# **Chandan Diagnostic**



Age / Gender: 41/Male Date and Time: 10th Feb 24 10:16 AM

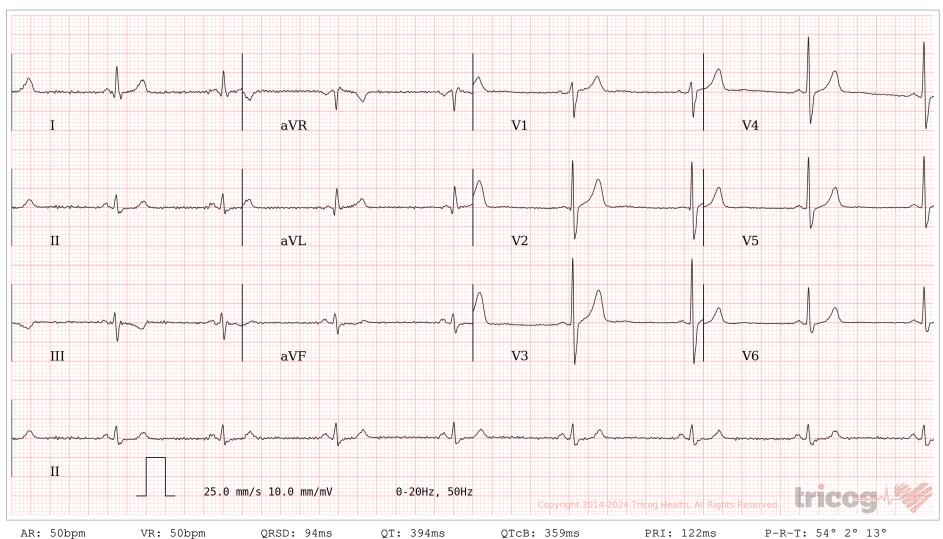
Patient ID:

CVAR0110992324

Patient Name:

Mr.TARUN KUMAR MANGALAM -

BOBE37784



Abnormal: Sinus Bradycardia. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



Dr. Charit MD, DM: Cardiology

63382

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.



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:18 Age/Gender : 41 Y 0 M 0 D /M Collected : 10/Feb/2024 11:32:22 UHID/MR NO : CVAR.0000036960 Received : 10/Feb/2024 11:47:14 Visit ID : CVAR0110992324 Reported : 10/Feb/2024 13:36:03

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

### DEPARTMENT OF HABMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, B	lood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whol	e Blood			
TLC (WBC) DLC  Polymorphs (Noutrophile)	4,900.00	g/dl /Cu mm	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 4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils Basophils ESR	3.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	39.00	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE









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# DEPARTM ENT OF HAEM ATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.24	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.00	fΙ	80-100	CALCULATED PARAMETER
MCH	31.70	pg	28-35	CALCULATED PARAMETER
MCHC	34.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,185.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	147.00	/cu mm	40-440	

S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:20 Age/Gender : 41 Y 0 M 0 D /M Collected : 10/Feb/2024 12:40:30 UHID/MR NO : CVAR.0000036960 Received : 10/Feb/2024 12:42:28 Visit ID : CVAR0110992324 Reported : 10/Feb/2024 15:18:19 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Hesult	Unit	Bio. Het. Interval	Method	
GLUCOSE FASTING, Plasma					
Glucose Fasting	77.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD	

### **Interpretation:**

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

Glucose PP	125.00	mg/dl	<140 Normal	<b>GOD POD</b>
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. Sinta Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 : 10/Feb/2024 09:40:21 Registered On Collected Age/Gender : 41 Y 0 M 0 D /M : 10/Feb/2024 11:32:22 UHID/MR NO : CVAR.0000036960 Received : 11/Feb/2024 12:10:45 Visit ID : CVAR0110992324 Reported : 11/Feb/2024 13:02:03 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

# GLYCOSYLATED HABMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **Clinical Implications:**

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy







<sup>\*\*</sup>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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Registered On

: 10/Feb/2024 09:40:21

Age/Gender

: 41 Y 0 M 0 D /M

Collected

: 10/Feb/2024 11:32:22 : 11/Feb/2024 12:10:45

UHID/MR NO Visit ID

: CVAR.0000036960

Received Reported

: 11/Feb/2024 13:02:03

Ref Doctor

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: Dr.MEDIWHEEL VNS -

Status : Final Report

### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)

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<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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.





