

અત્ત સર્વીસ, અત્ત પ્રેરણ

VID : 9163 8595 3086 4651

4727 4133 6324



Date: 21/03/2014

જ્યો/ MALE
જન્મ તારીખ/DOB: 25/12/1986
SHYAMAL KUMAR
આઈડી નંબર



Government of India



મિનિસ્ટ્રી આફિસ

માલી રાદ, કાન્પુર
શાહદાન ડિઝાઇનિંગ સ્ટેટ્સ
34/22, કારચી ક્ષાદ

REG. NO. 32749
M.B.B.S. D.CARD
Dr. K.C. BHARADWAJ

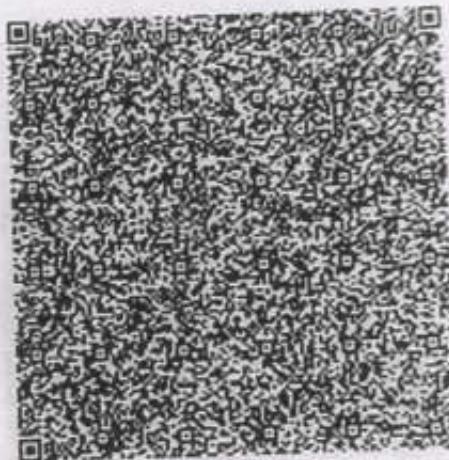
Shyamal Kumar



ભારતીય વિશિષ્ટ પહ્ચાન પ્રાધિકરણ
Unique Identification Authority of India



પત્રા:
શૈલેન્દ્ર કુમાર, 85/62 શક્કર મિલ ખલ્વા, ગુરુદીન બાવુ કા
હાતા, કોપરાંજ કાનપુર નગર, અનવરાંજ, કાનપુર નગર,
ઉત્તર પ્રદેશ - 208003

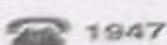


Address:

Shailendra Kumar, 85/62 shakkar mill khalwa,
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Uttar Pradesh - 208003

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Wanderlust

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Chandan Diagnostic Center
24/22, Karachi Khan
Mall Road, Kanpur

WELCOME



GPS Map Camera



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24/22, Mall Rd, Mall Rd Chauraha, General Ganj, Kanpur, Uttar Pradesh 208001,
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Lat 26.464702°

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23/03/24 01:03 PM GMT +05:30



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CIN : U85110DL2003LC308206



| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mr.SHYAMAL KUMAR | Registered On | : 23/Mar/2024 14:21:15 |
| Age/Gender | : 37 Y D M O D /M | Collected | : 23/Mar/2024 14:33:04 |
| UHID/MR NO | : IKNP.0000032928 | Received | : 23/Mar/2024 14:34:25 |
| Visit ID | : IKNP0092932324 | Reported | : 23/Mar/2024 19:44:42 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) ** , Blood

| | | |
|--------------|----------|----------------------------------------------------|
| Blood Group | AB | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | NEGATIVE | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |

Complete Blood Count (CBC) ** , Whole Blood

| | | | | |
|-----------------------------------|----------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Haemoglobin | 13.10 | 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 | |
| TLC (WBC) <u>DLC</u> | 6,000.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| Polymorphs (Neutrophils) | 52.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 42.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 1.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 12.00 | Mm for 1st hr. | | |
| Corrected | 4.00 | Mm for 1st hr. <9 | | |
| PCV (HCT) | 40.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.88 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.60 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 54.10 | % | 35-60 | ELECTRONIC IMPEDANCE |

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Customer Care No.: 08069366666 Email: care@chandan.co.in Web: www.chandandiagnostic.com

Home Sample Collection
08069366666

Mar 2024



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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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| PCT (Platelet Hematocrit) | 0.27 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 14.20 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.13 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 97.80 | fL | 80-100 | CALCULATED PARAMETER |
| MCH | 31.80 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.50 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.20 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 47.20 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,120.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 60.00 | /cu mm | 40-440 | |

Dr. Seema Nagar(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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--------------------------------------------------------|---------|
| Glucose Fasting | 83.70 | 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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

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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 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 HbA1c 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 hemoglobin occurs in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





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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 | | | | |

*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.

*Anupam***Dr. Anupam Singh (MBBS MD Pathology)**

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DEPARTMENT OF BIOCHEMISTRY**MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS**

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------------------------------------------|--------|-------|--------------------|-----------------|
| BUN (Blood Urea Nitrogen) ** Sample: Serum | 12.50 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine ** Sample: Serum | 0.89 | mg/dl | 0.6-1.30 | MODIFIED JAFFES |
| Uric Acid ** Sample: Serum | 5.57 | mg/dl | 3.4-7.0 | URICASE |

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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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|-----------|--------|------|--------------------|--------|

LFT (WITH GAMMA GT) * , Serum

| | | | | |
|-----------------------------------------|--------|-------|------------|--------------------|
| SGOT / Aspartate Aminotransferase (AST) | 34.70 | U/L | <35 | IFCC WITHOUT PSP |
| SGPT / Alanine Aminotransferase (ALT) | 38.30 | U/L | <40 | IFCC WITHOUT PSP |
| Gamma GT (GGT) | 17.50 | IU/L | 11-50 | OPTIMIZED SZAIZING |
| Protein | 6.89 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 3.63 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 3.26 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.11 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 113.70 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.78 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.28 | mg/dl | <0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.50 | mg/dl | <0.8 | JENDRASSIK & GROF |

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------------------|--------|-------|---------------------------------------------------------------------------------------------------------------------|------------------|
| LIPID PROFILE (MINI) ** , Serum | | | | |
| Cholesterol (Total) | 249.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 96.90 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 115 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 36.70 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 183.50 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

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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 | 1.020 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| Appearance | CLEAR | | | |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) >500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | mg/dl | 0.1-3.0 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Bilirubin | ABSENT | | | |
| Leucocyte Esterase | ABSENT | | | DIPSTICK |
| Urobilinogen(1:20 dilution) | ABSENT | | | DIPSTICK |
| Nitrite | ABSENT | | | DIPSTICK |
| Blood | ABSENT | | | DIPSTICK |
| Microscopic Examination: | | | | |
| Epithelial cells | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 1-2/h.p.f | | | |
| RBCs | ABSENT | | | |
| Cast | ABSENT | | | MICROSCOPIC EXAMINATION |
| Crystals | ABSENT | | | |
| Others | ABSENT | | | MICROSCOPIC EXAMINATION |

SUGAR, FASTING STAGE ** , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:





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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|---------|------|--------------------|--------|
| (+) | < 0.5 | | | |
| (++) | 0.5-1.0 | | | |
| (+++) | 1-2 | | | |
| (++++) | > 2 | | | |

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

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| UHID/MR NO | : IKNP.0000032928 | Received | : 24/Mar/2024 09:59:07 |
| Visit ID | : IKNP0092932324 | Reported | : 24/Mar/2024 11:41:15 |
| Ref Doctor | : Dr.MediWheel KnP - | Status | : Final Report |

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

1.00 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) | 94.25 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 5.20 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 7.230 | 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.





