



भारत सरकार

GOVERNMENT OF INDIA



अभिषेक कुमार तिवारी

Abhishek Kumar Tiwari

जन्म तिथि/ DOB: 02/02/1986

पुरुष / MALE



9980 8961 0572

मेरा आधार, मेरी पहचान



# CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ABHISHEK KUMAR TIWARI-22E32431	Registered On	: 10/Nov/2024 09:00:11
Age/Gender	: 38 Y 9 M 8 D /M	Collected	: 10/Nov/2024 10:59:16
UHID/MR NO	: CVA1.0000003142	Received	: 10/Nov/2024 11:01:57
Visit ID	: CVA10032292425	Reported	: 10/Nov/2024 13:44:48
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
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#### Blood Group (ABO & Rh typing) , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA

#### Complete Blood Count (CBC) , Whole Blood

Haemoglobin	14.80	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)	6,400.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<b>DLC</b>				
Polymorphs (Neutrophils)	40.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	50.00	%	20-40	FLOW CYTOMETRY
Monocytes	4.00	%	2-10	FLOW CYTOMETRY
Eosinophils	6.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	<1-2	FLOW CYTOMETRY
<b>ESR</b>				
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	





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	46.80	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	14.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.10</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.97	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	94.20	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	27-32	CALCULATED PARAMETER
MCHC	31.60	%	30-38	CALCULATED PARAMETER
RDW-CV	15.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,560.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	384.00	/cu mm	40-440	

*Ritu*  
 DR. RITU BHATI  
 MD (Pathology)





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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	92.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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.

<b>Glucose PP</b> Sample:Plasma After Meal	110.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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)	6.10	%NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	43.00	mmol/ mol/ IFCC		
Estimated Average Glucose (eAG)	129	mg/dl		

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.





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- 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 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)**

11.00

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





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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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#### Interpretation:

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

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

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

<b>Creatinine</b>	1.00	mg/dl	0.7-1.30	MODIFIED JAFFES
<i>Sample: Serum</i>				

#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

<b>Uric Acid</b>	4.20	mg/dl	3.4-7.0	URICASE
<i>Sample: Serum</i>				

#### Interpretation:

**Note:-**

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) , Serum

SGOT/ Aspartate Aminotransferase (AST)	<b>37.80</b>	U/L	<35	IFCC WITHOUT P5P
SGPT/ Alanine Aminotransferase (ALT)	31.70	U/L	<40	IFCC WITHOUT P5P
Gamma GT (GGT)	<b>59.80</b>	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.38		1.1-2.0	CALCULATED





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	113.00	U/L	42.0-165.0	PNP/ AMP KINETIC
Bilirubin (Total)	<b>1.40</b>	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.40</b>	mg/dl	<0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	<b>1.00</b>	mg/dl	<0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	159.00	mg/dl	<200 Desirable 200-239 Borderline High >240 High	GHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	101	mg/dl	< 100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	13.60	mg/dl	10-33	CALCULATED
Triglycerides	68.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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



Home Sample Collection  
08069366666

View Reports on  
Chandan 24x7 App





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UHID/MR NO	: CVA1.0000003142	Received	: 10/Nov/2024 15:37:00
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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	1.030			
Reaction PH	Acidic ( 6.0)			DIPSTICK
Appearance	CLEAR			
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	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION, *Stool*

Color	BROWNISH
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Consistency	SEMI SOLID			
Reaction (PH)	Acidic ( 6.0 )			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
Ova	ABSENT			
Oysts	ABSENT			
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

### SUGAR, PP STAGE, *Urine*

Sugar, PP Stage	ABSENT
-----------------	--------

#### Interpretation:

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

*S. N. Gupta*  
Dr. S. N. Gupta (MD Path)





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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>	0.39	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)	97.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.88	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.360	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





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## DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	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. Sinha*  
Dr. S. N. Sinha (MD Path)





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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**

Dr Raveesh Chandra Roy (MD-Radio)





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Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*\*

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

- The liver measures **15.2 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 (**9.3 mm in caliber**) not dilated.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**4.8 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

- **Right kidney:-**
  - ◊ Right kidney is normal in size, measuring ~ **9.2 x 4.7 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 ~ **11.9 x 5.4 cms.**
  - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
  - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

##### SPLEEN





# CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ABHISHEK KUMAR TIWARI-22E32431	Registered On	: 10/Nov/2024 09:00:12
Age/Gender	: 38 Y 9 M 8 D /M	Collected	: 2024-11-10 12:01:39
UHID/MR NO	: CVA1.0000003142	Received	: 2024-11-10 12:01:39
Visit ID	: CVA10032292425	Reported	: 10/Nov/2024 12:07:04
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- The spleen is normal in size (~ **10.4 cm in its long axis**) and has a normal homogenous echotexture.

### ILIAC FOSSAE & PERITONEUM

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

### URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is ~ 76 cc.**

### PROSTATE

- The prostate gland is normal in size (~ **40 x 36 x 35 mm / 19 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)



Dr Raveesh Chandra Roy (MD-Radiol)

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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups \*

365 Days Open

\*Facilities Available at Select Location





455/6 (H G COMPLEX), KANCHANPUR, CHITAIPUR, VARANASI EMail:

32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg

Date: 10 - 11 - 2024 10:41:12 AM Refd By : MEDIWHEEL Examined By:  
NonCardiacPain Angina /Non-Hypercholestromia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	096	53 %	134/86	128	00	
Standing	00:18	0:12	00.0	00.0	01.0	093	51 %	134/86	124	00	
HV	00:20	0:02	00.0	00.0	01.0	093	51 %	134/86	124	00	
Warm Up	00:22	0:02	00.0	00.0	01.0	093	51 %	134/86	124	00	
ExStart	00:31	0:09	01.0	00.0	01.0	090	49 %	134/86	120	00	
BRUCE Stage 1	03:31	3:00	01.7	10.0	04.7	151	83 %	144/86	217	00	
BRUCE Stage 2	06:31	3:00	02.5	12.0	07.1	172	95 %	152/88	261	00	
PeakEx	07:35	1:04	03.4	14.0	08.2	176	97 %	156/88	274	00	
Recovery	08:05	0:30	00.0	00.0	04.2	172	95 %	154/88	264	00	
Recovery	08:35	1:00	00.0	00.0	01.2	160	88 %	150/88	240	00	
Recovery	09:35	2:00	00.0	00.0	01.0	139	76 %	146/86	202	00	
Recovery	10:34	3:00	00.0	00.0	01.0	123	68 %	140/86	172	00	

FINDINGS :

Exercise Time 07:04  
 Initial HR (ExStrt) 90 bpm 49% of Target 182 Max HR Attained 176 bpm 97% of Target 182  
 Initial BP (ExStrt) 134/86 (mm/Hg) Max BP Attained 156/88 (mm/Hg)  
 Max WorkLoad Attained 8.2 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value II & -1.1 mm in PeakEx  
 Duke Treadmill Score -08.8  
 Test End Reasons Complete

REPORT :