CIN: U85110DL2003PLC308206



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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	11.40	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	5.60	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	24.60	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	12.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.70	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.58		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	122.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	137.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	76	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
			160-189 High > 190 Very High	
VLDL	14.66	mg/dl	10-33	CALCU:
Triglycerides	73.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:20 Age/Gender : 41 Y 0 M 0 D /M Collected : 10/Feb/2024 11:32:22 UHID/MR NO : CVAR.0000036960 Received : 10/Feb/2024 11:47:14 Visit ID : CVAR0110992324 Reported : 10/Feb/2024 16:27:07 Ref Doctor : Dr.MEDIWHEEL VNS -

# DEPARTMENT OF CLINICAL PATHOLOGY

Status

: Final Report

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE*, U	rine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.5 )			DIPSTICK
Appearance	CLEAR			Dir officia
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
1 Totalii	ABSENT	1116 70	10-40 (+)	Dii STICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		1 1 × 1	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	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	2-3/h.p.f			MICROSCOPIC
•				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		

# **Interpretation:**









CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784

Registered On

: 10/Feb/2024 09:40:20

Age/Gender

: 41 Y 0 M 0 D /M

Collected

: 10/Feb/2024 11:32:22 : 10/Feb/2024 11:47:14

UHID/MR NO Visit ID

: CVAR.0000036960

Received Reported

Ref Doctor

: CVAR0110992324

Status

: 10/Feb/2024 16:27:07

: Dr.MEDIWHEEL VNS -

: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

< 0.5 (+)

0.5 - 1.0(++)

(+++)1-2

(++++) > 2



S.N. Sinta

Dr.S.N. Sinha (MD Path)











CIN: U85110DL2003PLC308206



: 10/Feb/2024 09:40:24 Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On Age/Gender : 41 Y 0 M 0 D /M Collected : 10/Feb/2024 11:32:22 UHID/MR NO : CVAR.0000036960 Received : 11/Feb/2024 11:12:51 Visit ID : CVAR0110992324 Reported : 11/Feb/2024 13:10:46 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS -Status

### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total **	0.47	ng/mL	<4.1	CLIA	
Sample: Serum					

### **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:21 Age/Gender : 41 Y 0 M 0 D /M Collected : 10/Feb/2024 11:32:22 UHID/MR NO : CVAR.0000036960 Received : 10/Feb/2024 18:39:34 Visit ID : CVAR0110992324 Reported : 10/Feb/2024 19:17:58 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	146.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.98	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.490	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/n	nL Third Trime	ster
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 $\mu IU/r$	nL Premature	28-36 Week
		2.3-13.2 μIU/n	nL Cord Blood	> 37Week
		0.7-64 μIU/n	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r	nL Child	2-20 Week
	The second second			

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

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:23

 Age/Gender
 : 41 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000036960
 Received
 : N/A

Visit ID : CVAR0110992324 Reported : 10/Feb/2024 14:53:54

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)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:24

 Age/Gender
 : 41 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000036960
 Received
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Visit ID : CVAR0110992324 Reported : 10/Feb/2024 10:25:05

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 is normal in size ( 11.9 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 ( 10.5 mm in caliber) not dilated.
- Porta hepatis is normal.

### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.6 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 ~ 11.4 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 ~ 11.5 x 5.1 cms.
- 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 (~ 10.0 cm in its long axis) and has a normal homogenous echotexture.



Home Sample Collection 1800-419-0002



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

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Patient Name : Mr.TARUN KUMAR MANGALAM -BOBE37784 Registered On : 10/Feb/2024 09:40:24

 Age/Gender
 : 41 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
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 Received
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Visit ID : CVAR0110992324 Reported : 10/Feb/2024 10:25:05

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

#### 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.

### **URETERS**

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

### URINARY BLADDER

- The urinary bladder is **partially filled**. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 46 cc.