Since 1991

CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindavan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mr.SHYAMAL KUMAR | Registered On | : 23/Mar/2024 14:21:16 |
| Age/Gender | : 37 Y M O D /M | Collected | : 23/Mar/2024 14:33:04 |
| UHID/MR NO | : IKNP.0000032928 | Received | : 24/Mar/2024 09:59:07 |
| Visit ID | : IKNP0092932324 | Reported | : 24/Mar/2024 11:41:15 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

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.

Dr. Anupam Singh (MBBS MD Pathology)





Since 1991

CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindavan Bhawan, Karachi Khana, Kanpur
 Ph: 9235432757,
 CIN : U85110DL2003LC308206



| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mr.SHYAMAL KUMAR | Registered On | : 23/Mar/2024 14:21:18 |
| Age/Gender | : 37 Y 0 M 0 D /M | Collected | : N/A |
| UHID/MR NO | : IKNP.0000032928 | Received | : N/A |
| Visit ID | : IKNP0092932324 | Reported | : 23/Mar/2024 14:33:13 |
| Ref Doctor | : Dr.MediWheel Knp - | 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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), 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, Sonogrammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, LEG, 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 *
 24x7 Days Open

*Facilities Available at Select Locations

Page 13 of 13



Customer Care No.: 08069366666 Email: care@chandan.co.in Web: www.chandandiagnostic.com

Home Sample Collection
08069366666

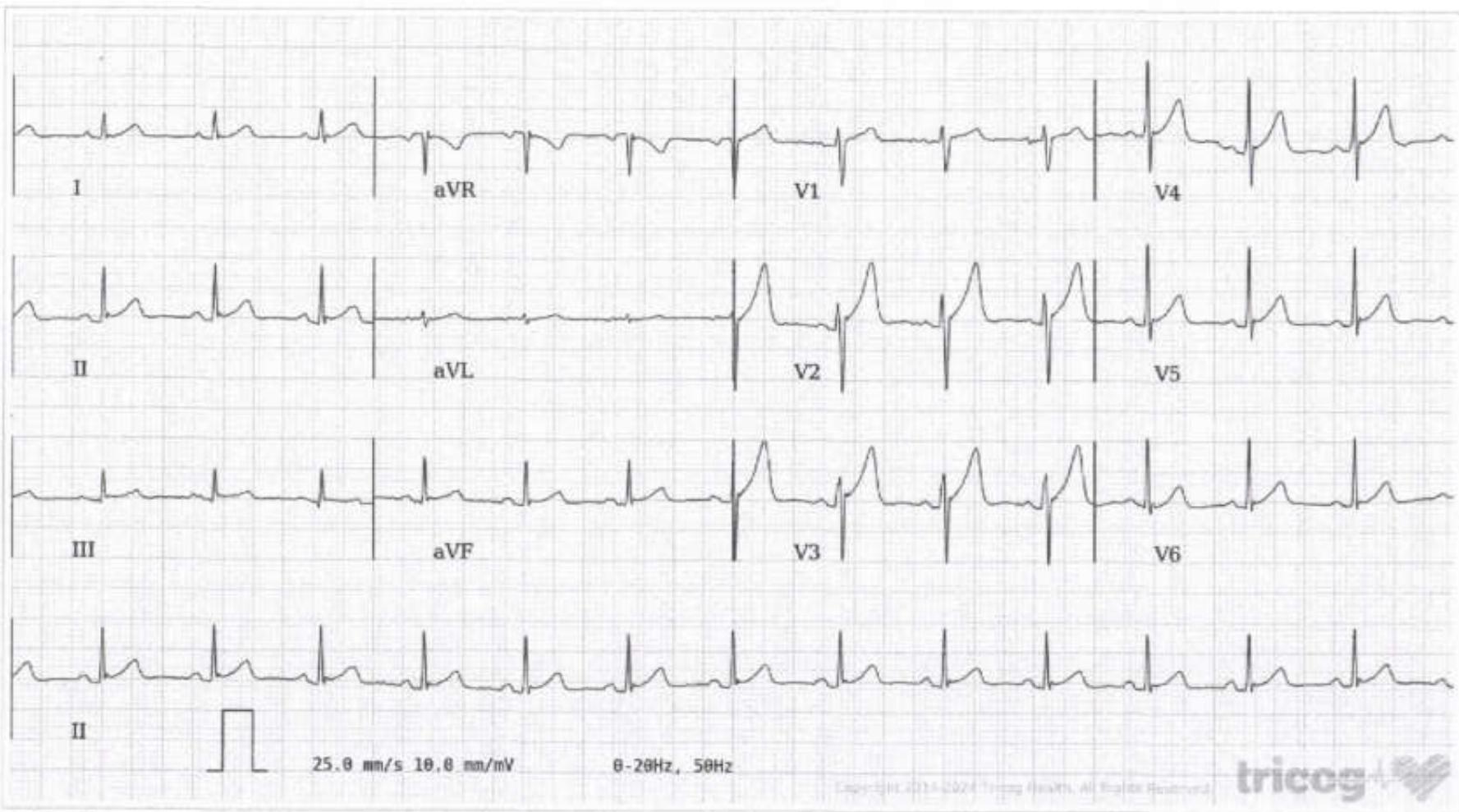
Page 13 of 13

Chandan Diagnostic



Age / Gender: 37/Male
Patient ID: IKNP0092932324
Patient Name: Mr.SHYAMAL KUMAR

Date and Time: 23rd Mar 24 12:33 PM



AR: 86bpm

VR: 86bpm

QRSD: 68ms

QT: 326ms

QTcB: 390ms

PRI: 128ms

P-R-T: 60° 61° 50°

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Abnormal: Sinus Rhythm.Hyperacute T waves along with J point elevation in leads V2, V3.ST elevation in V4,V5. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Sudha Parimal

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.

0.0 L G 50%
TEI D 0.7 mm XIM 7.5%
PRC 0.03% PRS 6.P 100% M 1.1
TS 0.1Abdominal
ACUSoft General

ASHMEE CARE ULTRASOUND CENTRE KNP, MR SHYAMAL K 23/Mar/2024 13:32:0

0.0 L G 50%
TEI D 0.7 mm XIM 7.5%
PRC 0.03% PRS 6.P 100% M 1.1
TS 0.1Abdominal
ACUSoft General

ASHMEE CARE ULTRASOUND CENTRE KNP, MR SHYAMAL K 23/Mar/2024 13:31:4

0.0 L G 50%
TEI D 0.7 mm XIM 7.5%
PRC 0.03% PRS 6.P 100% M 1.1
TS 0.1Abdominal
ACUSoft General

DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MR.SHYAMAL KUMAR

AGE: 37 SEX: M

REF.BY: DR.C.D.C

DATE: 23-03-2024

ULTRASOUND REPORT WHOLE ABDOMEN

LIVER : LIVER IS ENLARGED IN SIZE 174.8MM WITH FATTY CHANGES GRADE 1ST NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL.THE HEPATIC VEINS ARE NORMAL.

