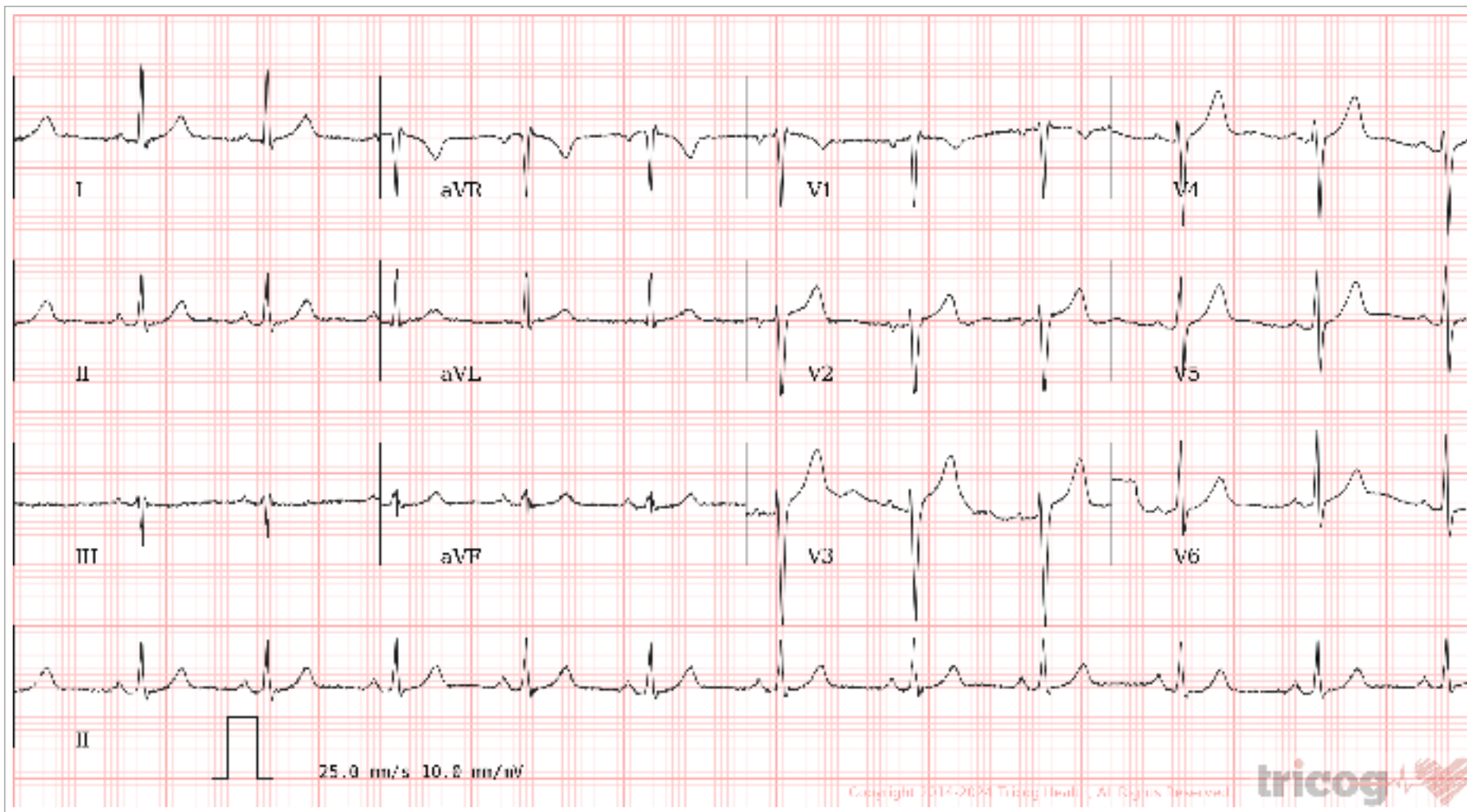




Age / Gender: 34/Male
Patient ID: CVAR0080062425
Patient Name: Mr.RAVI KUMAR - 22E32927

Date and Time: 26th Oct 24 9:03 AM



AR: 70bpm VR: 70bpm QRSD: 102ms QT: 386ms QTcB: 416.93ms PRI: 158ms P-R-T: 59° 6° 27°

ECG Within Normal Limits: Sinus Rhythm, Incomplete Right Bundle Branch Block. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Arundhati Muragoji



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795, 0542-4501413

CIN: U85110UP2003PLC193493

Patient Name	: Mr.RAVI KUMAR - 22E32927	Registered On	: 26/Oct/2024 08:34:43
Age/Gender	: 34 Y 0 M 4 D /M	Collected	: 26/Oct/2024 10:29:37
UHID/MR NO	: CVAR.0000057122	Received	: 26/Oct/2024 10:48:07
Visit ID	: CVAR0080062425	Reported	: 26/Oct/2024 12:58:59
Ref Doctor	: Dr.MEDIWHEEL VNS -	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	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	11.90	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	10,000.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	65.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	30.00	%	20-40	FLOW CYTOMETRY
Monocytes	3.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	10.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
				Pregnancy
				Early gestation - 48 (62 if anaemic)
				Leter gestation - 70 (95 if anaemic)
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	39.10	%	40-54	
Platelet count				
Platelet Count	1.26	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	46.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.56	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	85.80	fl	80-100	CALCULATED PARAMETER
MCH	26.10	pg	27-32	CALCULATED PARAMETER
MCHC	30.40	%	30-38	CALCULATED PARAMETER
RDW-CV	14.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,500.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	200.00	/cu mm	40-440	

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





CHANDAN DIAGNOSTIC CENTRE

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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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GLUCOSE FASTING **, Plasma

Glucose Fasting	94.40	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.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body. Lack of insulin or resistance to it action at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP ** <i>Sample: Plasma After Meal</i>	123.60	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	40.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	119	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.





CHANDAN DIAGNOSTIC CENTRE

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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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- 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 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.

BUN (Blood Urea Nitrogen) **

15.00

mg/dL

7.0-23.0

CALCULATED

Sample: Serum





CHANDAN DIAGNOSTIC CENTRE

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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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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine **	0.70	mg/dl	0.7-1.30	MODIFIED JAFFES
<i>Sample:Serum</i>				

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid **	4.70	mg/dl	3.4-7.0	URICASE
<i>Sample:Serum</i>				

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) **, Serum

SGOT / Aspartate Aminotransferase (AST)	19.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	22.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.67		1.1-2.0	CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	90.90	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	141.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	41.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	71	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	29.20	mg/dl	10-33	CALCULATED
Triglycerides	146.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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





CHANDAN DIAGNOSTIC CENTRE

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Visit ID	: CVAR0080062425	Reported	: 26/Oct/2024 12:18:02
Ref Doctor	: Dr.MEDIWHEEL VNS -	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 (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	Serum-0.1-3.0 Urine-0.0-14.0	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	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION **, *Stool*

Color	BROWNISH
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Consistency	SEMI SOLID			
Reaction (PH)	Basic (8.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
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

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





CHANDAN DIAGNOSTIC CENTRE

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Visit ID	: CVAR0080062425	Reported	: 26/Oct/2024 14:05:23
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
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.28	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)	91.50	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	3.75	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.870	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





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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. Gupta
Dr. S. N. Gupta (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.RAVI KUMAR - 22E32927	Registered On	: 26/Oct/2024 08:34:44
Age/Gender	: 34 Y 0 M 4 D /M	Collected	: 2024-10-26 09:47:00
UHID/MR NO	: CVAR.0000057122	Received	: 2024-10-26 09:47:00
Visit ID	: CVAR0080062425	Reported	: 26/Oct/2024 09:47:14
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)





CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 34 Y 0 M 4 D /M	Collected	: 2024-10-26 09:03:49
UHID/MR NO	: CVAR.0000057122	Received	: 2024-10-26 09:03:49
Visit ID	: CVAR0080062425	Reported	: 26/Oct/2024 09:09:50
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 measures **17.1 cm in midclavicular line**. **Mild diffuse increase in liver echogenicity noted**. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (**11.6 mm in caliber**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**4.0 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 ~ **11.7 x 4.4 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 ~ **11.6 x 5.4 cms**.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795, 0542-4501413

CIN: U85110UP2003PLC193493

Patient Name	: Mr.RAVI KUMAR - 22E32927	Registered On	: 26/Oct/2024 08:34:44
Age/Gender	: 34 Y 0 M 4 D /M	Collected	: 2024-10-26 09:03:49
UHID/MR NO	: CVAR.0000057122	Received	: 2024-10-26 09:03:49
Visit ID	: CVAR0080062425	Reported	: 26/Oct/2024 09:09:50
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- The spleen is normal in size (~ **9.5 cm in its long axis**) and has a normal homogenous echotexture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is almost empty.
- **Pre-void urine volume is ~ 1 cc.**

