

HRUDEYAA HEART CARE

Near Mamatha Scanning Center, Bhanugudi Jn., KAKINADA

NAME:Y.UDAY KUMAR

MALE /44YEARS

Ref Dr:MEDALL

DATE-26-02-2022

2D ECHO/DOPPLER STUDY

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL
TRICUSPID VALVE	NORMAL
AORTA:	2.1 cm,
PULMONARY ARTERY:	NORMAL
IAS:	INTACT
IVS:	1.2cm,
LEFT ATRIUM	3.3cm,
LEFT VENTRICLE	EDD : 4.2cm, EF :64%
	ESD : 2.7cm
RWMA:	NIL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

DOPPLER

MITRAL FLOW	E > A
AORTIC FLOW	Vmax 1.2m/sec.,
PULMONARY FLOW	Vmax 0.9 m/sec.,
TRICUSPID FLOW	NORMAL
COLOR DOPPLER :	NO MR/ AR /TR

IMP NORMAL CARDIAC CHAMBERS
NORMAL LV FUNCTION
NORMAL VALVES
NO RWMA

Dr. SUMALATHA
M.B.B.S.,D.C. (Card)
(CELL- 7075575437)

Shri Sai Bhargava Scan Centre

2-26-19, Mythili Street,
Behind Janmabhumi Park,
Srinagar, Kakinada - 533003
Ph: 0884 - 2354989, 9618737866

DIVISION OF 4D ULTRASOUND & COLOUR DOPPLER

YENUGULA. UDAY KUMAR

Date: 26-02-2022

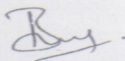
Age / Sex: 44 Y / M

Ref: MEDALL DIAGNOSTICS

ULTRA SONOGRAPHY – ABDOMEN & PELVIS

- LIVER:** Normal in size (13.6 cm) with diffuse increase in echogenicity. No focal / diffuse mass lesions.
No Intrahepatic / extrahepatic biliary radicle dilatation.
- PV :** Normal in calibre.
- GALL BLADDER:** Normally distended. No wall thickening.
Multiple calculi seen in the GB largest measuring 4 mm.
- CBD:** Normal in calibre (3 mm)
- PANCREAS:** Normal in size & echotexture. No dilatation of Main pancreatic duct.
No parenchymal / ductal calcifications.
- SPLEEN:** Normal in size & echotexture.
- KIDNEYS:** Right kidney: 10.5 X 4.3 cm, Left kidney: 10.3 X 5.8 cm
Normal in size & echotexture.
Normal cortico-medullary differentiation maintained.
No calculi / dilatation of collecting system.
- RETROPERITONEUM:** Normal.
- URINARY BLADDER:** Well distended. Normal wall thickness. No calculi / no focal masses.
- PROSTATE:** Normal in size & echotexture. No focal lesion.
- BOWEL:** Bowel appears grossly normal.
No free fluid in peritoneal cavity. No Pleural effusions.
- IMPRESSION:** **Grade I fatty changes in liver.**
Cholelithiasis.

Note: These are COVID-19 pandemic days and no place is secure as also the diagnostic Centre.
For clinical correlation & further evaluation


Dr.S.BHASKARA RAO, MD
Consultant Radiologist
Regd. No:72607

Dr.A.CHENNA RAYUDU, DMRD
Consultant Radiologist
Regd. No: 97975

This is a professional opinion only for the interpretation of referring doctors. This report is not valid for medico- legal purpose

