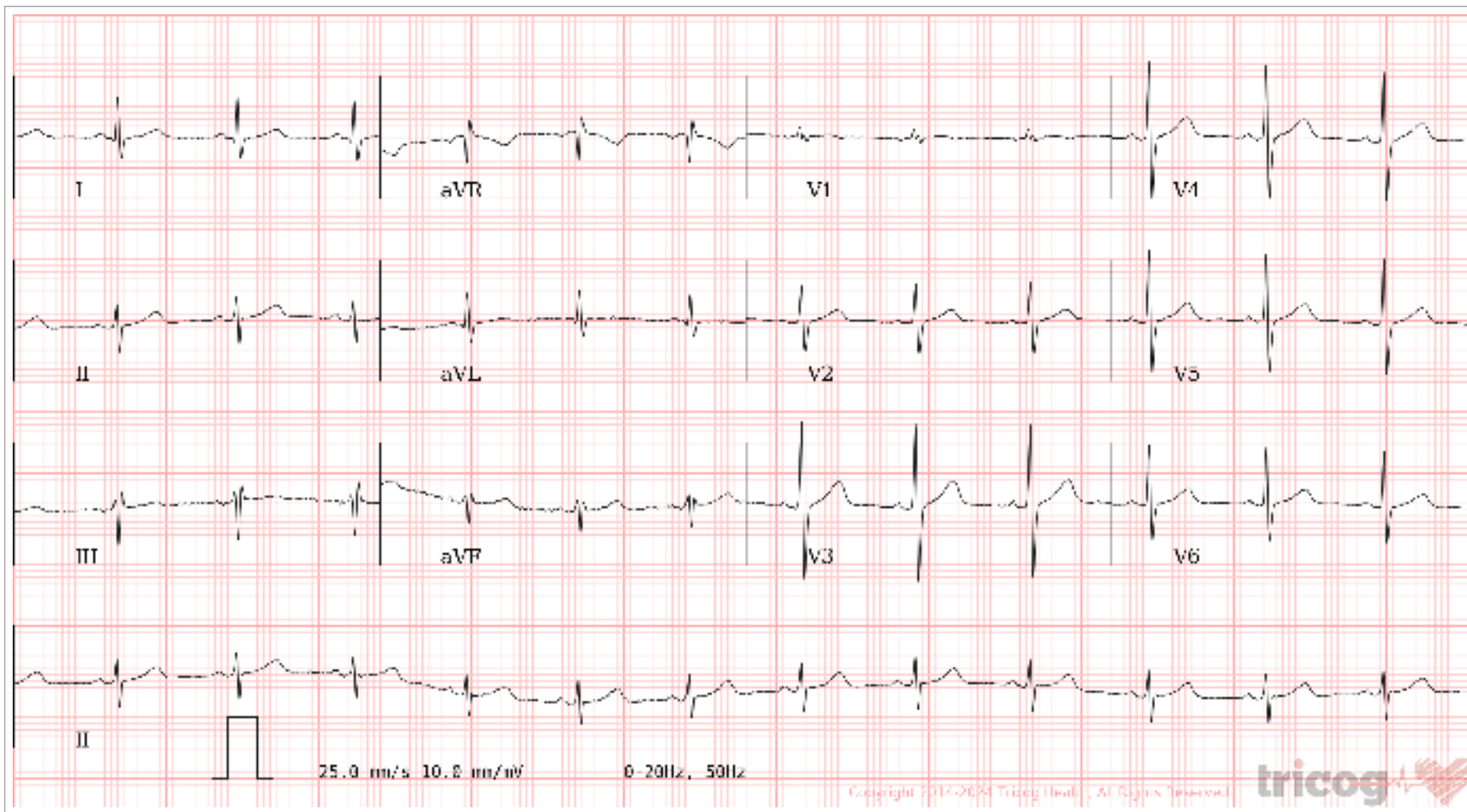




Age / Gender: 49/Male
Patient ID: CVAR0084722425
Patient Name: Mr.SANJAY KUMAR - 22E37717

Date and Time: 9th Nov 24 9:46 AM



AR: 79bpm VR: 79bpm QRSD: 92ms QT: 380ms QTcB: 435ms PRI: 122ms P-R-T: 25° -33° 37°

Abnormal: Sinus Rhythm, Left Axis Deviation. rsr' Pattern in V1. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Raghvesh Ojha

CGMC 4003



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795, 0542-4501413

CIN: U85110UP2003PLC193493

Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:00
Age/Gender	: 49 Y 9 M 10 D /M	Collected	: 09/Nov/2024 10:35:14
UHID/MR NO	: CVAR.0000057556	Received	: 09/Nov/2024 10:49:13
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 13:45:39
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	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	11.10	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	7,100.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	60.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	36.00	%	20-40	FLOW CYTOMETRY
Monocytes	2.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	20.00	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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DEPARTMENT OF HAEMATOLOGY

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	10.00	Mm for 1st hr.	<9	
PCV (HCT)	36.60	%	40-54	
Platelet count				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.03	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	72.70	fL	80-100	CALCULATED PARAMETER
MCH	22.00	pg	27-32	CALCULATED PARAMETER
MCHC	30.30	%	30-38	CALCULATED PARAMETER
RDW-CV	16.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,260.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	142.00	/cu mm	40-440	

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





CHANDAN DIAGNOSTIC CENTRE

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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	103.70	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.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body. Lack of insulin or resistance to it action 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.

Glucose PP ** <i>Sample: Plasma After Meal</i>	120.00	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.
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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)	103	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.





CHANDAN DIAGNOSTIC CENTRE

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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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- 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 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) **

10.60

mg/dL

7.0-23.0

CALCULATED

Sample: Serum





CHANDAN DIAGNOSTIC CENTRE

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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.

Creatinine **	0.90	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.

Uric Acid **	4.10	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)	18.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	19.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	34.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIURET
Albumin	3.80	gm/dl	3.4-5.4	B.C.G.
Globulin	3.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23		1.1-2.0	CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	91.40	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	3.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	3.10	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	111.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	34.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	49	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	27.80	mg/dl	10-33	CALCULATED
Triglycerides	139.00	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)





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Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 13:42:29
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
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URINE EXAMINATION, ROUTINE **, *Urine*

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.5)			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
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE **, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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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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Interpretation:

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

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



Home Sample Collection
08069366666

View Reports on
Chandan 24x7 App





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Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 14:47:22
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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>	0.41	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)	120.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.73	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.730	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





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000057556	Received	: 2024-11-09 12:22:29
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 12:24:07
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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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (**13.3 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 (**9.9 mm in caliber**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**3.9 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 size ~ **10.4 x 3.4 cms. Hyperechoic focus measuring 9.0 x 6.6 mm in size is noted in lower collecting system of kidney. Lower calyx is dilated.**
 - ◊ Cortical echogenicity is normal. Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- **Left kidney:-**
 - ◊ Left kidney is normal in size, measuring ~ **10.1 x 3.8 cms.**
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-4501413
CIN: U85110UP2003PLC193493