PROSTATE

- The prostate gland is normal in size (~ **30 x 20 x 19 mm / 6 gms**) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- **FATTY LIVER GRADE I.**
- **REST OF THE ABDOMINAL ORGANS ARE NORMAL.**

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

***** End Of Report *****

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, MAHMOORGANJ

Result/s to Follow:

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



Dr Raveesh Chandra Roy (MD-Radiol)

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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

365 Days Open

*Facilities Available at Select Location

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भारत सरकार

Government of India



Aadhaar no. Issued: 21/10/2012



रवि कुमार

Ravi Kumar

जन्म तिथि/DOB: 22/10/1990

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन 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).**

9304 7453 5601

मेरा **आधार**, मेरी पहचान

Mr. MR RAVI KUMAR
 Age/Sex: 34/M
 Ref. by: MEDWHEEL
 Indication1:
 Indication2:
 Indication3:

ID: 80062425
 Ht/Wt: 167/96
 Recorded: 28-10-2024

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History:
 Medication1:
 Medication2:
 Medication3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	ST LEVEL (mm)			METS
								II	V2	V5	
SUPINE					75	132/86	99	1.6	2.6	2.6	
HYPERVENT	0:01	0:01			74	132/86	97	1.6	2.6	2.6	
VALSALVA					71	132/86	93	1.6	2.6	2.6	
STANDING					70	132/86	92	1.5	2.5	2.6	
STAGE 1	2:59	2:59	2.70	10.00	104	142/86	147	1.4	2.4	2.5	4.80
STAGE 2	5:59	2:59	4.00	12.00	124	152/86	188	1.2	2.2	2.3	7.10
STAGE 3	8:59	2:59	5.40	14.00	147	158/86	232	0.8	2.8	2.7	10.00
EVENT	9:34	0:34	6.70	16.00	157	168/86	263	0.3	2.5	2.1	10.76
PEAK EXER	9:38	0:38			159	168/86	267	0.5	2.9	2.3	10.85
EVENT	0:30	0:30	0.00	0.00	143	166/86	237	1.4	3.8	3.5	
EVENT	1:00	1:00	0.00	0.00	118	164/86	193	2.9	4.0	4.6	
EVENT	2:00	2:00	0.00	0.00	104	162/86	168	0.5	2.1	1.7	
RECOVERY	2:59	2:59	0.00	0.00	88	160/86	140	0.1	1.8	1.2	

RESULTS

Exercise Duration : 9:38 Minutes
 Max Heart Rate : 159 bpm 85 % of target heart rate 186 bpm
 Max Blood Pressure : 168/86 mmHg
 Max Work Load : 10.85 METS
 Reason of Termination :

IMPRESSIONS

TMT is negative for reversible myocardial ischaemia
 good functional capacity

- chronotropic response
- no arrhythmia
- concellent overall

Dr. Balaji Lohiya
 MBBS, MD (MED)
 DM (CARDIO)
 Cardiologist
 MCI-114859

Balaji

2/28/24
 Dr. Lohiya

Ravikumar

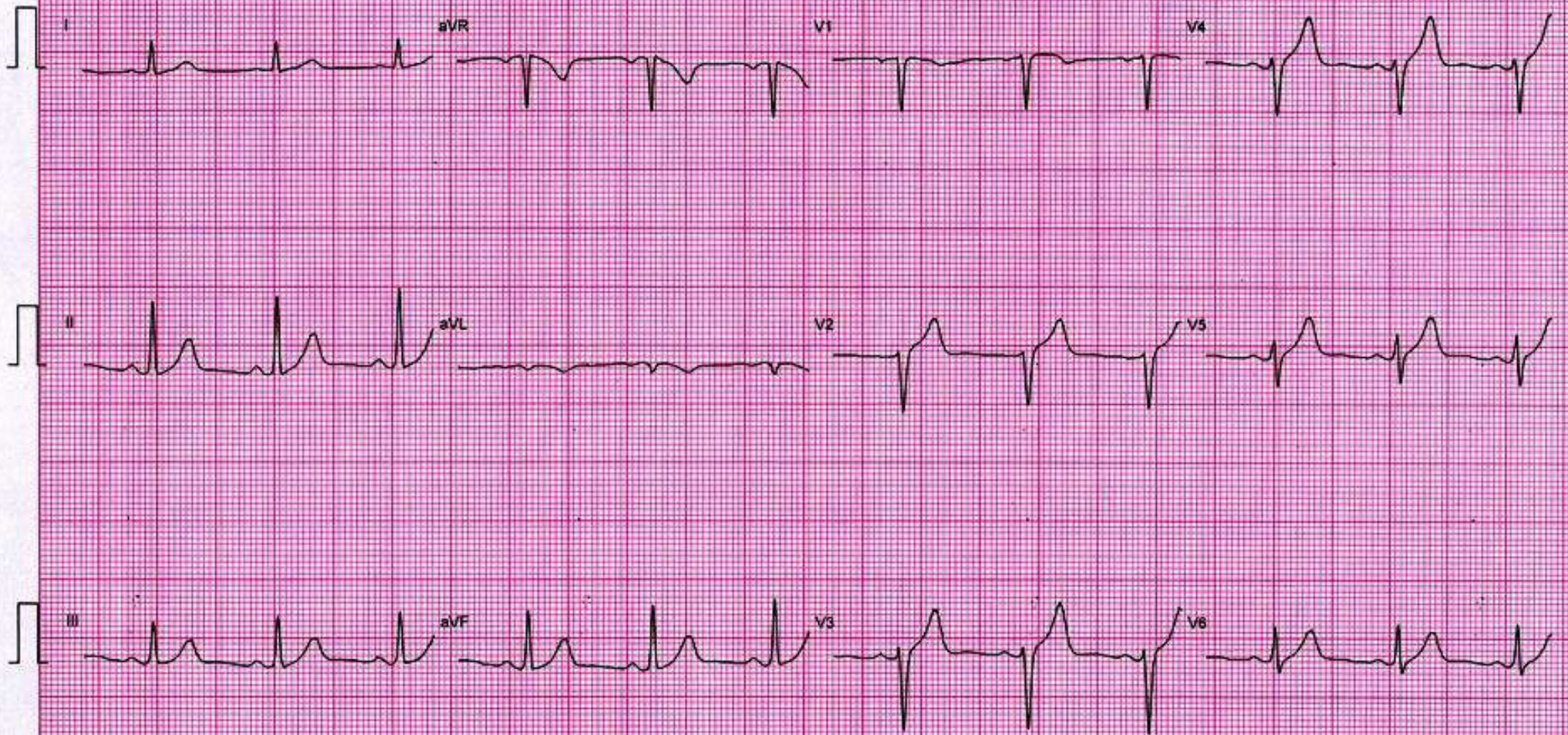
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 75 BPM
B.P. : 132/86 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
30ms PostJ