Heart Rate 93.0 bpm  
 Systolic BP 156.0 mmHg  
 Diastolic BP 88.0 mmHg

*TMT is negative for reversible myocardial ischaemia*  
*and functional capacity*  
*for*  
*chronotropic response - (M)*  
*no arrhythmia*  
*coronary arteries*

*Basit*

Dr. Bajaji Lehiya  
 MBBS, MD (MED)  
 DM-(CARDIO)  
 MCI-114859

*Basit*  
*Basit*  
*DM (Card)*

*Basit*

Maximum Depression 1.8  
Exercise Time 07:04 Mins.  
Ectopic Beats 0.0  
METS 8.2  
Test End Reason . . . . . COMPLETE  
Target Heart Rate 182.0

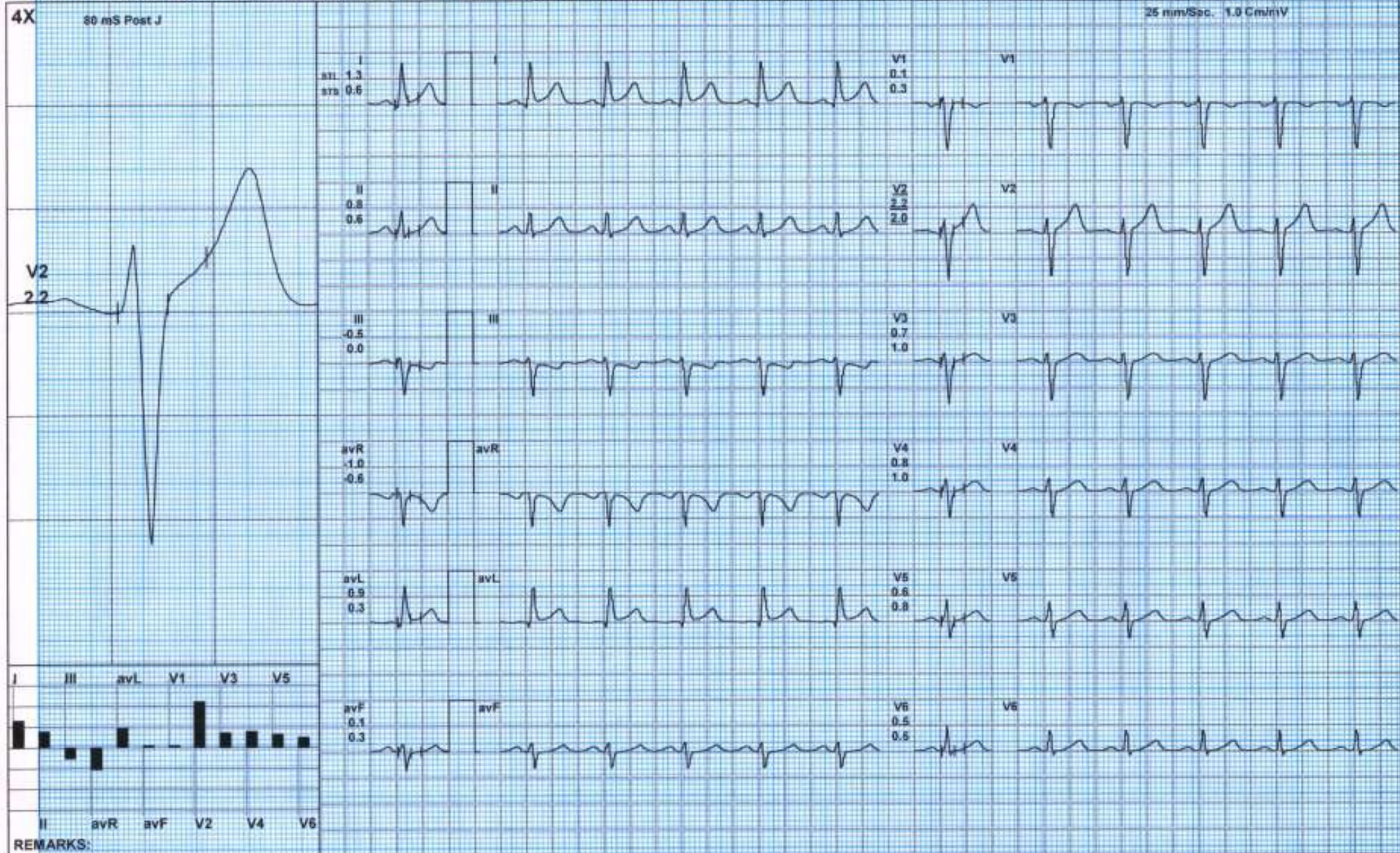




32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR . 96

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.0/ 96 bpm 53% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 mph 0.0%





32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 93

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.0/ 93 bpm 51% of THR BP: 134/86 mmHg Combined Medians/ BLC CrV Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

