SUNDAY 02.18.2024 ALTITUDE 38 METER

CHANDAN HEALTH CARE LTD

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

Mr. MR HIMANSHU SRIVASTAVA

Age/Sex: 39/M

Ref by MEDIWHEEL

Indication 1 Indication2 ndication3

ID 11592324

Ht/Wt: 161/70

Recorded 18-02-2024

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History:

Medication1

Medication2

 IVIC	JΙΨ	auon	٠
	-		

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	н	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT	0:01	0:01			80 77	138/88 138/88	110 106	0.1 0.1	13 13	0.0	
VALSALVA STANDING					76 74	138/88 138/88	104 102	0.1 0.1	1.3 1.3	0.0	
STAGE 1 STAGE 2	2:59 5:59	2:59	2 70	10.00	112 120	148/88 158/88	165 189	-0.1 -0.5	1.3	0.0	4.80 7.10
STAGE 3 EVENT	8:59 9:23	2:59 0:23	5.40 6.70	14 00 16 00	145 155	168/90 172/90	243 266	-0.9 -0.7	1.2 1.2	-0.5 -0.7	10.00 10.51
PEAK EXER	9:27	0:27			158	172/90	271	-0.6	0.6	-0.6	10.60
EVENT EVENT	0:30 1:04	0:30 1:04	0.00	0.00	128 99	170/90 166/88	217 164	-0.5 0.6	0.8	-0.3 0.3	
EVENT RECOVERY	2:00 2:59	2:00 2:59	0.00	0.00	97 99	162/88 158/88	157 156	0.6 0.2	1,3 1.0	0.1	

