Plot no. 27, Raghunath Nagar colony, Mahmoorganj Nishant Nishesh, nishantnishesh .n@lifecell, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.304941°

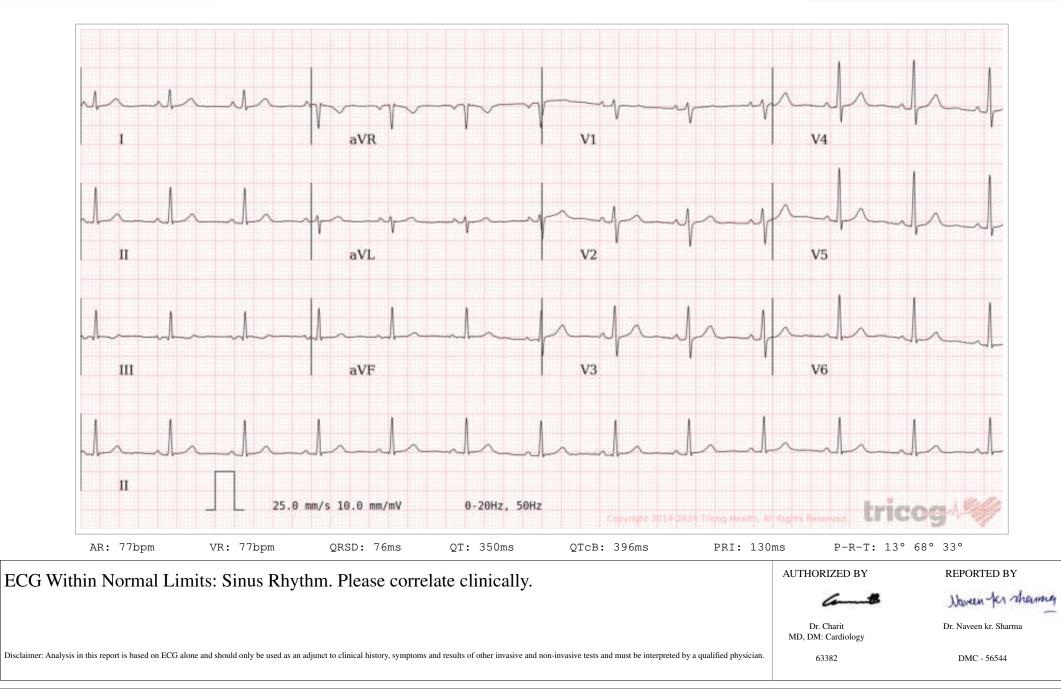
LOCAL 14:00:16 GMT 08:30:16 Longitude 82.979278°

SATURDAY 08.10.2024 ALTITUDE 37 METER

#### **Chandan Diagnostic**



Age / Gender:43/MaleDate and Time:9th Aug 24 9:49 AMPatient ID:CVAR0049802425Patient Name:Mr.KUMAR BHARAT - 22E30094



.

भरत कुमार BHARAT KUMAR

भारत सरकार

Government of India

जन्म तिथि/DOB: 05/07/1981 पुरुष / Male

4227 0701 0727

आधार - आम आदमी का अधिकार

CHAN	DAN	I HEA	LTH	CAR	ヒレレ
		A TO BE A DELETION	PCANT VAR	ANIASI-983	9703068

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-983970300

tr. MR KUMAR BH ge/Sex : 43/M ef. by : MEDIWHE idication 1 idication2 indication3			ID : 49802425 Ht/Wt : 155/59 Recorded : 10-08	-2024		TREADMILL TE Protocol: BRUCH History: Medication1 : Medication2 Medication3	ST SUMMARY F	REPORT			
PHASE	PHASE	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	u	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT VALSALVA STANDING	0:02	0:02			73 73 73 73 73	130/84 130/84 130/84 130/84	94 94 94 94 94	-1.7 -1.7 -1.7 -1.7	0.6 0.6 0.6 0.6	-1.0 -1.0 -1.0 -1.0	4.80
STAGE 1 STAGE 2 STAGE 3 EVENT	/ 2:59 5:59 8:59 9:24	2:59 2:59 2:59 0:24	2.70 4.00 5.40 6.70	10.00 12.00 14.00 16.00	124 138 142 156	140/84 150/88 160/88 164/88	173 207 227 255	-3.7 -4.9 -5.1 -5.2 -5.2	-0.2 -0.3 -0.1 -0.4	-2.5 -3.9 -4.1 -4.5	4.60 7.10 10.00 10.54 10.60
PEAK EXER EVENT EVENT EVENT REGOVERY	9:27 0:31 1:00 2:00 2:59	0:27 0:31 1:00 2:00 2:59	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	157 141 125 105 105	<ul> <li>164/88</li> <li>162/88</li> <li>158/86</li> <li>152/86</li> <li>144/84</li> </ul>	257 228 197 161 151	-5.4 -3.9 -3.5 -3.8	-0.3 0.0 -0.2 -0.5	-4.3 -2.8 -2.6 -2.7	