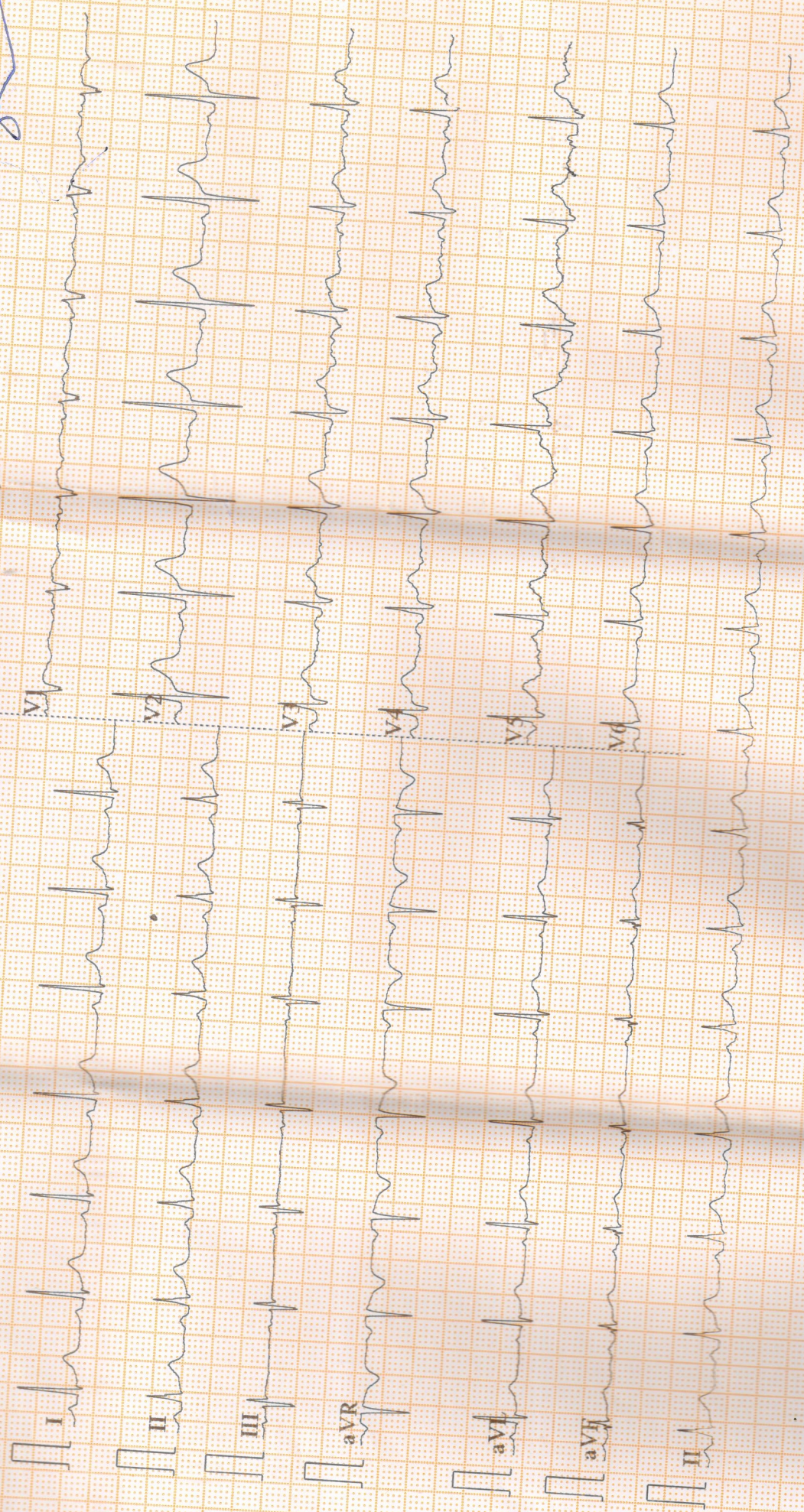
X. UDAY KUMAR
Male 44 Years

HR 84 bpm
P 106 ms
PR 151 ms
QRS 87 ms
QT/QTc 352/418 ms
P/QRST 39/18/31
RV5/SV1 0.87/0.279 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

S. NORRANA
Dr. E. SUMALATHA
M.B.S., D.C. (Card)
Clinical Cardiologist
Regd. 69460
Cell: 8500008007

Report Confirmed by:



0.07 45Hz AC50 25mm/s 10mm/mV 2.75s 11. 84 SE 1200LExpress V2.01 SEMIP V1.7 IRUDEYAA HEARTCARE KK

IRUDEYAA HEARTCARE KK



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D.No. 26-6-5/1, Ganjamvari Street, Main Raod, Big Masjid Backside Road, KAKINADA - 533 001.
www.spectsworld.com

Name : Y. Sabar Kumar

PRESCRIPTION

Age : 44 Gender : M/F

Date : 20.12.2014

RIGHT EYE

	Sph.	Cyl.	Axis	VA
Distant Vision	-	Round	-	6/6
ADD	+1.25			NA

LEFT EYE

	Sph.	Cyl.	Axis	VA
Distant Vision	+0.25	-	-	6/6
ADD	+1.25			NA

Lens Advise

- Type : Single Vision
- Material : Reslens
- Coating : Hard coat
- Tint : White
- Spl lens : High refractive index
- Special Instructions : For Constant use / Near work only