### **PROSTATE**

• The prostate gland is normal in size (~ 36 x 28 x 23mm / 13 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 Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



Bank

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











Mr. Tanen Keman Mangalam Age - 41 Years/ Male

Stool Bample and Sygan PP stage Sample not Given by Client

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

Dr. Q.C. ROY MBBS.,HD. (Radio Diognosis) Reg. No.-26918





# CHANDAN HEALTH CARE LTD

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

ME MR TARUN KUMAR MANGALAM

Ape/Sex 41/M

Ref by MEDIVIHEEL Indication I

Indication2 ndication3 ID: 110992324 Ht/Wt 182/94

Recorded: 10-02-2024

TREADMILL TEST SUMMARY REPORT

Protocol BRUCE

History

Medication1

Medication2

Medication3

PHÁSE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	u	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT VALSALVA STANDING	0.01	0.01			77 77 77 77	120/80 120/80 120/80 120/80	92 92 92 92	0.5 0.5 0.5 0.5	1,2 1,2 1,2 1,2	0.3 0.3 0.3 0.3	
STAGE 1 STAGE 2 STAGE 3 EVENT STAGE 4	2:59 5:59 8:59 11:12 11:14	2 59 2 59 2 59 2 12 2 14	2.70 4.00 5.40 6.70 6.70	10.00 12.00 14.00 16.00	108 123 108 91 117	120/80 138/80 148/84 156/84	129 169 159 141 182	-0.5 -0.7 -1.3 0.5 0.5	1.1 0.5 0.1 1.5	0.0 -0.2 -0.4 0.7 0.7	4.80 7.10 10.00 12.95 12.99
PEAK EXER EVENT EVENT	11.17 0.30 1.00	2:17 0:30 1:00	0.00	0.00	118 83 105	156/84 154/84 152/84	184 127 159	0.5 0.4 1.7	1.4 2.0 2.9	0.8 1.0 1.9	13.06
EVENT RECOVERY	2:01 2:59	2:01 2:59	0.00	0.00	117 113	144/84 140/84	168 158	1.6 0.2	1.0 0.0	1,1 0.1	

RESULTS

Exercise Duration Max Heart Rate

Max Blood Pressure

Max Work Load Reason of Termination

IMPRESSIONS

123 bpm 68 % of target heart rate 179 bpm

156/84 mmHg

ImTip regulare for Rms

13 06 METS

-> Baseline ECG is normal

-> NO significed ST-T changes seen at

peak exercise and records.