RESULTS

Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load

Reason of Termination

9:27 Minutes

172/90 mmHg

10.60 METS

IMPRESSIONS

158 bpm 87 % of target heart rate 181 bpm

-) Baselve Echie momal

-) No signiful ST-Tomorges econo

out peak exemple and recover

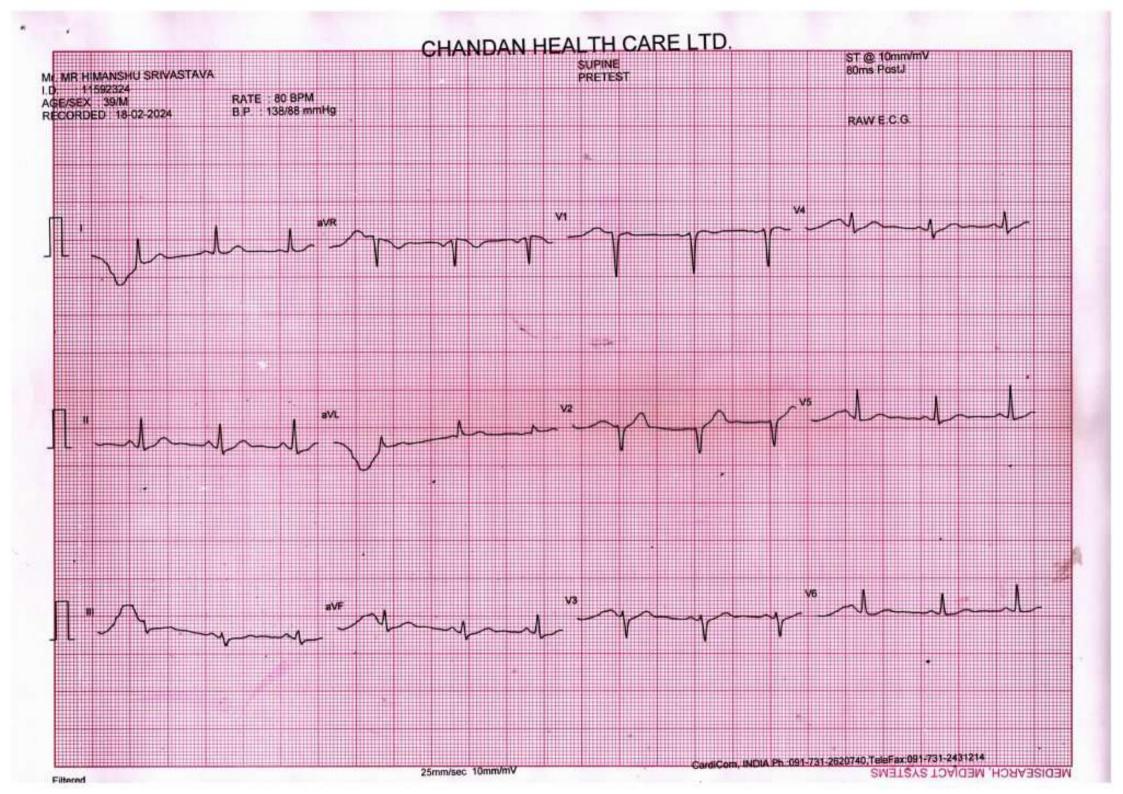