Patient Name	: Mr.SANJAY KUMAR - 22E37717	Registered On	: 09/Nov/2024 08:44:02
Age/Gender	: 49 Y 9 M 10 D /M	Collected	: 2024-11-09 09:11:09
UHID/MR NO	: CVAR.0000057556	Received	: 2024-11-09 09:11:09
Visit ID	: CVAR0084722425	Reported	: 09/Nov/2024 09:37:41
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

SPLEEN

- The spleen is normal in size (~ **11.2 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 ~ 44 cc.**

PROSTATE

- The prostate gland is normal in size (~ **33 x 31 x 28 mm / 15 gms**) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- **RIGHT RENAL CALCULUS**
- **REST OF THE ABDOMINAL ORGANS ARE NORMAL**

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

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, MAHMOORGANJ

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, 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

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भारत सरकार
GOVERNMENT OF INDIA



संजय कुमार
Sanjay Kumar
जन्म तिथि/DOB: 30/01/1975
पुंलिंग/ MALE

2877 1617 6345

VID : 9141 4846 1218 0853

मेरा आधार, मेरी पहचान

CHANDAN HEALTH CARE LTD.

89-SHIVAJI NAGAR MAHMOORGANJ VARANASI-221008

Mr. MR SANJAY KUMAR
Age/Sex: 49/M
Ref by: MEDWHEEL
Indication1:
Indication2:
Indication3:

ID: 54722425
H/W: 185/83
Recorded: 09-11-2024

TREADMILL TEST SUMMARY REPORT
Protocol: BRUCE
History:
Medication1:
Medication2:
Medication3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	HR (BPM)	BP (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					65	110/70	71	0.9	1.4	0.6	
HYPERVENT	0:01	0:01			65	110/70	72	0.8	1.4	0.6	
VALSALVA					65	110/70	71	0.7	1.3	0.5	
STANDING					65	110/70	71	0.7	1.3	0.5	
SUPINE					65	110/70	71	0.7	1.3	0.5	
STAGE 1	2:59	2:59	2.70	10.00	110	120/80	132	0.8	1.3	0.9	4.80
STAGE 2	5:59	3:59	4.00	12.00	128	130/82	166	0.5	1.4	0.8	7.10
EVENT	7:48	1:48	5.40	14.00	152	136/84	206	0.2	1.5	0.1	8.85
PEAK EXER	7:51	1:51			152	136/84	206	-0.2	1.6	-0.1	8.90
EVENT	8:30	0:30	0.00	0.00	123	134/84	164	0.1	1.4	0.4	
EVENT	1:07	1:07	0.00	0.00	111	132/82	146	0.3	1.7	0.4	
EVENT	2:03	2:03	0.00	0.00	97	128/80	124	0.2	1.1	0.1	
RECOVERY	3:39	3:39	0.00	0.00	82	120/70	110	0.4	1.1	0.0	

RESULTS

Exercise Duration: 7:51 Minutes
Max Heart Rate: 152 bpm, 69 % of target heart rate 171 bpm
Max Blood Pressure: 136/84 mmHg
Max Work Load: 8.90 METS
Reason of Termination:

IMPRESSIONS

- TMT is Negative for reversible
- Myocardial ischemia
- Good functional capacity characteristic
- Response Normal No arrhythmias
- Correlate clinically

Cardiologist
Dr. Balaji Lohiya
MBBS, MD (MED)
DM-(CARDIO)
MCI-114859



MEDIREARCH, MEDACT SYSTEMS

CHANDAN HEALTH CARE LTD.

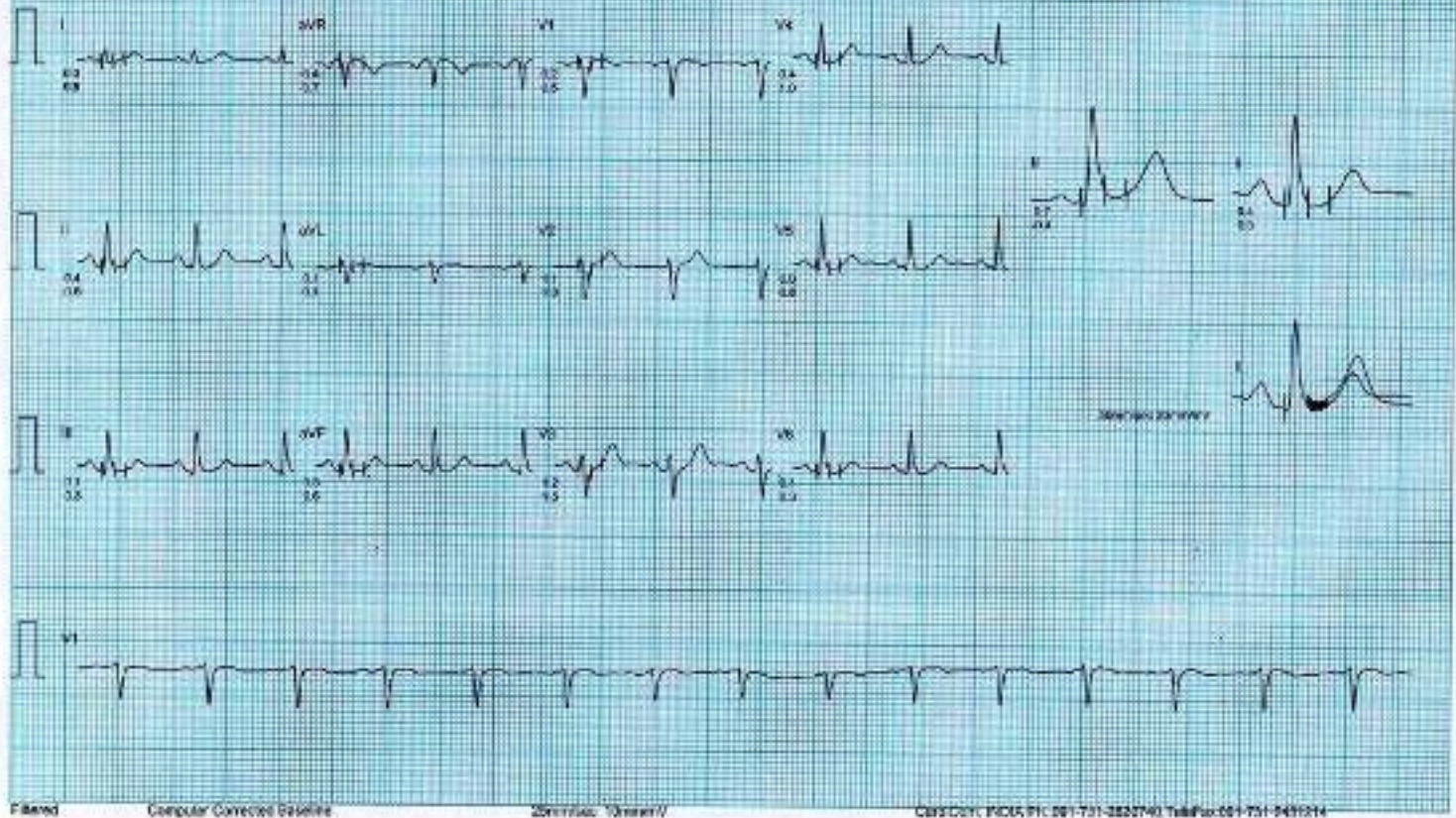
Mr. MR SANJAY KUMAR
I.D. : 84722425
AGE/SEX : 40/M
RECORDED : 09/11/2024