- Kryptok
- Polycarbonate
- Anti reflection coat
- Sp2
- Asperic

- D-Bifocal/Executive
- Glass
- Blue cut
- Photo grey
- Digital

- Progressive
- Polarized
- UV Protection
- Special Tint
- Contact Lens

IPD

Optometrist



Quantum Medall Healthcare Pvt Ltd

12.24.24

SASH SELF REFERRAL FORM

Stick the Barcode here
70393815

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the SASH Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs **X. UDAY KUMAR**

Company Name: _____ Occupation: _____

For Corporate customers only Employee id: _____ Department: _____

Date of Birth: _____ or Age: **44** Gender: Male Female

Contact Number: _____ Pin Code: _____

Email ID: _____

Vitals Observations (to be filled by Medall team)

Place of service: In store Camp - (mention Location) _____

Height: **171** Cms feet Inches

Waist: **37** Inches

Hip: **40** Inches

Weight: **74** Kgs

Fat: **29.2** %

Visceral Fat: **11.5** %

RM: **1641** Cal

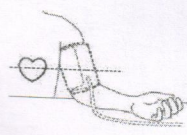
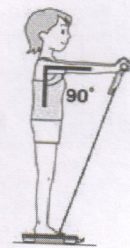
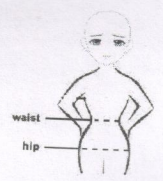
BMI: **25.5**

Body Age: **51** Yrs

Systolic BP: **119** mm/Hg

Diastolic BP: **84** mm/Hg

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)



Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Date: _____ Medall Employee Name & Id: _____

Report Language option (English is default) Hindi Kannada Malayalam Odiya Tamil Telugu

How did you come to know about SASH Store Communication Social Media Friends/Family Theatres Radio Posters Others

I have verified and agree with all the data in this sheet.

Customer Signature

ADIVISION OF COMPUTED RADIOGRAPHY

UDAY KUMAR.YENUGLA

Date: 26-02-2022

Age / Sex: 44 Y / M

Ref: MEDALL DIAGNOSTICS

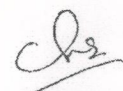
X - RAY CHEST – (PA View)

- * Trachea midline position.
- * Cardiac silhouette appears normal in size and density.
- * Mediastinum and bilateral hila appear normal.
- * Bilateral lung fields appear normal.
- * Bilateral hemi diaphragms and costo-phrenic angles appear normal.
- * Rib cage is normal.

IMPRESSION: No obvious abnormality.

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UDHAY
PID No. : MED110999710
SID No. : 78393815
Age / Sex : 44 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 26/02/2022 10:46 AM
Collection On : 26/02/2022 11:03 AM
Report On : 27/02/2022 6:22 PM
Printed On : 01/03/2022 6:40 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood/Impedance and absorbance)	00.00	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance and absorbance)	04.19	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance and absorbance)	02.25	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance and absorbance)	00.46	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance and absorbance)	00.36	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance and absorbance)	00.00	10 ³ / μ l	< 0.2
Platelet Count (Blood/Electrical Impedance)	2.31	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/Automated Blood cell Counter)	07.42	fL	7.9 - 13.7
PCT	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	10	mm/hr	< 15


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BIOCHEMISTRY

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose (Whole Blood)	108.28	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

K. R. Mukilarasi
Dr. K.R. MUKILARASI M.D., (Path)
Consultant Pathologist
TNMC Reg.No: 116296

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<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	19	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	29	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	70	U/L	53 - 128
Total Protein (Serum/Biuret)	6.83	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.81	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.02	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.26		1.1 - 2.2

INTERPRETATION:Enclosure : Graph


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	217	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	116	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Direct Detergent)	42.84	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	151	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	174.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation

**Observed
Value**

Unit

**Biological
Reference Interval**

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio
(Serum/Calculated)

5.1

Optimal: < 3.3
Low Risk: 3.4 - 4.4
Average Risk: 4.5 - 7.1
Moderate Risk: 7.2 - 11.0
High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio
(TG/HDL)
(Serum/Calculated)

2.7

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

3.5

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0


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THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.87	ng/mL	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	7.7	µg/dL	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescence)	3.19	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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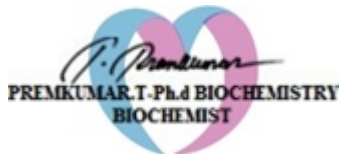
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Appearance (Urine/Physical examination)	clear		
Volume(CLU)	35 ml		