- 17MT je negative for PMI

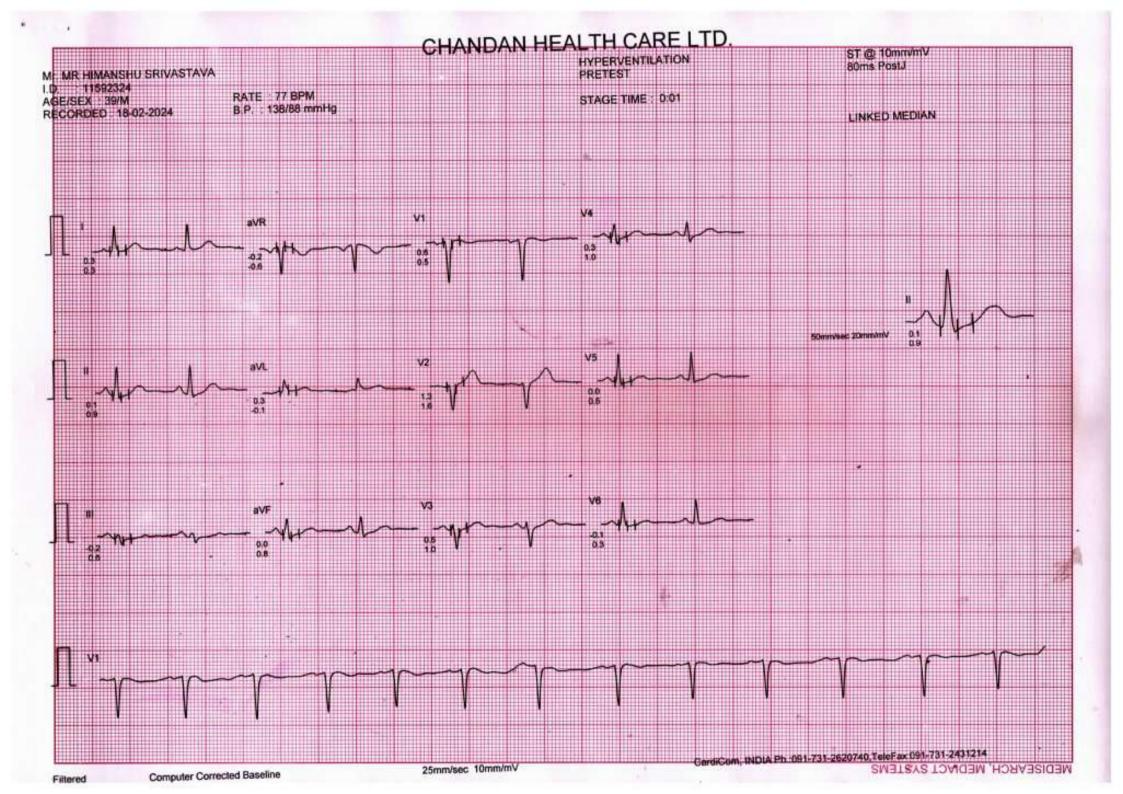
Cardiologist

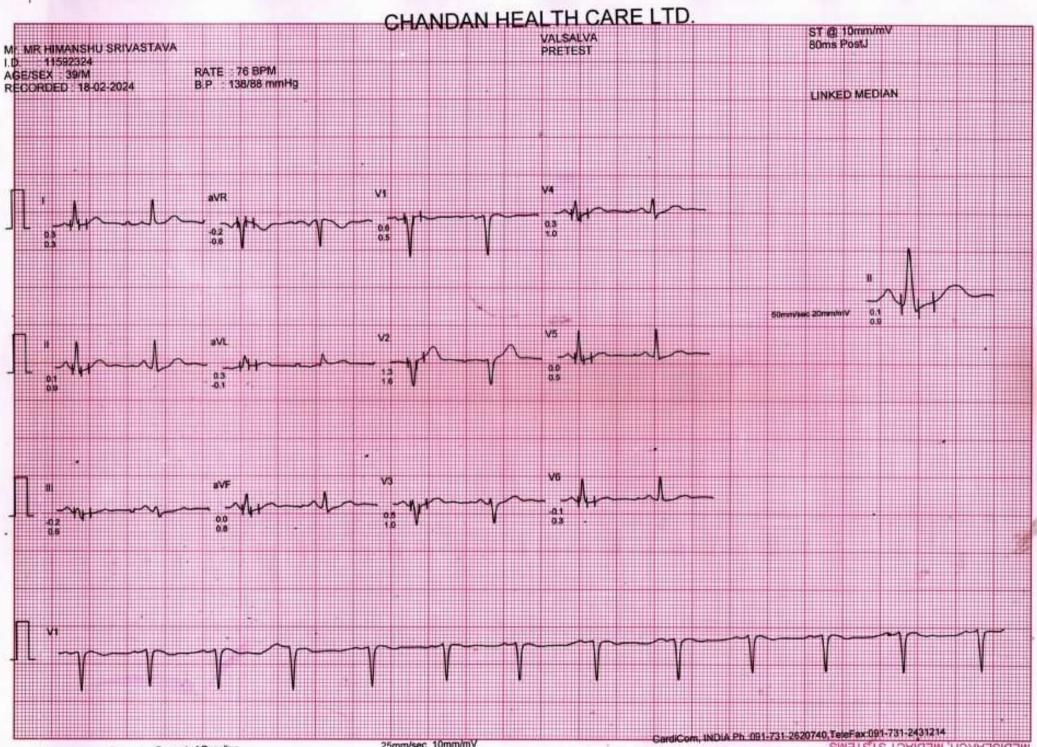
Or. Aufit Krishna ilyatada

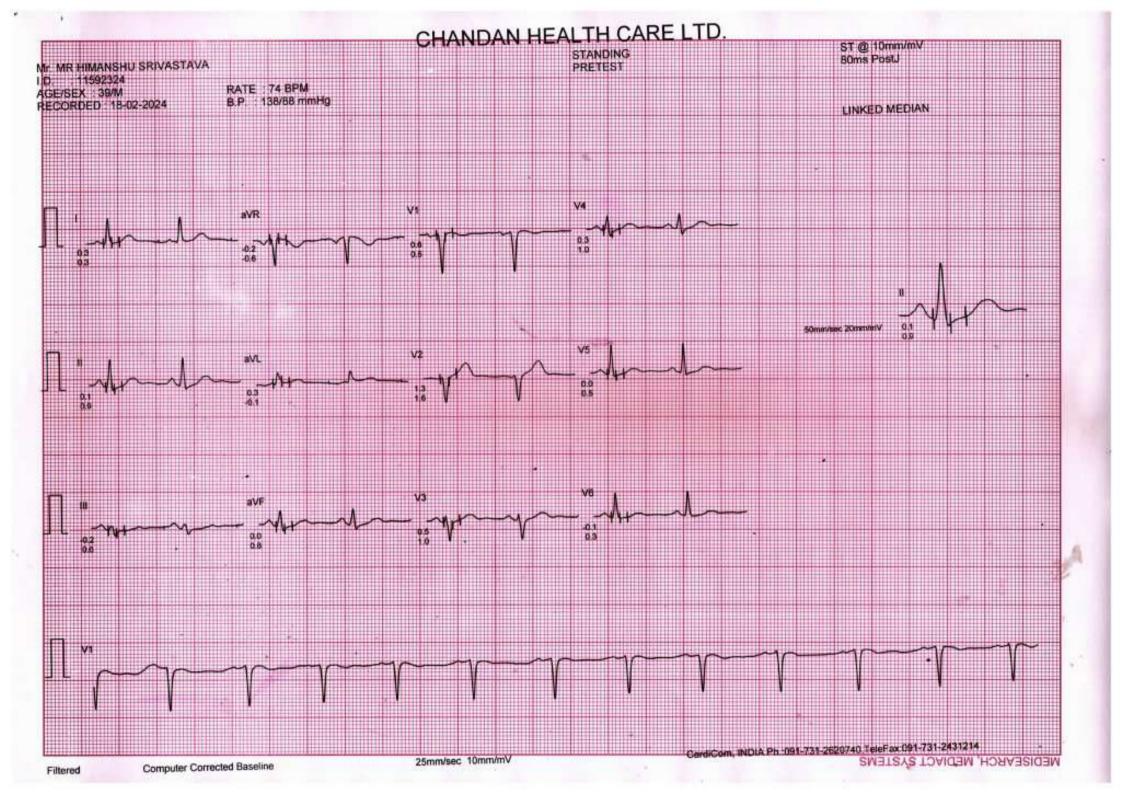
5.8.5. N.A. DN

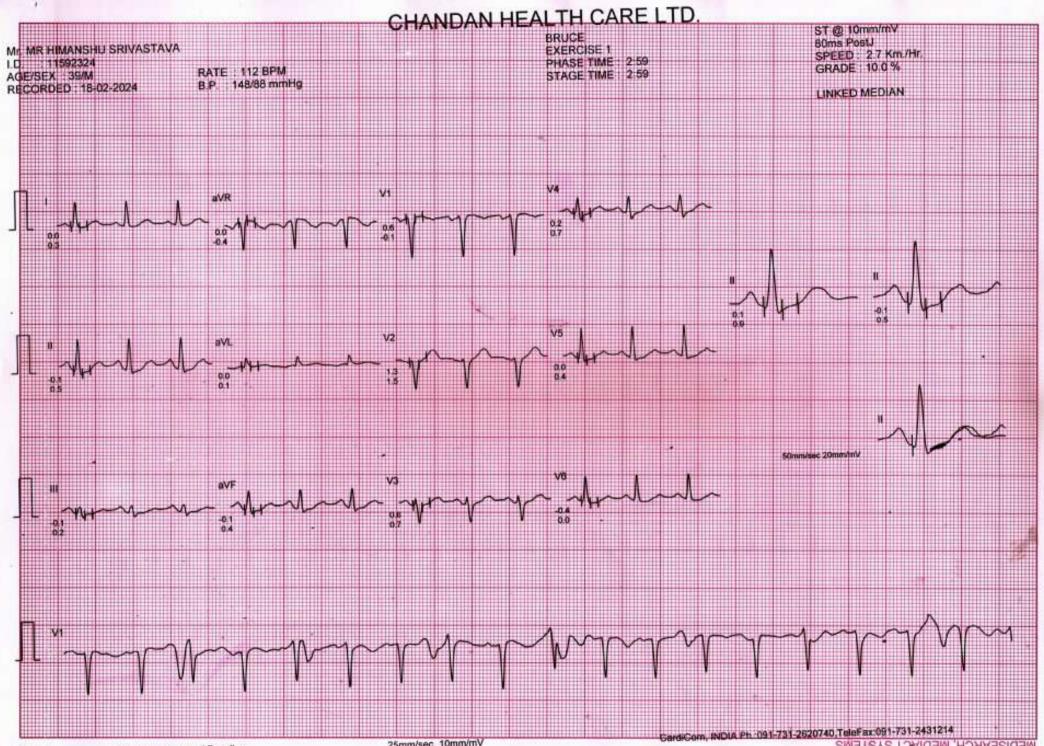
Reg. NO. 3 9 CardiCom, INDIA Ph.:091-731-2620740, Telepai:091431-24312140