RAW ECG



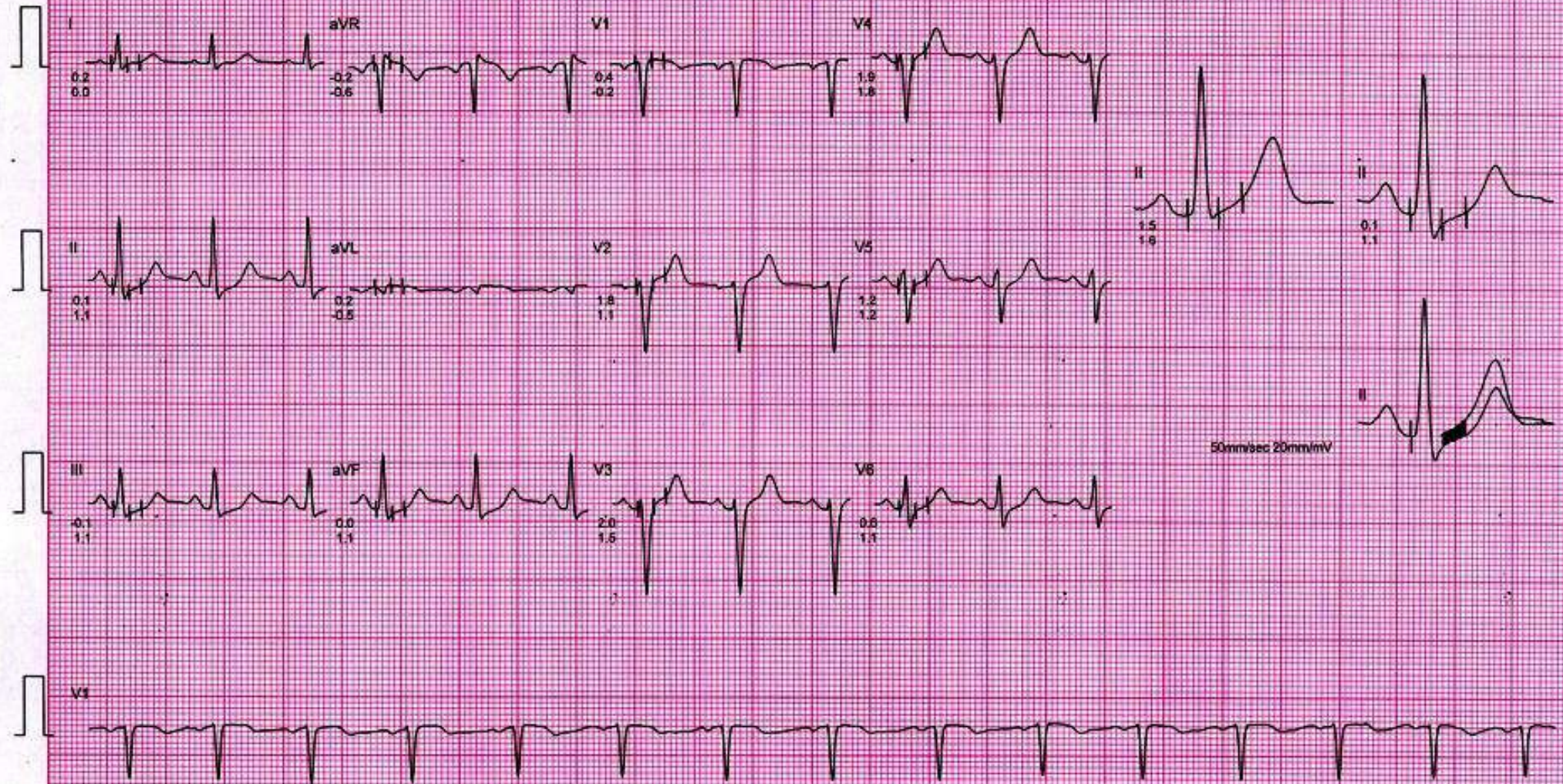
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 88 BPM
B.P. : 160/86 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN



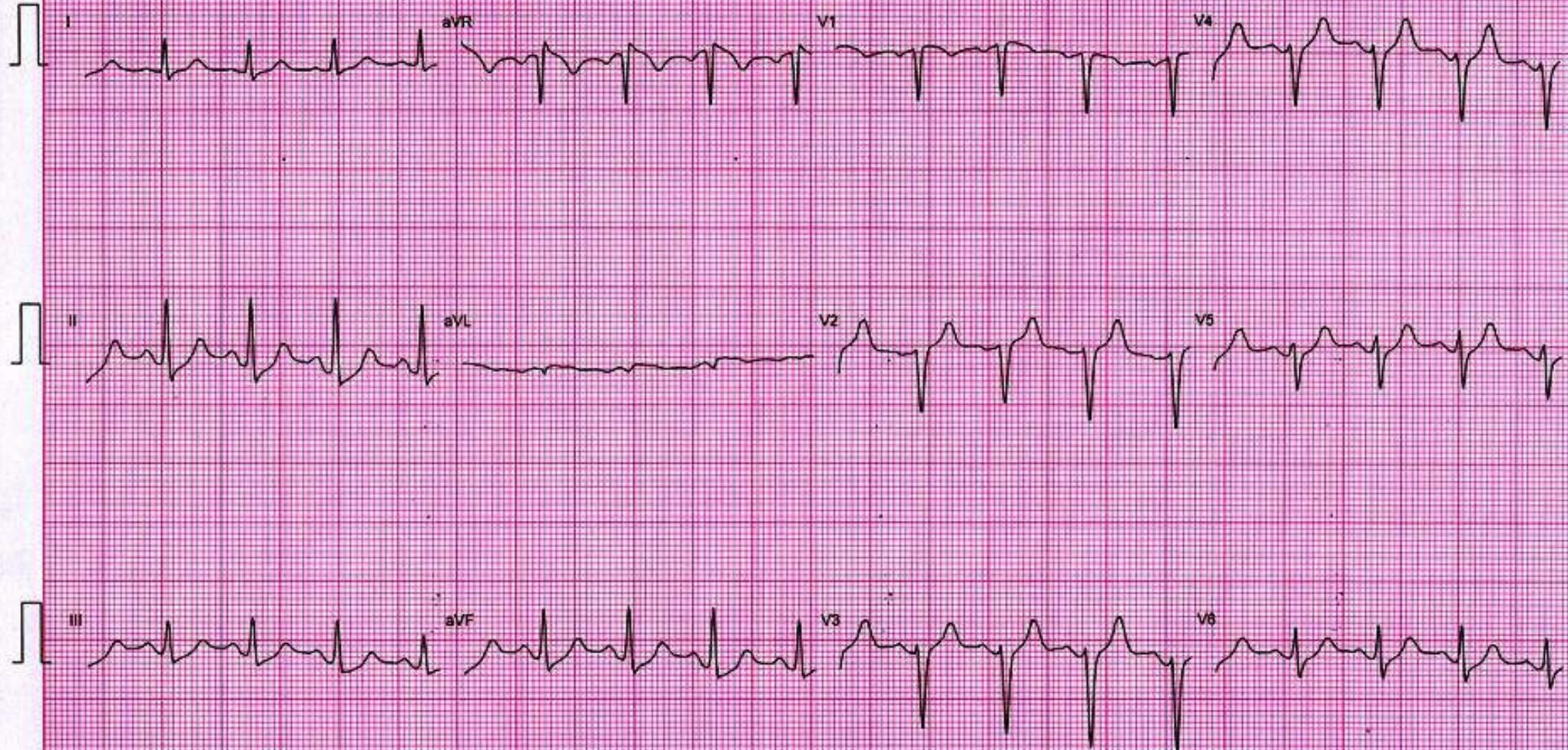
Mr. MR RAYI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 104 BPM
B.P. : 162/86 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 2:00

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G



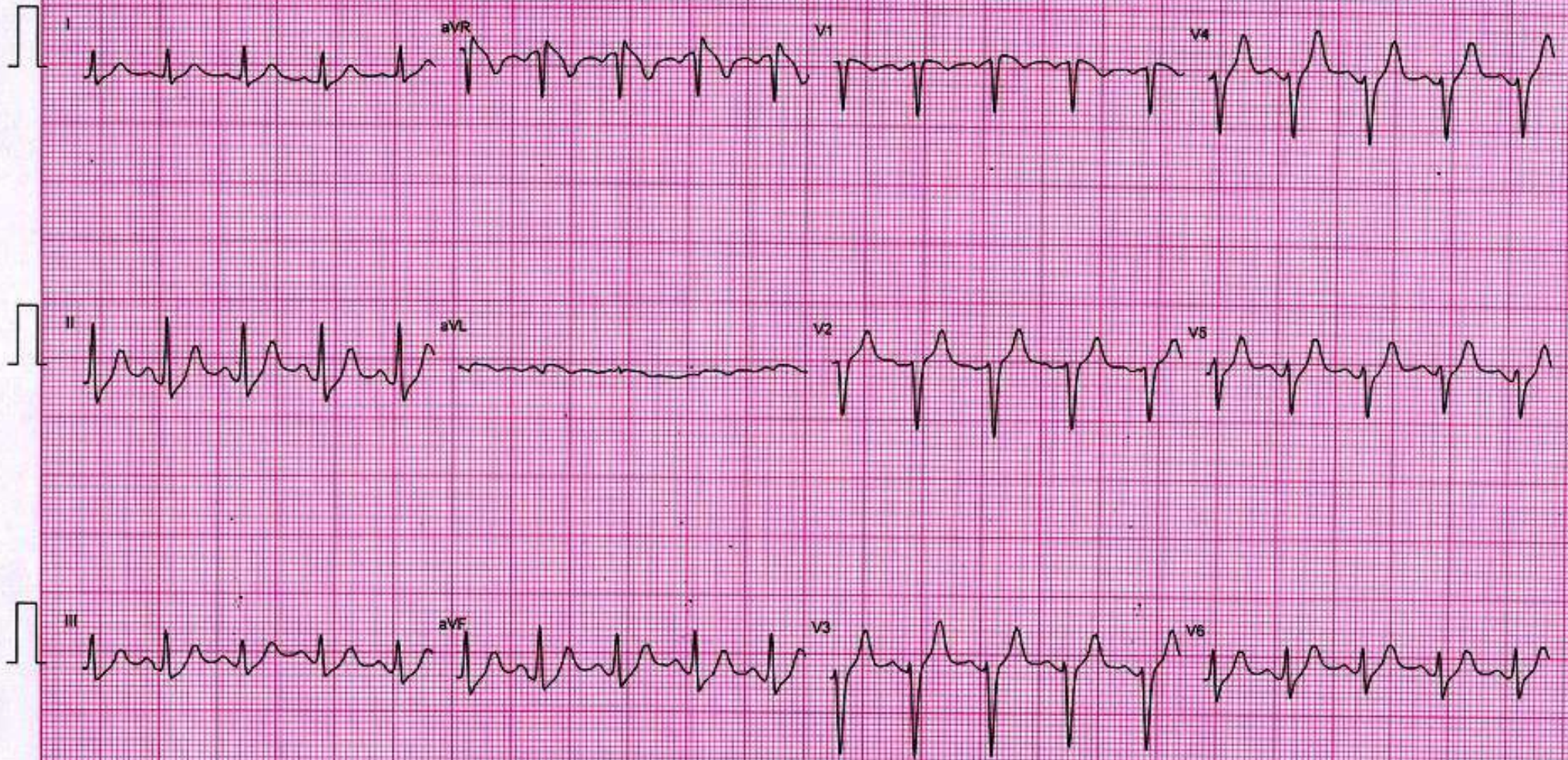
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 118 BPM
B.P. : 164/86 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 1:00