PORTAL VEN : NORMAL IN COURSE & CALIBER
GALL BLADDER : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES

C B D : NORMAL IN COURSE & CALIBER.

PANCREAS : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.

RT. KIDNEY : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI /HYDRONEPHROSIS LESION SEEN.

LT. KIDNEY : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.

SPLEEN : SPLEEN IS NORMAL IN SIZE 119.0MM .SPLENIC VEIN IS NORMAL IN DIAMETER.

U. BLADDER : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL NO INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4 ML

PROSTATE : PROSTATE IS NORMAL IN SIZE WEIGHT 24.6GMS

IMPRESSION : **HEPATOMEGLY WITH FATTY CHANGES GRADE 1ST**

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE

SONOLOGIST

PNNDT Registration No- PNNDT/REG/94/2012

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)

PG Diploma in Clinical Cardiology

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

BUDHWAR HEART CENTRE

8/227 ARYA NAGAR KANPUR 208002

0512 2525287 , 2531457

SHYAMAL KUMAR

ID : 2433

DATE : 23/03/2024

AGE/SEX : 37 / M

HT/WT : 0 / 0

REF.BY : BANK OF BARODA

TREADMILL TEST REPORT

PROTOCOL : Bruce

HISTORY : Checkup/Physical fitness,

INDICATION :

MEDICATION : NIL

| PHASE | TOTAL TIME | STAGE TIME | SPEED Km/Hr | GRADE % | H.R. bpm | B.P. mmHg | RPP x100 | ST LEVEL(MM) | | | METS |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|--------------|-----|-----|-------|
| | | | | | | | | II | V1 | V5 | |
| SUPINE | | | | | 104 | 120 / 80 | 124 | 1.7 | 0.7 | 1.6 | |
| STANDING | | | | | 127 | 120 / 80 | 152 | 2.8 | 0.6 | 2.4 | |
| HYPERVENT | 0:16 | | | | 122 | 120 / 80 | 146 | 1.7 | 0.5 | 1.6 | |
| Stage 1 | 2:55 | 2:55 | 2.7 | 10 | 162 | 130 / 80 | 210 | 0.7 | 0.3 | 1 | 4.67 |
| Stage 2 | 5:55 | 2:55 | 4 | 12 | 162 | 140 / 90 | 226 | 0.6 | 0.7 | 0.8 | 7.04 |
| Stage 3 | 8:55 | 2:55 | 5.4 | 14 | 180 | 150 / 90 | 270 | 0.1 | 1 | 0.8 | 9.92 |
| PK-EXERCISE | 9:11 | 0:11 | 6.7 | 16 | 183 | 150 / 90 | 274 | 0 | 1.2 | 0.4 | 10.24 |
| RECOVERY | 10:20 | 0:59 | | | 147 | 150 / 90 | 220 | 2.2 | 1.7 | 2.3 | |
| RECOVERY | 12:16 | 2:55 | | | 122 | 140 / 90 | 170 | 0.2 | 1.1 | 0.3 | |
| RECOVERY | 12:58 | 3:37 | | | 118 | 130 / 80 | 153 | 0.1 | 1.1 | 0.1 | |

RESULTS

EXERCISE DURATION : 9:11 MAX WORK LOAD : 10.24 METS

MAX HEART RATE : 185 bpm 101 % of target heart rate 183 bpm

MAX BLOOD PRESSURE : 150 / 90 mm Hg

REASON OF TERMINATION : Fatigue,

BP RESPONSE : Normal,

ARRHYTHMIA : None,

H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS :

FUNCTIONAL CAPACITY NORMAL. NORMAL HR AND BP RESPONSE . NO ANGINA OR SIGNIFICANT ST DEPRESSION OCCURRED DURING TEST.
TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA

DR. L K BUDHWARI
(Fellowship in Cardiology)
(D.M. Cardiology)
CARDIOLOGIST
Reg. No.: 26483

DR L K BUDHWARI

Technician : S K SHARMA

BUDHWAR HEART CENTRE

SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 104bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN

BaseLine

I

1.0
1.5

II

1.7
2.1

III

0.6
0.6

aVR

-1.4
-1.8

aVL

0.2
0.5

aVF

1.2
1.3

BaseLine

V1

0.7
0.2

V2

4.1
4.3

V3

3.1
3.4

V4

2.2
2.7

V5

2.6
1.9

V6

1.0
1.3

BUDHWAR HEART CENTRE

SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

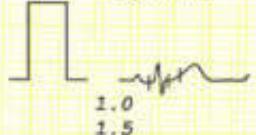
RATE 127bpm
B.P. 120/80

PRETEST
STANDING

ST @ 10mm/mV
60ms PostJ

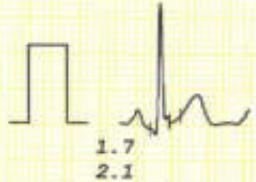
LINKED MEDIAN

BaseLine



I

1.7
2.2



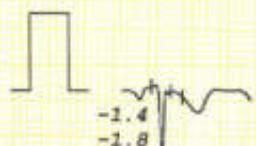
II

2.8
3.5



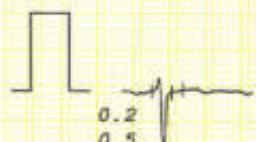
III

1.1
1.3



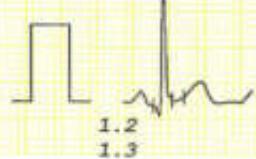
aVR

-2.2
-2.9



aVL

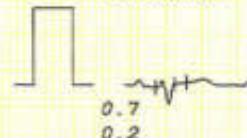
0.3
0.5



aVF

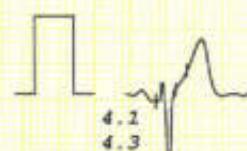
1.9
2.4

BaseLine



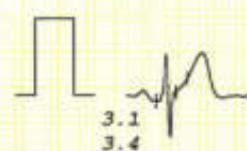
V1

0.6
0.3



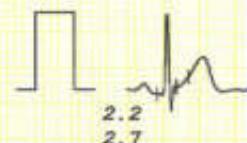
V2

5.8
5.7



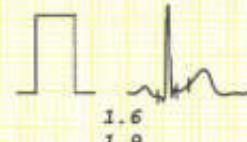
V3

4.6
4.9



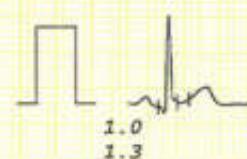
V4

3.4
3.3



V5

2.4
2.4



V6

1.7
1.9

BUDHWAR HEART CENTRE

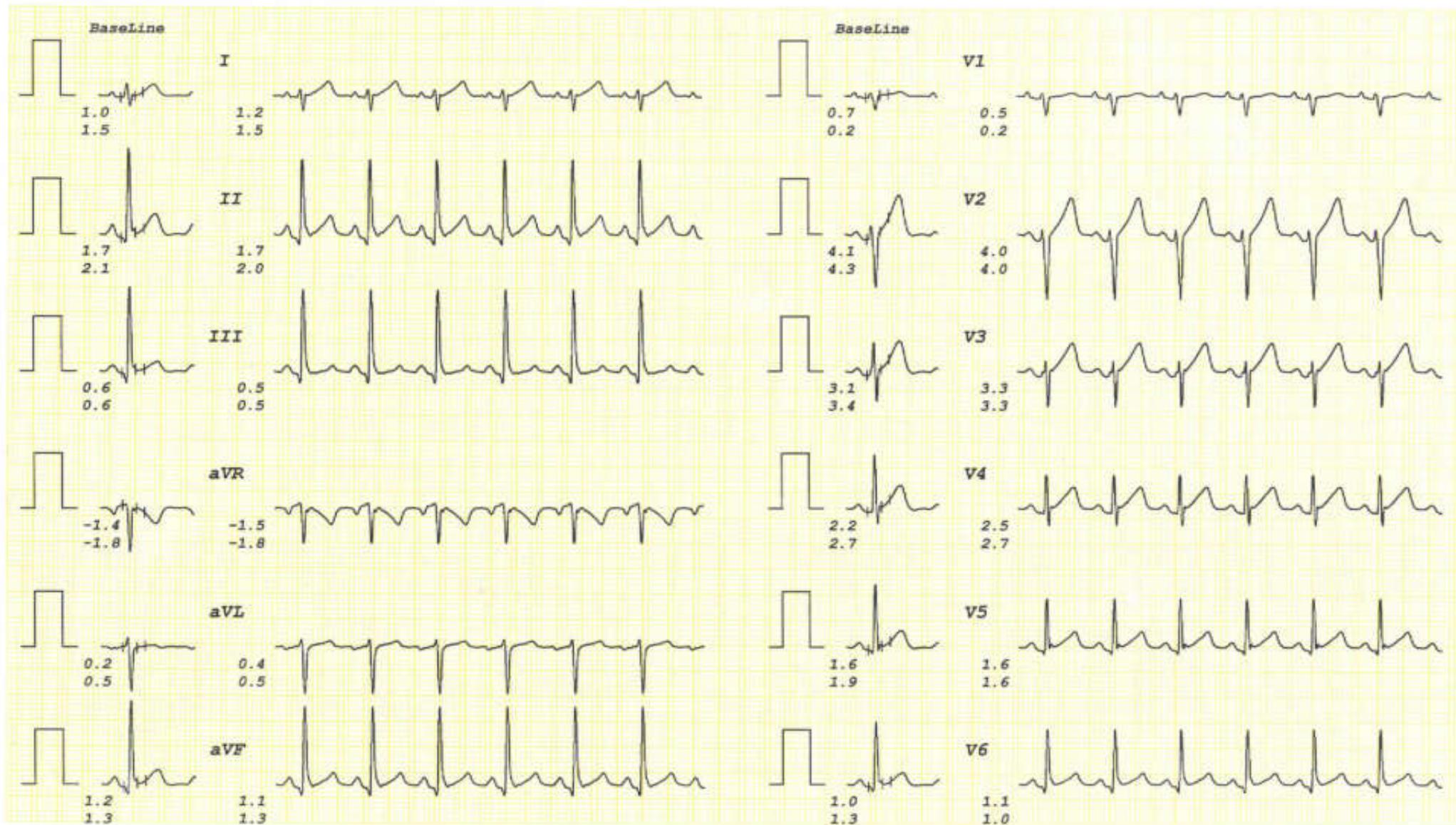
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 122bpm
B.P. 120/80

PRETEST
HYPERVENT
PHASE TIME 0:16

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

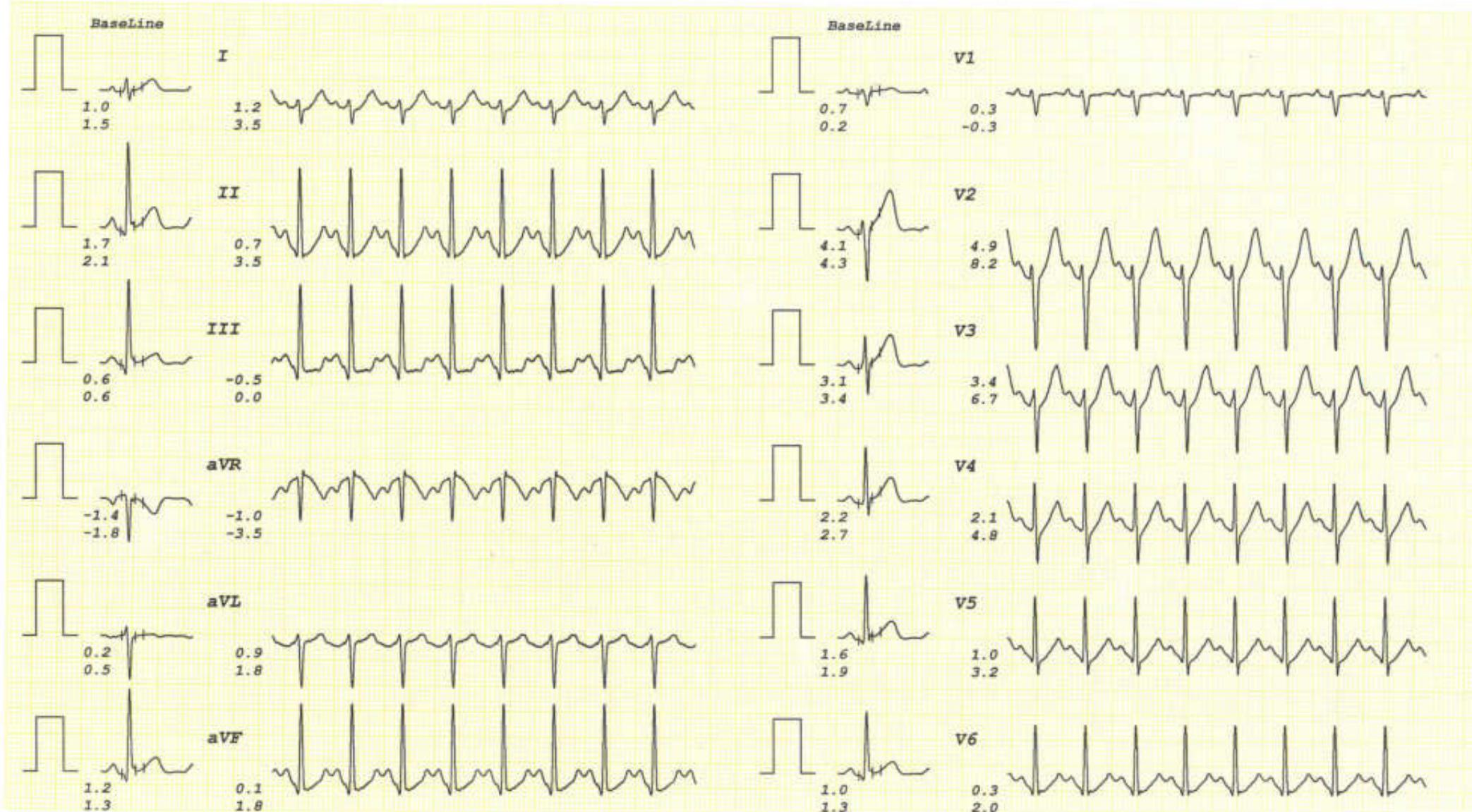
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 162bpm
B.P. 130/80

