Chandan Diagnostic



Age / Gender: 42/Male

Date and Time: 14th Feb 23 9:23 AM

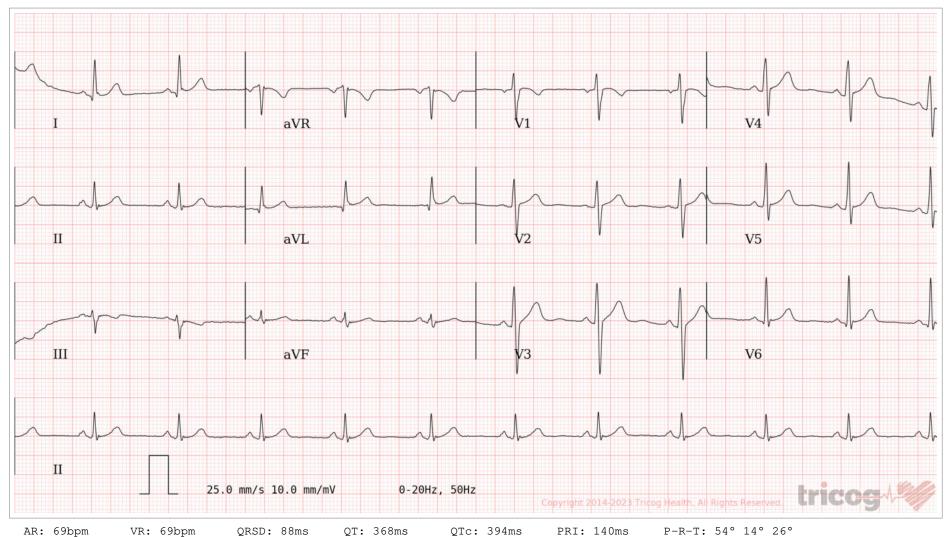
Patient ID:

CVAR0084592223

Patient Name:

Mr.CHANDRA BHUSHAN TIWARI -

PKG10000236



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

AUTHORIZED BY

REPORTED BY

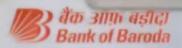
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Dr. Charit MD, DM: Cardiology Dr. Aishwarya Yadav Venugopal

63382

129058

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.



नाम चन्द्र भूषण तिवारी

Name CHANDRA BHUSHAN TIWARI

कर्मचारी कूट क्र. 125761 E.C. No.







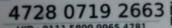
Signature of Holder





Issuinn

चंद्र भूषण तिवारी Chandra Bhushan Tiwari जन्म तिथि/DOB: 01/07/1980 पुरुष/ MALE



मेरा आधार, मेरी पहचान





CIN: U85110DL2003PLC308206



 Patient Name
 : Mr.CHANDRA BHUSHAN TIWARI -PKG10000
 Registered On
 : 14/Feb/2023 08:59:57

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 : 42 Y 0 M 0 D /M
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 : 14/Feb/2023 10:53:59

 UHID/MR NO
 : CVAR.0000035526
 Received
 : 14/Feb/2023 10:59:17

 Visit ID
 : CVAR0084592223
 Reported
 : 14/Feb/2023 12:45:44

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 Uni	nit Bio. Ref. Interval	Method
-----------	------------	------------------------	--------

Blood Group (ABO & Rh typing) *, Blood

Blood Group

0

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin

13.60

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

			remaie- 12.0-15.	o g/ui
TLC (WBC)	5,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	46.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	8.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT)	39.50	%	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
RBC Count				
RBC Count	4.38	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









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



Patient Name : Mr.CHANDRA BHUSHAN TIWARI -PKG10000 Registered On : 14/Feb/2023 08:59:57 Age/Gender : 42 Y 0 M 0 D /M Collected : 14/Feb/2023 10:53:59 UHID/MR NO : CVAR.0000035526 Received : 14/Feb/2023 10:59:17 Visit ID : CVAR0084592223 Reported : 14/Feb/2023 12:45:44 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
Blood Indices (MCV, MCH, MCHC)				
MCV	90.30	fl	80-100	CALCULATED PARAMETER
MCH	31.20	pg	28-35	CALCULATED PARAMETER
MCHC	34.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,438.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	424.00	/cu mm	40-440	

S.N. Sinla

Dr.S.N. Sinha (MD Path)









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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	93.70	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 126 Diabetes	GOD POD s	

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	120.00	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)









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	

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 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 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





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





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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.