CHEMICAL EXAMINATION

Leukocytes(CP)	Negative		
pH (Urine/Double Indicator)	6.0		4.5 - 8.0
Specific Gravity (Urine/Ionic concentration)	1.020		1.002 - 1.035
Ketone (Urine/Dip Stick Reagent strip Method / Rothera's mixture.)	Negative		Negative
Urobilinogen (Urine/Dipstick - Reagent strip method / Ehrlich's Reaction)	Normal		Within normal limits
Blood (Urine/Dip-Stick Method Peroxidase like activity of HB)	Negative		Negative
Nitrite (Urine/Dip Stick - Reagent strip method.)	Negative		Negative



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Bilirubin (Urine/Dip Stick Diazotized Dichloro aniline/Fouchets method.)	Negative		Negative
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)	Negative		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative

Urine Microscopy Pictures

RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	Nil
Pus Cells (Urine/Microscopy exam of urine sediment)	2-3	/hpf	NIL
Casts (Urine/Microscopy exam of urine sediment)	Nil	/hpf	NIL
Epithelial Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	Nil
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

INTERPRETATION:Note: Done with Automated Urine Analyser & microscopy



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<u>Stool Analysis - ROUTINE</u>			
Colour (Stool/Physical examination)	Brown		Brown
Blood (Stool/Saline mount)	Not present		Not present
Mucus (Stool/Saline mount)	Not present		Not present
Reaction (Stool/PH)	Alkaline		Alkaline
Consistency (Stool/Physical examination)	Well Formed		Well Formed
Ova (Stool/Saline mount)	Nil		
Others (Stool/Saline mount)	Nil		Nil
Cysts (Stool/Saline mount)	Nil		
Trophozoites (Stool/Saline mount)	Nil		
RBCs (Stool/Saline mount)	Nil	/hpf	
Pus Cells (Stool/Saline mount)	2-3	/hpf	
Macrophages (Stool/Saline mount)	Nil		
Epithelial Cells (Stool/Saline mount)	0-1	/hpf	



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Observed
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HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(Blood/Agglutination)

'B' 'Positive'

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Reg.No: AP/AFMC - FMR 81632

APPROVED BY

Name : Mr. KUMAR YENUGULA
UDHAY
PID No. : MED110999710
SID No. : 78393815
Age / Sex : 44 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 26/02/2022 10:46 AM
Collection On : 26/02/2022 11:03 AM
Report On : 27/02/2022 6:22 PM
Printed On : 01/03/2022 6:40 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	14.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	90	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/Glucose oxidase/Peroxidase)	112	mg/dL	70 - 140

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.6	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe - Alkaline Picrate)	0.90	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	5.5	mg/dL	3.5 - 7.2

K. R. Mukilarasi
Dr. K.R. MUKILARASI M.D., (Path)
Consultant Pathologist
TNMC Reg.No: 116296

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	1.06	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION:REMARK : PSA alone should not be used as an absolute indicator of malignancy.


Dr.K.R. MUKILARASI M.D.,(Path)
Consultant Pathologist
TNMC Reg.No: 116296

APPROVED BY

-- End of Report --



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAVINDRA YADAV - PKG10000238	Registered On	: 27/Feb/2022 09:28:25
Age/Gender	: 28 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000026699	Received	: N/A
Visit ID	: CVAR0109582122	Reported	: 01/Mar/2022 12:58:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS


ECG / EKG *

1. Machnism, Rhythm	Sinus, Regular
2. Atrial Rate	76 /mt
3. Ventricular Rate	76 /mt
4. P - Wave	Normal
5. P R Interval	Normal
6. Q R S	Axis : Normal R/S Ratio : Normal Configuration : Normal
7. Q T c Interval	Normal
8. S - T Segment	Normal
9. T - Wave	Normal

FINAL IMPRESSION

Likely Incomplete RBBB. Sinus Rhythm.