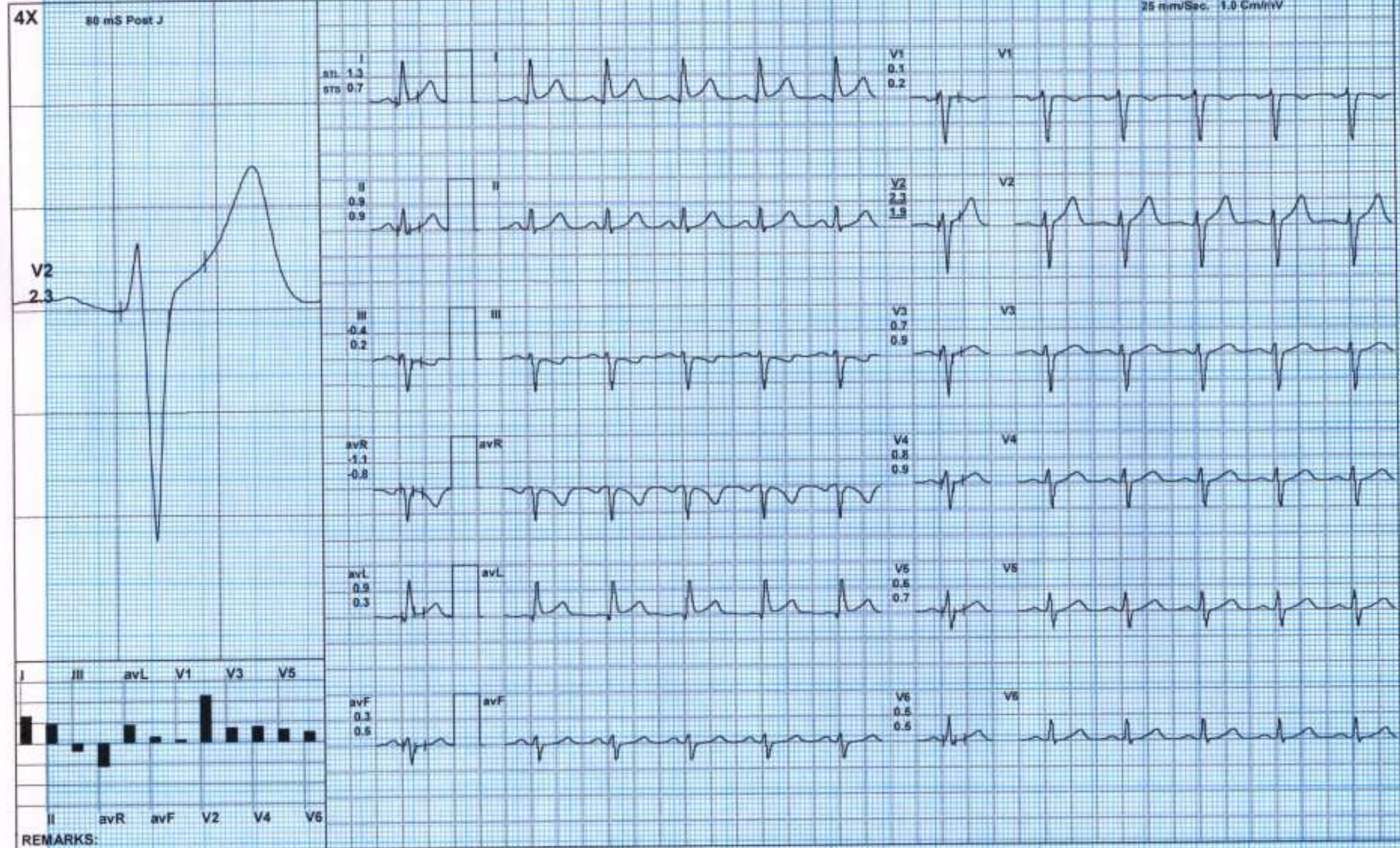




32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 93

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.0/ 93 bpm 51% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 - Hz

ExTime: 00:00 0.0 mph 0.0%



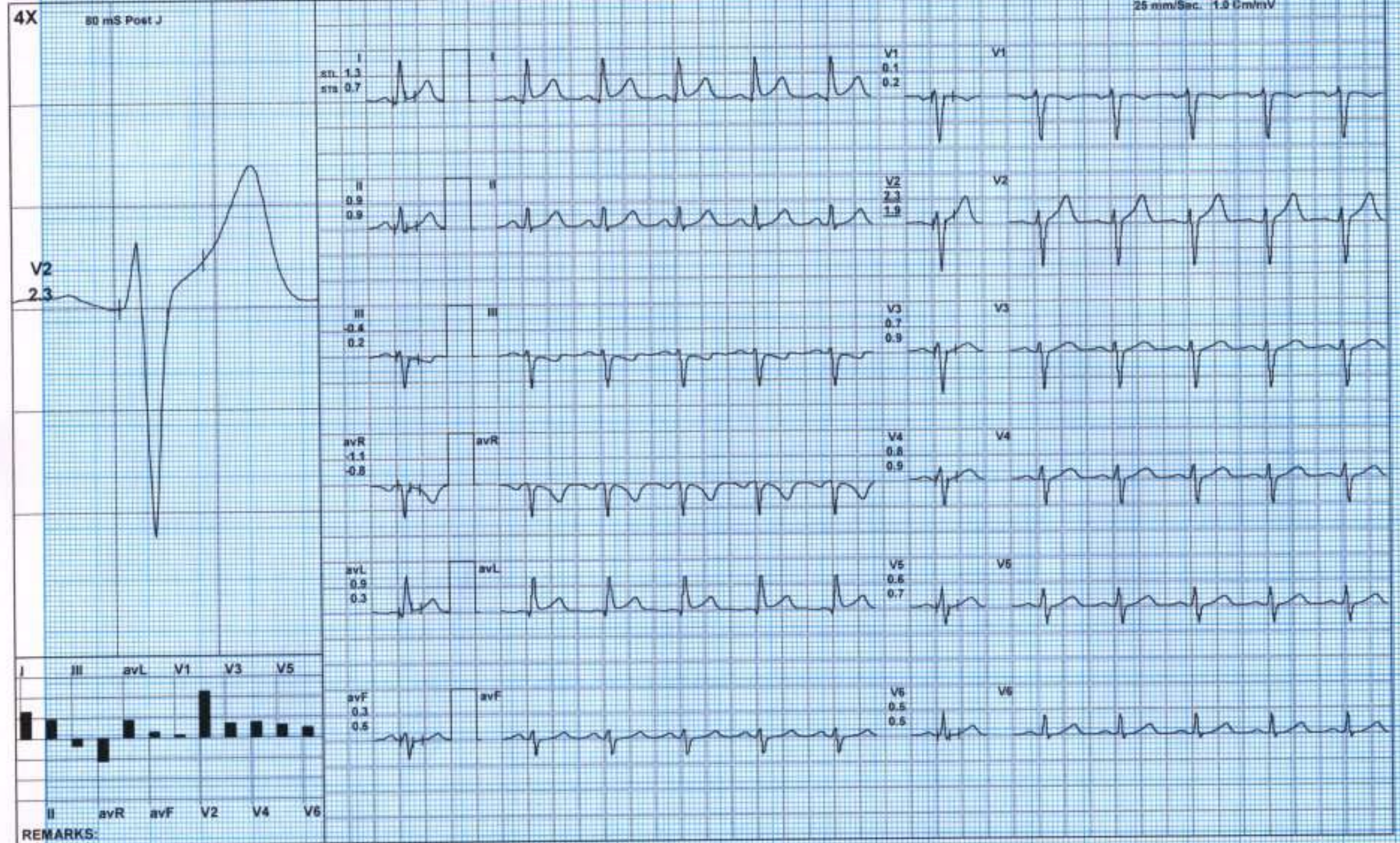


32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 93

Date: 10-11-2024 10:41:12 AM METS: 1.0/ 93 bpm 51% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