RATE : 92 BPM
BP : 129/78 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:08

ST @ 50mm/W
50ms/Pace
SPEED : 0.0 KM/H
GRADE : 0.0 %

LINKED MEDIAN



MEDIRESEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

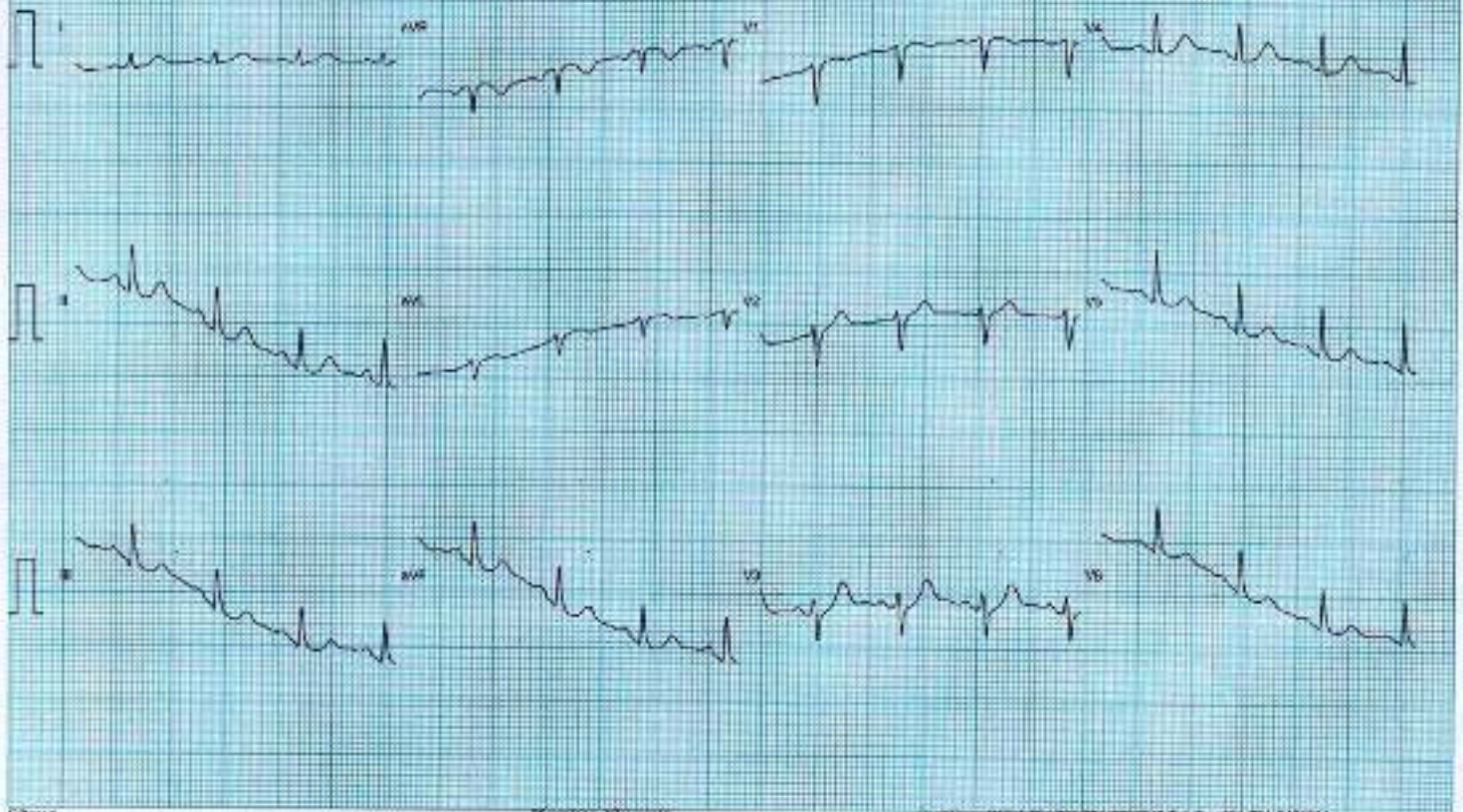
Mr. MR SANJAY KUMAR
I.D. : 84752428
AGE/SEX : 45M
RECORDED : 04-11-2024

RATE : 87 BPM
BP : 120/80 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 2:03