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



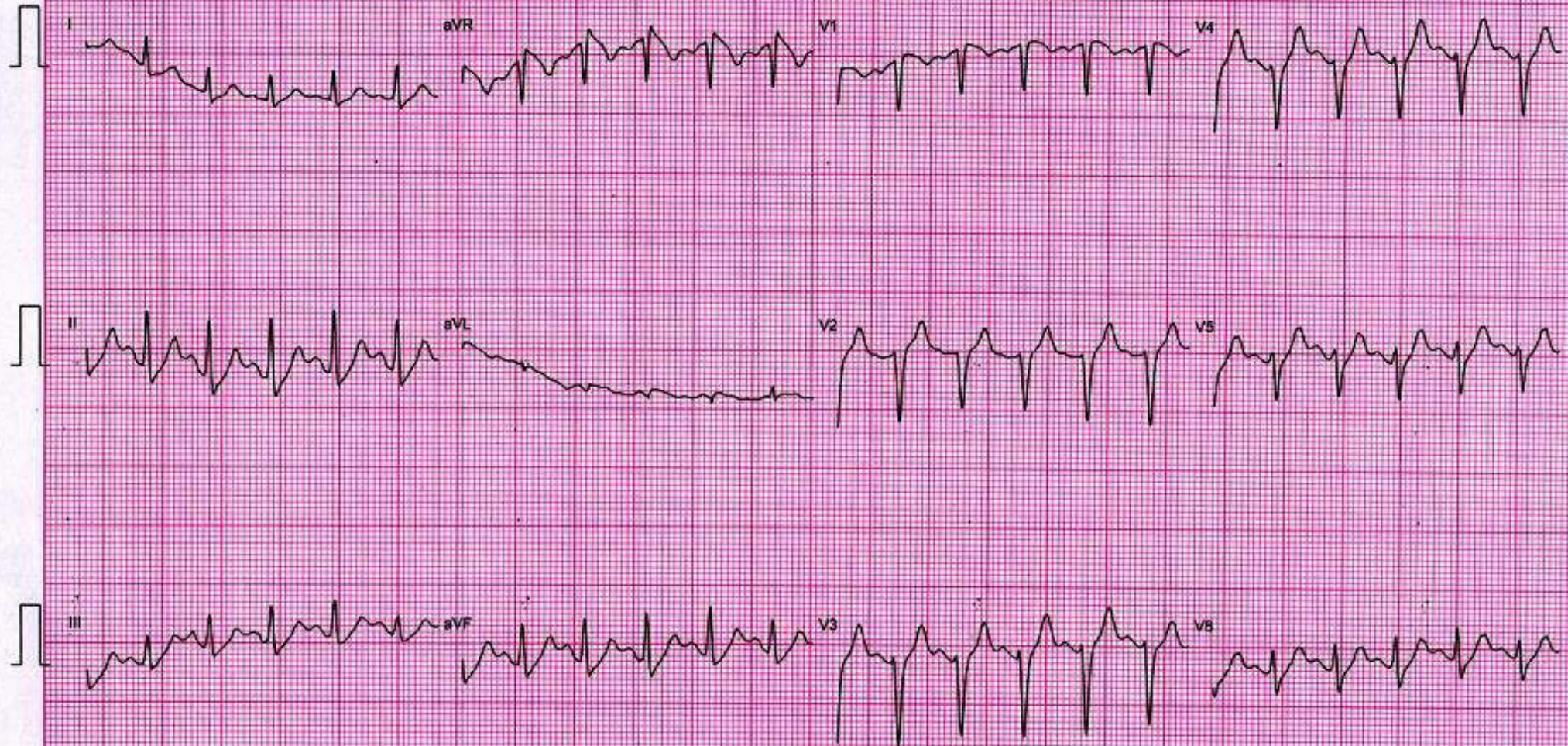
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 25-10-2024

RATE : 143 BPM
B.P. : 166/86 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 0:30

ST @ 10mm/mV
80ms Post J
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



Mr. MR RAVI KUMAR

I.D. : 80062425

AGE/SEX : 34/M

RECORDED : 26-10-2024

RATE : 159 BPM

B.P. : 168/86 mmHg

BRUCE

PEAK EXER

PHASE TIME : 9:38

STAGE TIME : 0:38

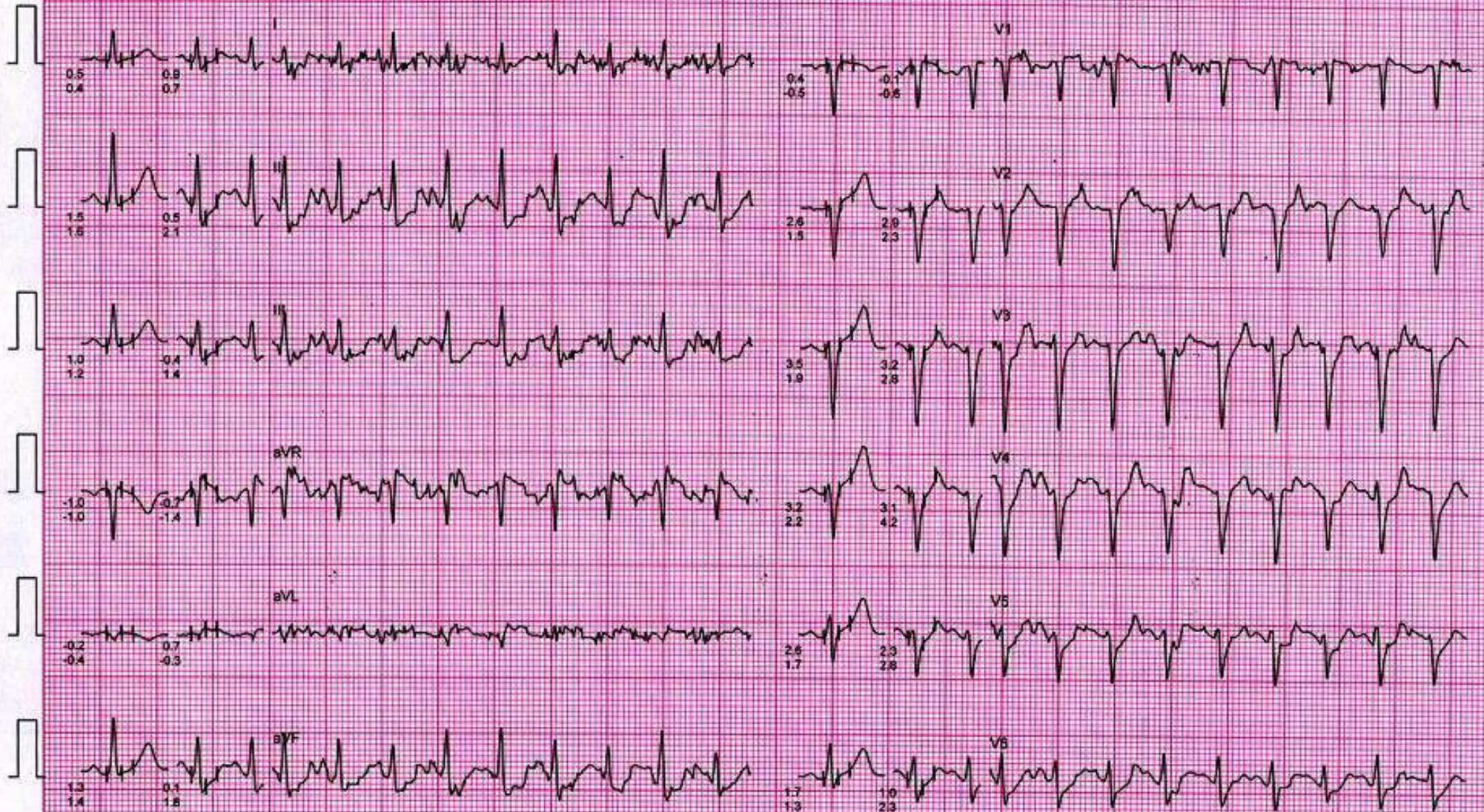
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

MIXED E.C.G.