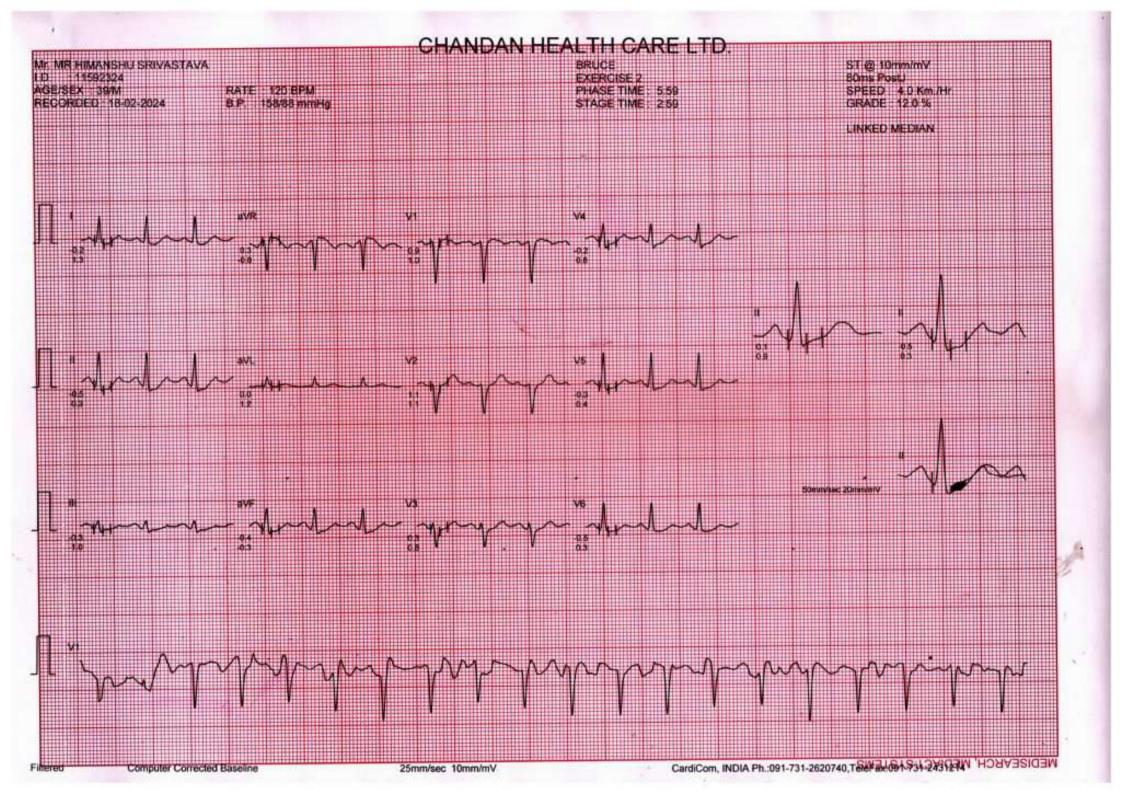


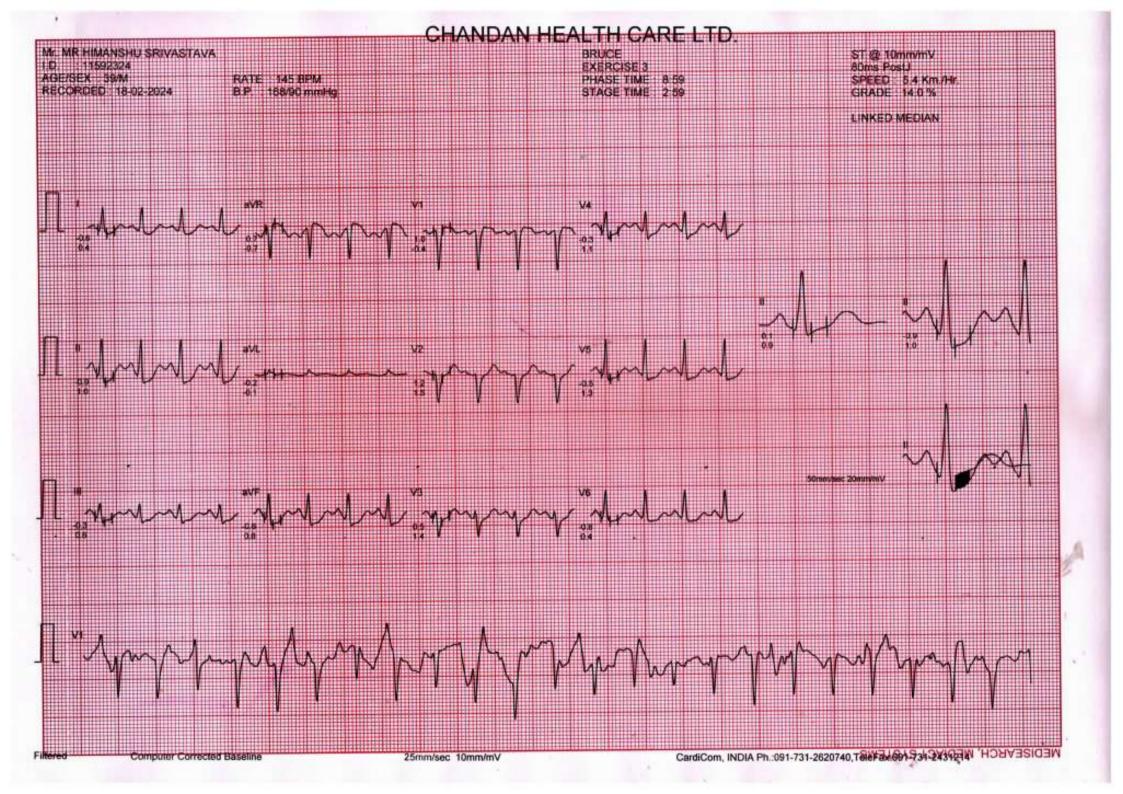


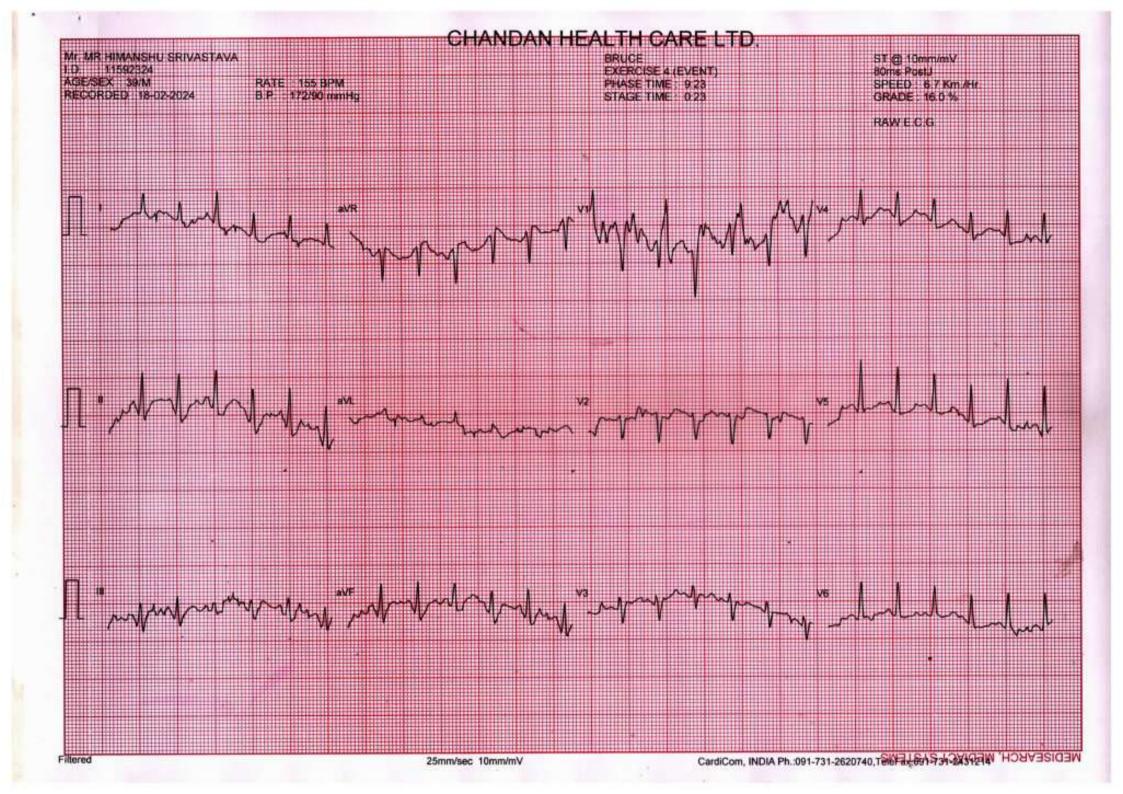


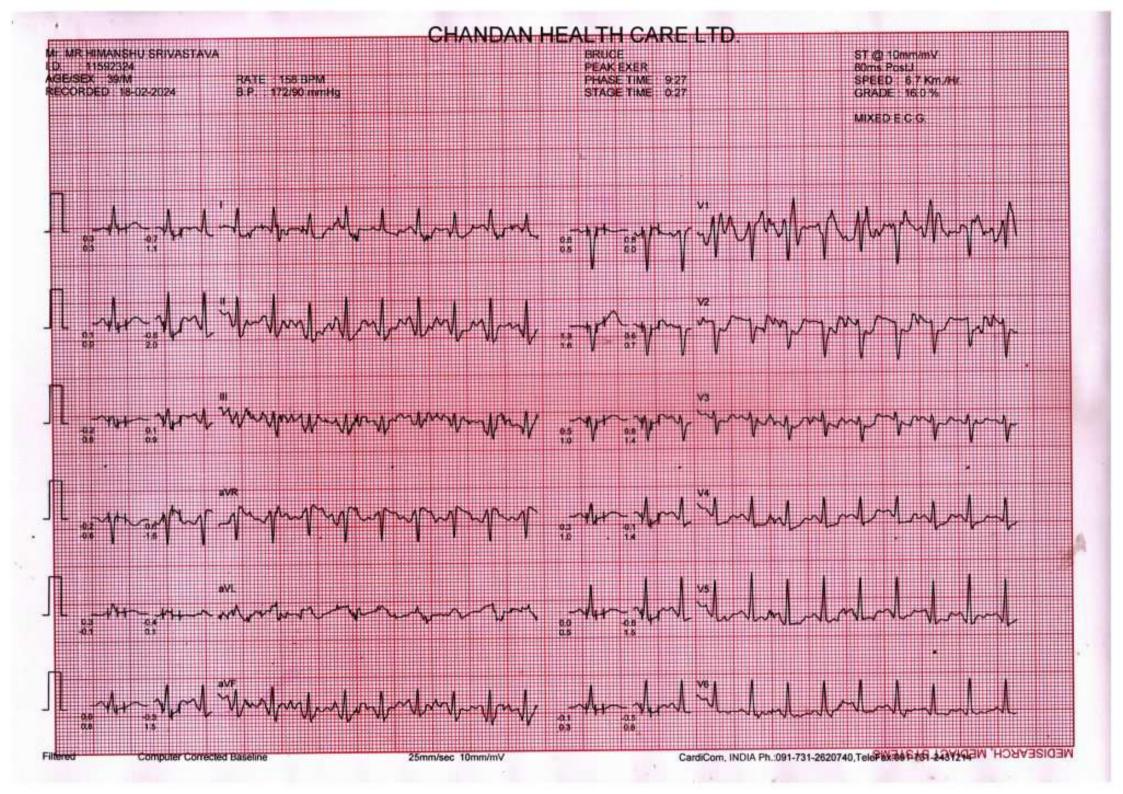


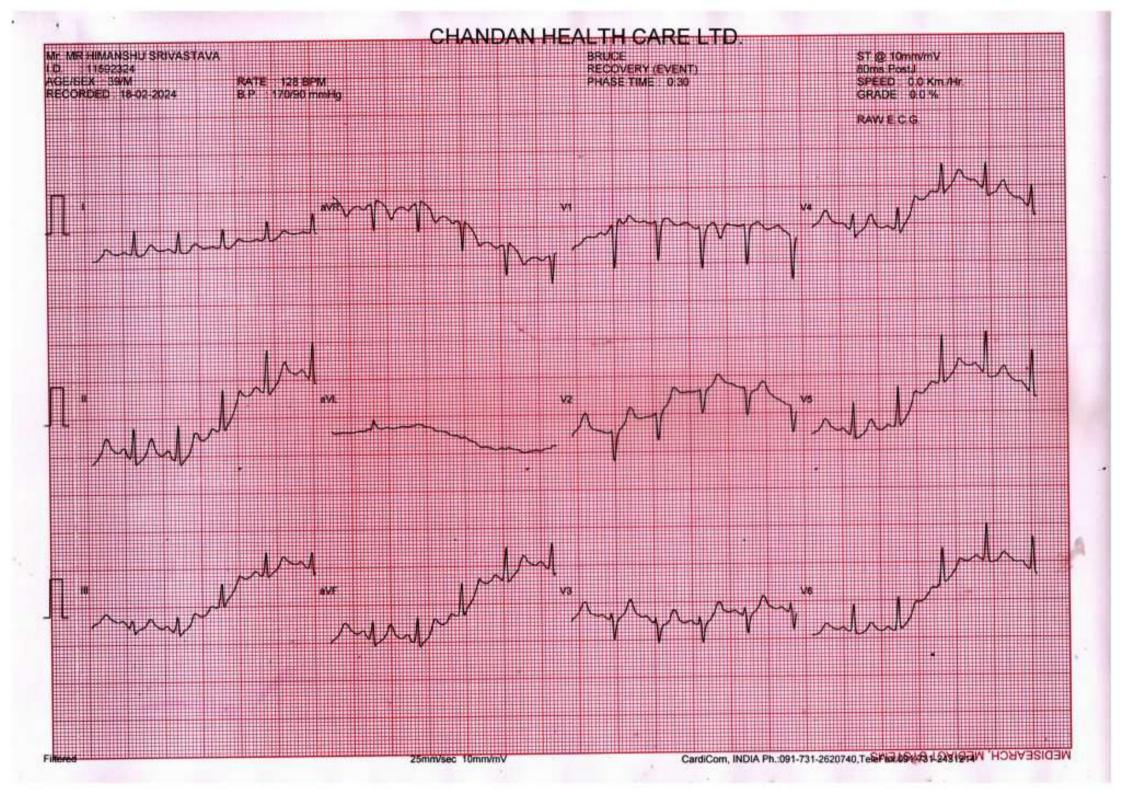


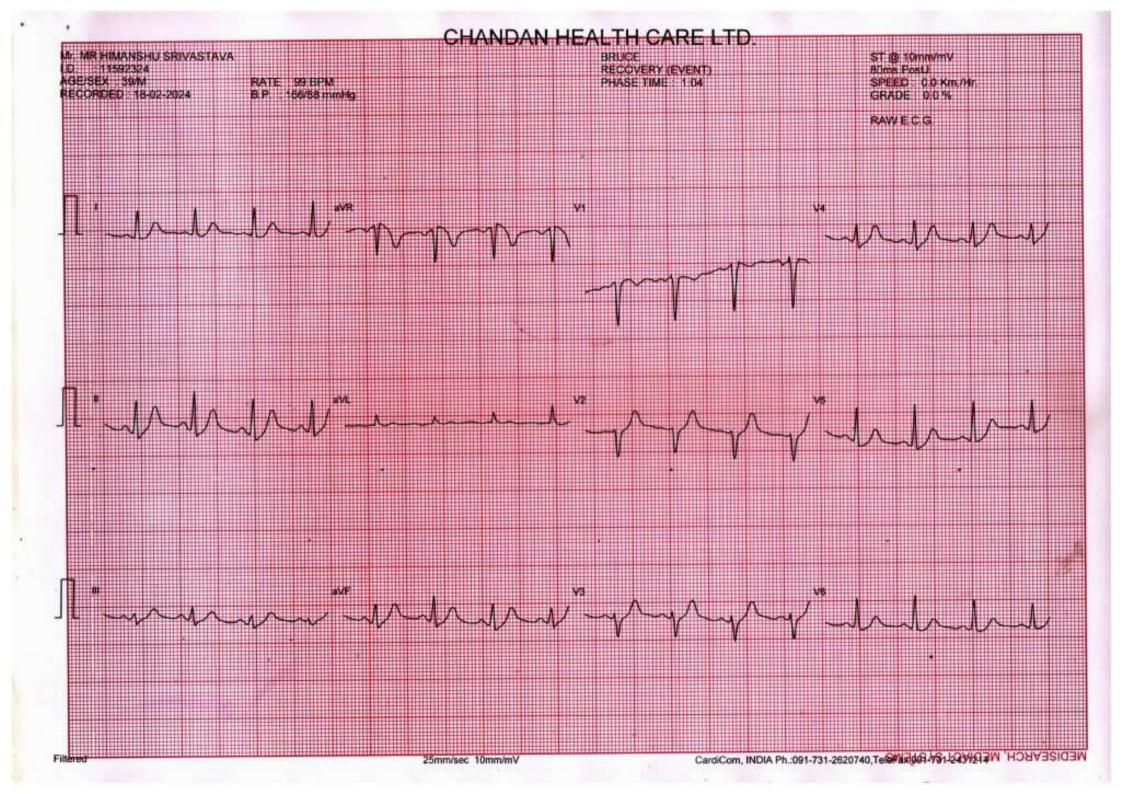


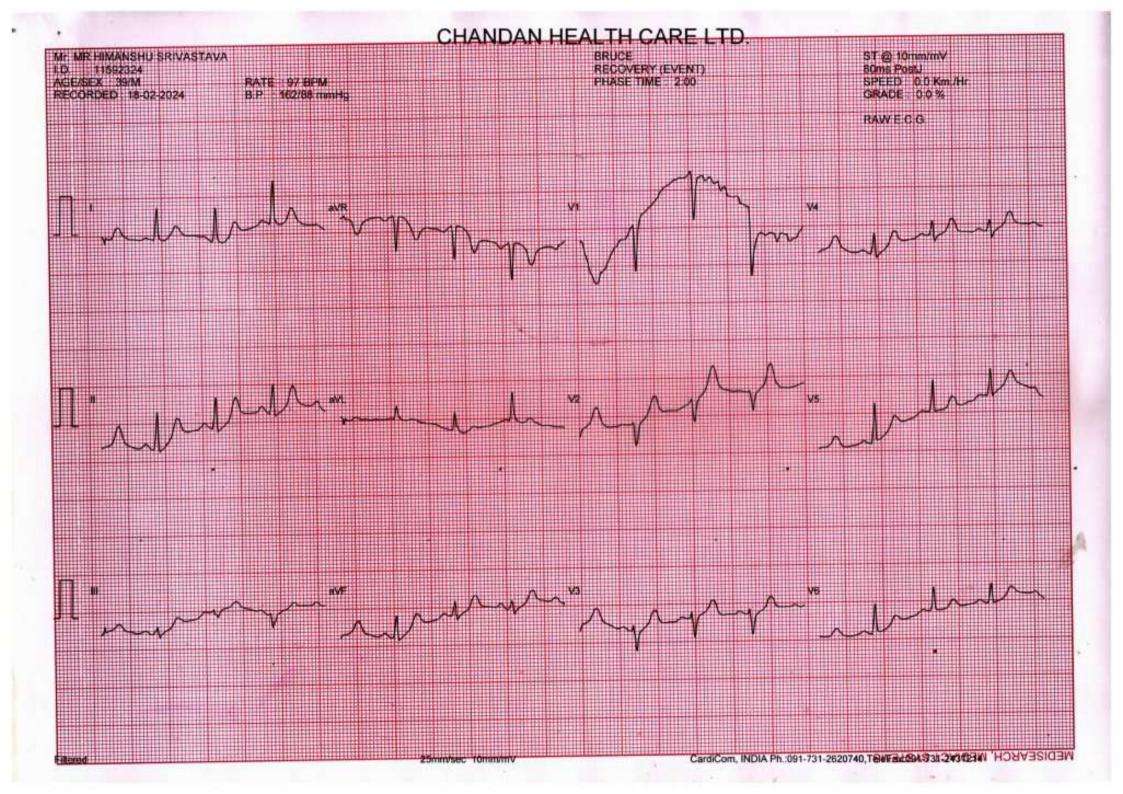


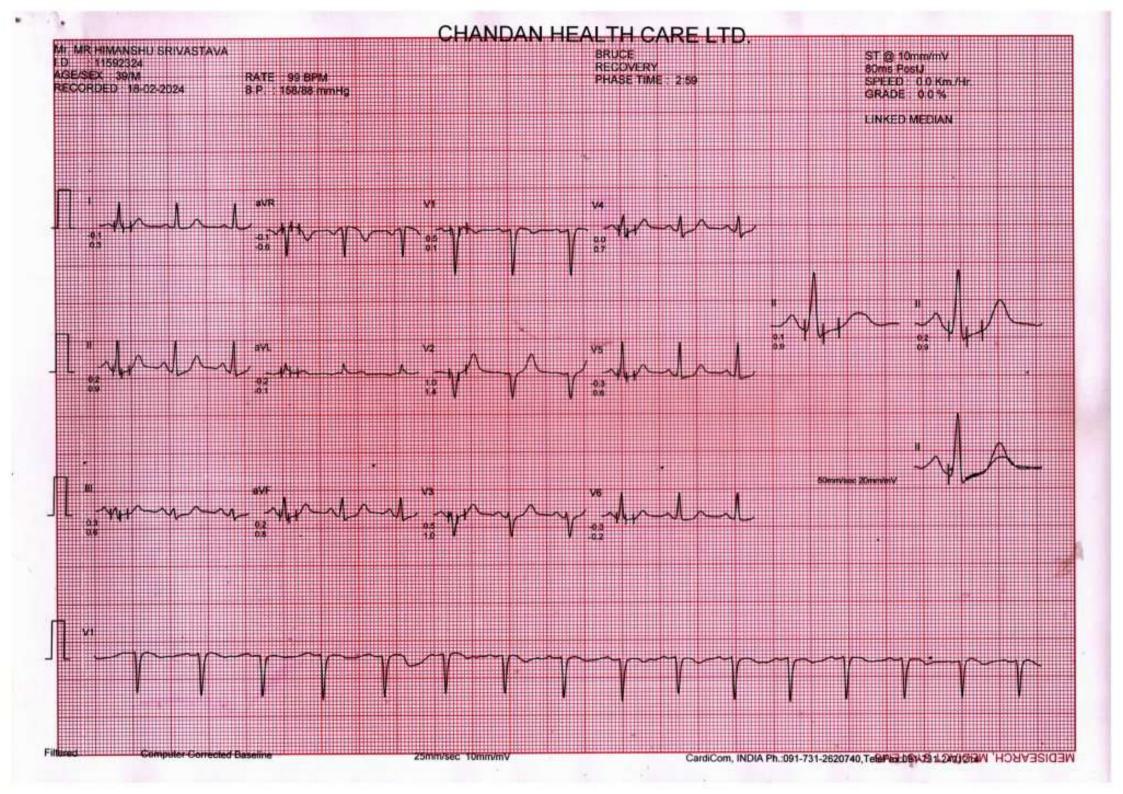












आयकर विभाग INCOME TAX DEPARTMENT



भारत सरकार GOVT OF INDIA

HIMANSHU SRIVASTAVA

VINAY KUMAR SRIVASTAVA

19/04/1984

Permanent Account Number

BXWPS9149G





M. Sulastava Signature 5072008





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On : 18/Feb/2024 11:37:24 Age/Gender Collected : 18/Feb/2024 11:55:03 : 39 Y 10 M 0 D /M UHID/MR NO : CVAR.0000047542 