ST @ 10min/W
80min Phase
SPEED : 0.0 KM/H
GRADE : 0.0 %

RAW ECG



Filtered

25mm/sec 10mm/V

Cardiac Care, INDIA POC:091-731-2620740, Toll-Free:091-731-2431214

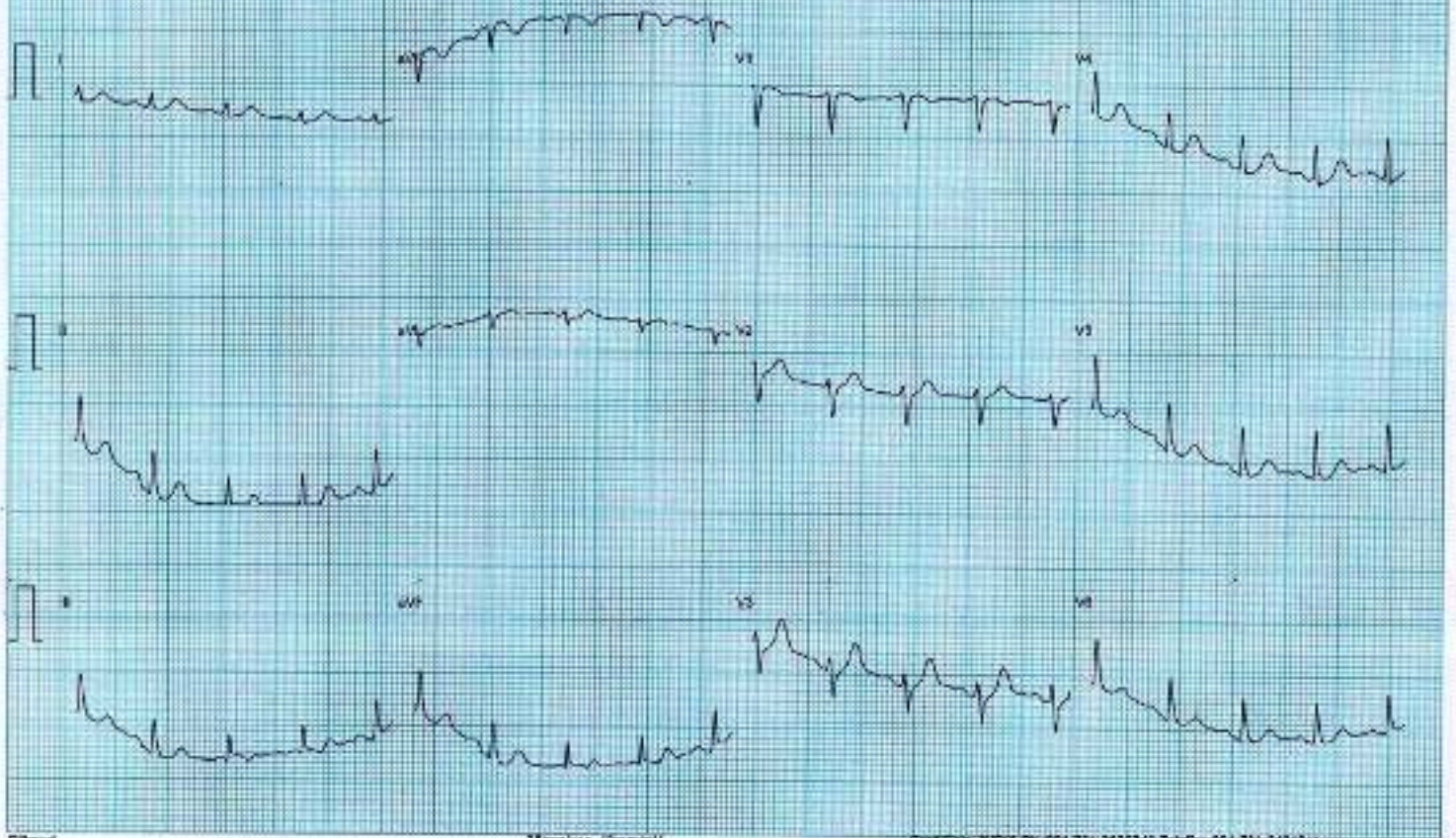
Mr. MR SANJAY KUMAR
ID: 84722425
AGESEX - 45M
RECORDED: 03-11-2024

RATE: 111 B/M
B.P.: 135/82 mmHg

BRUCE
RECOVERY EVENT
PHASE TIME: 1:07

ST: 10mm/mV
SDm: Fied.
SPEED: 0.5 km/PP
GRADE: 0.0%

RAW ECG

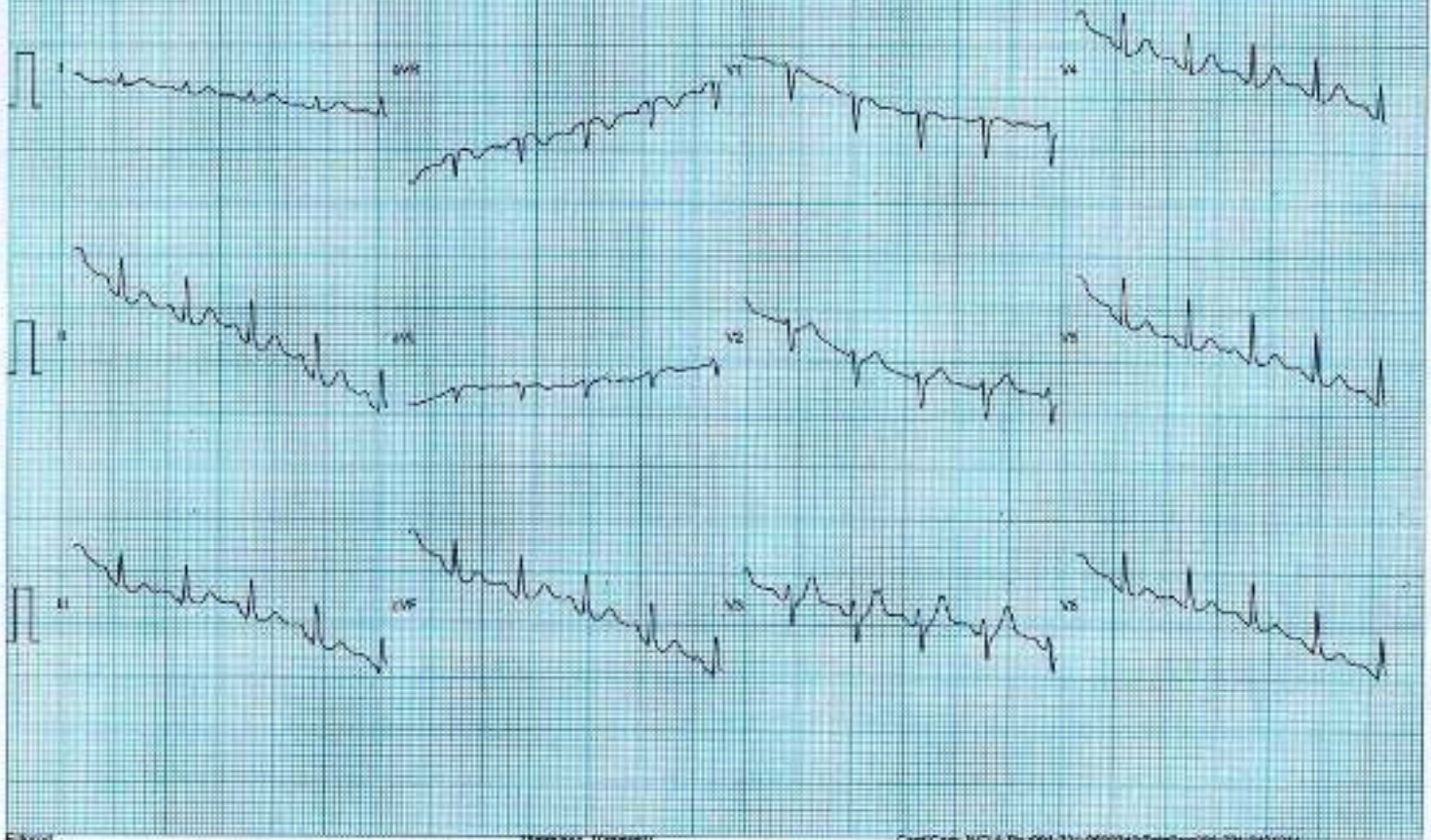


M: NIK SANJAY KUMAR
I.D: 34722429
AGE/SEX: 48M
RECORDED: 05-11-2024

RATE: 73 BPM
B.P.: 13/104 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME: 0:30