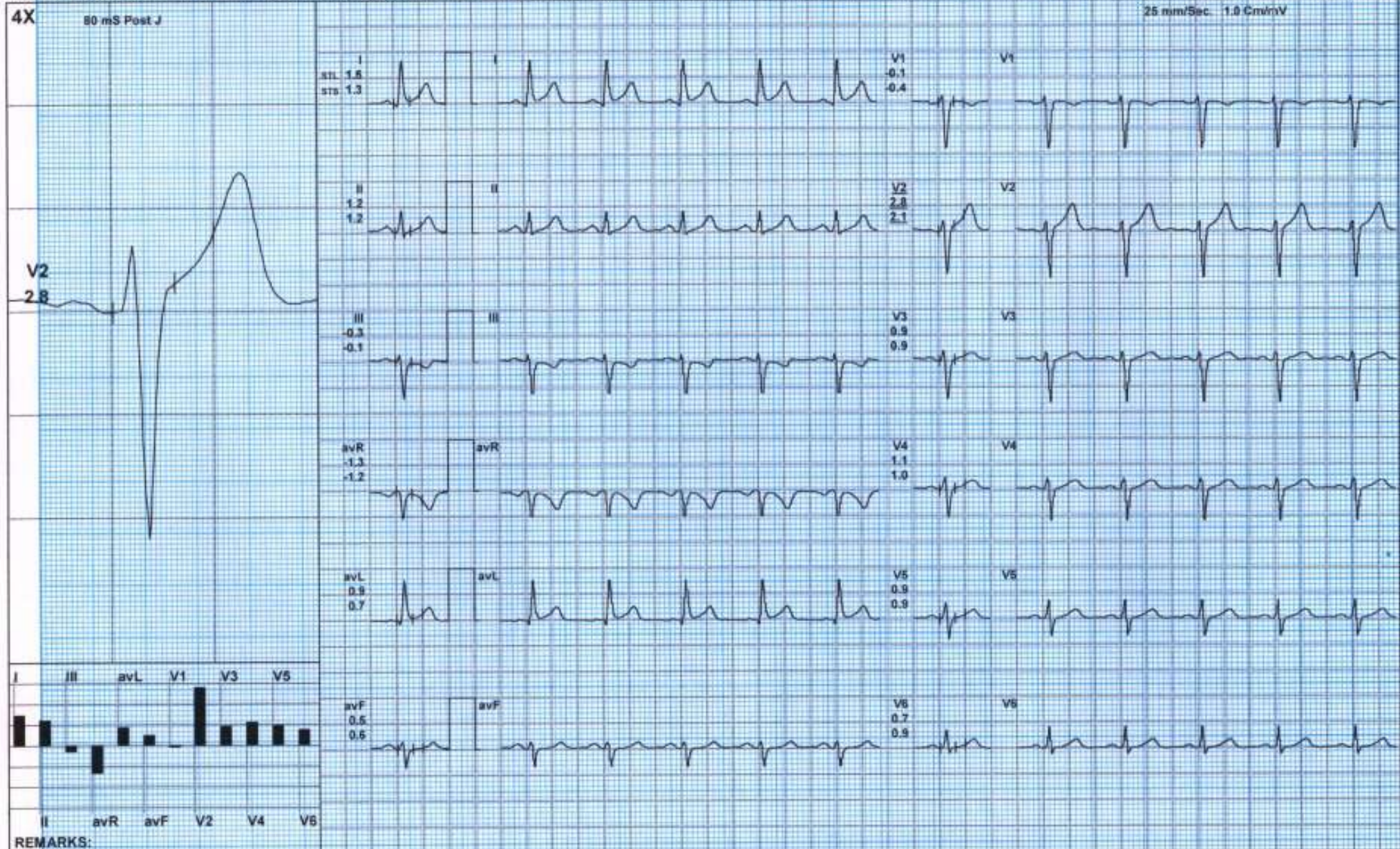




32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 90

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.0/ 90 bpm 49% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph 0.0%



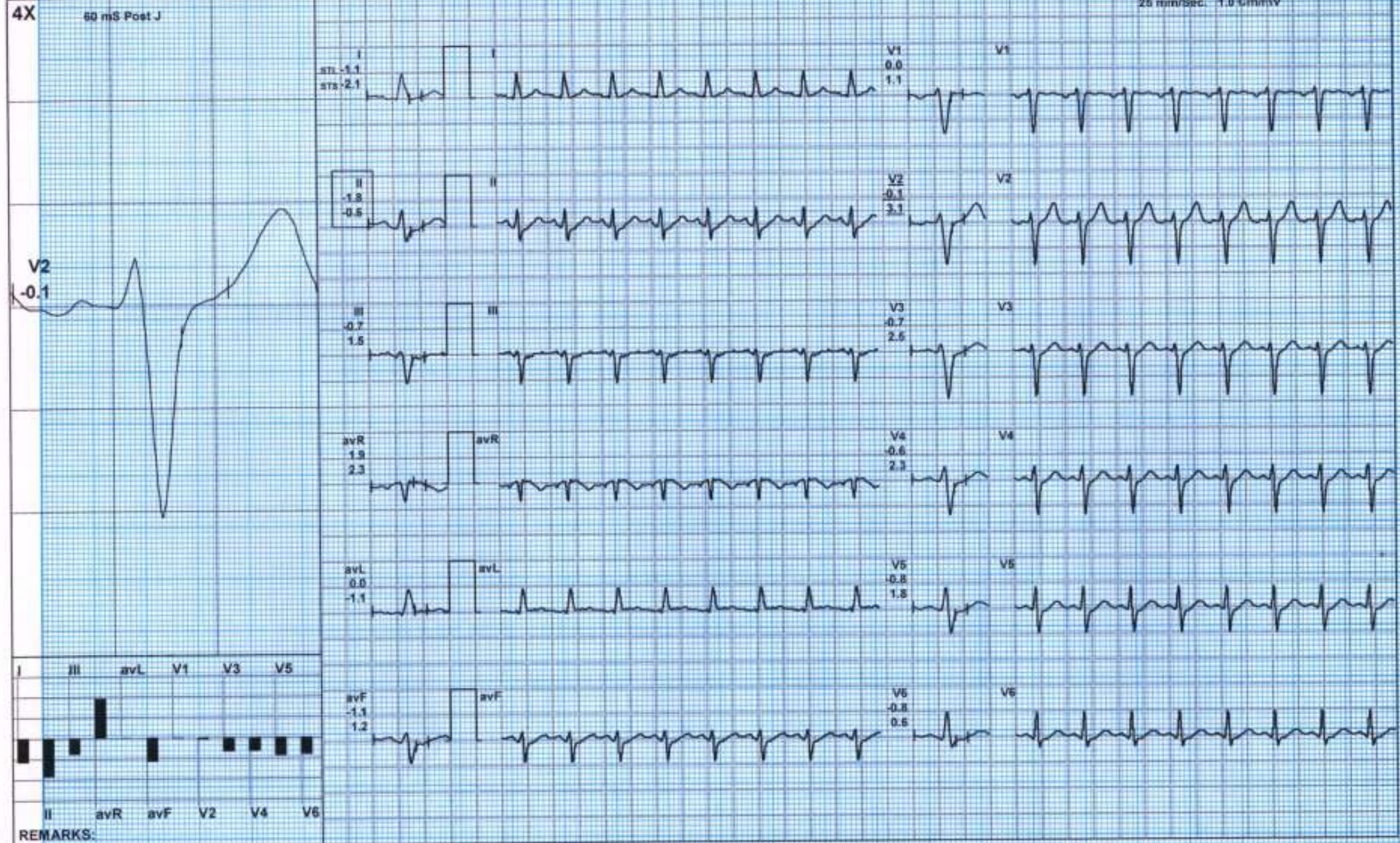


32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 151

Date: 10 - 11 - 2024 10:41:12 AM METS: 4.7/ 151 bpm 83% of THR BP: 144/86 mmHg Combined Medians/ BLC Orr/ Notch Orr/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph 10.0%