DR AP YADAV
MD (CARDIOLOGIST)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAVINDRA YADAV - PKG10000238	Registered On	: 27/Feb/2022 09:28:23
Age/Gender	: 28 Y 0 M 0 D /M	Collected	: 27/Feb/2022 12:06:47
UHID/MR NO	: CVAR.0000026699	Received	: 27/Feb/2022 12:23:13
Visit ID	: CVAR0109582122	Reported	: 27/Feb/2022 14:15:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Blood

Haemoglobin	15.20	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
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TLC (WBC)	4,900	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	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)	46.20	cc % 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	5.84	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	79.10	fl	80-100	CALCULATED PARAMETER
MCH	26.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	11.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	35.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,940.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	392.00	/cu mm	40-440	



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





CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAVINDRA YADAV - PKG10000238	Registered On	: 27/Feb/2022 09:28:24
Age/Gender	: 28 Y 0 M 0 D /M	Collected	: 27/Feb/2022 15:50:44
UHID/MR NO	: CVAR.0000026699	Received	: 27/Feb/2022 15:50:59
Visit ID	: CVAR0109582122	Reported	: 27/Feb/2022 16:42:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	98.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

119.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



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





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Age/Gender	: 28 Y 0 M 0 D /M	Collected	: 27/Feb/2022 12:06:47
UHID/MR NO	: CVAR.0000026699	Received	: 28/Feb/2022 11:29:06
Visit ID	: CVAR0109582122	Reported	: 28/Feb/2022 12:22:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	43.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	128	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000026699	Received	: 27/Feb/2022 12:23:13
Visit ID	: CVAR0109582122	Reported	: 27/Feb/2022 13:48:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	7.90	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.90	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	101.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	5.40	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	19.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	15.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.60	gm/dl	6.2-8.0	BIRUET
Albumin	5.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.45		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	55.80	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	152.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	38.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	102	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.00	mg/dl	10-33	CALCULATED
Triglycerides	80.00	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High
>500 Very High



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





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000026699	Received	: 27/Feb/2022 12:23:13
Visit ID	: CVAR0109582122	Reported	: 27/Feb/2022 14:08:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.RAVINDRA YADAV - PKG10000238	Registered On	: 27/Feb/2022 09:28:24
Age/Gender	: 28 Y 0 M 0 D /M	Collected	: 27/Feb/2022 12:06:46
UHID/MR NO	: CVAR.0000026699	Received	: 28/Feb/2022 10:38:22
Visit ID	: CVAR0109582122	Reported	: 28/Feb/2022 12:36:56
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL **, Serum

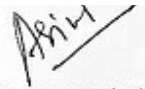
T3, Total (tri-iodothyronine)	125.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.65	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

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




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795, 0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAVINDRA YADAV - PKG1000238	Registered On	: 27/Feb/2022 09:28:25
Age/Gender	: 28 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000026699	Received	: N/A
Visit ID	: CVAR0109582122	Reported	: 27/Feb/2022 15:14:15
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Rzy

Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

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

Home Sample Collection
1800-419-0002

Mar. 2018

CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Mediowheel*
Name of Executive: *Ravindra Yadav*
Date of Birth: *05/07/1993*
Sex: Male / Female
Height: *171*.....CMs
Weight: *69*.....KGs
BMI (Body Mass Index): *23.6*
Chest (Expiration / Inspiration) *82/86*.....CMs
Abdomen: *78*.....CMs
Blood Pressure: *118/78*.....mm/Hg
Pulse: *78*.....BPM - Regular / Irregular
RR: *17*.....Resp/Min
Ident Mark: *Mole on Chest (L side)*
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: *Yes Att*
Eye Check up vision & Color vision: *Normal*
Left eye: *Normal*
Right eye: *Normal*
Near vision: *Normal*
Far vision: *Normal*

CHANDAN DIAGNOSTIC CENTRE

Dental check up : *normal*

ENT Check up : *normal*

Eye Checkup: *normal*

Final impression

Certified that I examined *Ravindra Yadav*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 :-

[Handwritten Signature]

[Handwritten Signature]

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

.....
Signature of Medical Examiner

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

Date *27/02* /2022, Place *Varanasi*

389 I/A, PHASE 2

MR. RAVINDRA YADAV
 Age : 28/M
 Ref. by :
 Indication 1 :
 Indication 2 :
 Indication 3 :
 COMMENTS : Likely Incomplete RBBB, Sinus Rhythm

ID : 109582122
 Ht/Wt : 171/69
 Recorded : 27-2-2022 9:51
 Medication 1 :
 Medication 2 :
 Medication 3 :