ST @ 10min/W
80ms PostJ
SPEED: 0.0 Km/HR
GRADE: 0.0 %
RAW ECG



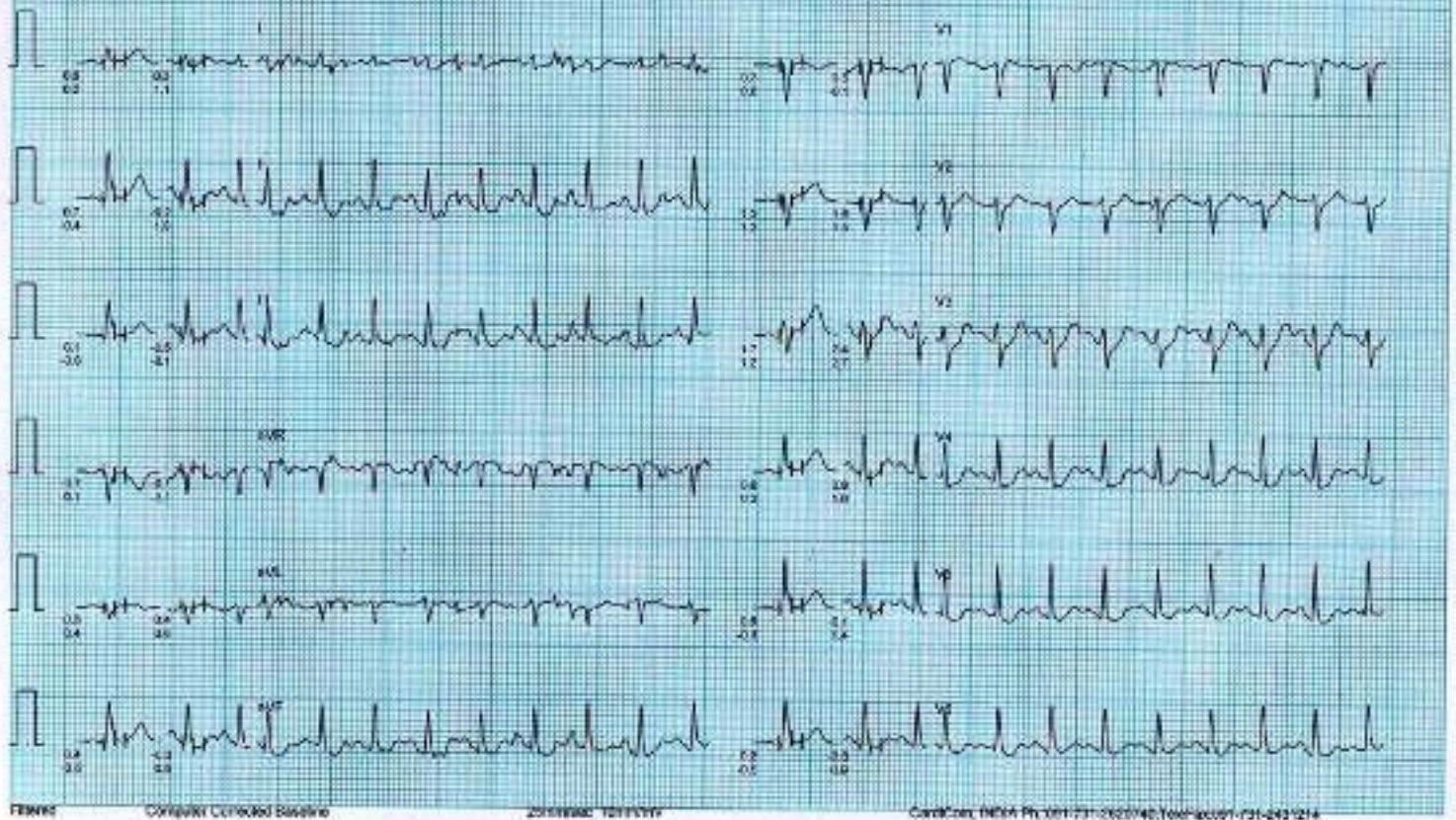
M: MR SANJAY KUMAR
ID: BAT22425
AGE/SEX: 45/M
RECORDED: 09-11-2024

RATE: 152 BPM
B.P.: 139/94 mmHg

BRUCE
PEAK EXER
STAGE TIME: 7:07
STAGE TIME: 1:07

ST @ 10min/W
80m/Week
SPEED: 5.4 Km/Hr
GRADE: 14.0 %

MIXED ECG



M: MR SANJAY KUMAR
ID: 84722425
AGE/SEX: 45M
RECORDED: 03-11-2024

RATE: 152 BPM
B.P.: 136/84 mmHg

BRUCE
EXERCISE 2 (EVENT)
PHASE TIME: 7:40
STAGE TIME: 1:40

ST @ 10mm/mV
BCRk 744U
SPEED: 5.4 Km/Hr
GRADE: 14.0 %
RAW ECG



MEDIRESEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

Pt: MR SANJAY KUMAR
I.D. : 24722425
AGE/SEX : 43M
RECORDED: 09-11-2024

RATE : 128 BPM
B.P. : 130/82 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 6:55
STAGE TIME : 2:59

