

Name of Company:	Mediwheel KNP —
Name of Executive:	Shubham Kumar
Date of Birth:	12/08/1994
Sex:	Male
Height:	173 c.m.
Weight:	81 kg
Chest (Expiration / Inspiration)	101 / 96 c.m.
Abdomen:	98 c.m.
Blood Pressure:	114 / 80
Pulse:	74 / min
Any Allergies:	NO
Any Medications:	NO
Any Surgical History:	Appendix operation 2012 Hospital name not confirm
Habits of alcoholism/smoking/tobacco:	Alcohol, occasionally, beer
History of Seizures:	Appendix operation 2012, Hospital name not confirm
Vertigo Test :	Normal
Muscular Skeleton/Deformity:	NO
Chief Complaints if any:	NO
Lab Investigation Reports:	Report attached
Eye Check up vision & Color vision :	Normal
REMARKS: FIT / UNFIT	Fit

NOTE:- Candidate using Power glasses last 15 years.

Power glasses number is Left  $\rightarrow$  -6 , Right  $\rightarrow$  -6  
Sly

<b>For Females :</b> ← N/A →
Any history of breast disease
Any disease of pelvic organs
Urine Pregnancy Test
L M P



<b>Final Impression:</b>
Certified that I examined <u>Shubham kumar</u> ..... S/O or D/O <u>Manoj kumar</u> ..... is presently in good health and free from any cardio-respiratory /communicable ailment, he/She is fit to join any organization.

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

.....  
Signature of Medical Examiner

Name & Qualification: **Dr. K.C. BHARADWAJ (MBBS, D.CARD.)**

Date 21/04/24 Place Kanpur.....

**Chandan Diagnostic Centre**  
24/22, Karachi Khana  
Mall Road, Kanpur







बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम शुभम कुमार  
Name SHUBHAM KUMAR

कर्मचारी कूट क्र. 182834  
E.C. No.

DOB - 12/08/1994

Father name - Manoj Kumar

Kandian Diagnostic Centre  
24/22, Karachi Khana  
Mall Road, Kanpur

जारीकर्ता प्राधिकारी, क्षेत्रीय प्रबंधक (वा.क्षे.)



*Shubham Kumar*

धारक के हस्ताक्षर

Issuing Authority, Regional Manager (V.R.)

Signature of Holder

Stool sample collection

Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:40
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:27
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 09:55:21
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 14:00:42
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
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#### Blood Group (ABO & Rh typing) \*\*, Blood

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

#### Complete Blood Count (CBC) \*\*, Whole Blood

Haemoglobin	13.70	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)	8,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	16.00	Mm for 1st hr.		
Corrected	<b>10.00</b>	Mm for 1st hr.	<9	
PCV (HCT)	42.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.76	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	<b>17.50</b>	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.80	%	35-60	ELECTRONIC IMPEDANCE



Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:40
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:27
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 09:55:21
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 14:00:42
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
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>13.70</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.39	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	<b>107.40</b>	fL	80-100	CALCULATED PARAMETER
MCH	31.30	pg	28-35	CALCULATED PARAMETER
MCHC	<b>29.10</b>	%	30-38	CALCULATED PARAMETER
RDW-CV	<b>16.80</b>	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	<b>65.40</b>	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,400.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	320.00	/cu mm	40-440	



Dr. Surbhi Lahoti (M.D. Pathology)

Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:41
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 14:02:33
UHID/MR NO	: IKNP.0000033638	Received	: 21/Apr/2024 14:03:02
Visit ID	: IKNP0005042425	Reported	: 21/Apr/2024 14:37:30
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Glucose Fasting	88.10	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

106.90	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.