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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	9.80	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid	5.90	mg/dl	3.4-7.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	30.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	41.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.70	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.68		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	113.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	251.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	49.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	155	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	21.80	mg/dl	10-33	CALCULATED
Triglycerides	109.00	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP 1









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High



Dr.S.N. Sinha (MD Path)









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 : 14/Feb/2023 14:13:51

 Visit ID
 : CVAR0084592223
 Reported
 : 14/Feb/2023 14:46:45

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , Urine				
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	2-3/h.p.f			
RBCs	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2









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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

S.N. Sinta

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE



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





Patient Name : Mr.CHANDRA BHUSHAN TIWARI -PKG10000 Registered On : 14/Feb/2023 08:59:57 Age/Gender : 42 Y 0 M 0 D /M Collected : 14/Feb/2023 10:53:59 UHID/MR NO : CVAR.0000035526 Received : 15/Feb/2023 10:02:51 Visit ID : CVAR0084592223 Reported : 15/Feb/2023 11:59:52 : Final Report Ref Doctor : Dr. Mediwheel - Arcofemi Health Care Ltd. 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	1.650	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)	136.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.80	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3 - 4.5	μIU/mL	First Trimest	ter
0.5-4.6	$\mu IU/mL$	Second Trim	ester
0.8 - 5.2	$\mu IU/mL$	Third Trimes	ster
0.5 - 8.9	$\mu IU/mL$	Adults	55-87 Years
0.7 - 27	$\mu IU/mL$	Premature	28-36 Week
2.3-13.2	$\mu IU/mL$	Cord Blood	> 37Week
0.7 - 64	$\mu IU/mL$	Child(21 wk	- 20 Yrs.)
1-39	$\mu IU/mL$	Child	0-4 Days
1.7-9.1	$\mu IU/mL$	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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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6**) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









CIN: U85110DL2003PLC308206



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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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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver measures **13.4 cm in midclavicular line. Mild diffuse increase in liver echogenicity seen.** No focal lesion noted. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (8.5 mm) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.7 mm) 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 (9.3 x 4.0 cm).
- 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 (9.5 x 4.3 cm).
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

Age/Gender

UHID/MR NO

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is 34 cc.

PROSTATE

• The prostate gland is normal in size (~ 39 x 28 x 27 mm / 16 grams) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- FATTY LIVER GRADE I
- Rest of the abdominal organs are normal

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, 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 * *Facilities Available at Select Location 365 Days Open











CHANDAN DIAGNOSTIC CENTRE

Name of Company: Medi wheel. Name of Executive: Chandra Bhushen Truani Date of Birth: .01 / 07 / 19 80 Sex: (Male / Female Height: 68 CMs Weight: 22 KGs BMI (Body Mass Index): 27-3 Chest (Expiration / Inspiration) 9.2 9.2 CMs Abdomen:CMs Pulse: ..O.4.....BPM · Regular / Irregular RR: Resp/Min Ident Mark: hole on Rt cheek -Any Allergies: Vertigo: MA Any Medications: Any Surgical History: NO Habits of alcoholism/smoking/tobacco: Chief Complaints if any: Lab Investigation Reports: Eye Check up vision & Color vision: Normal & Pewerglow. 145 Left eye: Noul Right eye: Near vision: Nove & glave Far vision:



Dental check up : went





CHANDAN DIAGNOSTIC CENTRE

ENT Check up : M

Eye Checkup:

Final impression

Client Signature :-

Signature of Medical Examiner

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

Jandan Diagnostic Cent 89,Shivaji Nagar,Mahinoorga Varanasi-221010 (U.P.) Phone No.:0542-2223232





JEDISEARCH MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

Mr CHANDRA BHUSHAN TIWARI Age/Sex: 42/M

Ref by Indications Indication2 Indication3 ID - 84502223

HIANI 168/77 Recorded - 14/02/2023 TREADMILL TEST SUMMARY REPORT Protocol: BRLICE

