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

RENGLAND

Latitude 25.305359°

LOCAL 09:31:40 GMT 04:01:40 Longitude 82.979031°

FRIDAY 03.08.2024 ALTITUDE 37 METER



मारत सरकार Government of India



अवध बिहारी मौर्या Awadh Bihari Maurya जन्म तिथि / DOB : 11/07/1973 पुरुष / MALE

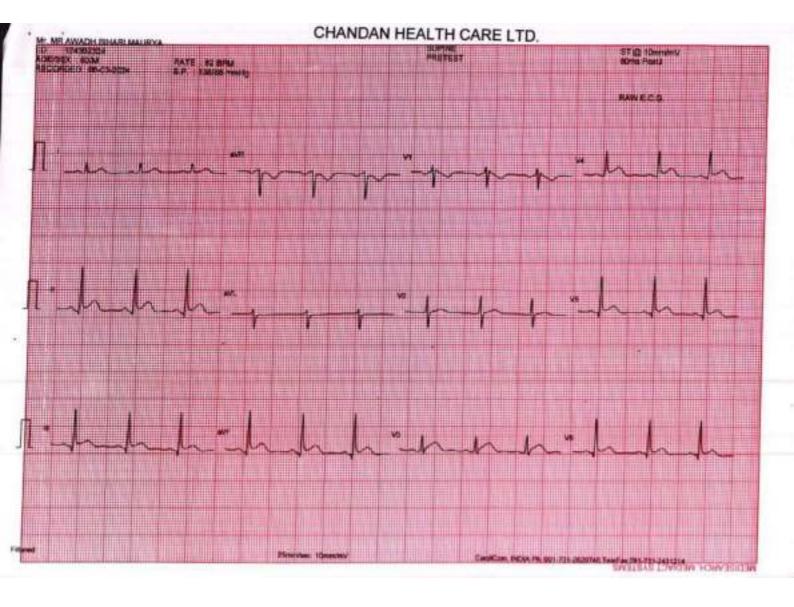


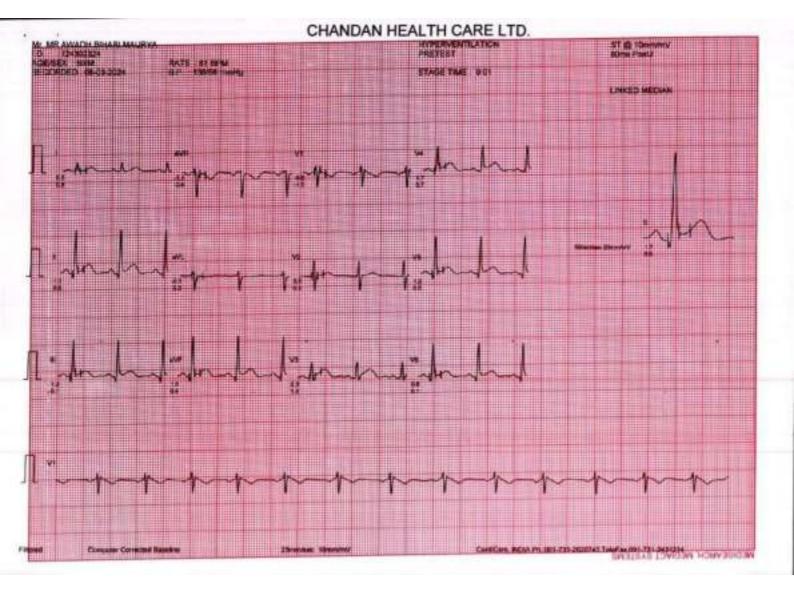
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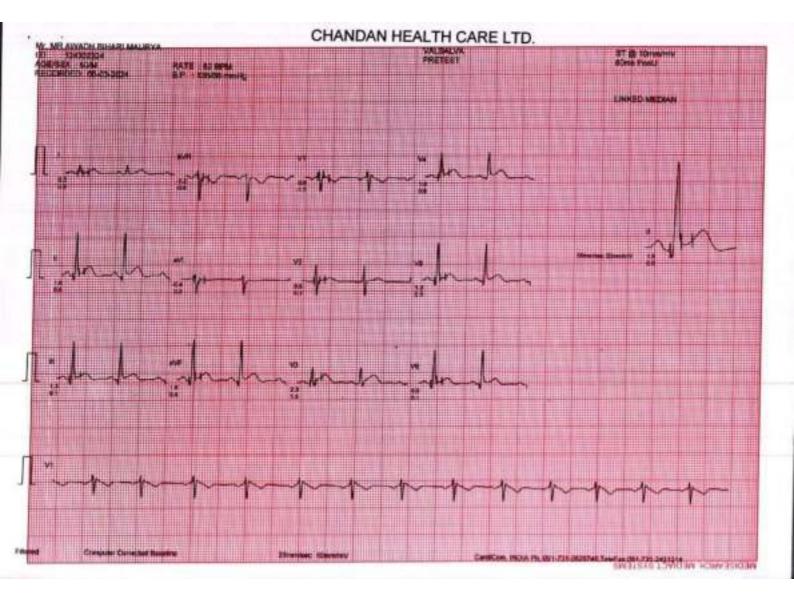
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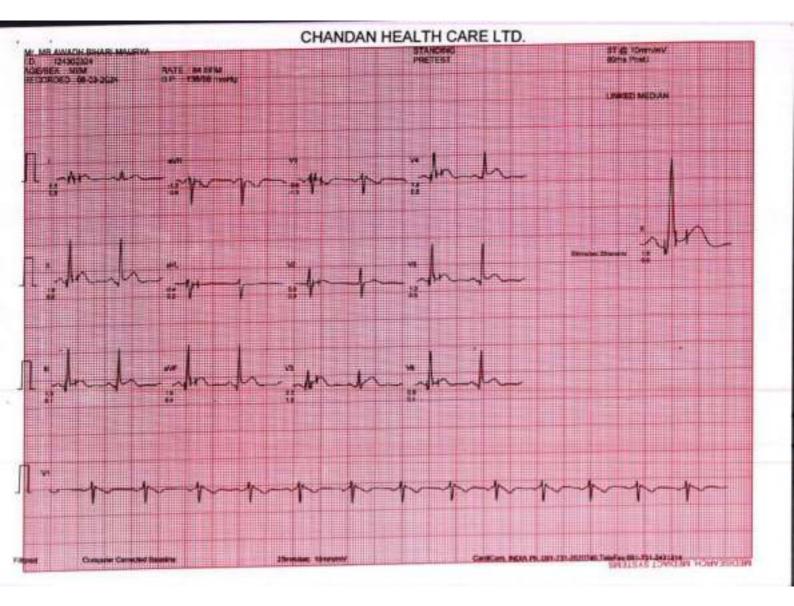
मेरा आधार, मेरी पहचान