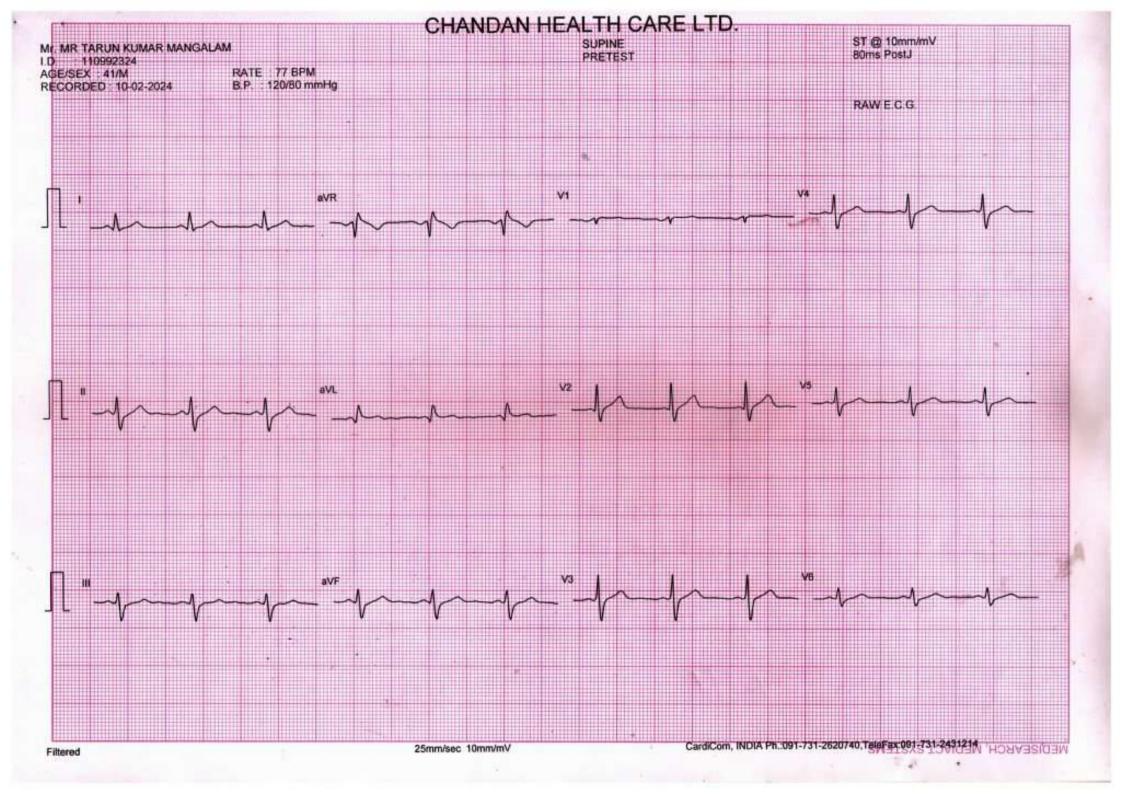
-> TMT is negative for RMI

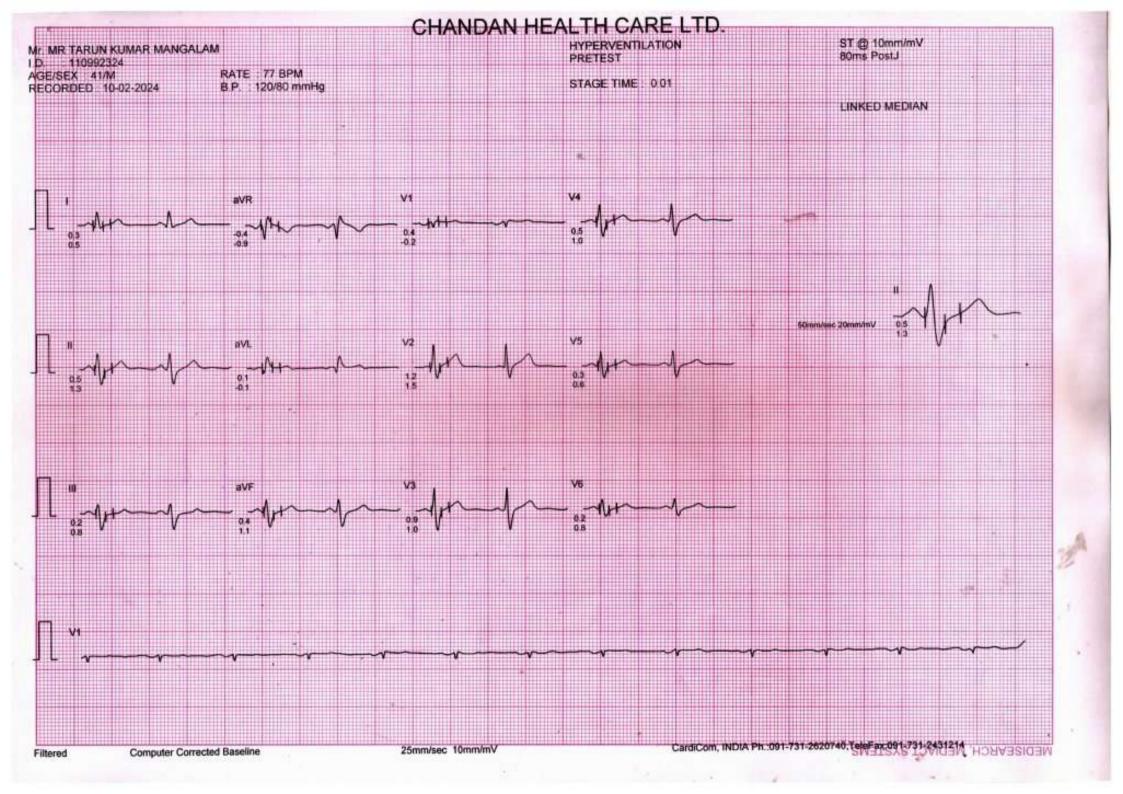