#### RESULTS

Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination 9.27 Minutes 157 bpm 88 % of target heart rate 177 bpm 164/88 mmHg 10.60 METS

**MPRESSIONS** 

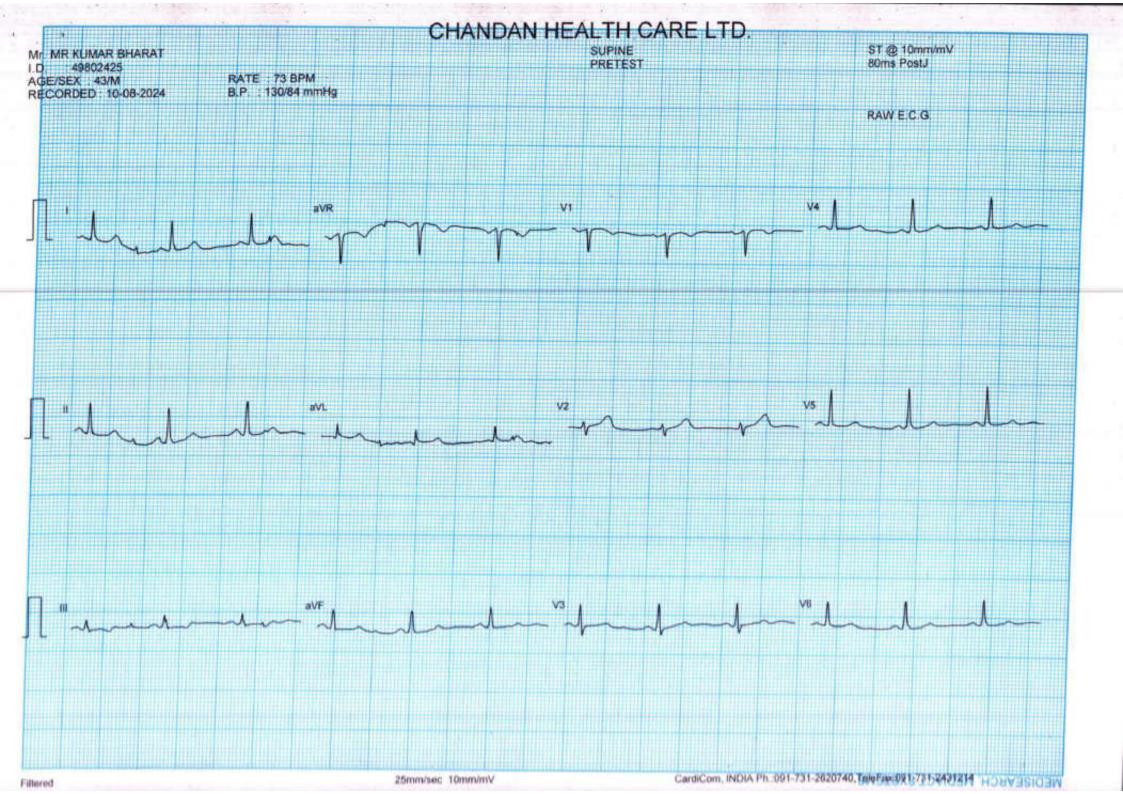
Tory is positive for scoreible myocardo ischaening