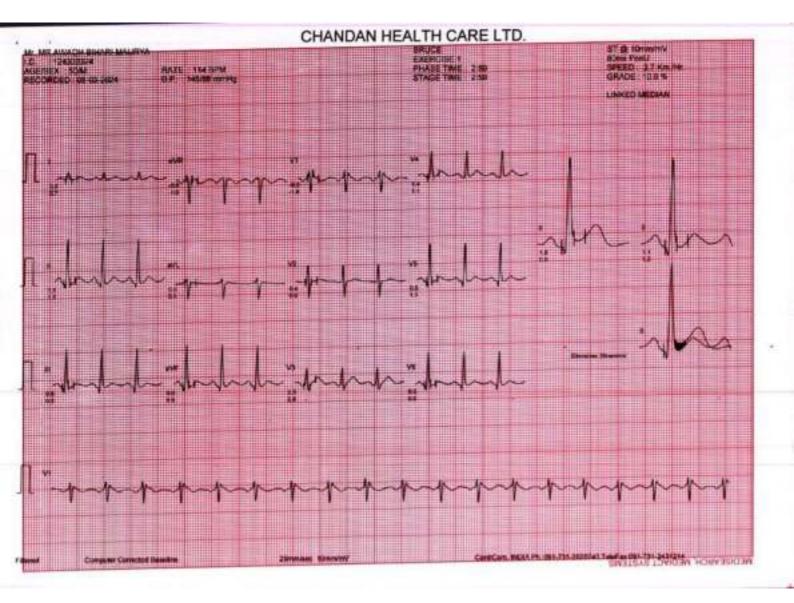
| MR Admitted Bo (State NOR) If by NEDIWIE Stations Scalings Scalings | NUM WALRYS | | ID SOURCESS INTERNET IDANT Recording OF CO | 9-2024 | | His Activity II Process BRUC History Mechanical Mechanical Mechanical | EST SUMMARY | | | | |
|---|-------------------------------------|--|--|--|--------------------------|--|--|------------------------|--|--|--------------------------------------|
| PINOE | The second | 1200K | SPEED (Souther) | ORADE | HR. genus | all a | And And | | MILEVEL (men) | • | METS |
| ELIZINE KYPERVENT VALGAVVA STANDING | 2.01 | C0) | | | 82 81 82 84 | 134488 138488 138488 138488 138488 | 113 111 113 115 | **** | 0.5 10.5 0.6 0.6 | a series a | |
| STAGE 1 STAGE 2 EVENT STAGE 3 | 2.50 5:08 6:27 6:30 | 258 259 028 029 | 2,70 4,00 5,40 6,40 | 100.080 122.000 544.000 144.000 | 114 538 152 152 | 1.46/168 1.58/158 1.62/158 1.62/158 1.62/158 | 100 210 210 210 210 210 | 1.1 02 00 -11 | 0.8 0.7 0.7 0.6 | 00 00 00 00 00 00 00 00 00 00 00 00 00 | 4 80 7 10 7 10 7 10 7 10 |
| PEAK EXER IVENT IVENT IVENT INCLIVENY | 6.21 0.50 10% 0.00 2.00 | 0 70 0 30 100 2 00 2 59 | 8/00 0.60 0.00 0.00 0.00 | 0.60 0.60 0.60 0.60 0.60 | 1000 | 160/00 158-00 158-00 150/00 150/00 | 1229 | -02 13 10 05 | 1.1 1.2 1.0 0.7 | 1122 | |
| SULTS Incas Duratos Pleat Rais Cool Presure West Loss and 5 Terratoso PRESSIONS | 152 152 152 | H Minutes Light - Ki K, of Inc. Stat. county 9 METS | ger tanaf can 170 | bon | | -> f -> N p | Sae aline | ECh ST-J | ie normal changue es 1 naver 1 naver 1 naver | L smat L | |
| 71 | n tik n | regala for | RME | | Dr. Anh | Cardiologial | | ngan | (head - | d_ | |