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

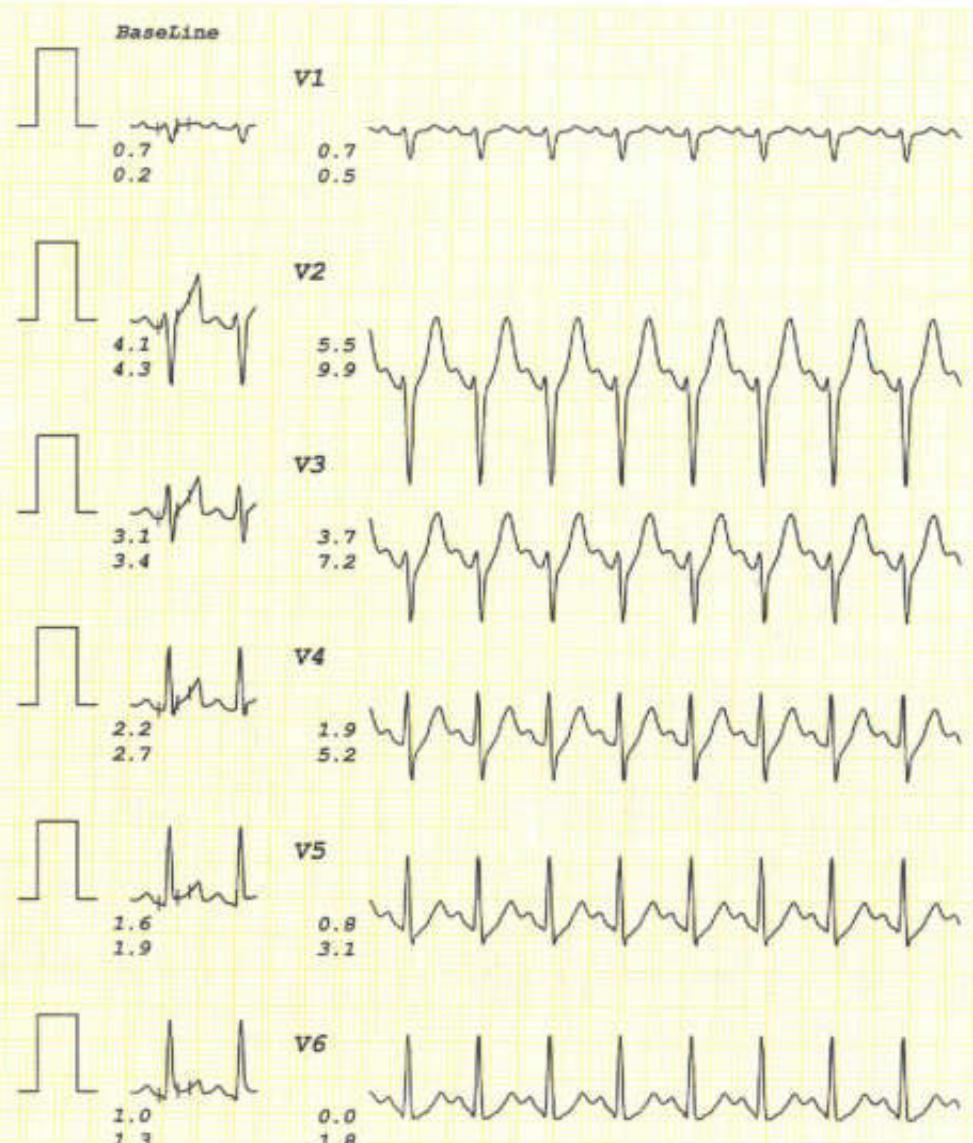
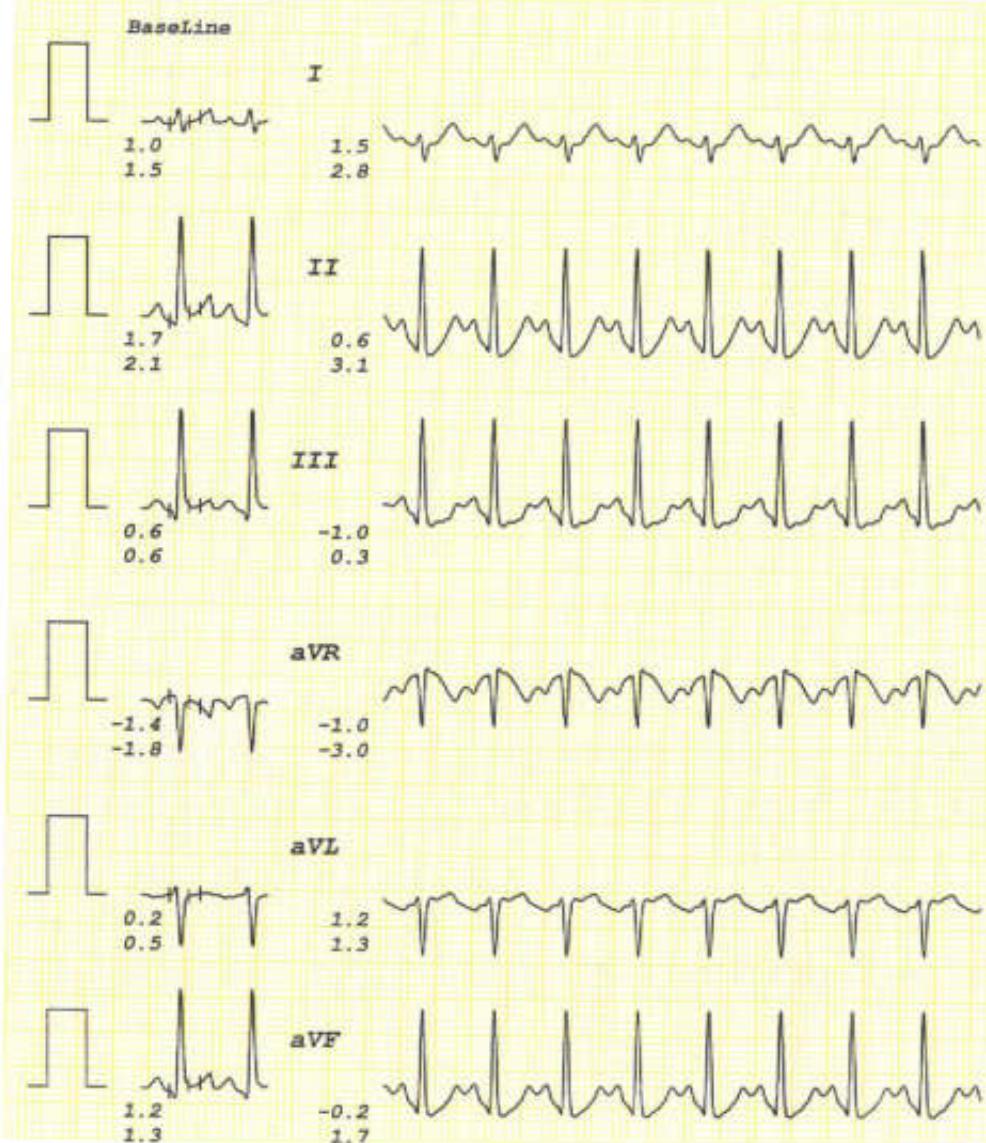
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 162bpm
B.P. 140/90

Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

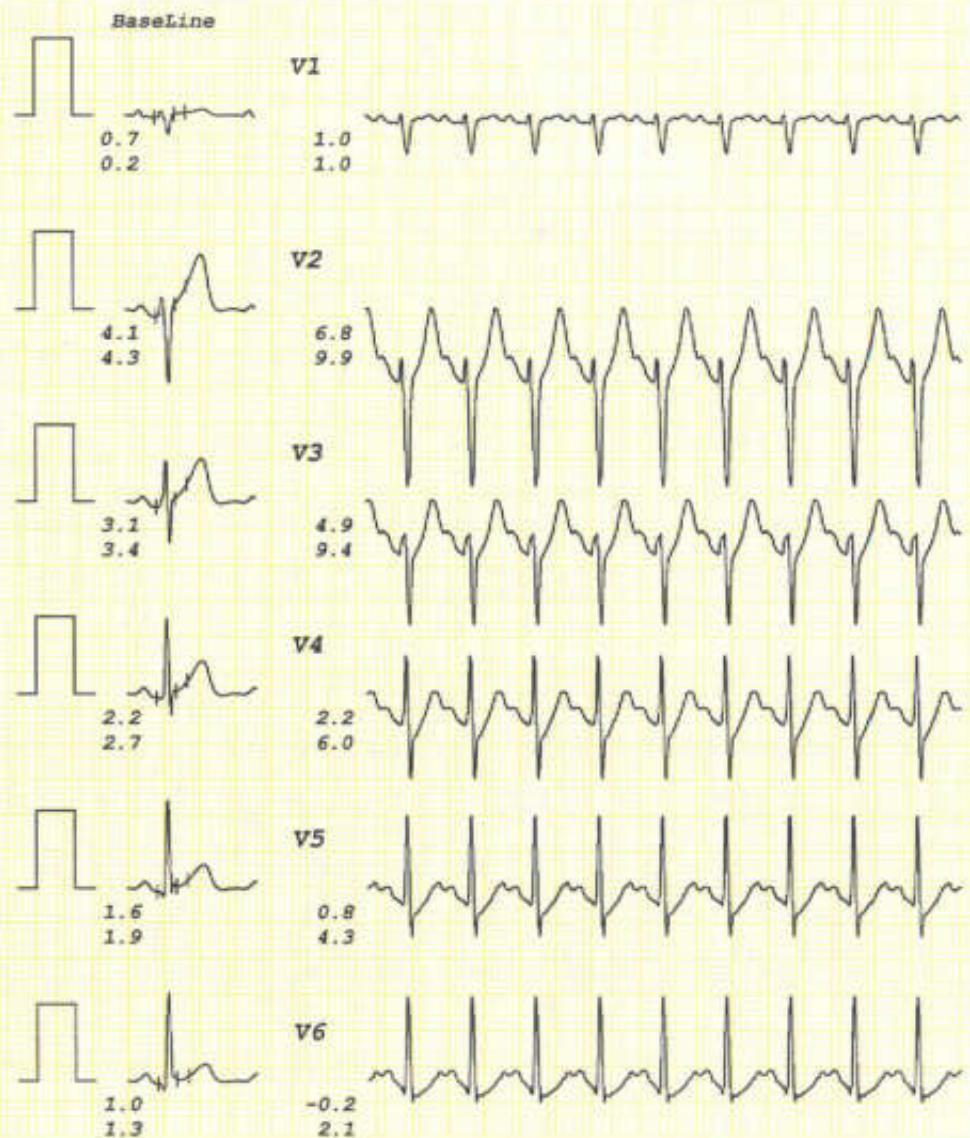
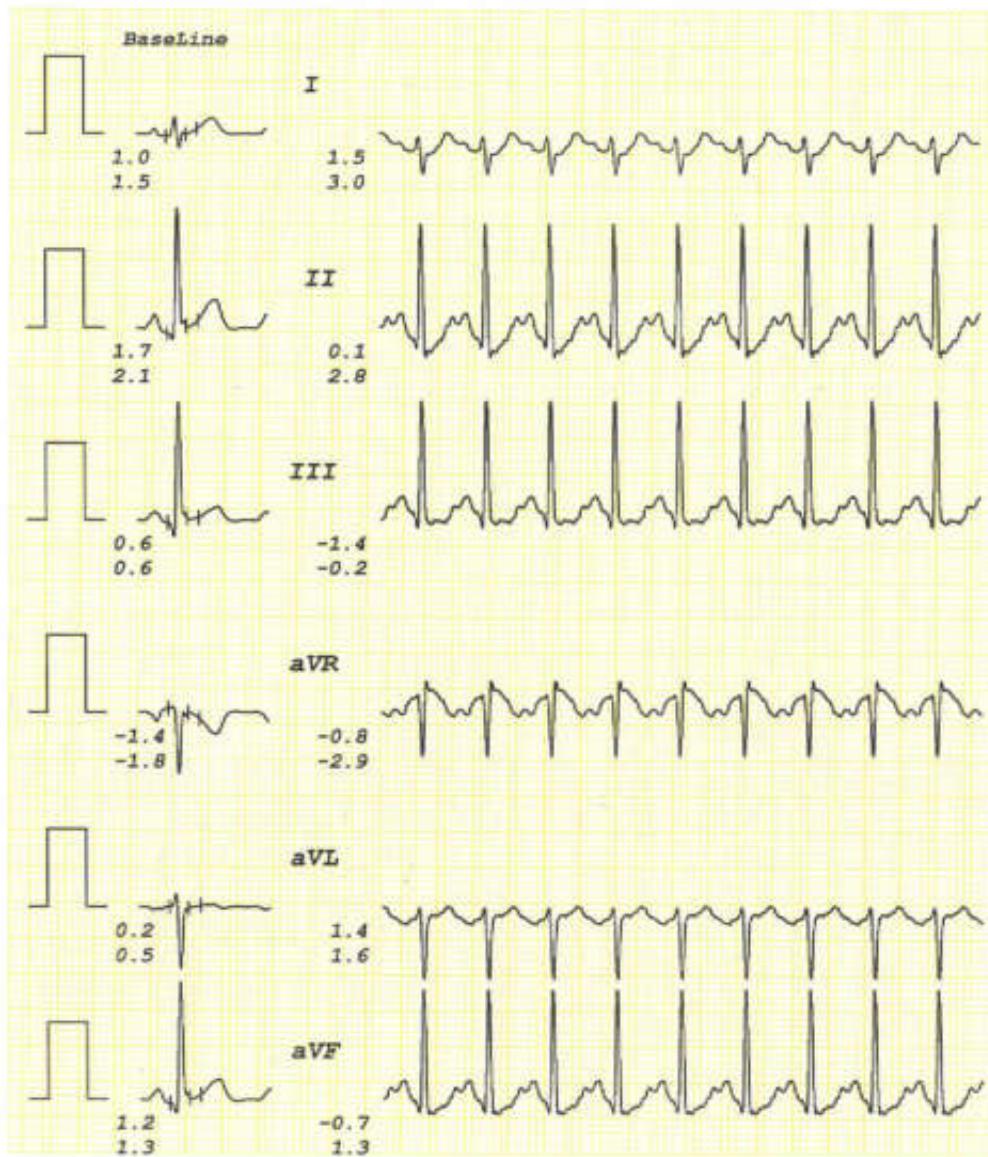
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 180bpm
B.P. 150/90

Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ
Speed 5.4 km/hr
SLOPE 14 °

LINKED MEDIAN



BUDHWAR HEART CENTRE

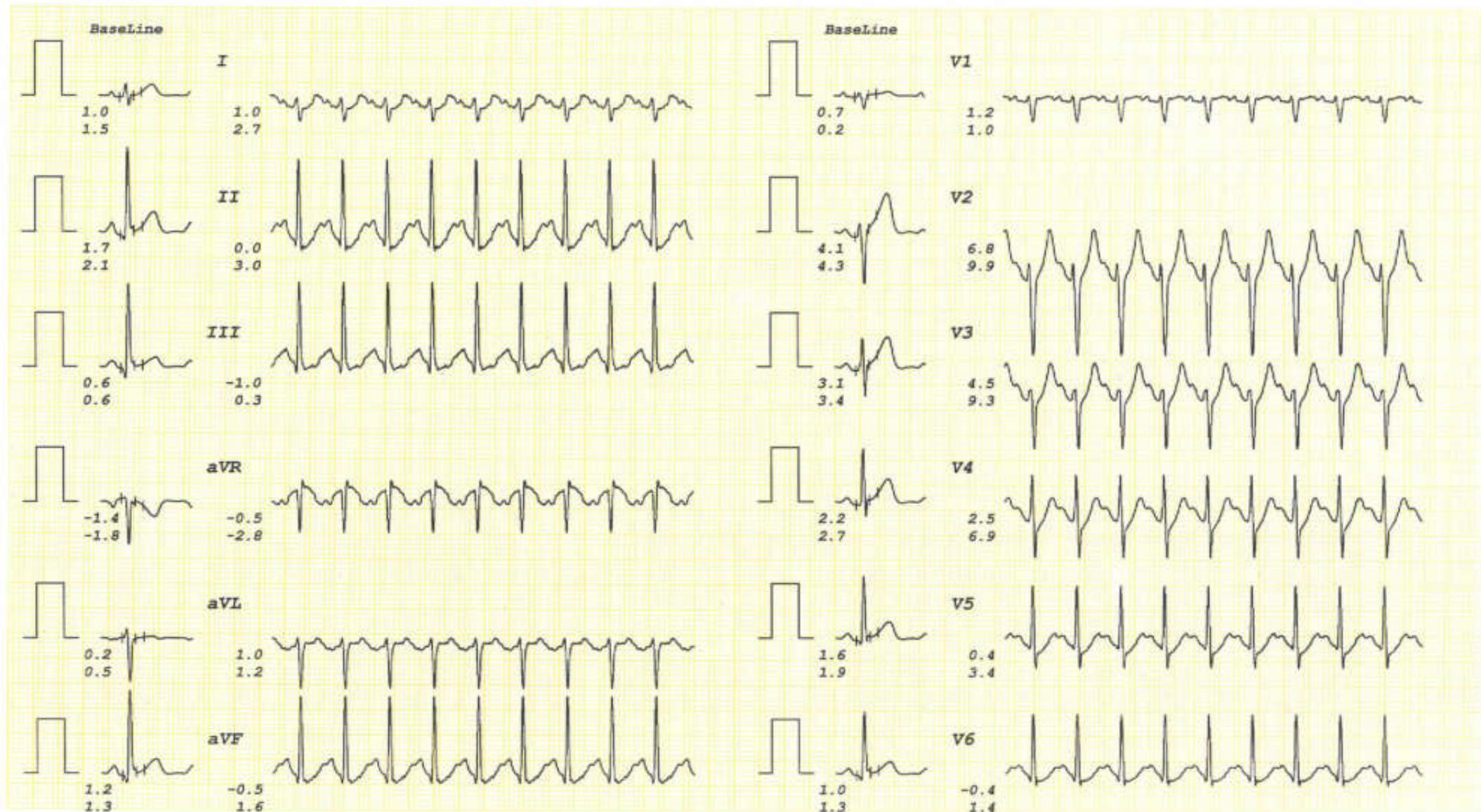
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 183bpm
B.P. 150/90