றா ரார்⊪ Cardiologist

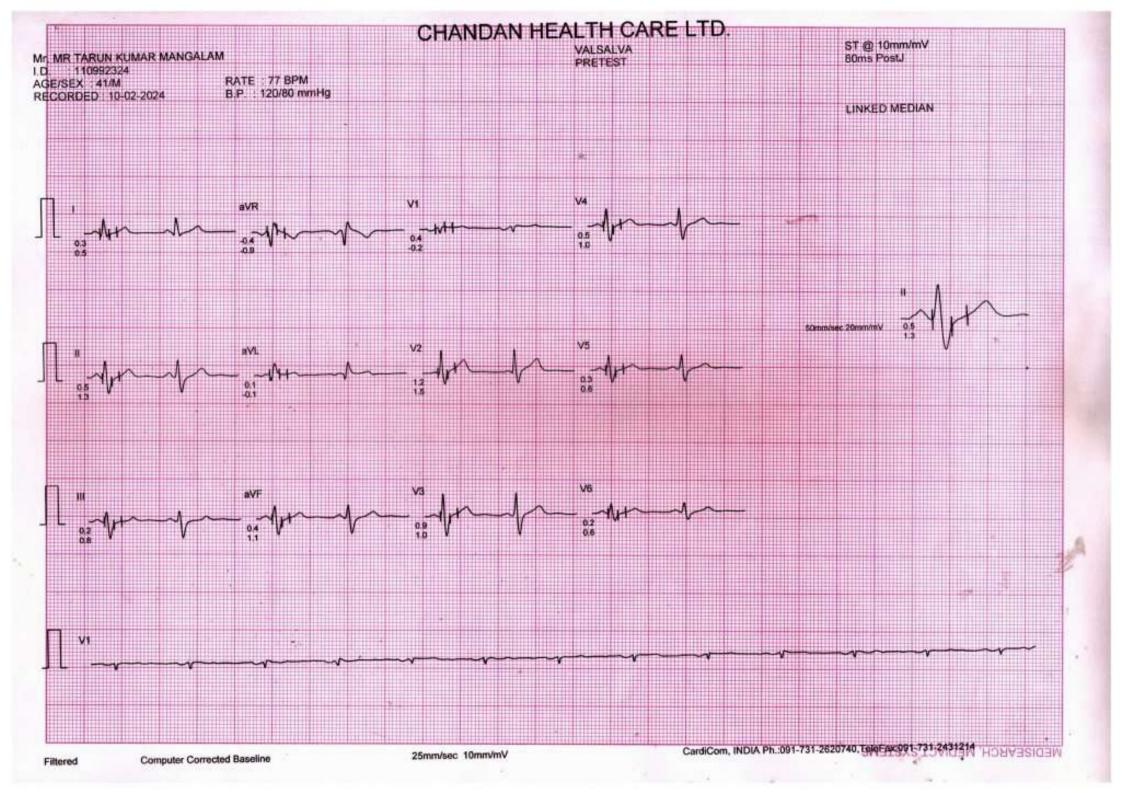
M.B.B.S., NO TOP