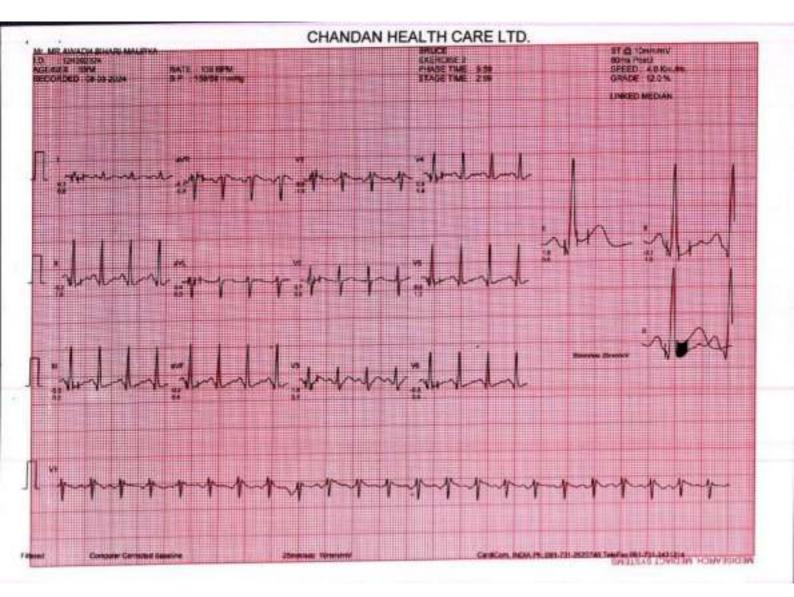


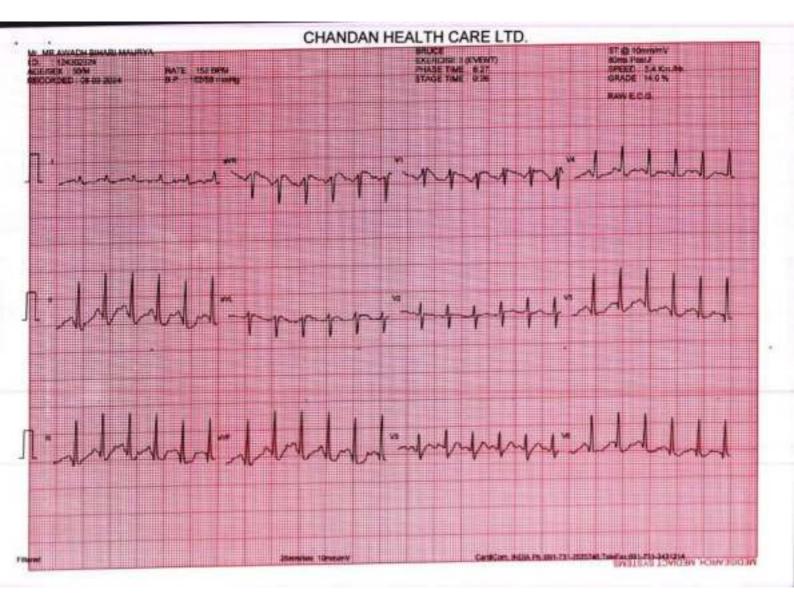


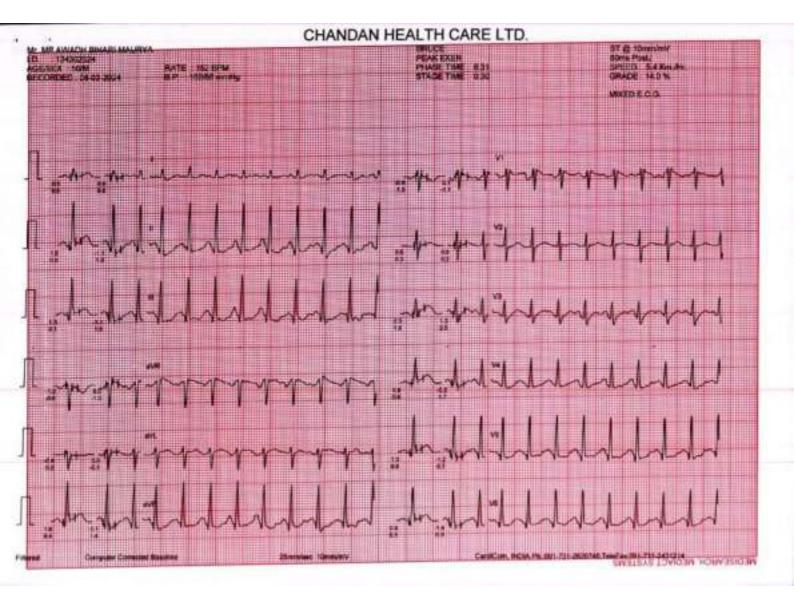


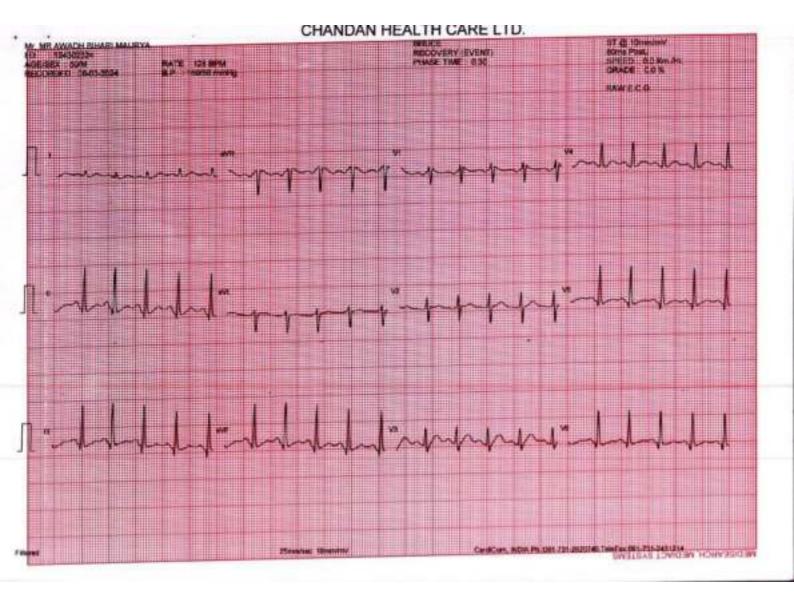


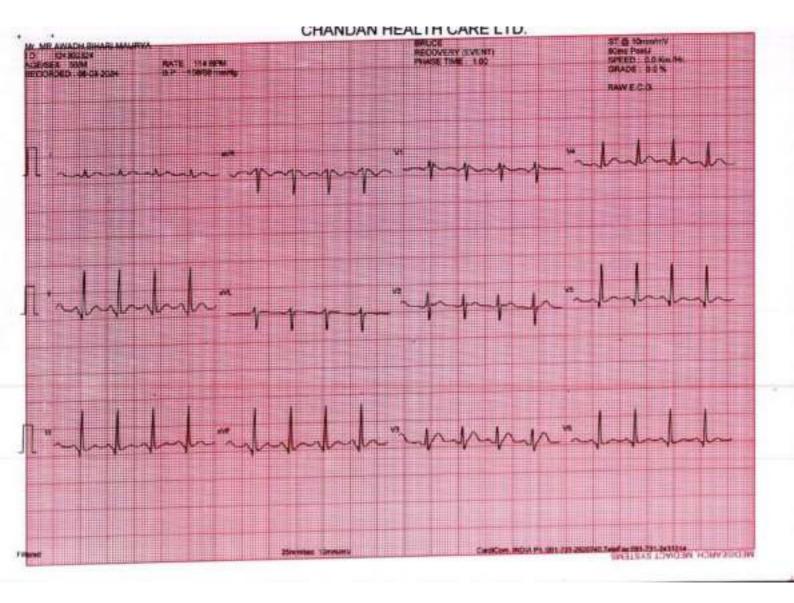


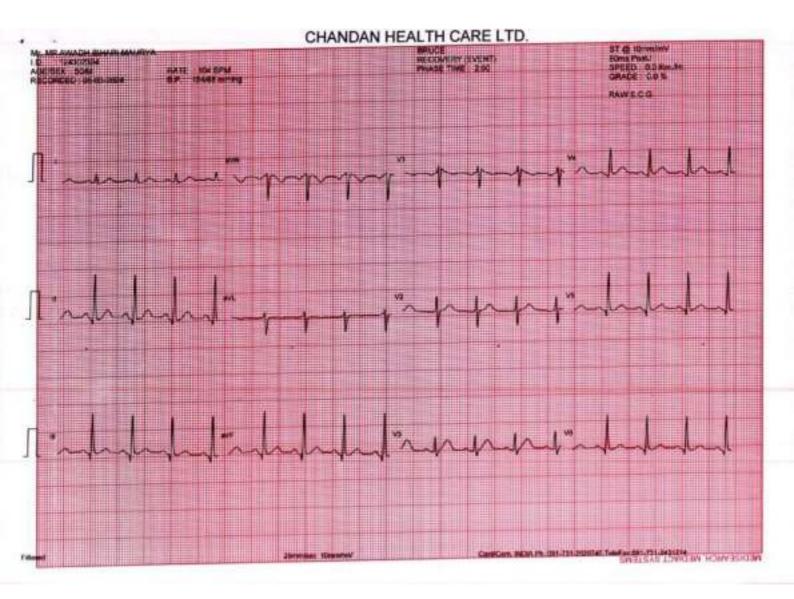


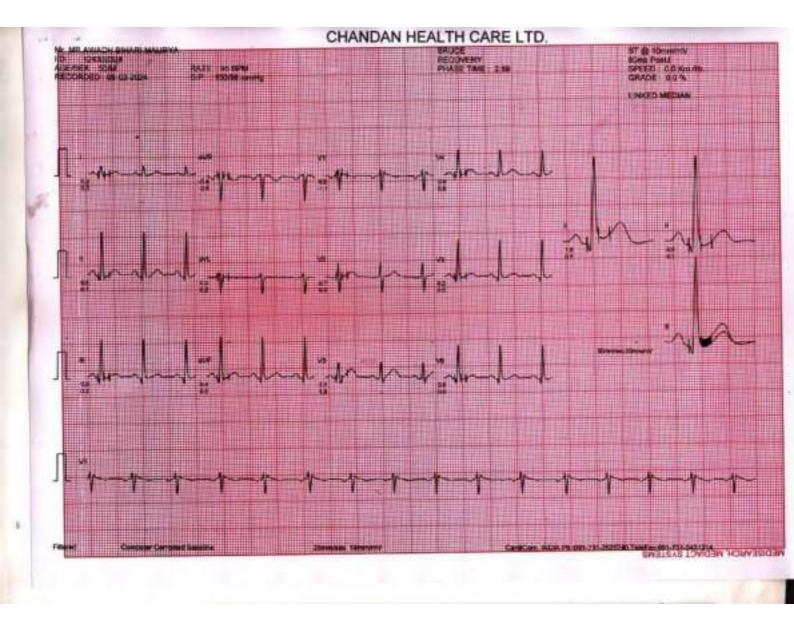
















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CHANDAN DIAGNOSTIC CENTRE