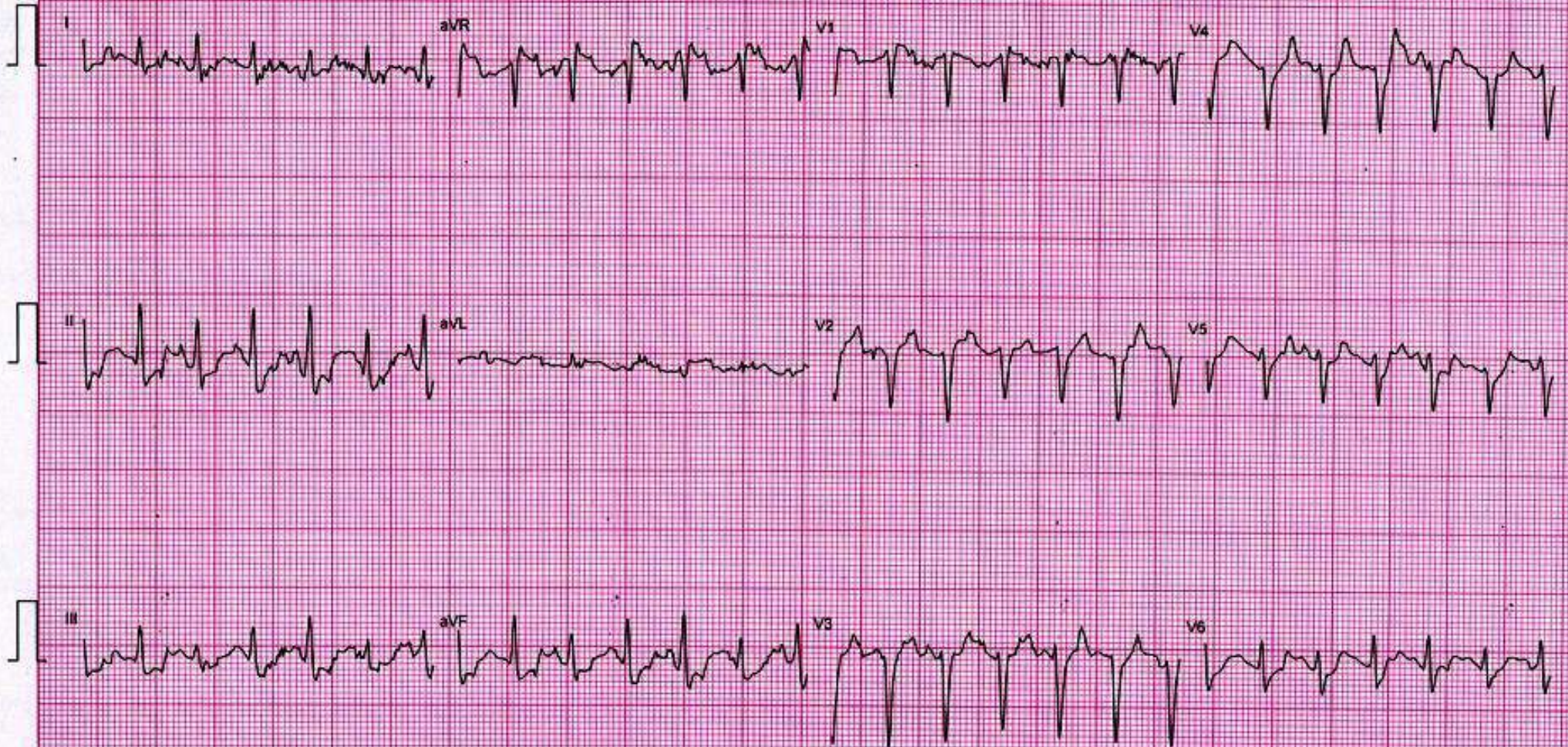
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 137 BPM
B.P. : 168/86 mmHg

BRUCE
EXERCISE 4 (EVENT)
PHASE TIME : 9:34
STAGE TIME : 0:34

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km/Hr.
GRADE : 16.0 %

RAW E.C.G.



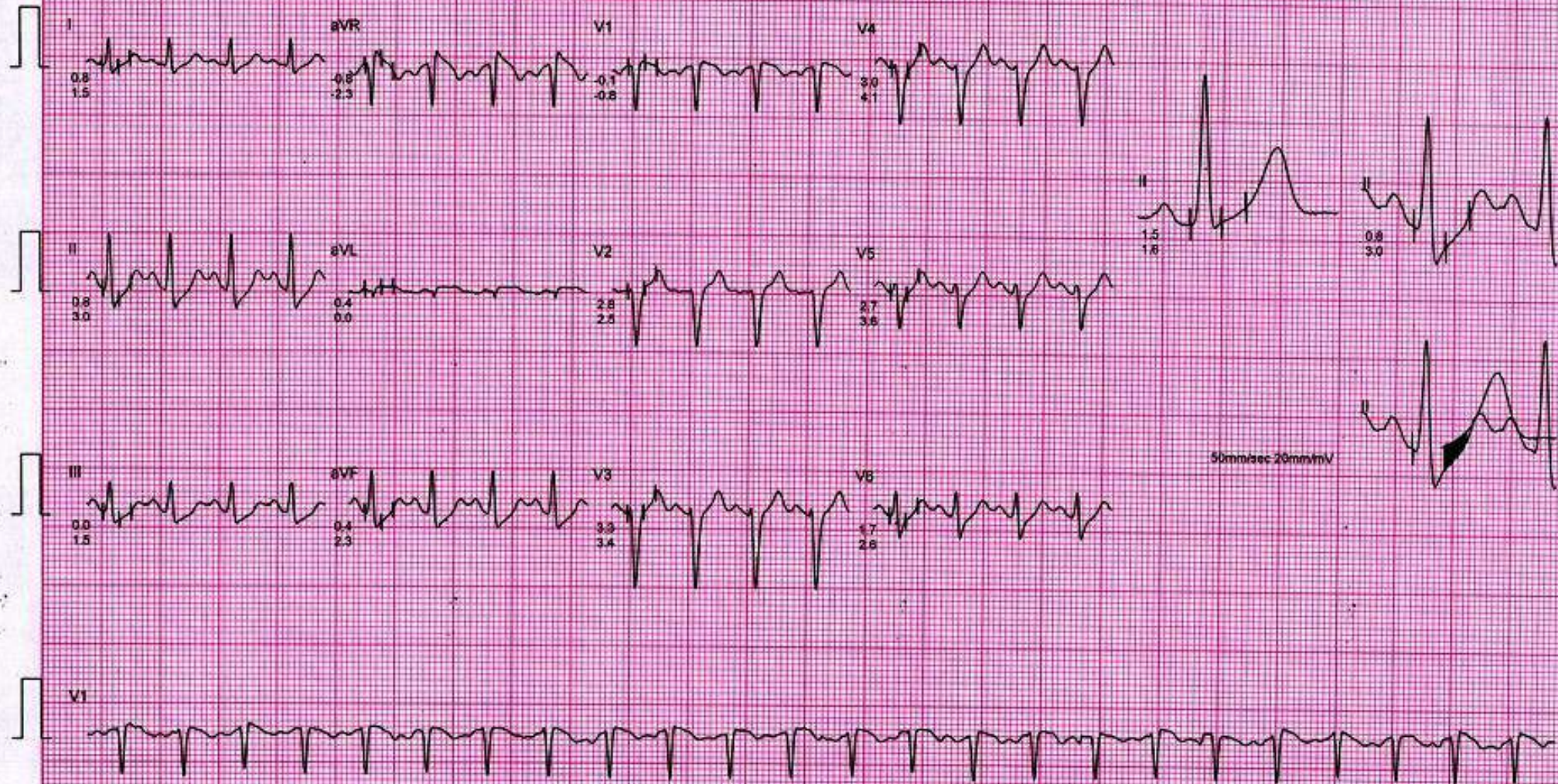
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 25-10-2024

RATE : 147 BPM
B.P. : 158/86 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 8:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./HR.
GRADE : 14.0 %