Dr. Seema Nagar (MD Path)

Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:41
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:27
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 11:04:05
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 13:05:24
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	94	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 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

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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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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 (MBBS MD Pathology)**



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Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:26
UHID/MR NO	: IKNP.0000033638	Received	: 21/Apr/2024 11:57:25
Visit ID	: IKNP0005042425	Reported	: 21/Apr/2024 13:19:36
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	9.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.86	mg/dl	0.6-1.30	MODIFIED JAFFES
<b>Uric Acid</b> <i>Sample:Serum</i>	6.74	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	<b>35.40</b>	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>65.10</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.54	gm/dl	6.2-8.0	BIURET
Albumin	3.73	gm/dl	3.4-5.4	B.C.G.
Globulin	2.81	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.33		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	75.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.61	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.29	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.32	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	185.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	95	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	27.50	mg/dl	10-33	
Triglycerides	137.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	



Dr. Seema Nagar(MD Path)



# CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CTN : U85110DL2003LC308206



Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:41
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:27
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 11:19:41
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 20:19:29
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 5.0 )			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			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
<b>Epithelial cells</b>	ABSENT			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	ABSENT			
<b>RBCs</b>	ABSENT			MICROSCOPIC EXAMINATION
<b>Cast</b>	ABSENT			
<b>Crystals</b>	ABSENT			MICROSCOPIC EXAMINATION
<b>Others</b>	ABSENT			

#### SUGAR, FASTING STAGE \*\*, Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:



Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:41
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:27
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 11:19:41
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 20:19:29
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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



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



Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:42
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:26
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 09:32:56
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 11:50:52
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	0.58	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)	114.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.050	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.

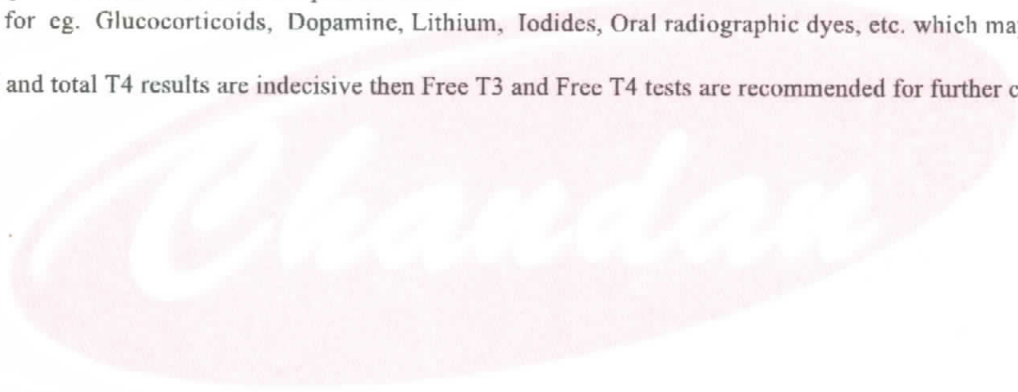
Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:42
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: 21/Apr/2024 11:56:26
UHID/MR NO	: IKNP.0000033638	Received	: 22/Apr/2024 09:32:56
Visit ID	: IKNP0005042425	Reported	: 22/Apr/2024 11:50:52
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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



*Asim*

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

Patient Name	: Mr.SHUBHAM KUMAR	Registered On	: 21/Apr/2024 08:31:43
Age/Gender	: 29 Y 8 M 9 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000033638	Received	: N/A
Visit ID	: IKNP0005042425	Reported	: 23/Apr/2024 10:48:32
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, 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, 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