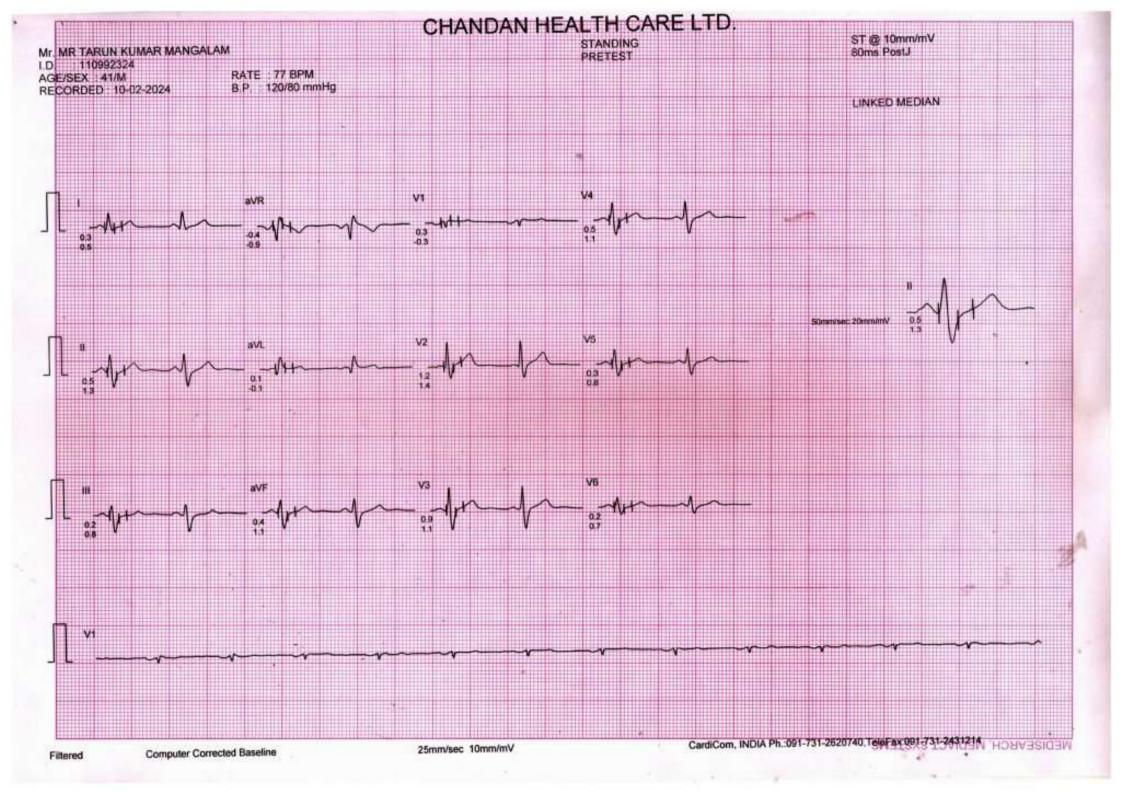
CardiCom, INDIA Ph. 091-731-2620740 TeleFex 091-731-2431214