25 mm/Sec. 1.0 Cm/mV

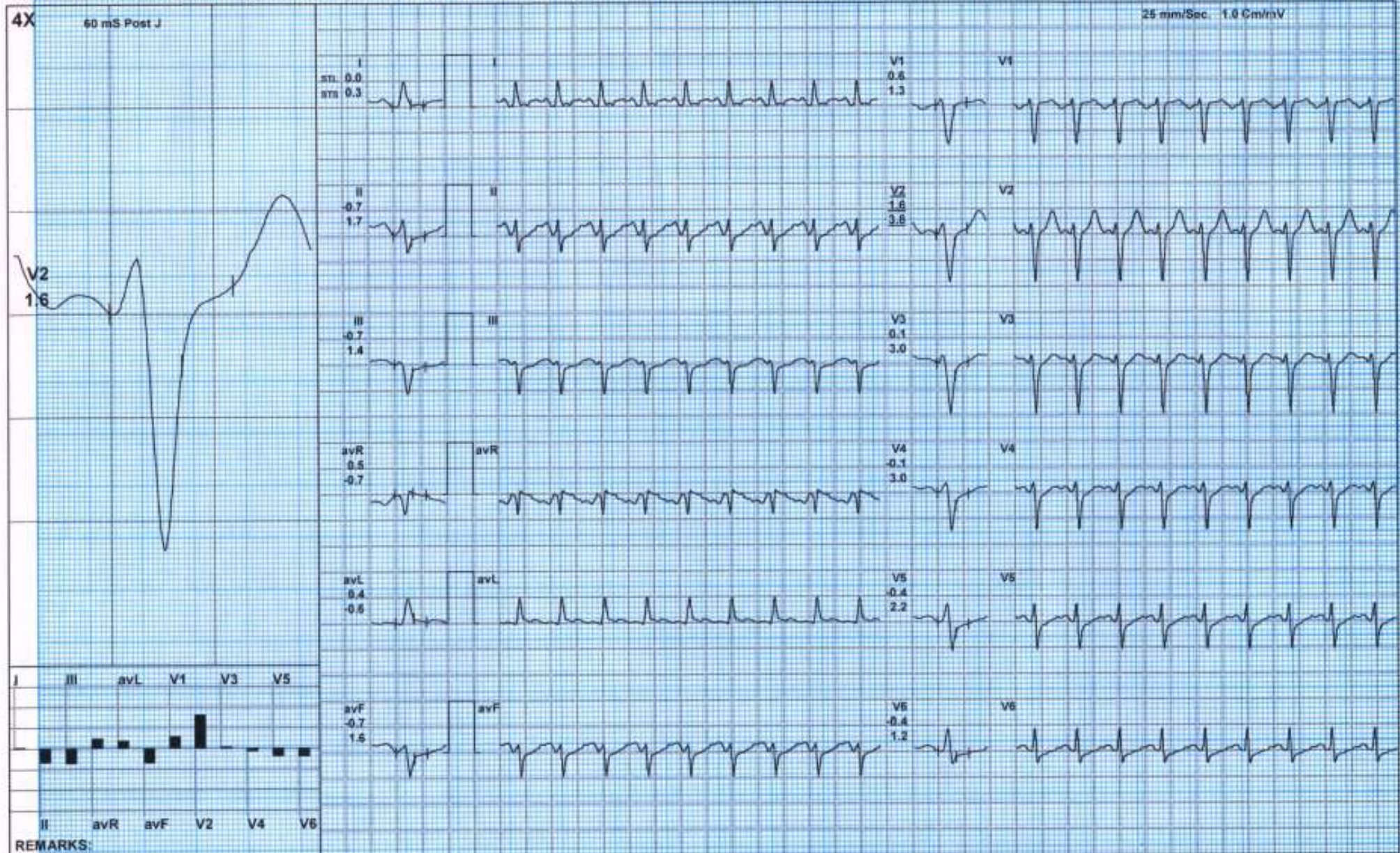




32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 172

Date: 10-11-2024 10:41:12 AM METS: 7.1/172 bpm 95% of THR BP: 152/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

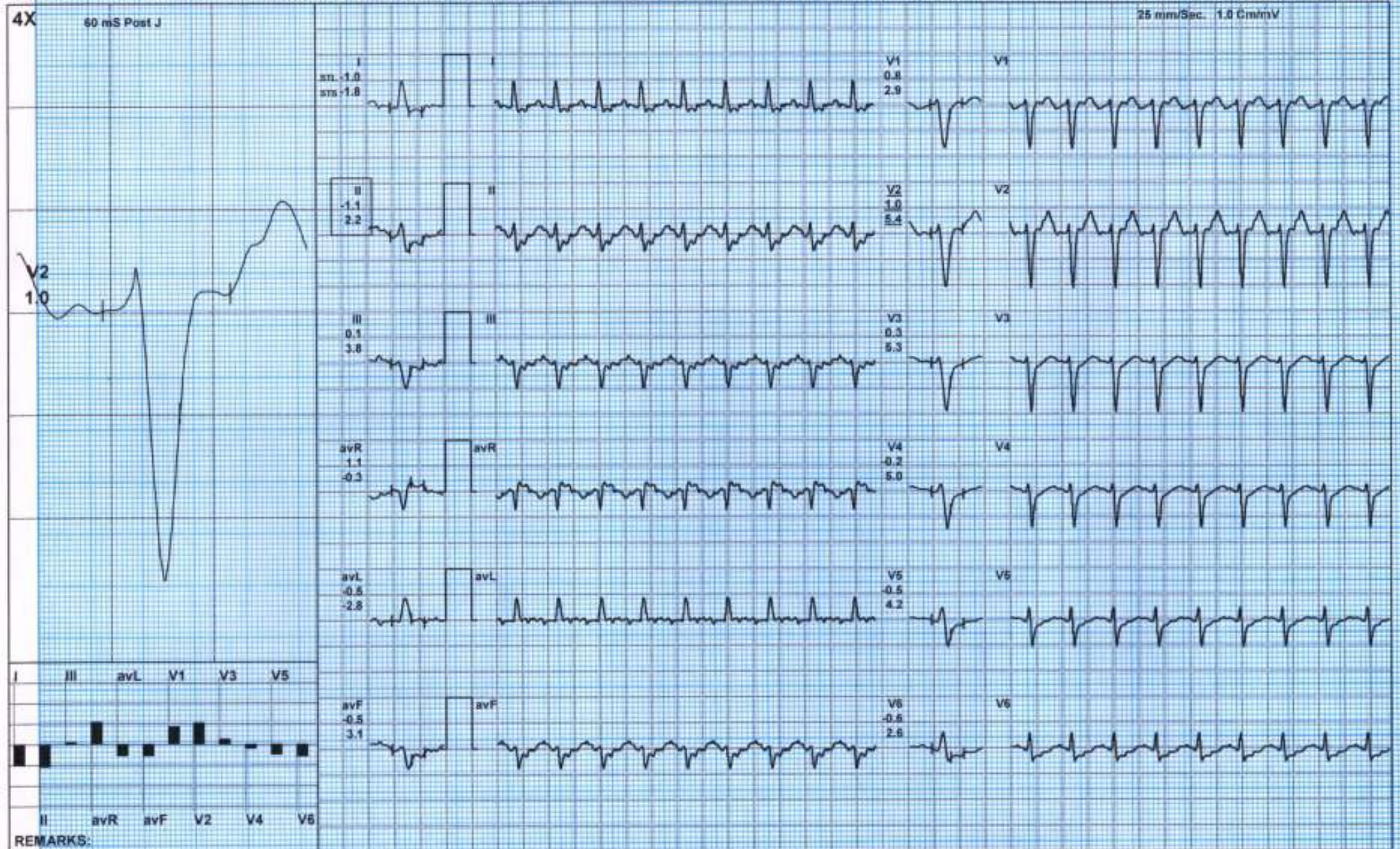
ExTime: 06:00 2.5 mph 12.0%



32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 176

Date: 10 - 11 - 2024 10:41:12 AM METS: 8.2/ 176 bpm 97% of THR BP: 156/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:04 3.4 mph 14.0%