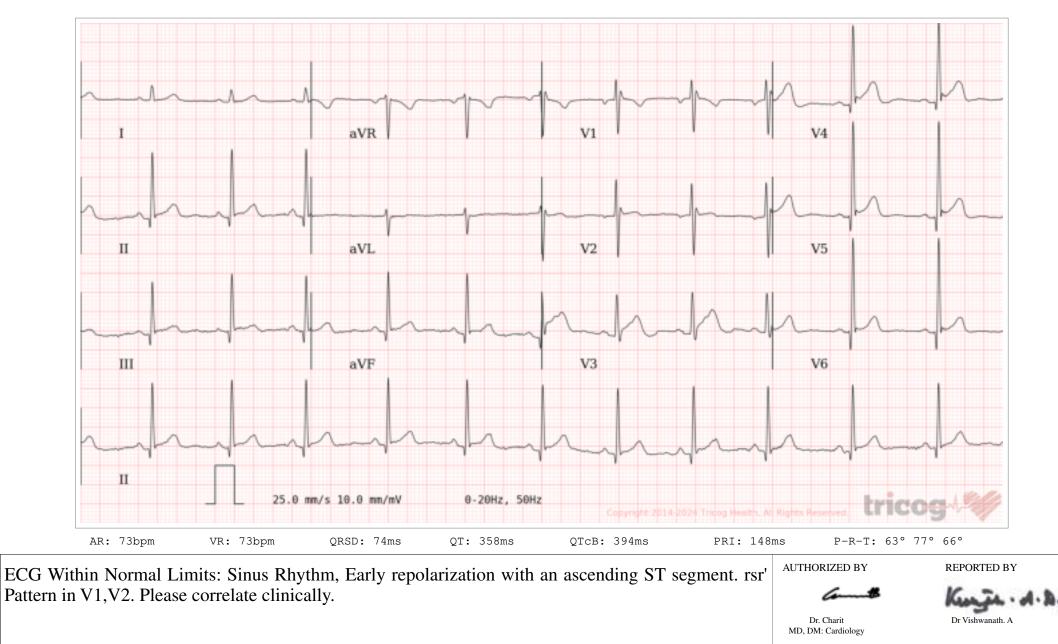
Name of Company: Mechiwher Name of Executive: A wadh Bihani maurya. Date of Birth: 11. 107. 1.1973 Sex: Male / Eemale Height: 1.64 CMs BMI (Body Mass Index): Q. . ? Pulse: 81 BPM - Regular / Irregular Ident Mark: Mole on Left Hand thumb. Any Allergies: NO Vertigo : NO Any Medications: No Any Surgical History: No Habits of alcoholism/smoking/tobacco: No Chief Complaints if any: No Lab Investigation Reports: No Eye Check up vision & Color vision: Normal E Power Grage - 15 Years Left eye: + 1.500 Right eye: + 1.50 D



Chandan Diagnostic



Age / Gender:50/MaleDate and Time:8th Mar 24 9:23 AMPatient ID:CVAR0124302324Patient Name:Mr.AWADH BIHARI MAURYA -BOBE10194



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.