MEDISEARCH, MEDIACT SYSTEMS

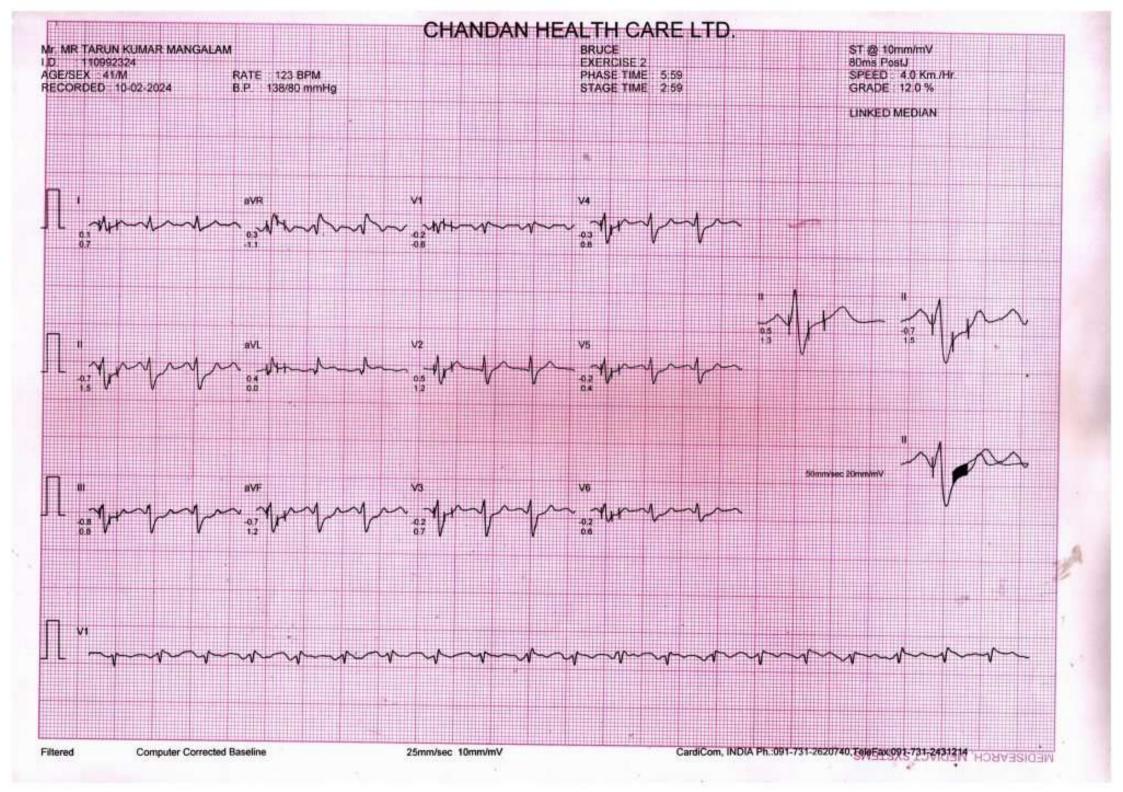








CHANDAN HEALTH CARE LTD. ST @ 10mm/mV BRUCE Mr. MR TARUN KUMAR MANGALAM 80ms PostJ SPEED : 2.7 Km./Hr. EXERCISE 1 I.D. 110992324 PHASE TIME 2:59 RATE 108 BPM AGE/SEX 41/M RECORDED 10-02-2024 GRADE: 10.0 % STAGE TIME | 2:59 B.P. 120/80 mmHg LINKED MEDIAN CardiCom, INDIA Ph.:091-731-2620740, TeleFax:891-731-2431214 25mm/sec 10mm/mV Computer Corrected Baseline Filtered



CHANDAN HEALTH CARE LTD ST @ 10mm/mV Mr. MR TARUN KUMAR MANGALAM BRUCE 80ms PostJ 110992324 **EXERCISE 3** AGE/SEX 41/M RATE 108 BPM PHASE TIME: 8:59 SPEED: 5.4 Km./Hr. RECORDED 10-02-2024 B.P. 148/84 mmHg STAGE TIME 2:59 GRADE: 14.0 % LINKED MEDIAN CardiCom, INDIA Ph. 091-731-2620740, Teles av. 091-731-2431214, HOWYSIGEW Computer Corrected Baseline

CHANDAN HEALTH CARE LTD ST @ 10mm/mV Nr. MR TARUN KUMAR MANGALAM 80ms PostJ EXERCISE 4 (EVENT) 110992324 SPEED 67 Km/Hr PHASE TIME 11 12 RATE 91 8PM AGE/SEX 41/M GRADE: 18.0 % STAGE TIME 2 12 RECORDED 10-02-2024 B.P. 156/84 mmHg RAWECG Why the mound of the manuscrape of the manuscrape of the second of the s many "Myyy "Myyy "munum CardiCom, INDIA Ph.:091-731-2520740, TeleFax:091-731-2431214 HONOR HONOR 25mm/sec 10mm/mV