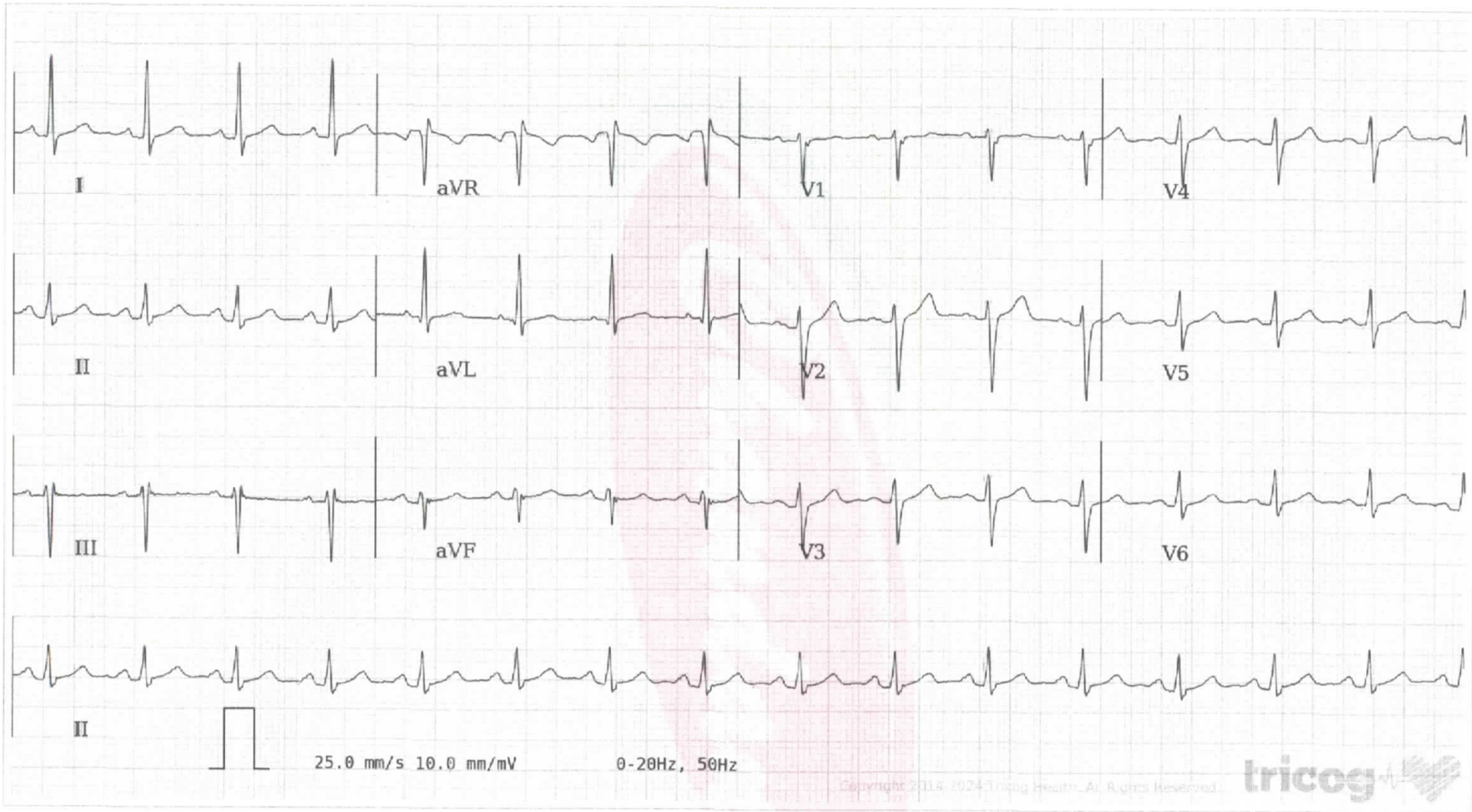
\*Facilities Available at Select Location

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Age / Gender: 29/Male  
Patient ID: IKNP0005042425  
Patient Name: Mr.SHUBHAM KUMAR

Date and Time: 21st Apr 24 1:48 PM



AR: 96bpm VR: 96bpm QRSD: 90ms QT: 336ms QTcB: 424ms PRI: 156ms P-R-T: 47° -7° 35°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