63382





Near vision: N167 Gilass Far vision: 616 E Gilass Dental check up: Normal ENT Check up: Normal Eye Checkup: Normal

Final impression

Certified that I examined A.W.a.dh Bihan Mawya 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 MB85, MD. (Radio Diagnosis) Reg. No.-26918

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

> > > 08069366666

Client Signature :-

Signature of Medical Examiner



| Chaudau Since 1991 | CHANDAN D Add: 99, Shivaji Nagar Mal Ph: 9235447795,0542-350 CIN : U85110DL2003PLC | nmoorganj,Varanasi 0227 | FIC CENT | FRE | 30 |
|---|--|--|---|--|--|
| Age/Gender: 50UHID/MR NO: CVisit ID: C | r.AWADH BIHARI MAUR) Y 7 M 28 D /M VAR.0000048371 VAR0124302324 r.MEDIWHEEL VNS - | (A -BOBE10194 | Registered (Collected Received Reported Status | Dn : 08/Mar/2024 0 : 08/Mar/2024 1 : 08/Mar/2024 1 : 08/Mar/2024 1 : Final Report | 0:55:43 1:06:12 |
| | | | | - | |
| | | | OF HAEMATO | | |
| | MEDIWHE | | | ABOVE 40 YRS | |
| Test Name | | Result | Unit | Bio. Ref. Interval | Method |
| Blood Group (ABO & Blood Group | Rh typing) *, <i>Blood</i> | A | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE |
| Rh (Anti-D) | | POSITIVE | | | AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Complete Blood Cou | nt (CBC) * , Whole Bloo | d | | | |
| Haemoglobin | | 13.60 | 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> | | 4,700.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| Polymorphs (Neutrop Lymphocytes Monocytes Eosinophils Basophils | hils) | 50.00 43.00 5.00 2.00 0.00 | % % % % | 55-70 25-40 3-5 1-6 <1 | ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE |
| ESR Observed | | 14.00 | Mm for 1st hr. | | |
| Corrected | | 14.00 4.00 | Mm for 1st hr. | <9 | |
| PCV (HCT) Platelet count | | 40.00 | % | 40-54 | |
| Platelet Count | | 1.10 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribu | | nr | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large (| Cell Ratio) | nr | % | 35-60 | ELECTRONIC IMPEDANCE |
| | | | | | |

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:09 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : 08/Mar/2024 10:55:43 |
| UHID/MR NO | : CVAR.0000048371 | Received | : 08/Mar/2024 11:06:12 |
| Visit ID | : CVAR0124302324 | Reported | : 08/Mar/2024 12:22:49 |
| Ref Doctor | : Dr.MEDIWHEEL VNS - | Status | : Final Report |

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

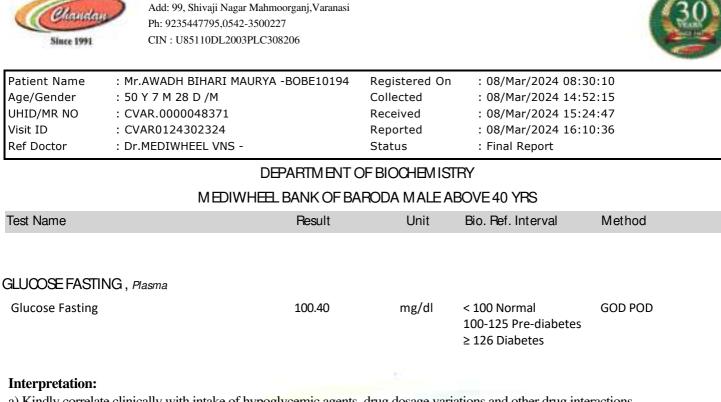
| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|----------|-------------|--------------------|----------------------|
| | | | | |
| PCT (Platelet Hematocrit) | nr | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | nr | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBCCount | | | | |
| RBC Count | 4.12 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 97.40 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 33.10 | pg | 28-35 | CALCULATED PARAMETER |
| МСНС | 33.90 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.60 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 49.80 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 2,350.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 94.00 | /cu mm | 40-440 | |

S.N. Sinduk Dr.S.N. Sinna (MD Path)

R

Home Sample Collectio

1800-419-0002



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 Sample:Plasma After Meal | 108.50 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 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 C T = Lemma d Checker T checker and the person does not mean that the person does not mean that the person 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. SIRAR







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:10 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : 08/Mar/2024 10:55:42 |
| UHID/MR NO | : CVAR.0000048371 | Received | : 09/Mar/2024 11:40:17 |
| Visit ID | : CVAR0124302324 | Reported | : 09/Mar/2024 14:29:10 |
| 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 HAEM OGLOBIN (HBA1C) | ** , EDTA BLOOD | | | |
| Glycosylated Haemoglobin (HbA1c) | 5.90 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 41.00 | mmol/mol/IFCC | | |