LINKED MEDIAN



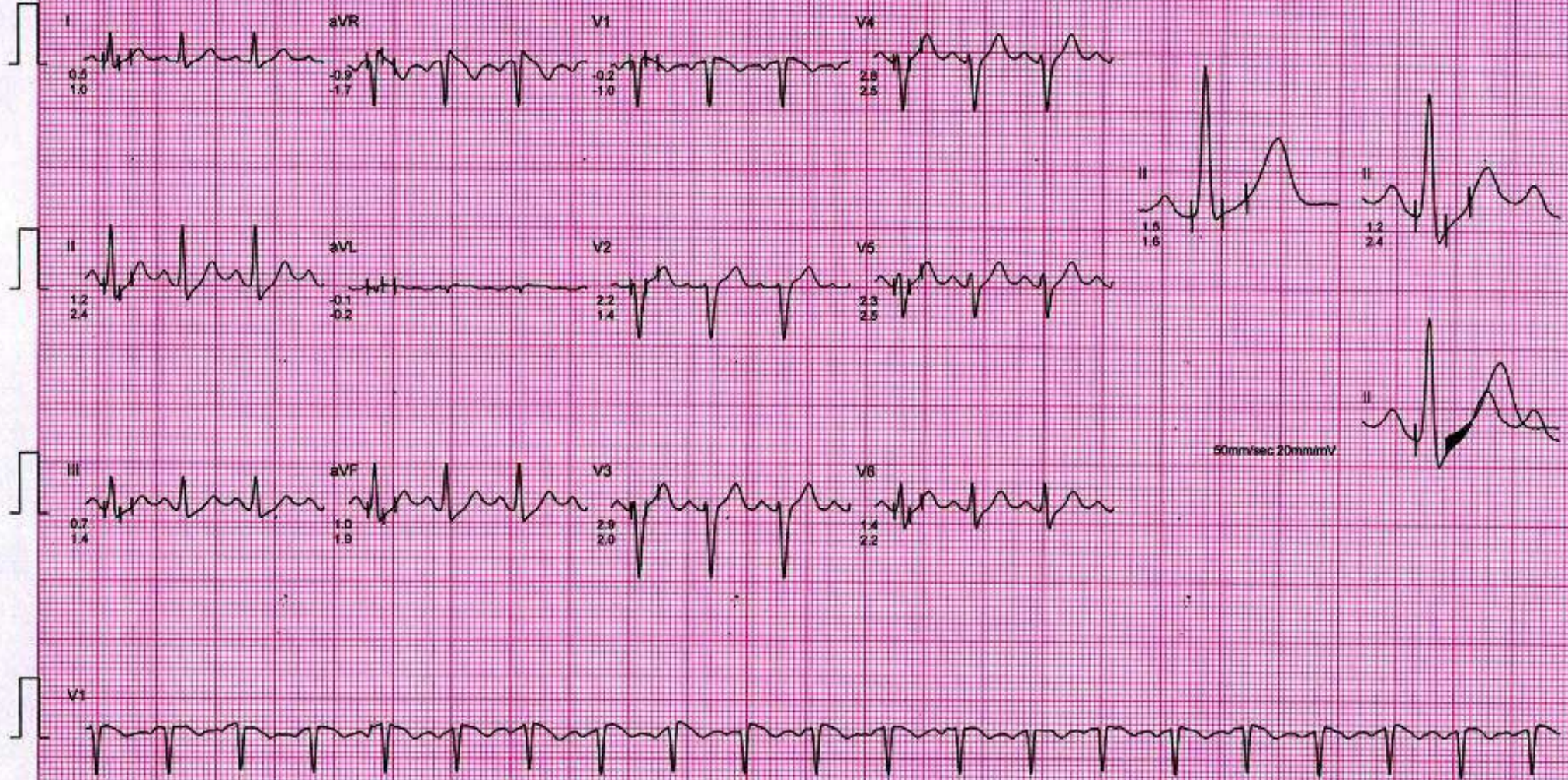
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 124 BPM
B.P. : 152/86 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

LINKED MEDIAN



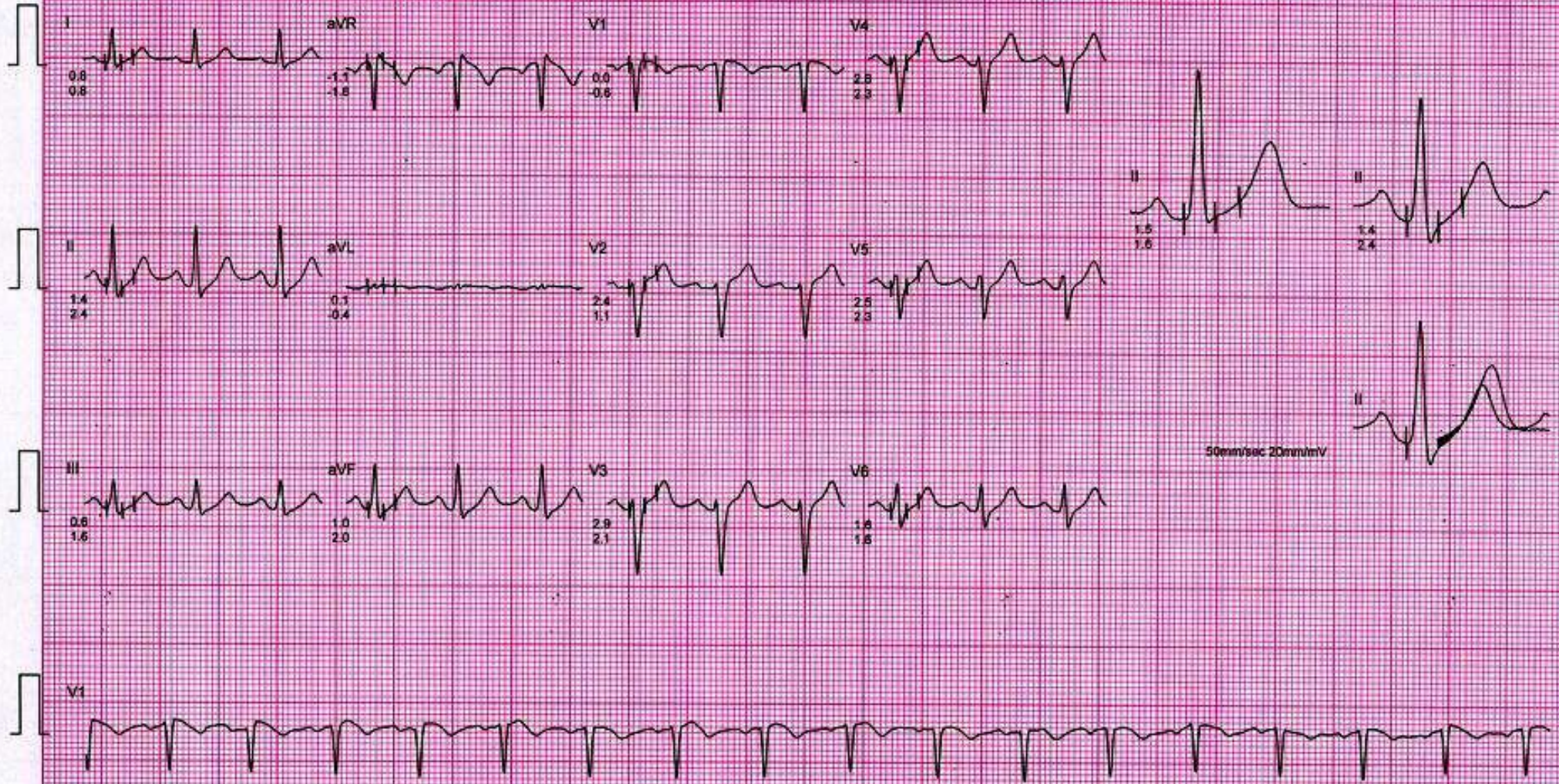
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 104 BPM
B.P. : 142/86 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