ST @ 10min/W
50mc Post
SPEED : 4.0 Km/h
GRADE : 12.0 %
LINKED MEDIAN



Filtered Computer Corrected Baseline

25mm/50 10mm/5mm

CHANDAN HEALTH CARE LTD. 091-731-262743 TeleFax:091-731-249124

MEDISEARCH, MEDACT SYSTEMS

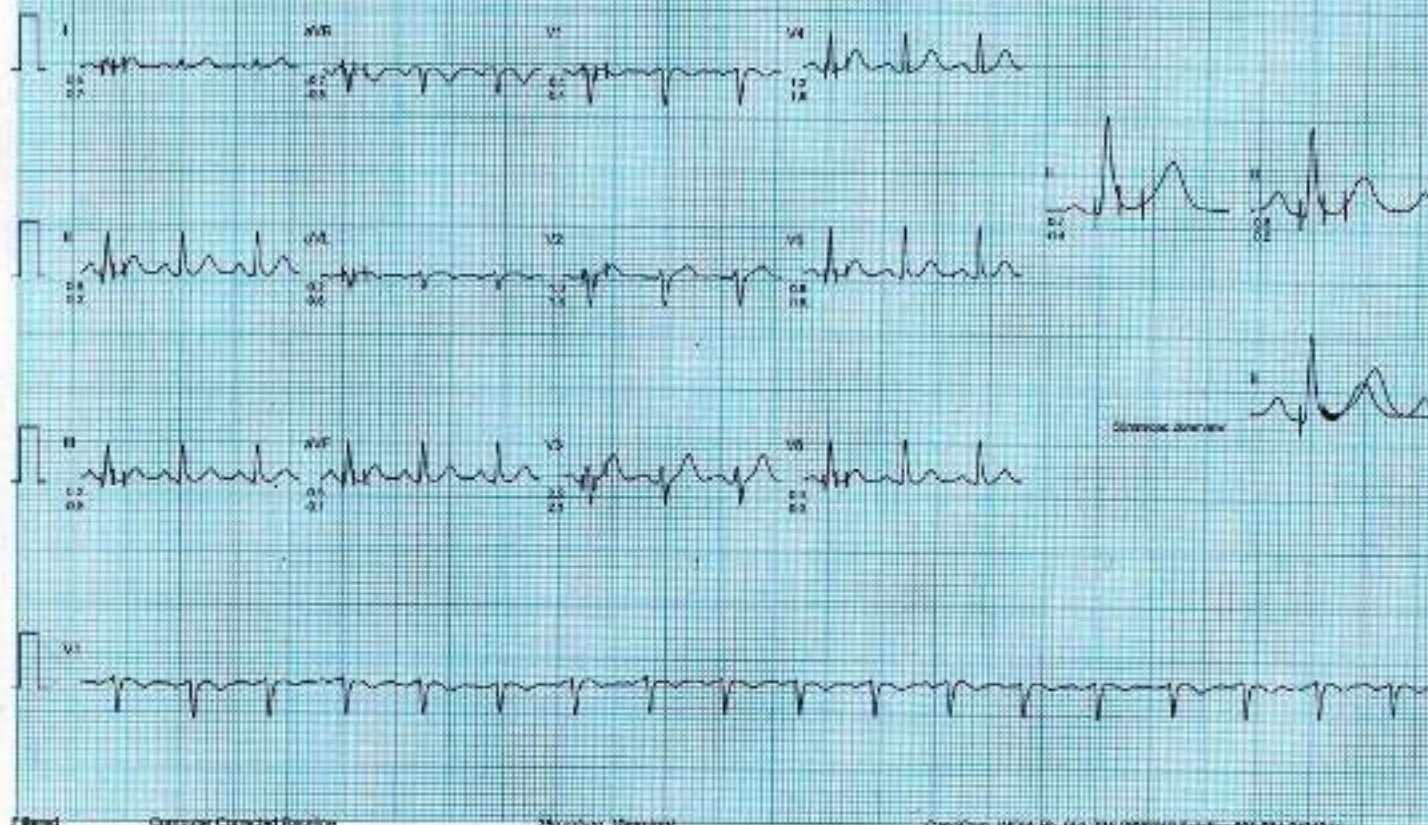
CHANDAN HEALTH CARE LTD.

M: MR SANJAY KUMAR
I.D : 84725025
AGE/SEX : 48M
RECORDED : 09-11-2024

RATE : 110 BPM
B.P : 100/60 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:58
STAGE TIME : 2:59

ST @ 10m/min
80m Phase
SPEED : 2.7 Km/Hr
GRADE : 16.0 %
LINKED MEDIAN



MEDISEARCH, MEDIACCT SYSTEMS

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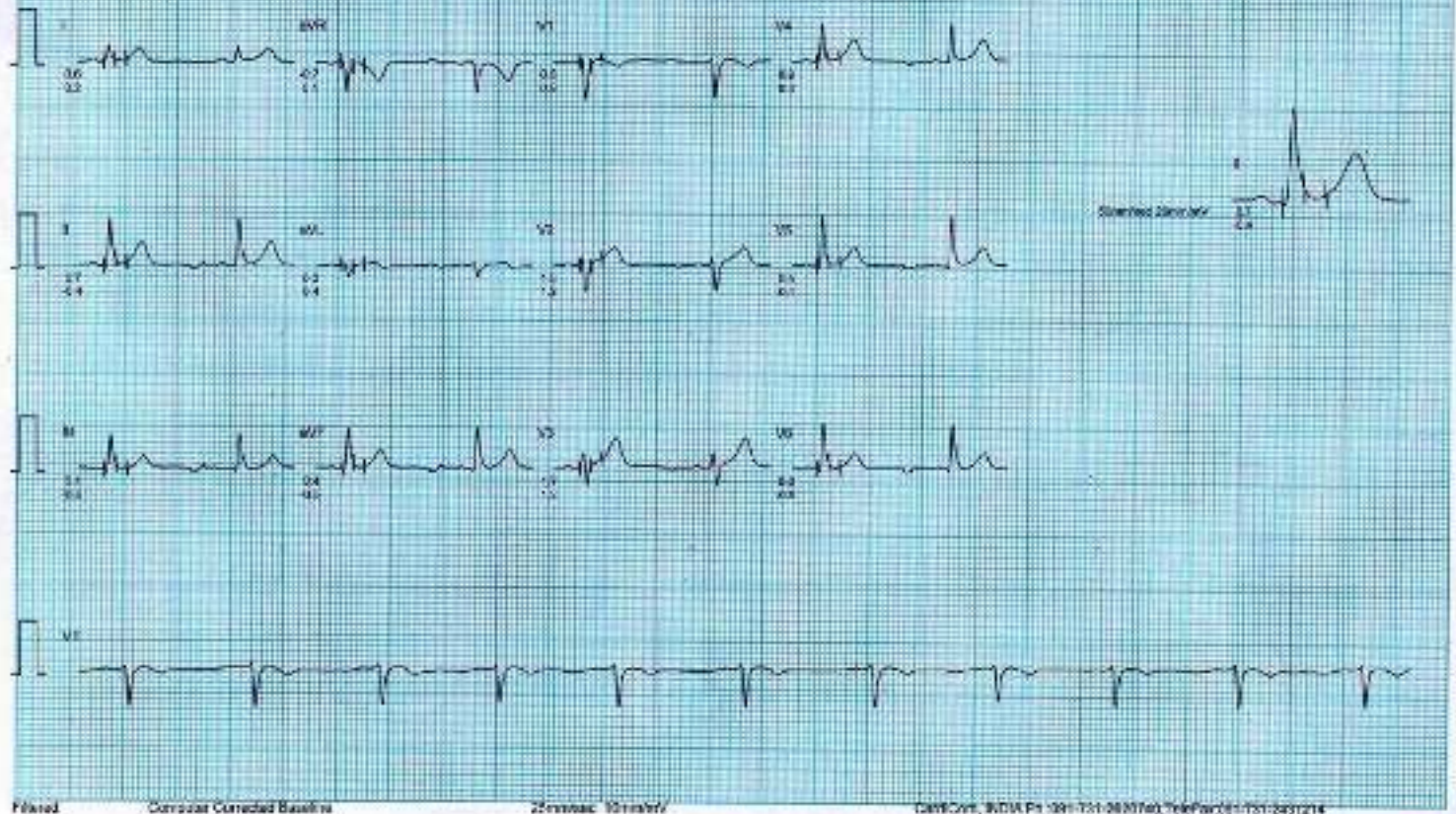
Mr. MR SANJAY KUMAR
ID : 84722425
AGE/SEX : 48M
RECORDED : 09-11-2024

RATE : 58 BPM
B.P. : 110/75 mmHg

STANDING
PRETEST

ST @ 10mm/mV
50ms/Div

LIMB & MEDIAN



MEDISEARCH, MEDIACCT SYSTEMS

CHANDAN HEALTH CARE LTD.