Bruce
PK-EXERCISE
TOTAL TIME 9:11
PHASE TIME 0:11

ST @ 10mm/mV
60ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN



BUDHWAR HEART CENTRE

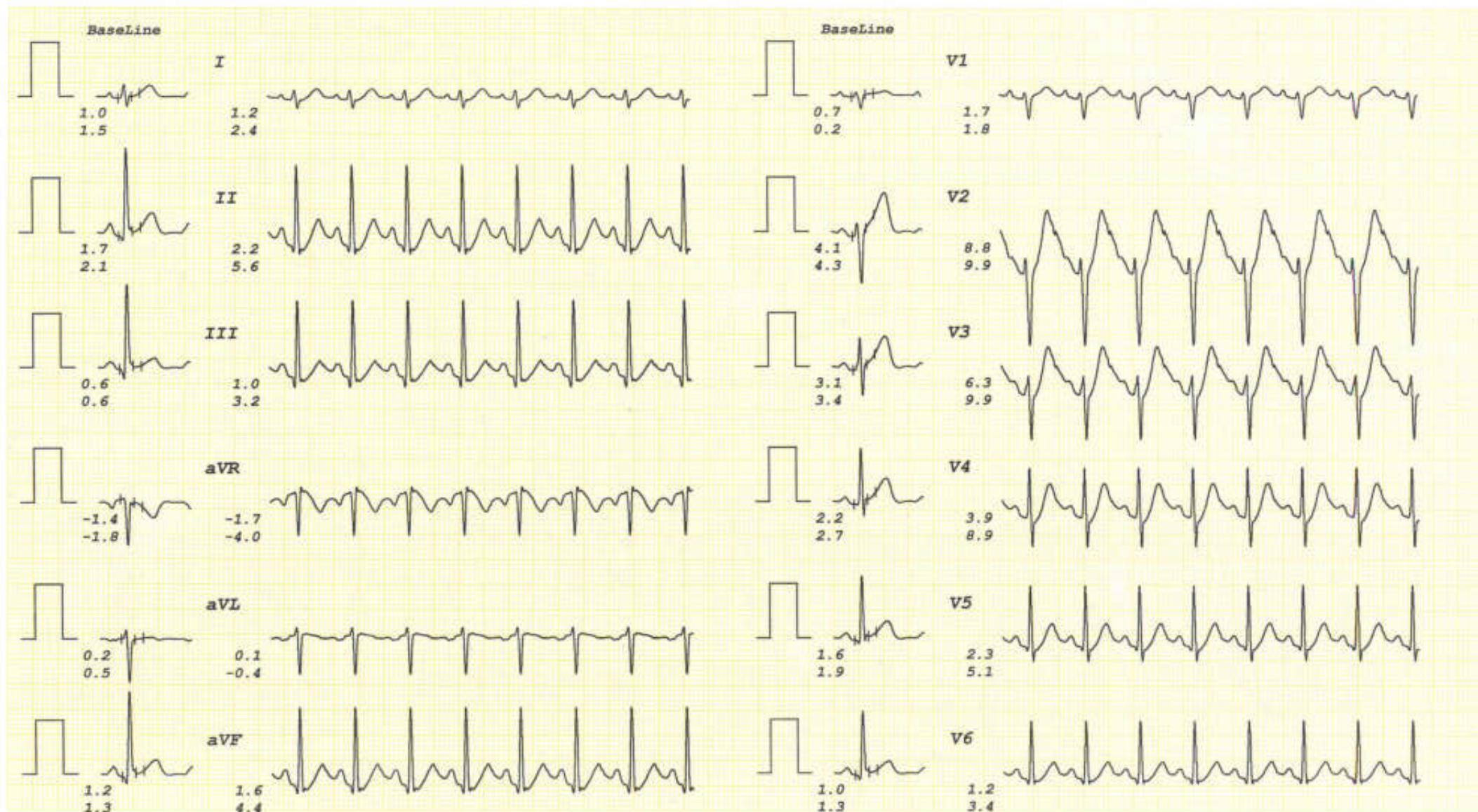
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 147bpm
B.P. 150/90

Bruce
RECOVERY
TOTAL TIME 10:20
PHASE TIME 0:59

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

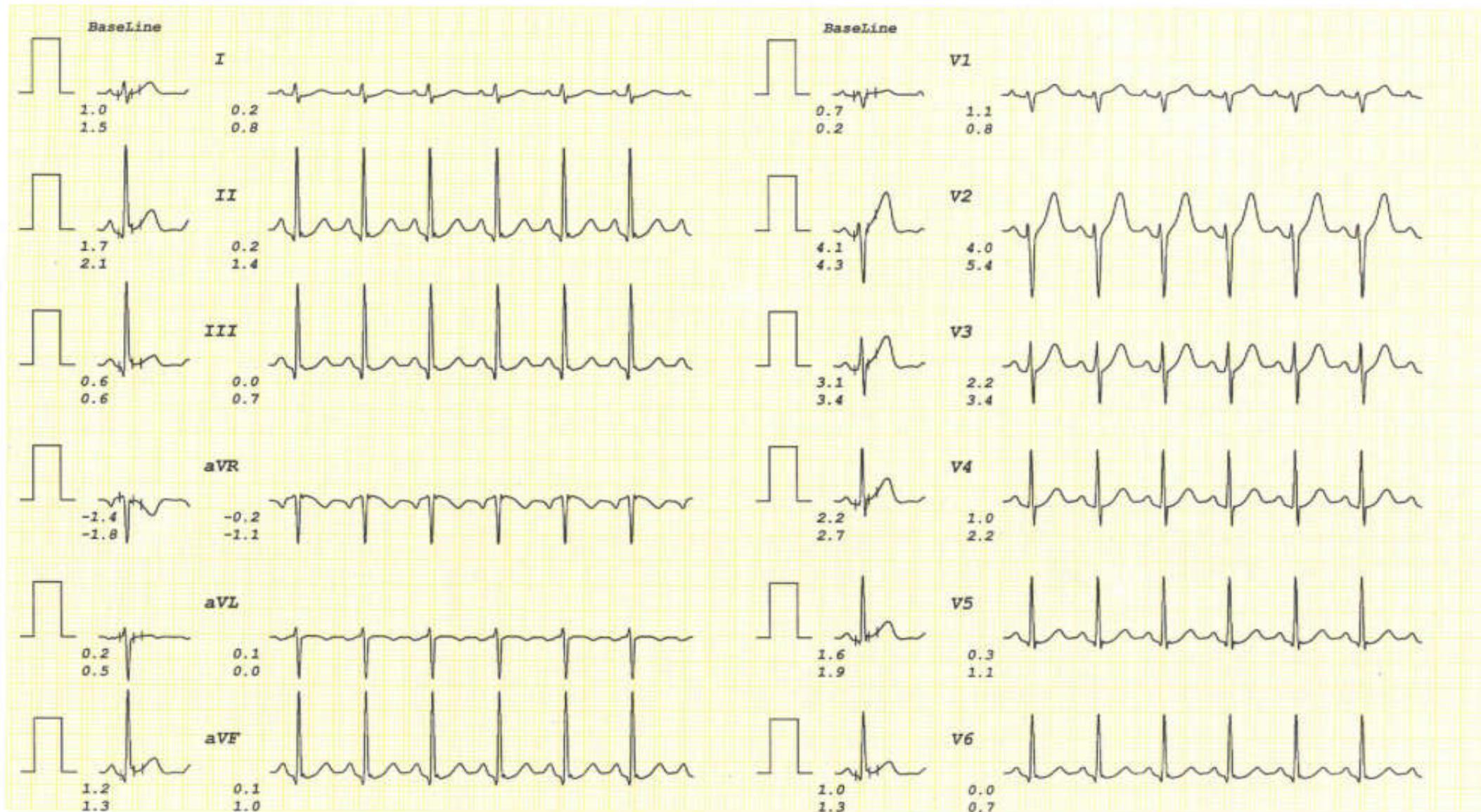
SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 122bpm
B.P. 140/90

Bruce
RECOVERY
TOTAL TIME 12:16
PHASE TIME 2:55

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN



BUDHWAR HEART CENTRE

SHYAMAL KUMAR
I.D. 2433
Age 37/M
Date 23/03/2024

RATE 118bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 12:58
PHASE TIME 3:37

ST @ 10mm/mV
60ms PostJ

LINKED MEDIAN