Received : 18/Feb/2024 11:56:45 Visit ID : CVAR0115492324 Reported : 18/Feb/2024 15:12:41 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
Blood Group (ABO & Rh typing) * , &	Blood			
Blood Group	Α			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Who	le Blood			
Haemoglobin	14.10	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>	5,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils) Lymphocytes Monocytes Eosinophils Basophils ESR	60.00 35.00 2.00 3.00 0.00	% % % %	55-70 25-40 3-5 1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed Corrected PCV (HCT) Platelet count	10.00 6.00 40.80	Mm for 1st hr. Mm for 1st hr. %	< 9 40-54	
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width) P-LCR (Platelet Large Cell Ratio)	16.30 nr	fL %	9-17 35-60	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE







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

CIN: U85110DL2003PLC308206



Patient Name : 18/Feb/2024 11:37:24 : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On Age/Gender : 39 Y 10 M 0 D /M Collected : 18/Feb/2024 11:55:03 UHID/MR NO : CVAR.0000047542 Received : 18/Feb/2024 11:56:45 Visit ID : CVAR0115492324 Reported : 18/Feb/2024 15:12:41 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTM ENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.04	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	81.00	fΙ	80-100	CALCULATED PARAMETER
MCH	28.00	pg	28-35	CALCULATED PARAMETER
MCHC	34.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,240.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	162.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On : 18/Feb/2024 11:37:25 Collected Age/Gender : 39 Y 10 M 0 D /M : 18/Feb/2024 13:28:05 UHID/MR NO : CVAR.0000047542 Received : 18/Feb/2024 13:54:26 Visit ID : CVAR0115492324 Reported : 18/Feb/2024 14:29:51 Ref Doctor : Final Report : Dr.MEDIWHEEL VNS -Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING, Plasma				
Glucose Fasting	78.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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	126.00	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.