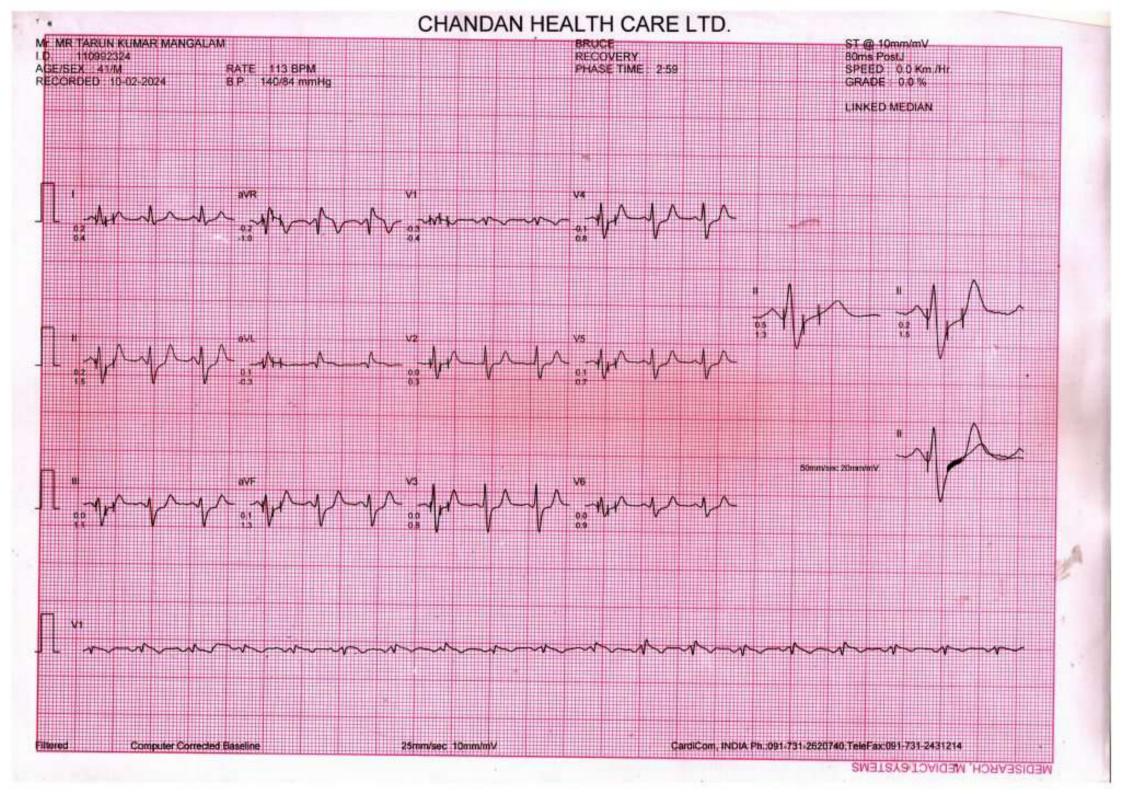
BRUCE ST @ 10mm/mV Mr. MR TARUN KUMAR MANGALAM 80ms PostJ PEAK EXER D 110992324 SPEED: 6.7 Km./Hr AGE/SEX 41/M PHASE TIME: 11:17 RATE 118 BPM GRADE: 16.0 % STAGE TIME 2:17 RECORDED 10-02-2024 B.P. 156/84 mmHg MIXED E.C.G. 25mm/sec 10mm/mV Computer Corrected Baseline

CHANDAN HEALTH CARE LTD

CHANDAN HEALTH CARE LTD. ST @ 10mm/mV BRUCE Mr. MR TARUN KUMAR MANGALAM 80ms PostJ (D 110992324 RECOVERY (EVENT) SPEED: 0.0 Km./Hr PHASE TIME: 0:30 RATE: 83 BPM AGE/SEX 41/M RECORDED: 10-02-2024 GRADE: 0.0 % B.P. 154/84 mmHg RAW E.C.G. CardiCom, INDIA Ph.:091-731-2620740, TaleFax:091-731-2431214 Filtered 25mm/sec 10mm/mV

CHANDAN HEALTH CARE LTD. ST @ 10mm/mV BRUCE Mr. MR TARUN KUMAR MANGALAM 80ms PostJ RECOVERY (EVENT) 110992324 SPEED: 0.0 Km /Hr PHASE TIME: 1:00 RATE 105 BPM AGE/SEX 41/M GRADE: 0.0 % RECORDED: 10-02-2024 B.P. : 152/84 mmHg RAW E.C.G. CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214 25mm/sec 10mm/mV Filtered

CHANDAN HEALTH CARE LTD ST @ 10mm/mV Mr. MR. TARUN KUMAR MANGALAM BRUCE RECOVERY (EVENT) PHASE TIME 2:01 110992324 80ms PostJ SPEED: 0.0 Km /Hr AGE/SEX 41/M RATE 117 BPM RECORDED 10-02-2024 GRADE 0.0 % B.P. 144/84 mmHg RAW E.C.G. CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214 w 'HONVESIGEW 25mm/sec 10mm/mV





D63/6B-98, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.30551166666668°

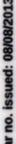
Local 11:29:41 AM GMT 05:59:41 AM Longitude 82.9790366666667°

Altitude 84 meters Saturday, 10.02.2024



# भारत सरकार Government of India







तरुण कुमार मंगलम Tarun Kumar Mangalam जन्म तिथि/DOB: 14/01/1982 पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

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मेरा आधार, मेरी पहचान