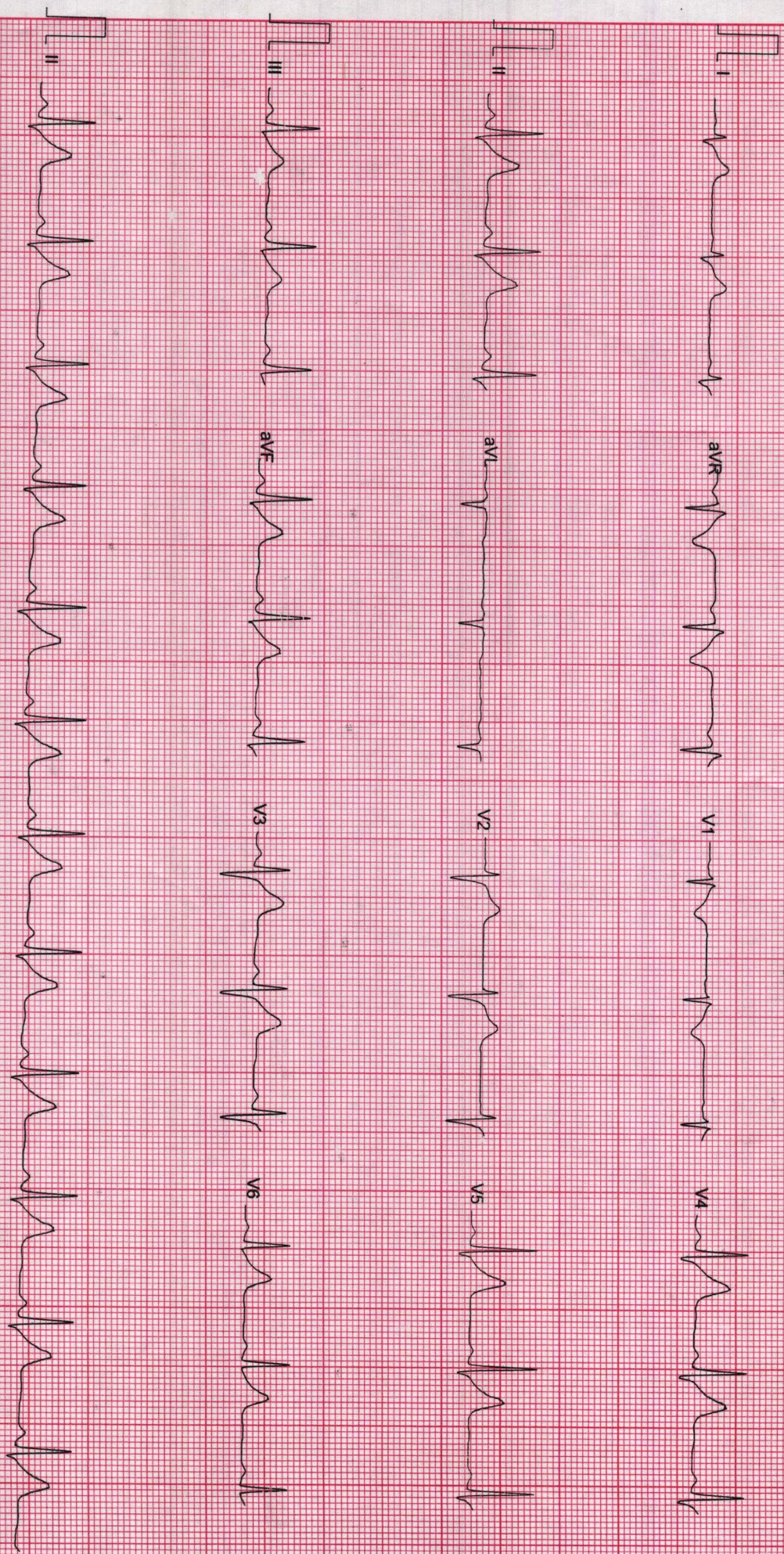
BPM : 76
 BP : 118/78
 P Axis : 82 deg
 QRS Axis : 88 deg
 T Axis : 65 deg

P duration : 100 msec
 PR duration : 140 msec
 QRS duration : 110 msec
 QT interval : 326 msec
 QTc interval : 354 msec

Raw E.C.G

Unconfirmed Report Reviewed By:

Cardiologist



Filtered

25mm/sec 10mm/mV

CardCom, INDIA



भारत सरकार

Government of India

रविन्द्र यादव

Ravindra Yadav

जन्म तिथि / DOB : 05/07/1993

पुरुष / Male



6604 7950 9117

आधार - आम आदमी का अधिकार



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

Latitude

25.305416°

Longitude

82.979066°

LOCAL 09:44:18

GMT 04:14:18

SUNDAY 02.27.2022

ALTITUDE 19 METER