50mm/sec 20mm/mV

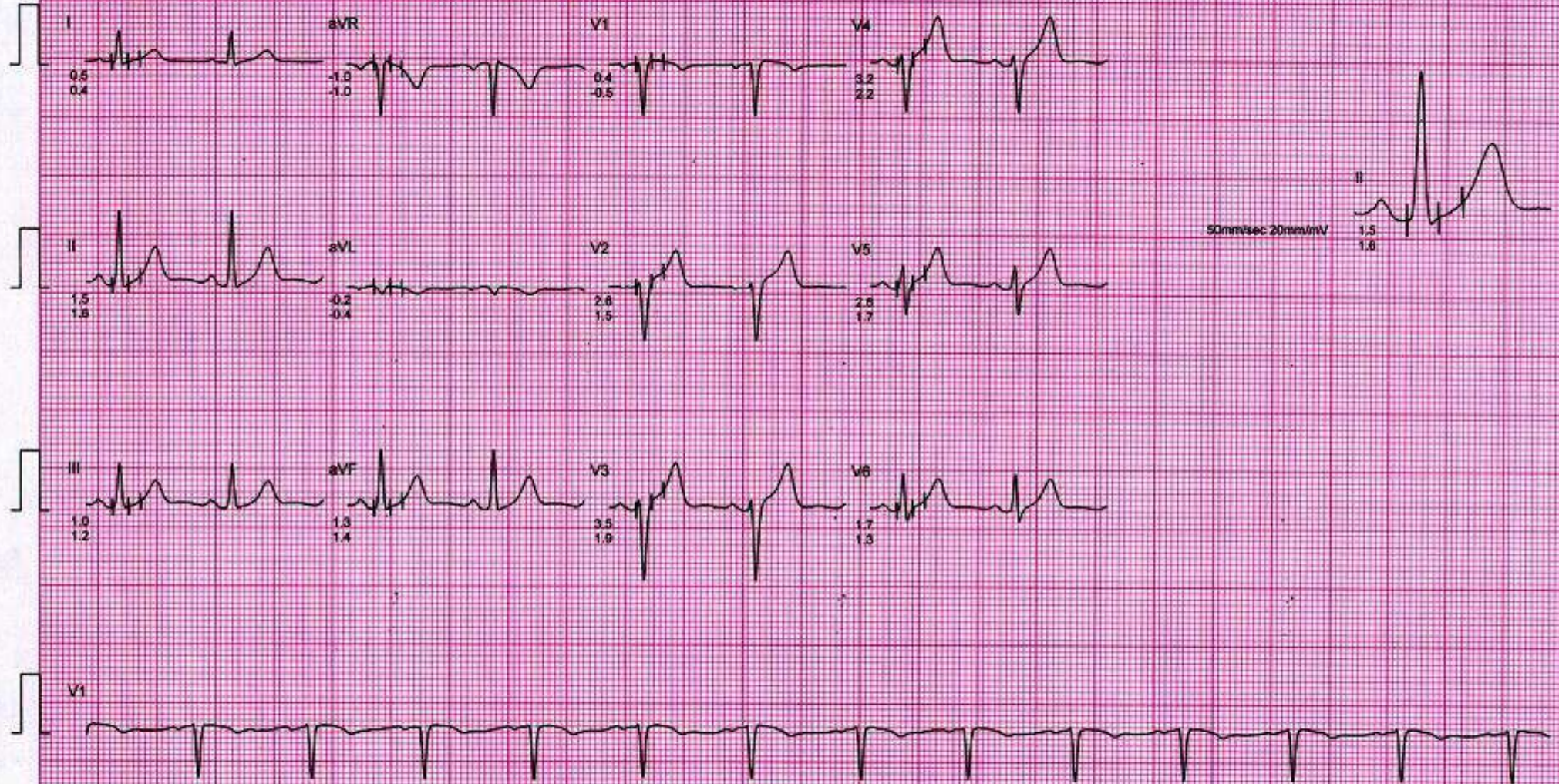
Mr. MR. RAM KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 81 BPM
B.P. : 132/86 mmHg

BRUCE
WARM UP 1
PHASE TIME : 0:00
STAGE TIME : 0:00

ST @ 10mm/mV
80ms PostJ
SPEED : 1.5 Km/Mr.
GRADE : 0.0 %

LINKED MEDIAN



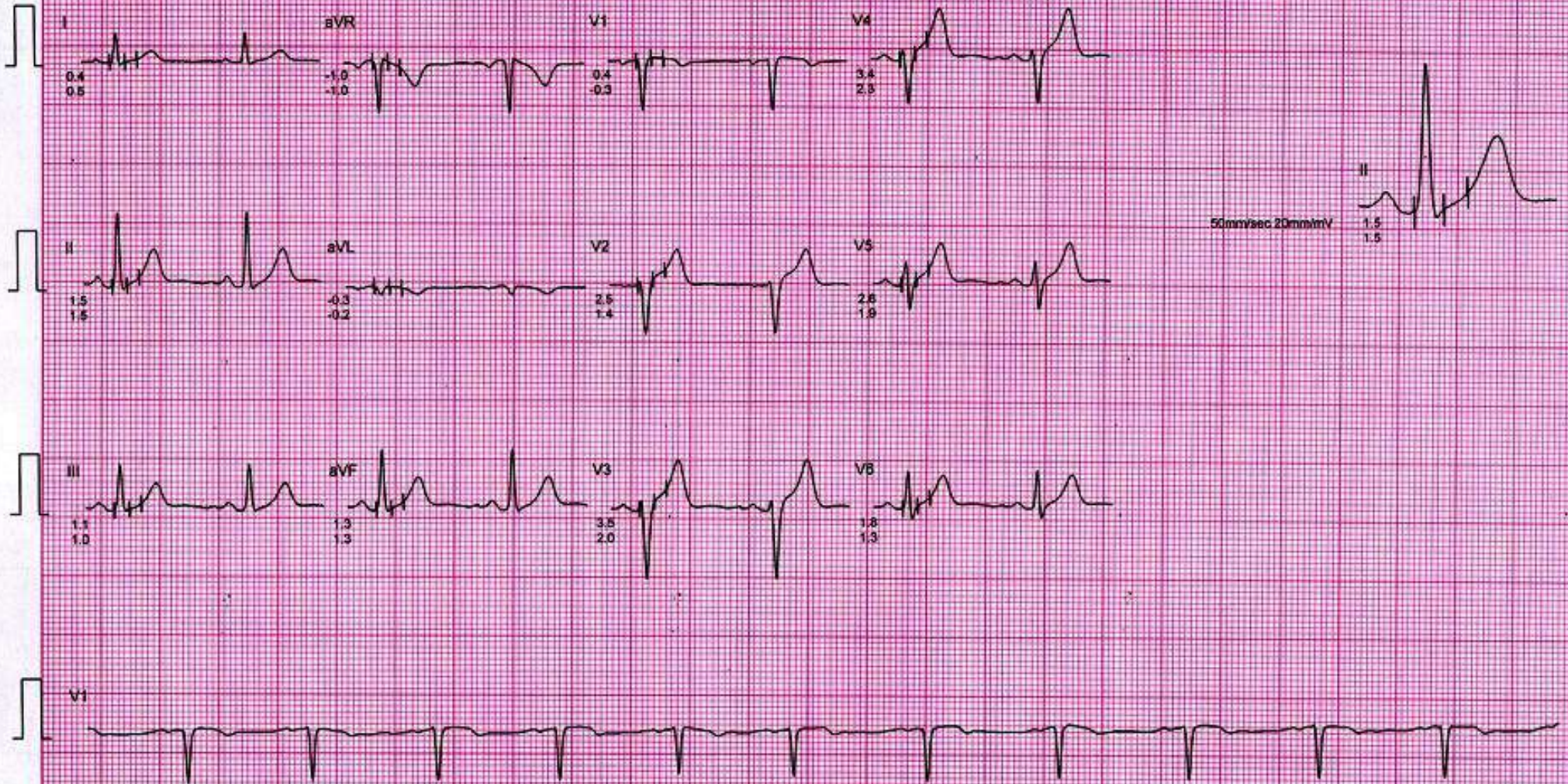
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 70 BPM
B.P. : 132/86 mmHg