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

122

• 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) | Degree of Glucose Control Unit |
|-------------------------|----------------------|-------------|---------------------------------------|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.0 -63.9 | 154-183 | Fair Control |
| < 7 | <63.9 | <154 | Goal** |
| 6-7 | 42.1 -63.9 | 126-154 | Near-normal glycemia |
| < 6% | <42.1 | <126 | Non-diabetic level |

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

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

<u>Clinical Implications:</u>

*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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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Ref Doctor | : Dr.MEDIWHEEL VNS - | Status | : Final Report | | |
|--------------|-------------------------------------|---------------|------------------------|--|--|
| Visit ID | : CVAR0124302324 | Reported | : 09/Mar/2024 14:29:10 | | |
| UHID/MR NO | : CVAR.0000048371 | Received | : 09/Mar/2024 11:40:17 | | |
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : 08/Mar/2024 10:55:42 | | |
| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:10 | | |

CHANDAN DIAGNOSTIC CENTRE

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

Since 1991

*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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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name: Mr.AWADH BIHARI MAURY/ Age/GenderAge/Gender: 50 Y 7 M 28 D /MUHID/MR NO: CVAR.0000048371Visit ID: CVAR0124302324Ref Doctor: Dr.MEDIWHEEL VNS - | | ΥA -BOBE10194 | Registered On Collected Received Reported Status | : 08/Mar/2024 08:30 : 08/Mar/2024 10:55 : 08/Mar/2024 11:06 : 08/Mar/2024 13:24 : Final Report | :42 :12 |
|--|---|--|---|--|--|
| | | | OF BIOCHEM IST | | |
| | MEDIWHE | EL BANK OF BA | RODA MALE A | BOVE 40 YRS | |
| Test Name | | Result | Unit | Bio. Ref. Interval | Method |
| BUN (Blood Urea I Sample:Serum | Nitrogen) | 8.20 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | | 1.10 | mg/dl | 0.6-1.30 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | | 4.00 | mg/dl | 3.4-7.0 | URICASE |
| LFT (WITH GAM | MAGT) * , <i>s</i> erum | | | | |
| SGPT / Alanine A Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phospha Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) | atase (Total) st) MINI) , <i>Serum</i> | 26.90 43.10 11.30 5.90 4.30 1.60 2.69 49.10 0.50 0.20 0.30 | U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl | < 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 | IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF |
| Cholesterol (Tota | al) | 181.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| | (Good Cholesterol) (Bad Cholesterol) | 60.80 108 | mg/dl mg/dl | 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High | |
| VLDL Triglycerides | | 12.46 62.30 | mg/dl mg/dl | > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | CALCU GPO-P S-N Sinke Dr.S.N. Sinke (MD Per |

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| Charustern Since 1991 | Add: 99, Shivaji Nagar M Ph: 9235447795,0542-35 CIN : U85110DL2003PL | 00227 | | | |
|---|--|-------------------------|----------------------------|---|----------------------------|
| Patient Name Age/Gender | : Mr.AWADH BIHARI MAUF : 50 Y 7 M 28 D /M | XYA -BOBE10194 | Registered On Collected | : 08/Mar/2024 08 : 08/Mar/2024 17 | |
| UHID/MR NO | : CVAR.0000048371 | | Received | : 08/Mar/2024 17 | |
| Visit ID | : CVAR0124302324 | | Reported | : 08/Mar/2024 17 | |
| Ref Doctor | : Dr.MEDIWHEEL VNS - | | Status | : Final Report | |
| | DE | PARTMENT OF C | CUNICAL PATHO | DLOGY | |
| | MEDIWH | EL BANK OF BA | | | |
| Test Name | | Result | Unit | Bio. Ref. Interval | Method |
| URINE EXAMINA Color Specific Gravity Reaction PH | TION, ROUTINE* , Urine | PALE YELLOW 1.015 | | | |
| Appearance | | Acidic (6.0) CLEAR | | | DIPSTICK |
| Protein | | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) | DIPSTICK |
| | | | | 200-500 (+++) > 500 (++++) | |
| Sugar | | ABSENT | gms% | <0.5 (+) 0.5-1.0 (++) 1-2 (+++) | DIPSTICK |
| | | | | >2 (++++) | |
| Ketone | | ABSENT | mg/dl | 0.1-3.0 | BIOCHEMISTRY |
| Bile Salts | | ABSENT | | | |
| Bile Pigments | | ABSENT | | 1000 | |
| Bilirubin | | ABSENT | | | DIPSTICK |
| Leucocyte Esteras | | ABSENT | | | DIPSTICK |
| Urobilinogen(1:20 | 0 dilution) | ABSENT | | | |
| Nitrite | | ABSENT | | | DIPSTICK |
| Blood Microscopic Exam | nination: | ABSENT | | | DIPSTICK |
| Epithelial cells | | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | | 1-2/h.p.f | | | |
| RBCs | | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | | ABSENT | | | |
| Crystals | | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | | ABSENT | | | |
| SUGAR, FASTING | STAGE*, Urine | | | | |
| Sugar, Fasting sta | ge | ABSENT | gms% | | |