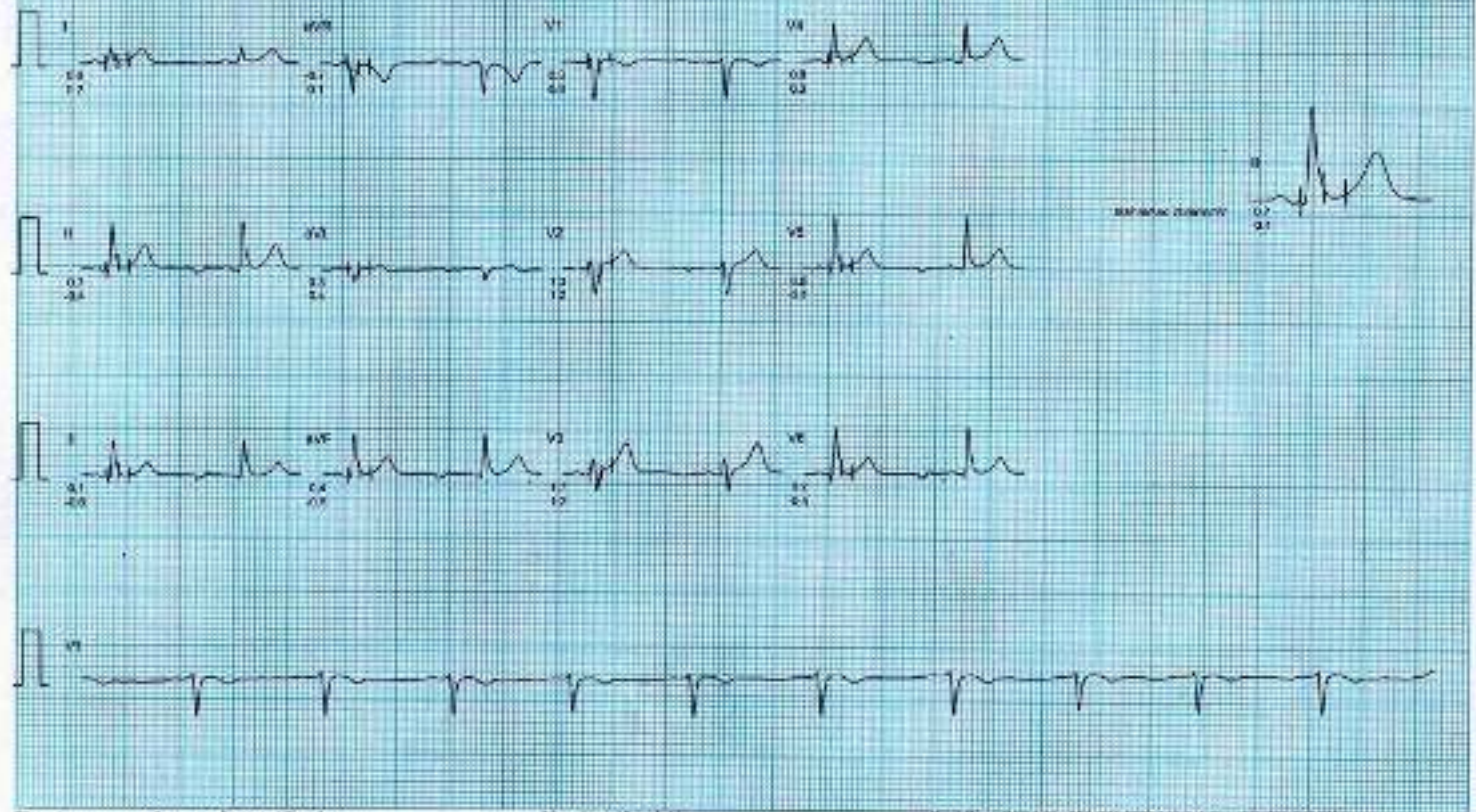
Mr. MR SANJAY KUMAR
I.D. : 84122425
AGE/SEX : 49/M
RECORDED : 09-11-2024

RATE : 56 BPM
B.P. : 110/75 mm Hg

VALSALVA
PRETEST

ST @ 10mm/mV
50ms/Div

DR. RISHI MISHRA



Filter

Computer Collected Baseline

25mm/sec 10mm/mV

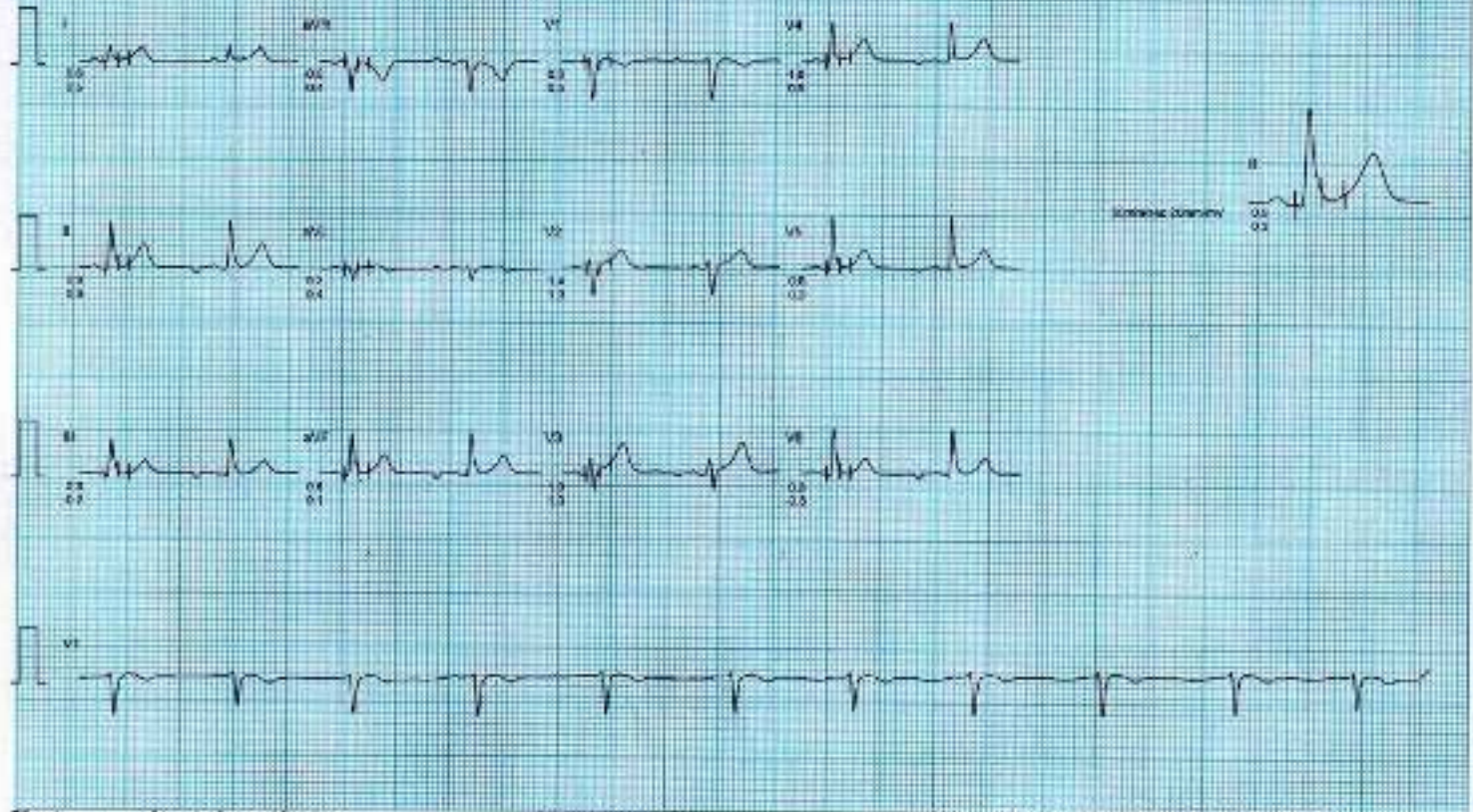
Card Co., INDIA, Ph. 091-731-262742, Toll free 1-800-1214