32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 172

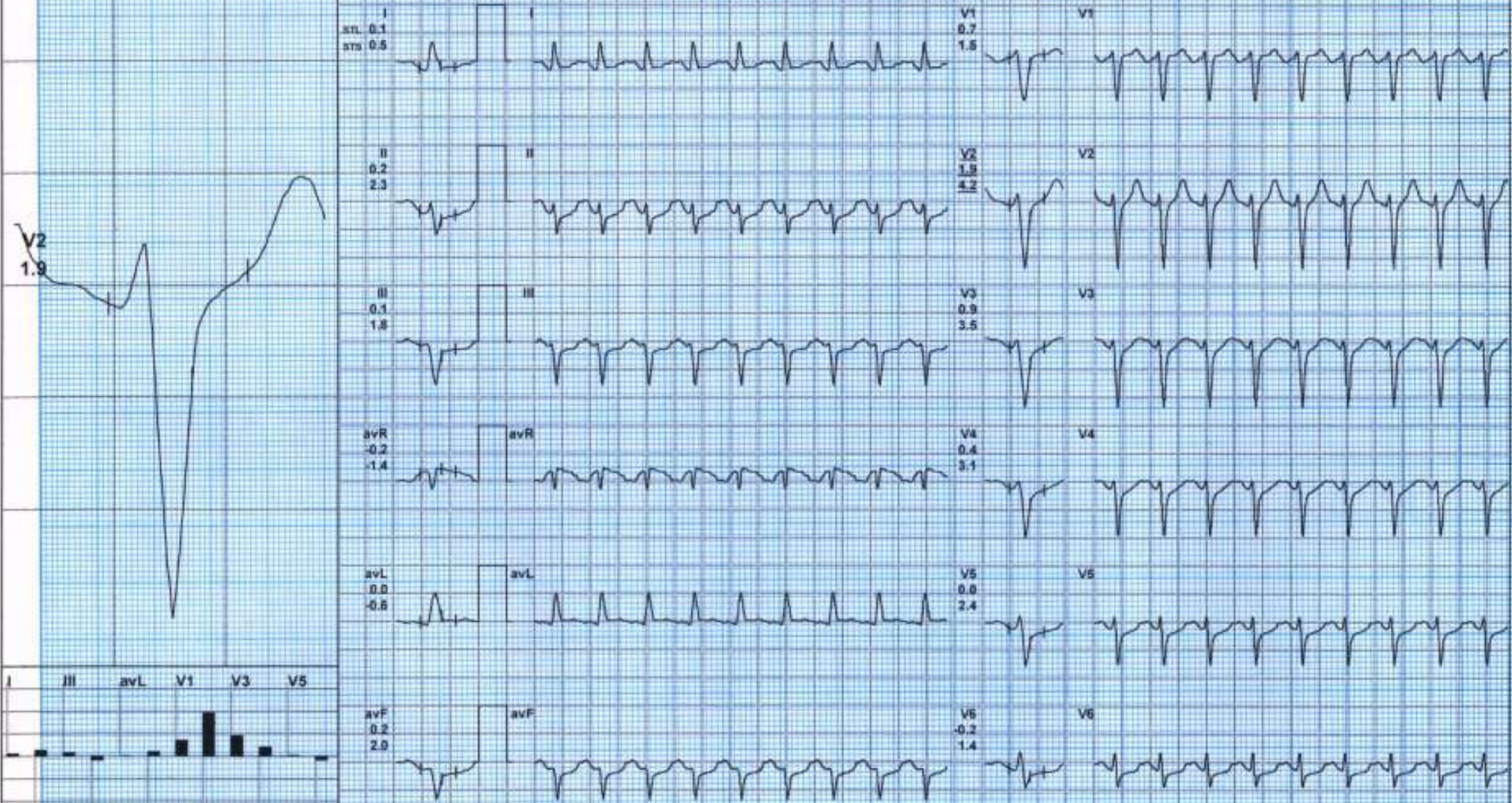
Date: 10 - 11 - 2024 10:41:12 AM METS: 4.2/ 172 bpm 95% of THR BP: 154/88 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime 07:04 0.0 mph, 0.0%

4X

60 mS Post J

25 mm/Sec 1.0 Cm/mV



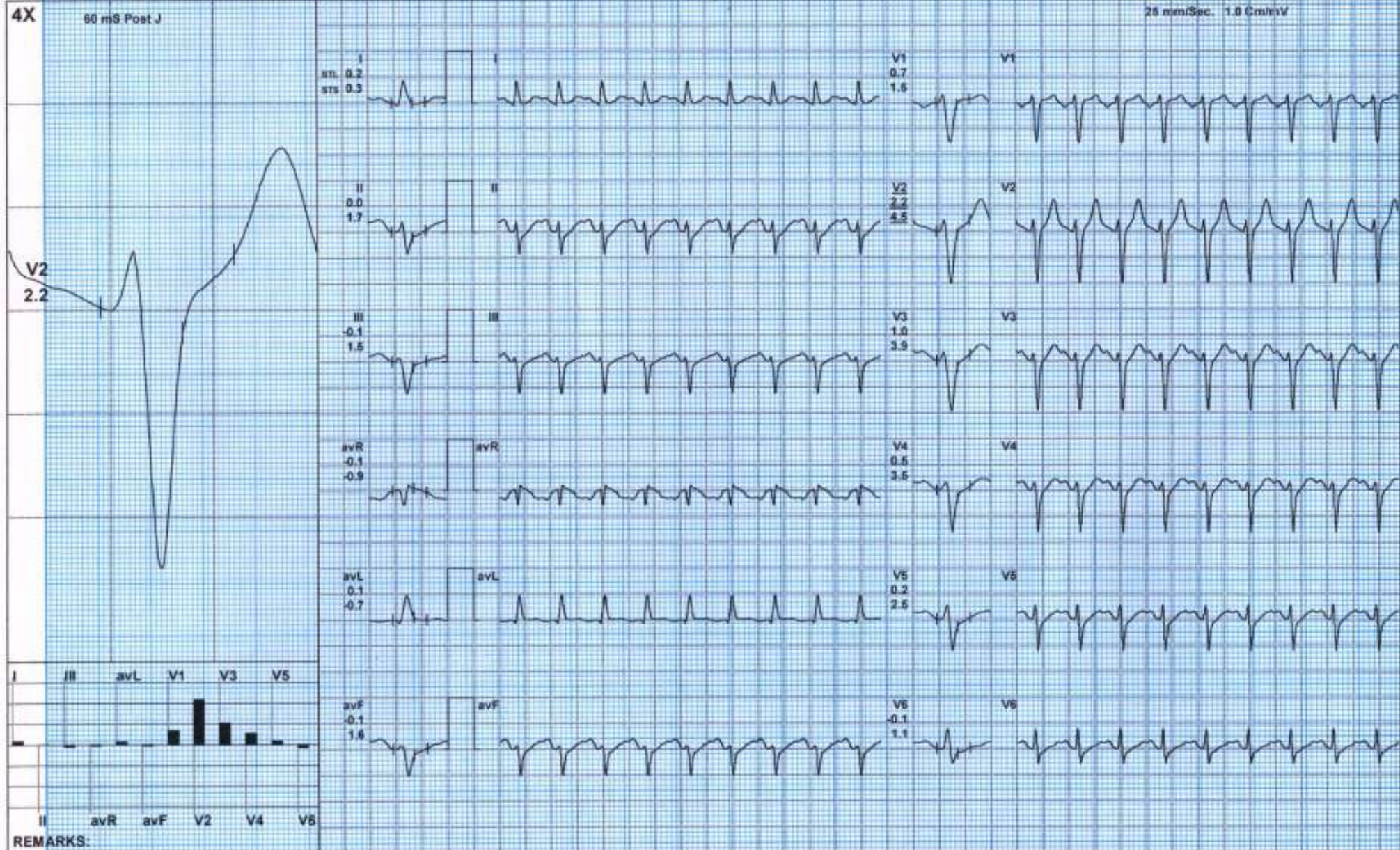
REMARKS:



32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 160

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.2/ 160 bpm 88% of THR BP: 150/88 mmHg Combined Medians/ BCC\*Cr/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:04 0.0 mph 0.0%

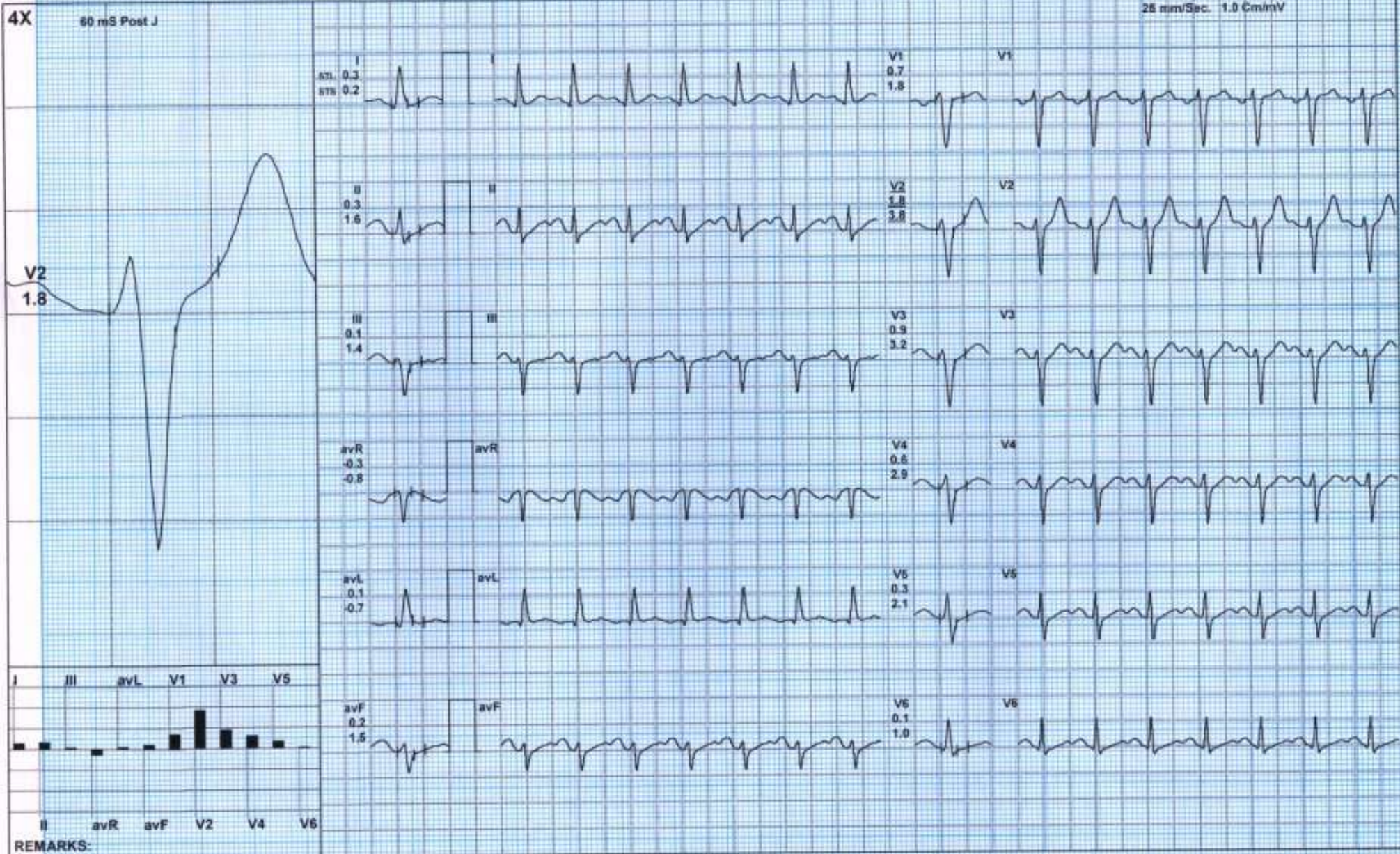




32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 139

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.0/ 139 bpm 76% of THR BP: 146/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:04 0.0 mph 0.0%