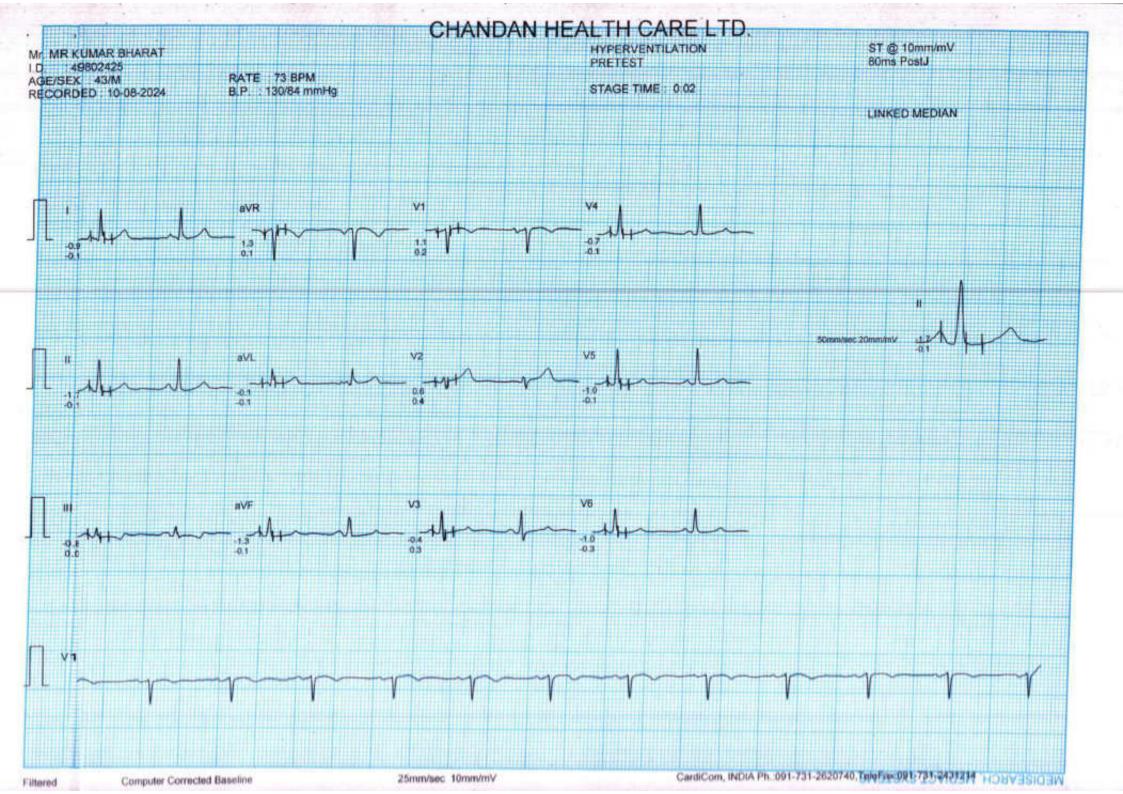
good Andianal upaciti chronohypic neopony () No amplining concellet Unicelly

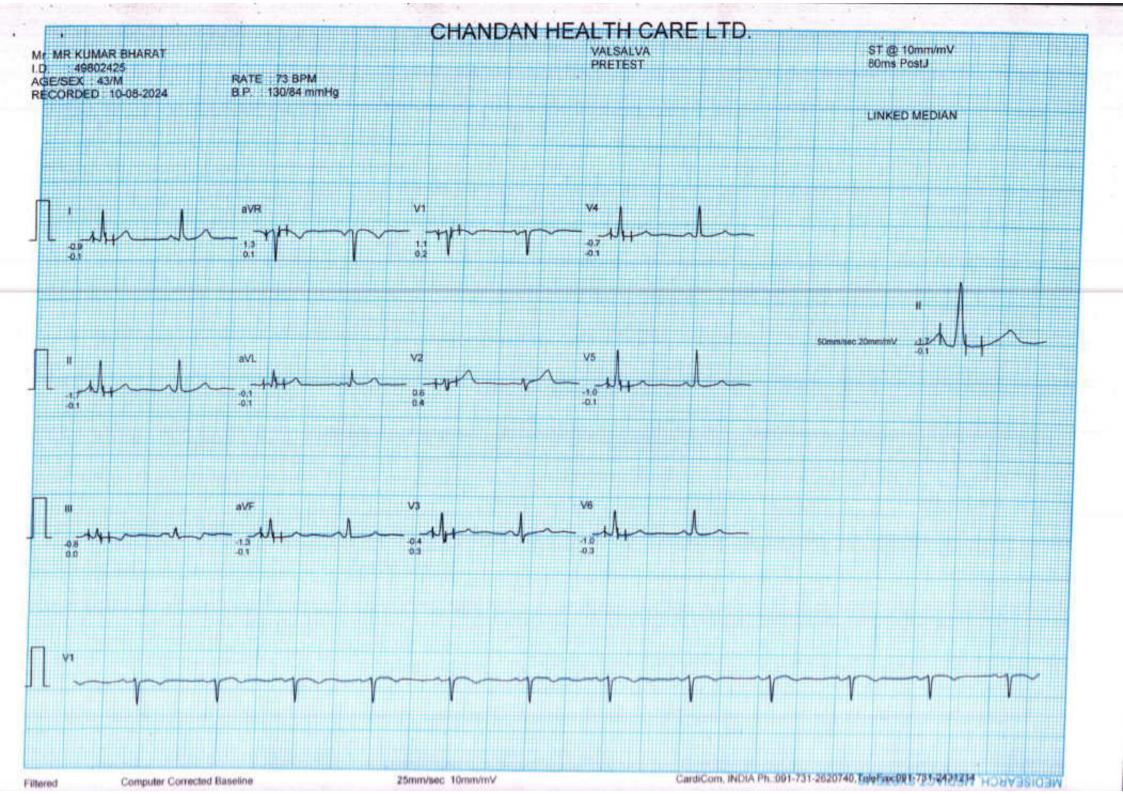
Cardiologist Ankit Kristma Agardan M.B.B.B. MD. (DM )2 Cardiologist Reg. No.-39794