Mr. MR SANJAY KUMAR
I.D. : 84722423
AGE/SEX : 48/M
RECORDED : 09-11-2024

RATE : 66 BPM
B.P. : 110/76 mmHg

HYPERVENTILATION
PRE-TEST
STAGE TIME : 3:01

ST @ 10mm/mV
Kina. Pos. II
LEADS MEDIAN



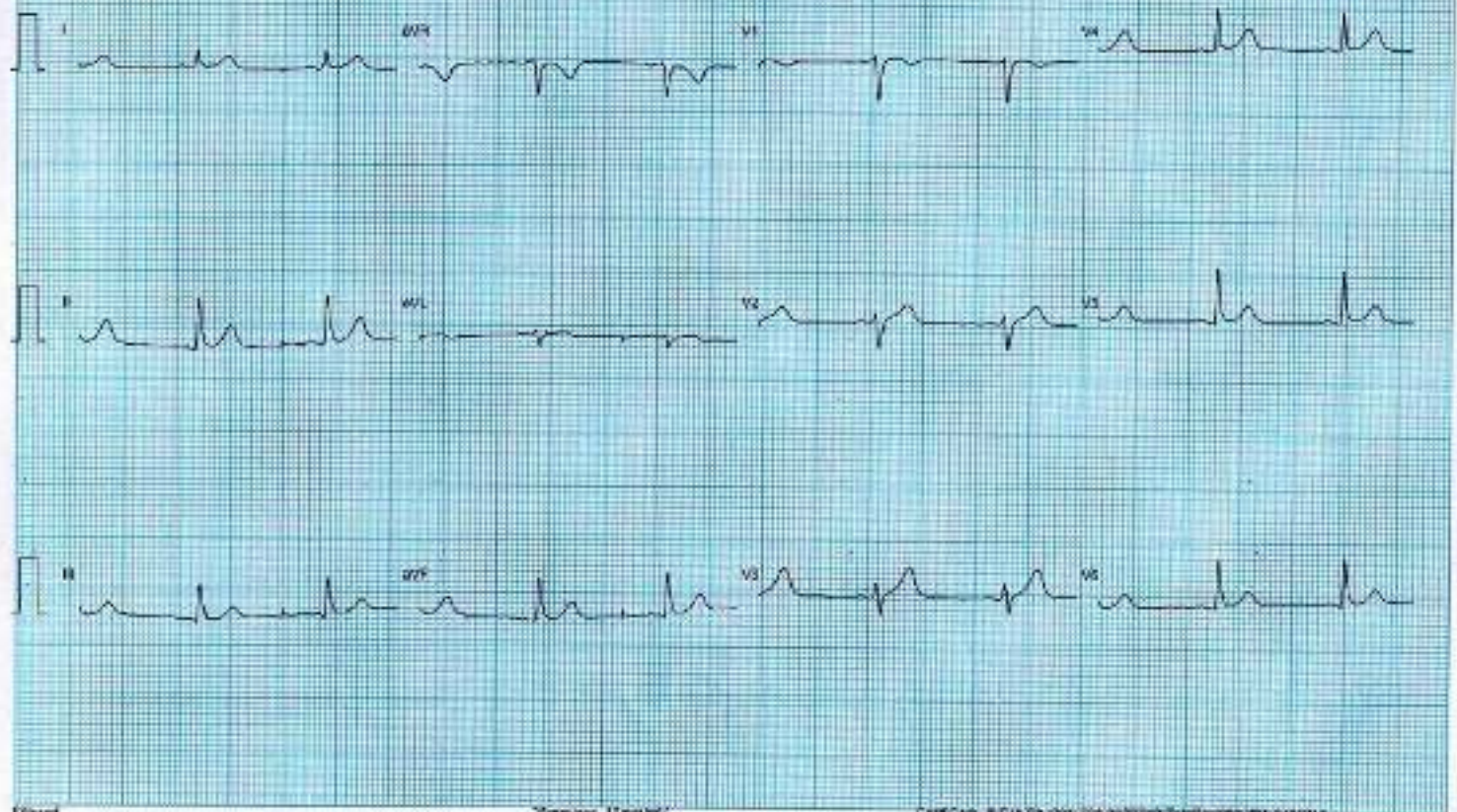
M: MR SANJAY KUMAR
I.D. : 84725425
AGE/SEX : 48M
RECORDED : 08-11-2024

RATE : 55 BPM
B.P. : 150/95 mmHg

SUPINE
PRETEST

ST 45 10mm/mV
SDm PostJ

KAZRE 13





CHANDAN DIAGNOSTIC CENTRE

Near vision: *M19*

Far vision: *6/6*

Dental check up: *none*

ENT Check up: *none*

Eye Checkup: *None*

Final impression

Certified that I examined *Smita Kumari* S/o or D/o
..... is presently in good health and free from any
cardio-respiratory/communicable ailment, ~~he/she~~ is *fit* ~~Unfit~~ to join any
organization.

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

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmorganj
Varanasi-221010 (U.P.)
Phone No.: 0542-2221212

Client Signature :-

.....
Signature of Medical Examiner

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

Date *02.11.2024*

Place - VARANASI



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CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Mediwheel*

Name of Executive: *Sanjay Kumar*

Date of Birth: *30.12.1975*

Sex: *Male / Female*

Height: *1.65* CMs

Weight: *63* KGs

BMI (Body Mass Index): *23.7*

Chest (Expiration / Inspiration) *90 / 94* CMs

Abdomen: *89* CMs

Blood Pressure: *110 / 76* mm/Hg

Pulse: *65* BPM - *Regular / Irregular*

Ident Mark: *A mark on left chest*

Any Allergies: *No*

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: *Normal & painless since 10 years*

Left eye: *1.25*

Right eye: *1.25*



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