S.N. Sinha (MD Path)

Page 3 of 11









CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 : 18/Feb/2024 11:37:25 Registered On Collected Age/Gender : 39 Y 10 M 0 D /M : 18/Feb/2024 11:55:03 UHID/MR NO : CVAR.0000047542 Received : 19/Feb/2024 12:39:15 Visit ID : CVAR0115492324 Reported : 19/Feb/2024 14:56:57 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLYCOSYLATED HAEM OGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	99	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.

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.

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







^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081

Registered On

: 18/Feb/2024 11:37:25

Age/Gender : 39 Y 10 M 0 D /M UHID/MR NO : CVAR.0000047542

Collected Received : 18/Feb/2024 11:55:03 : 19/Feb/2024 12:39:15

Visit ID : CVAR.0000047342

Reported

: 19/Feb/2024 14:56:57

Ref Doctor : Dr.MEDIWHEEL VNS -

Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)







^{*}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.



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On : 18/Feb/2024 11:37:25 Age/Gender Collected : 18/Feb/2024 11:55:03 : 39 Y 10 M 0 D /M UHID/MR NO : CVAR.0000047542 Received : 18/Feb/2024 11:56:45 Visit ID : CVAR0115492324 Reported : 18/Feb/2024 14:15:01 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	5.20	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.90	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	40.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.20	gm/dl	6.2-8.0	BIURET
Albumin	3.80	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.58		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	46.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	149.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	68.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	38	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
			160-189 High > 190 Very High	
VLDL	42.34	mg/dl	10-33	CALCU
Triglycerides	211.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S. N. Sinha (MD Path)

Page 6 of 11









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On : 18/Feb/2024 11:37:25 : 18/Feb/2024 11:55:03 Age/Gender Collected : 39 Y 10 M 0 D /M UHID/MR NO : CVAR.0000047542 Received : 18/Feb/2024 11:56:45 Visit ID : CVAR0115492324 Reported : 18/Feb/2024 16:05:04

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
165t Name	ricsuit	Offit	Dio. Her. Interval	Method

I IRINE EXAMINATION	BOI ITINE *	Lirino

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.5)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
6	ADCENIT	2/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT		The state of the s	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			•
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
•				EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:









CIN: U85110DL2003PLC308206



Patient Name

: Mr.HIMANSHU SRIVASTAVA - BOBS10081

Registered On

: 18/Feb/2024 11:37:25

Age/Gender

: 39 Y 10 M 0 D /M

Collected

: 18/Feb/2024 11:55:03 : 18/Feb/2024 11:56:45

UHID/MR NO Visit ID

: CVAR.0000047542 : CVAR0115492324

Received Reported

Ref Doctor

: Dr.MEDIWHEEL VNS -

Status

: 18/Feb/2024 16:05:04

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

< 0.5 (+)

0.5 - 1.0(++)

(+++)1-2

(++++) > 2



S.N. Sinta

Dr.S.N. Sinha (MD Path)



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Page 8 of 11







CIN: U85110DL2003PLC308206



: 18/Feb/2024 11:37:27 Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On Age/Gender : 39 Y 10 M 0 D /M Collected : 18/Feb/2024 11:55:03 UHID/MR NO : CVAR.0000047542 Received : 19/Feb/2024 12:11:24 Visit ID : CVAR0115492324 Reported : 19/Feb/2024 13:48:15 Ref Doctor : Final Report : Dr.MEDIWHEEL VNS -Status

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	0.72	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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On : 18/Feb/2024 11:37:25 Age/Gender Collected : 39 Y 10 M 0 D /M : 18/Feb/2024 11:55:03 UHID/MR NO : CVAR.0000047542 Received : 18/Feb/2024 11:56:55 Visit ID Reported : CVAR0115492324 : 18/Feb/2024 14:28:18 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	l Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	99.40	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.97	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.040	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ster
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	mL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	z - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1	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. Sinla

Dr.S.N. Sinha (MD Path)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.HIMANSHU SRIVASTAVA - BOBS10081 Registered On : 18/Feb/2024 11:37:26

 Age/Gender
 : 39 Y 10 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000047542
 Received
 : N/A

Visit ID : CVAR0115492324 Reported : 19/Feb/2024 11:05:42

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 Speciality Lab.

Result/s to Follow:

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



Bont

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









Name of Company: Mediwheel

Name of Executive: Himanshy Suvaptava

Date of Birth: .(9..../. 04.1.19834.

Sex: Male / Female

Height: 61..... CMs

BMI (Body Mass Index): 27つ

Abdomen: ...9.6 CMs

Ident Mark: Male on Hose

Any Allergies:

Vertigo: NO

Any Medications:

Any Surgical History: 10

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Hopeytension during recolical test (No redication

Lab Investigation Reports: No don st)

Eye Check up vision & Color vision:

Left eye:

Right eye: Noumal





Near vision: NIL

616 Far vision:

Dental check up : Narmal

ENT Check up: Noumal

Eye Checkup: Noumal

Final impression

Certified that I examined Himanthy Sould as favy S/O or D/O

is presently in good health and free from any

cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any

organization.

Client Signature :-

MBS.,MD. (Radio Diagnosis)

Name & Qualification - Dr. R. C. Roy (MBBS,MD)6918 Date. 18 ... 1.02 12024

Place - VARANASI

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