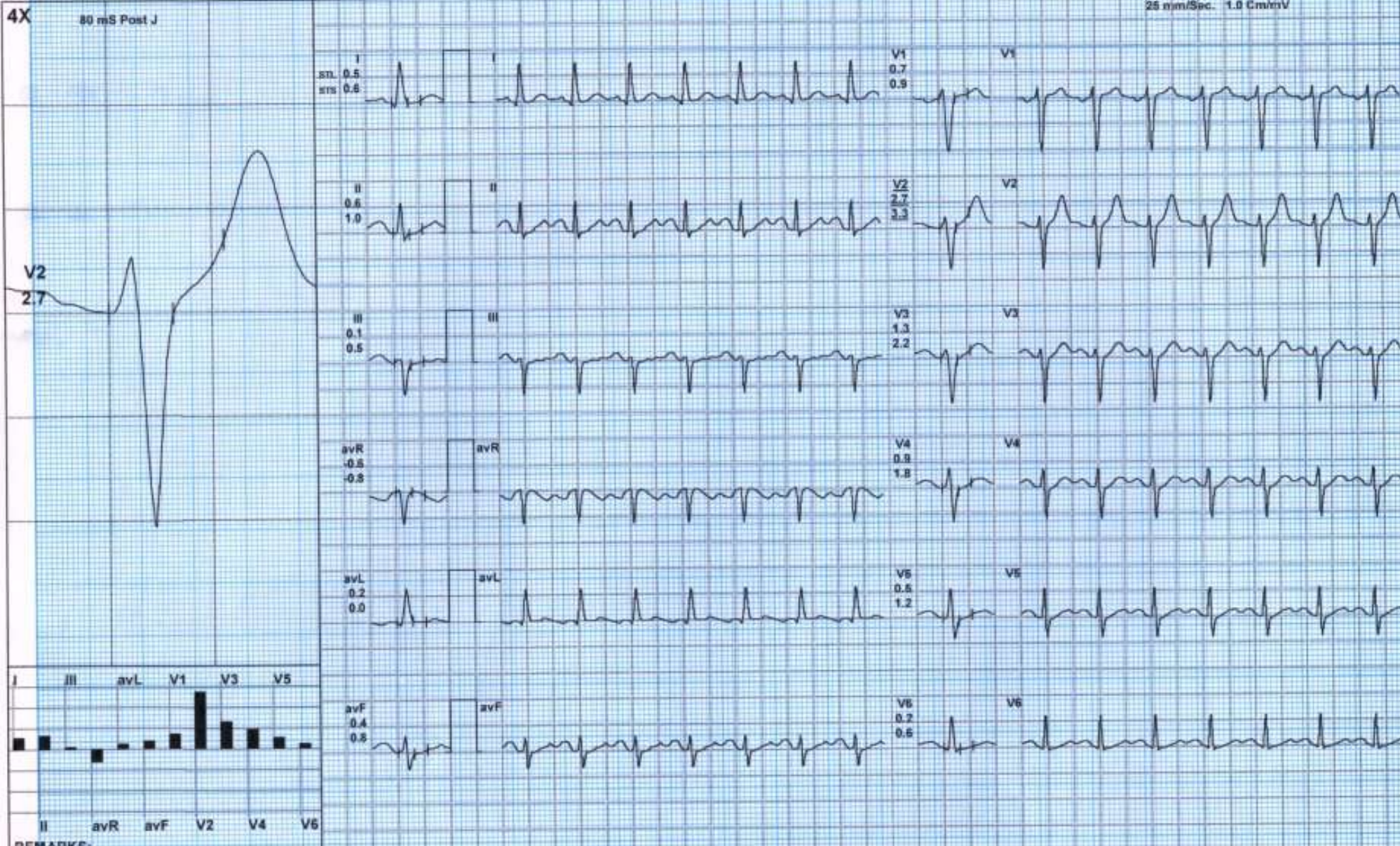


32292425 / Mr ABHISHEK KUMAR TIWARI / 38 Yrs / M / 172 Cms / 92 Kg / HR : 123

Date: 10 - 11 - 2024 10:41:12 AM METS: 1.0/ 123 bpm 68% of THR BP: 140/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:04 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



# CHANDAN DIAGNOSTIC CENTRE-2, CHITAIPUR, VARANASI

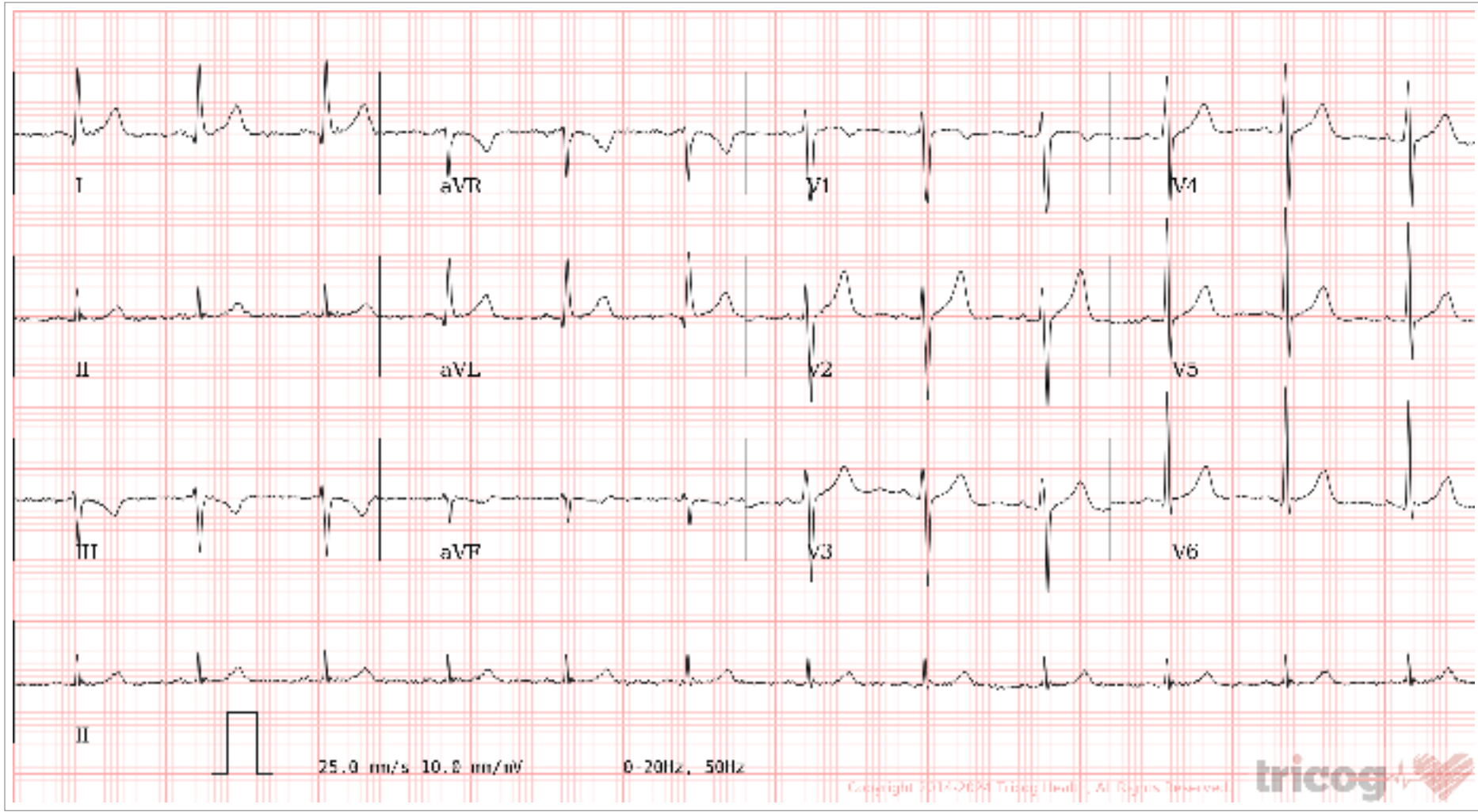
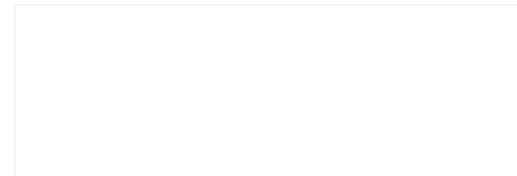


Age / Gender: 38/Male

Date and Time: 10th Nov 24 10:17 AM

Patient ID: CVA10032292425

Patient Name: Mr.ABHISHEK KUMAR TIWARI-22E32431



AR: 76bpm    VR: 76bpm    QRSD: 82ms    QT: 380ms    QTcB: 427ms    PRI: 126ms    P-R-T: 4° -11° NA

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Boya Naga Mahesh

APMC:102565

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.