History Medication 1 Medication2 Medication3 nandan Diagnostic Center

99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2

PHASE	PHASE TIME	STAGE	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100		ST LEVEL (mm) V2	V5	METS
							200				
UPINE					77	138/88	106 111	1.2 1.2	0.5 0.5	1.0 1.0 1.0 1.0	
YPERVENT	0:02	0:02			81	138/88		1.2	0.5	1.0	
ALSALVA					81	138/88	111	1.1	0,5	1.0	
TANDING					79	138/88	109	1.1	0.5	1.0	
TAGE 1	2:59	2:59	2.70	10.00	110	148/88	162	0.9	0,3	1,1	4.80
VENT	5:36	2:36	4.00	12.00	136	148/88	201	0.3	0.1	0.7	6.80
TAGE 2	5:59	2:59	4.00	12.00	132	158/88	208	-0.2	0.2	0.6	7.10
TAGE 3	8.59	2:59	5.40	14.00	154	168/88	258	-0.3	0.0	0.2	10.00
VENT	9:19	0:19	6.70	16.00	164	168/88	258 275	-0.9	0.4	1,1 0.7 0.6 0.2 -0.2	10.42
EAK EXER	9:22	0:22			166	168/88	278	-0.7	0.3	-0.5	10,49
VENT	0:31	0:31	0.00	0.00	147	168/88	246	0.0	0.3	0.5 0.9 0.3	
VENT VENT	1:16	1:16	0.00	0.00	112	168/88	188	0.9	0.1	0.9	
VENT	2:06	2:06	0.00	0.00	96	168/88	161	0.1	0.1	0.3	

RESULTS

Exercise Duration Max Heart Rate May Blood Pressure Max Work Load Reason of Termination