Interpretation:

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(++++) > 2 gms%

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:10 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : 08/Mar/2024 17:20:59 |
| UHID/MR NO | : CVAR.0000048371 | Received | : 08/Mar/2024 17:21:56 |
| Visit ID | : CVAR0124302324 | Reported | : 08/Mar/2024 17:23:02 |
| Ref Doctor | : Dr.MEDIWHEEL VNS - | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

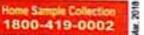
MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| (+) < 0.5 (++) 0.5-1.0 (+++) 1-2 (++++) > 2 | | | | |
| SUGAR, PP STAGE * , Urine Sugar, PP Stage | ABSENT | | | |
| Interpretation: (+) < 0.5 gms% | | | | |

S. M. Simba Dr.S. N. Sanna (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Visit ID Ref Doctor | : CVAR0124302324 : Dr.MEDIWHEEL VNS - DEPARTMENT (| Reported Status OF IM M UNOLOG | : 09/Mar/2024 12:21:59 : Final Report |
|------------------------|--|--------------------------------------|--|
| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:12 |
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : 08/Mar/2024 10:55:42 |
| UHID/MR NO | : CVAR.0000048371 | Received | : 09/Mar/2024 10:48:04 |

| Test Name | Result | Unit | Bio. Ref. Interval | Method | |
|---|--------|-------|--------------------|--------|--|
| | | | | | |
| PSA (Prostate Specific Antigen), Total ** | 0.58 | ng/mL | <4.1 | CLIA | |
| Sample:Serum | 0.50 | | · ··- | | |

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.

Dr. Anupam Singh (MBBS MD Pathology)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:10 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : 08/Mar/2024 10:55:42 |
| UHID/MR NO | : CVAR.0000048371 | Received | : 08/Mar/2024 11:06:12 |
| Visit ID | : CVAR0124302324 | Reported | : 08/Mar/2024 17:28:09 |
| 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) | 117.00 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 8.20 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 0.900 | μlU/mL | 0.27 - 5.5 | CLIA |
| | | | | |
| Interpretation: | | | | |
| • | | 0.3-4.5 μIU/n | nL First Trimester | ſ |
| | | 0.5-4.6 μIU/n | nL Second Trimes | ster |
| | | 0.8-5.2 μIU/n | nL Third Trimeste | er |
| | | 0.5-8.9 μIU/n | nL Adults | 55-87 Years |
| | | 0.7-27 μIU/n | nL Premature | 28-36 Week |
| | | 2.3-13.2 µIU/n | nL Cord Blood | > 37Week |
| | | 0.7-64 μIU/n | nL Child(21 wk - 2 | 20 Yrs.) |
| | | 1-39 µIU | mL Child | 0-4 Days |
| | | 1.7-9.1 uIU/n | | 2-20 Week |

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

S.n. Sinta

Dr.S.N. Sinha (MD Path)

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1800-419-000



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:12 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : N/A |
| UHID/MR NO | : CVAR.0000048371 | Received | : N/A |
| Visit ID | : CVAR0124302324 | Reported | : 09/Mar/2024 15:23:06 |
| 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)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:12 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : N/A |
| UHID/MR NO | : CVAR.0000048371 | Received | : N/A |
| Visit ID | : CVAR0124302324 | Reported | : 08/Mar/2024 10:50:34 |
| Ref Doctor | : Dr.MEDIWHEEL VNS - | Status | : Final Report |
| | | | |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (**12.8 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 (9.7 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**3.5 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

• <u>Right kidney:-</u>

- Right kidney is normal in size, measuring ~ 10.4 x 3.4 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 ~ 9.6 x 3.8 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 (~ 6.9 cm in its long axis) and has a normal homogenous echo-

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



| Patient Name | : Mr.AWADH BIHARI MAURYA -BOBE10194 | Registered On | : 08/Mar/2024 08:30:12 |
|--------------|-------------------------------------|---------------|------------------------|
| Age/Gender | : 50 Y 7 M 28 D /M | Collected | : N/A |
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

texture.

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 well filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 281 cc.

PROSTATE

• The prostate gland is normal in size (~ 38 x 28 x 27mm / 16 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

• No significant sonological abnormality noted.

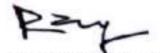
Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)





Chandra Roy

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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भी अवध विद्यारी भीर्या खापनी अर्जी से स्टूल सैम्पल जरी देना जारता हू

खतहा- जिहारी मीर्या-08/03/24

Dr. R.C. ROY MBB5., MD. (Radio Diagnosit) Reg. No.-26915

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



Customer Care No.: 080693666666 Email: care@chandan.co.in Web.: www.chandandiagnostic.com