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



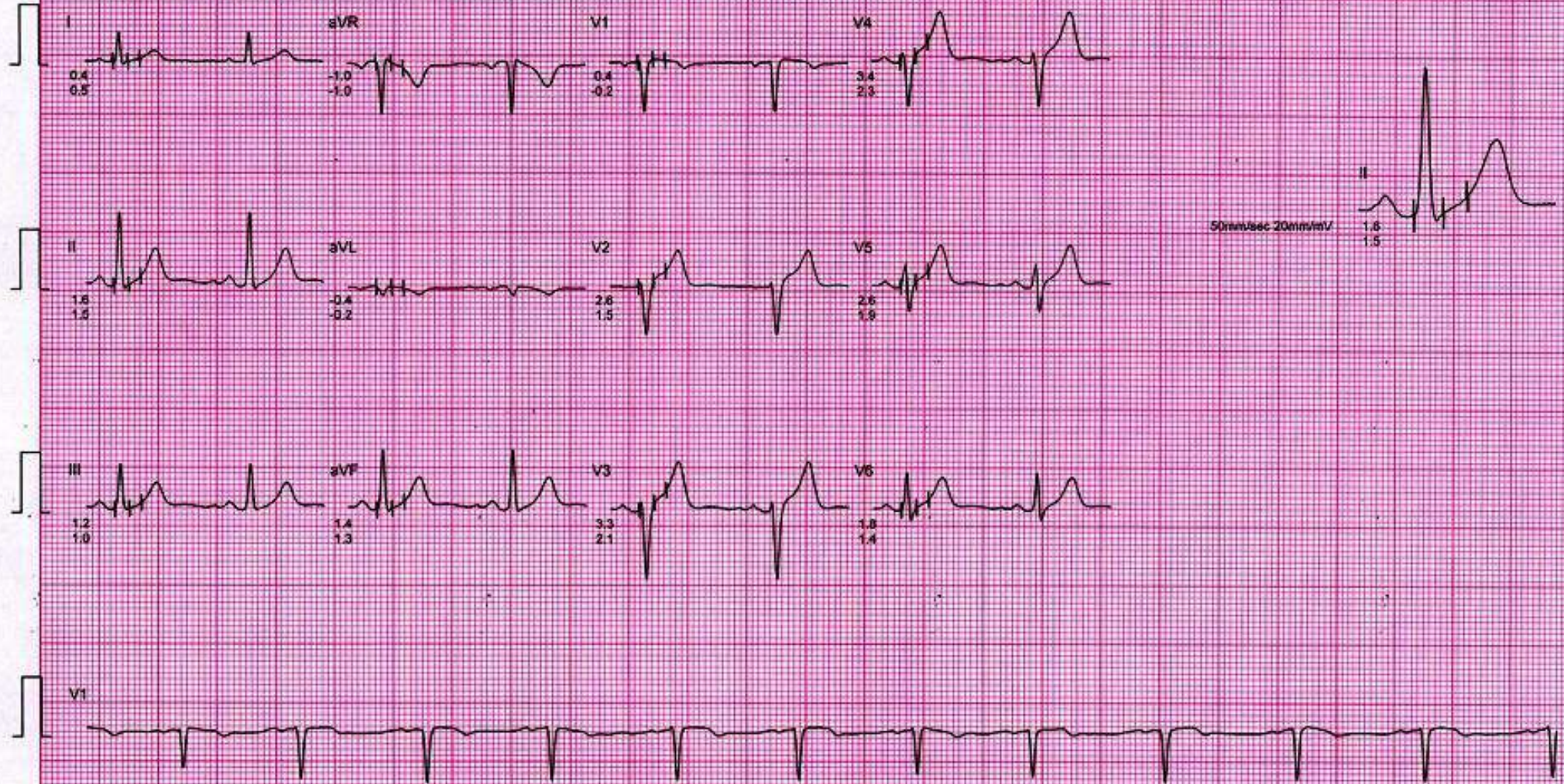
Mr. MR RAVI KUMAR
I.D. : 80082425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 71 BPM
B.P. : 132/86 mmHg

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



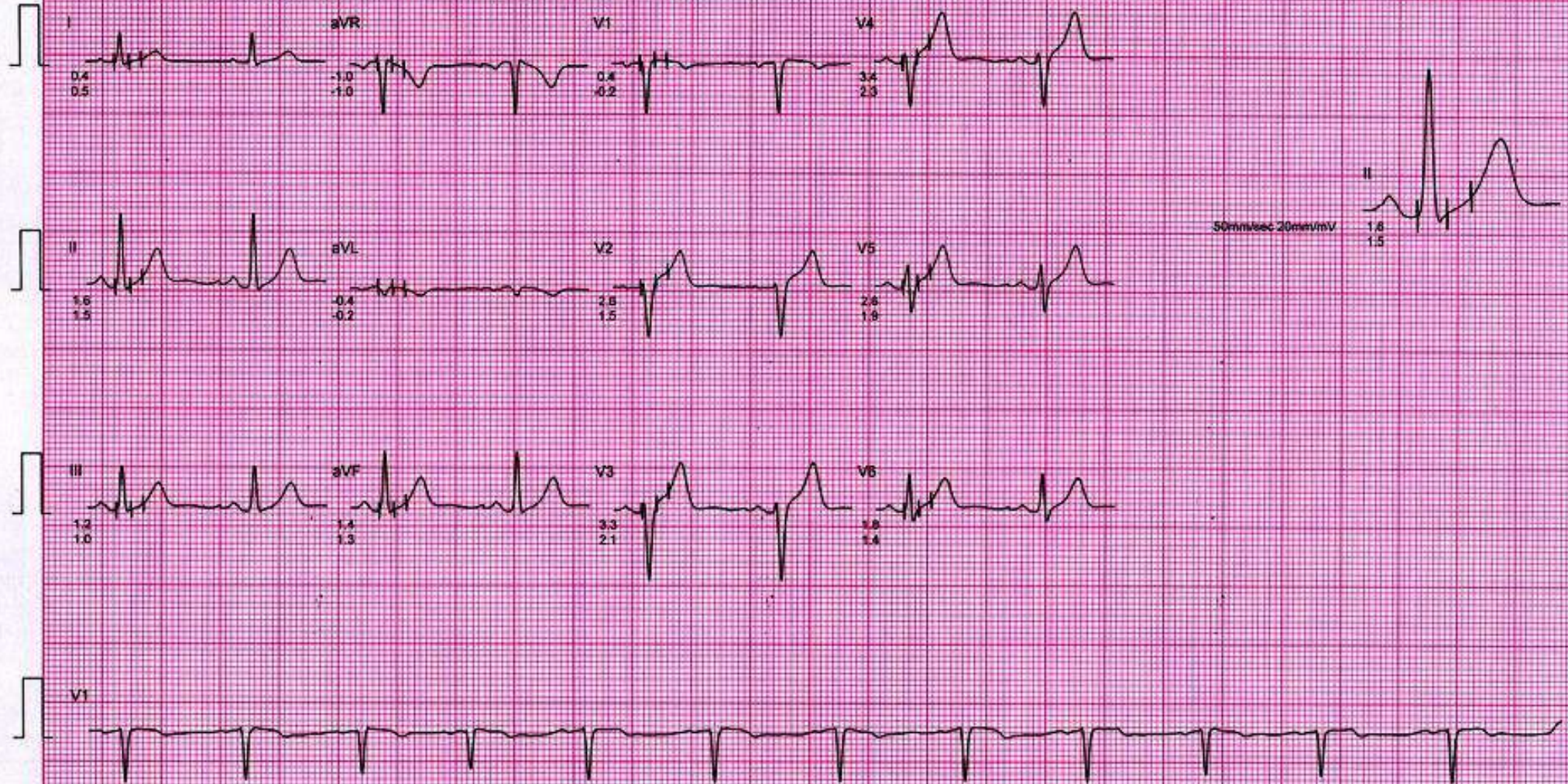
Mr. MR RAVI KUMAR
I.D. : 80062425
AGE/SEX : 34/M
RECORDED : 26-10-2024

RATE : 74 BPM
B.P. : 132/86 mmHg

HYPERVENTILATION
PRETEST
STAGE TIME : 0:01

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN





CHANDAN DIAGNOSTIC CENTRE

Near vision: 116

Far vision: 119

Dental check up: *pass*

ENT Check up: *pass*

Eye Checkup: *pass*

Final impression

Certified that I examined..... *Ravi Kumar* 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.

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

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmooorganj
Varanasi-221010 (U.P.)
Phone No.:0542-2223232

Client Signature :-

Ravi Kumar

.....
Signature of Medical Examiner

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

Date..... *28/10* /2024

Place - VARANASI



Home Sample Collection
08069366666

Download
Chandan 24x7 App





CHANDAN DIAGNOSTIC CENTRE

Name of Company: *Medi Wheel*

Name of Executive: *Ravi Kumar*

Date of Birth: *...22...10...1990*

Sex: Male / Female

Height: *...1.67...CMs*

Weight: *96...KGs*

BMI (Body Mass Index): *34.4*

Chest (Expiration / Inspiration) *...110...115...CMs*

Abdomen: *...10.5...CMs*

Blood Pressure: *...13.21.86...mm/Hg*

Pulse: *87...BPM - Regular / Irregular*

Ident Mark: *cut mark on left hand*

Any Allergies: *Edding*

Vertigo: *No*

Any Medications: *No*

Any Surgical History: *No*

Habits of alcoholism/smoking/tobacco: *No*

Chief Complaints if any: *No*

Lab Investigation Reports: *No*

Eye Check up vision & Color vision: *Hand e power glass 2 years*

Left eye: *-0.5*

Right eye: *-0.5*



Home Sample Collection
08069366666

Download
Chandan 24x7 App





 **GPS Map**
Camera Lite

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

Latitude
25.3053526°

Local 09:13:14 AM
GMT 03:43:14 AM

Longitude
82.979027°

Altitude 84 meters
Saturday, 26.10.2024