9:22 Minutes 166 bom 93 9 of target heart rate 178 bpm 168/88 mmHa 10 49 METS

IMPRESSIONS

→ NO Rignifical ST-T changes Read of pall Exposure and recovery

→ Torget Ment Rate Achiel

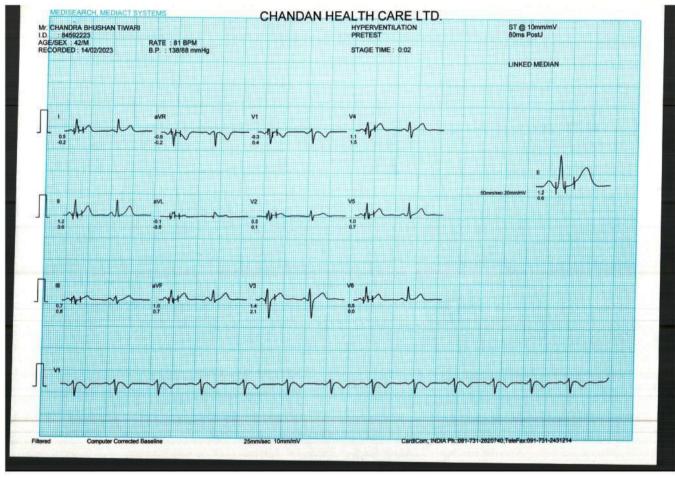
→ TMT is negative for RMI

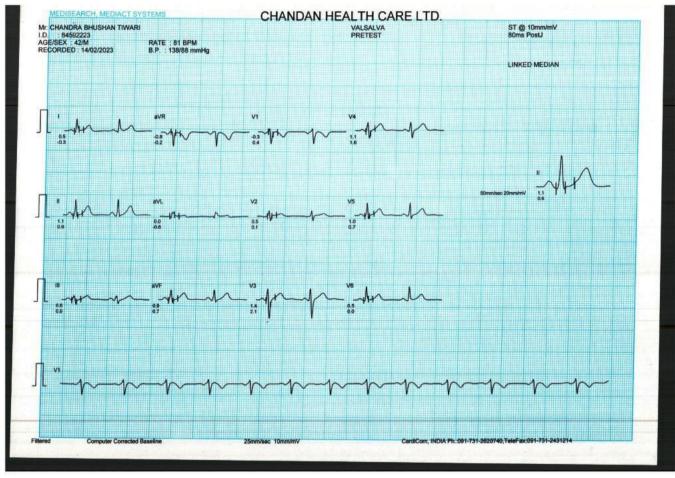
Dr. Ankit Krishna Agarwal

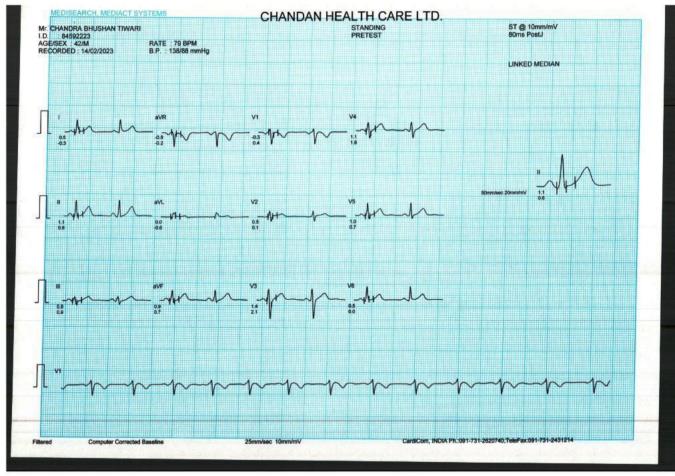
Cardiologist

TMT is regarine for RMI

MEDISEARCH MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD. Mr. CHANDRA BHUSHAN TIWARI I.D. 84592223 AGE/SEX: 42/M RECORDED: 14/02/2023 SUPINE ST @ 10mm/mV 80ms PostJ RATE : 77 BPM B.P. : 138/88 mmHq RAWECG V2 25mm/sec 10mm/mV







MEDISEARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD. Mr CHANDRA BHUSHAN TIWARI BRUCE ST @ 10mm/mV 80ms PostJ I.D. 84592223 EXERCISE 1 AGE/SEX 42/M PHASE TIME 259 SPEED: 2.7 Km /Hr RATE : 110 BPM GRADE : 10.0 % RECORDED: 14/02/2023 STAGE TIME - 2:59 B.P. : 148/88 mmHq LINKED MEDIAN Computer Corrected Baseline

CHANDAN HEALTH CARE LTD ST @ 10mm/mV Mr. CHANDRA BHUSHAN TIWARI BRUCE 80ms PostJ ID 84502223 EXERCISE 4 (EVENT) PHASE TIME : 9:19 SPEED: 67 Km /Hr AGE/SEX 42/M RATE : 164 BPM GRADE: 16.0 % STAGE TIME : 0-19 RECORDED : 14/02/2023 R P : 168/88 mmHa RAWECG

DISEARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD

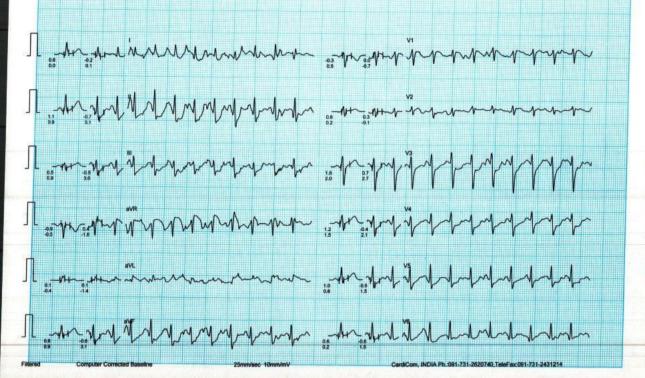
Mr. CHANDRA BHUSHAN TIWARI

AGE/SEX : 42/M RAT RECORDED : 14/02/2023 B.P.

RATE : 166 BPM B.P. 168/88 mmHg PEAK EXER
PHASE TIME: 9:22
STAGE TIME: 0:22

ST @ 10mm/mV 80ms PostJ SPEED: 6,7 Km./Hr. GRADE: 16.0 %

MIXED E.C.G



MEDISFARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD MIN CHANDRA BHUSHAN TIWARI ST @ 10mm/mV BRUCE I.D : 84592223 80ms PostJ SPEED: 0.0 Km./Hr. GRADE: 0.0 % RECOVERY (EVENT) AGE/SEX : 42/M RECORDED : 14/02/2023 RATE: 147 BPM B.P. 168/88 mmHa RAWECG

MEDISEARCH, MEDIACT SYSTEMS CHANDAN HEALTH CARE LTD. Mr. CHANDRA BHUSHAN TIWARI ST @ 10mm/mV 80ms PostJ SPEED : 0.0 Km./Hr. GRADE : 0.0 % BRUCE I.D. : 84592223 RECOVERY (EVENT) AGE/SEX: 42/M RECORDED: 14/02/2023 RATE : 112 BPM B.P. : 168/88 mmHg RAWECG

MEDISEARCH, MEDIACT SYSTEMS

CHANDAN HEALTH CARE LTD.

Mr. CHANDRA BHUSHAN TIWARI I.D. : 84592223 AGE/SEX : 42/M

RECORDED - 14/02/2023

RATE : 96 BPM B.P. : 168/88 mmHg BRUCE RECOVERY (EVENT) PHASE TIME: 2:06 ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km./Hr. GRADE: 0.0 %

RAW E.C.G.