H.K. Dey  
Dr Deepak

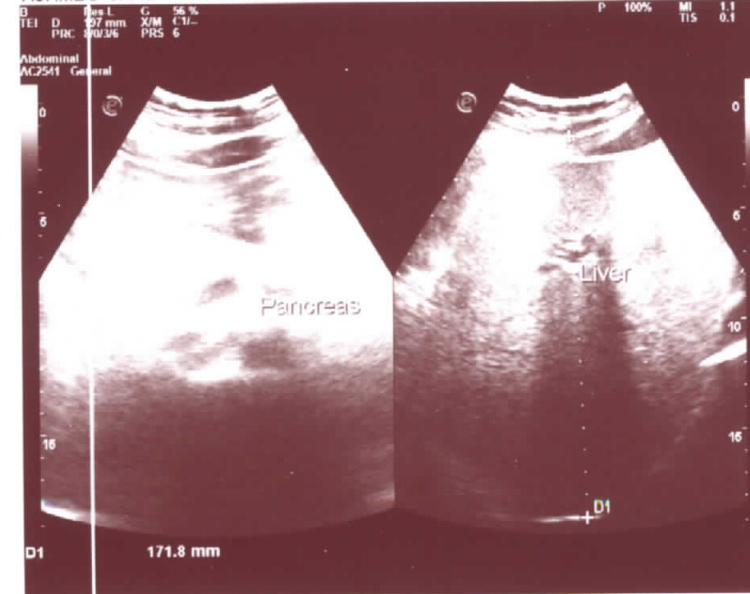
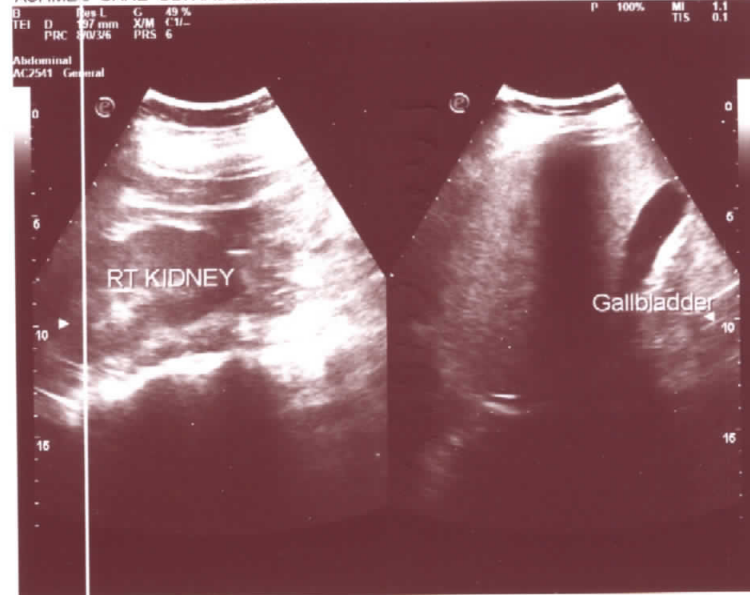
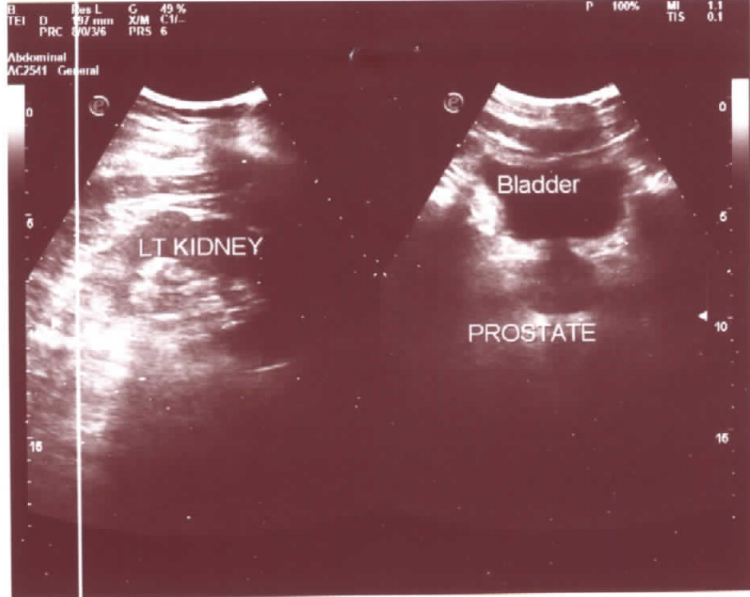
KMC 94933



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

Home Sample Collection  
08069366666

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.





**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**

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NAME OF PATIENT: MR.SHUBHAM KUMAR

AGE: 29 SEX: M

REF.BY: DR.C.D.C

DATE: 21-04-2024

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**ULTRASOUND REPORT WHOLE ABDOMEN**

- LIVER** : LIVER IS ENLARGED IN SIZE 171.8MM WITH FATTY CHANGES GRADE 1<sup>ST</sup> NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL.THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : 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** : **HEPATOMEGALY WITH FATTY CHANGES GRADE 1<sup>ST</sup>**

**FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE**

**SONOLOGIST**

PNDT Registration No- PNDT/REG/94/2012

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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.