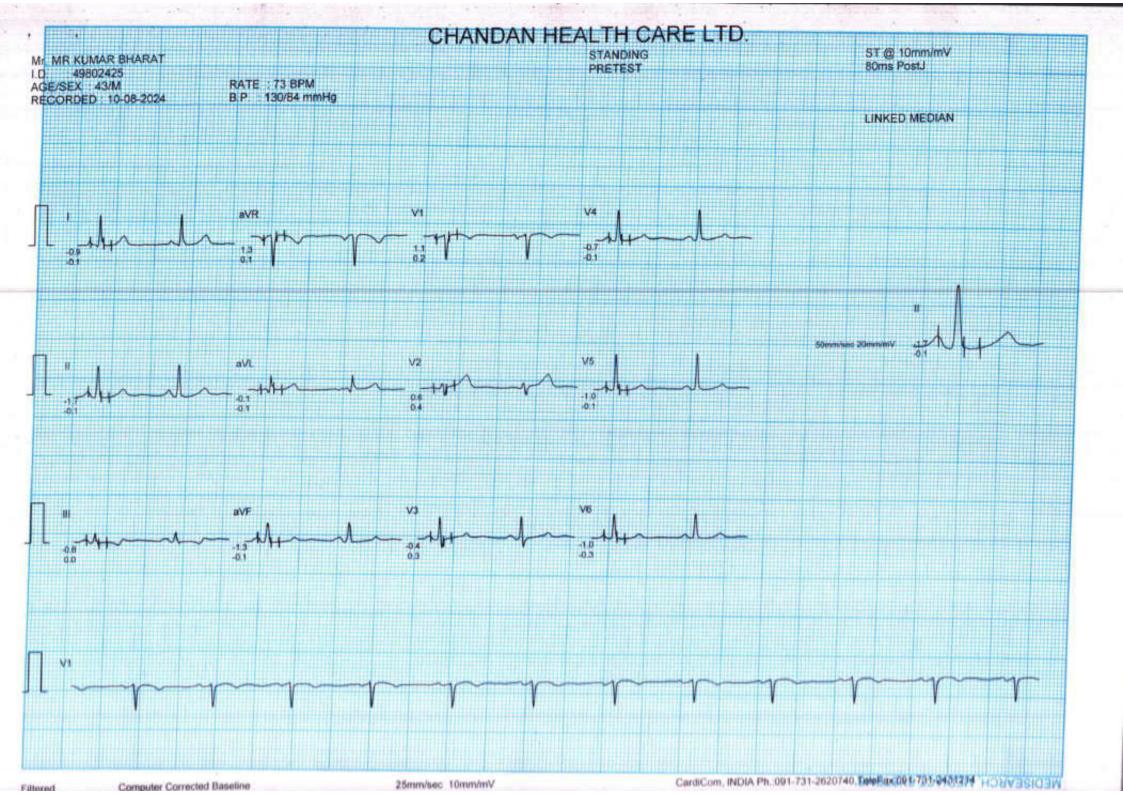
9171 B319

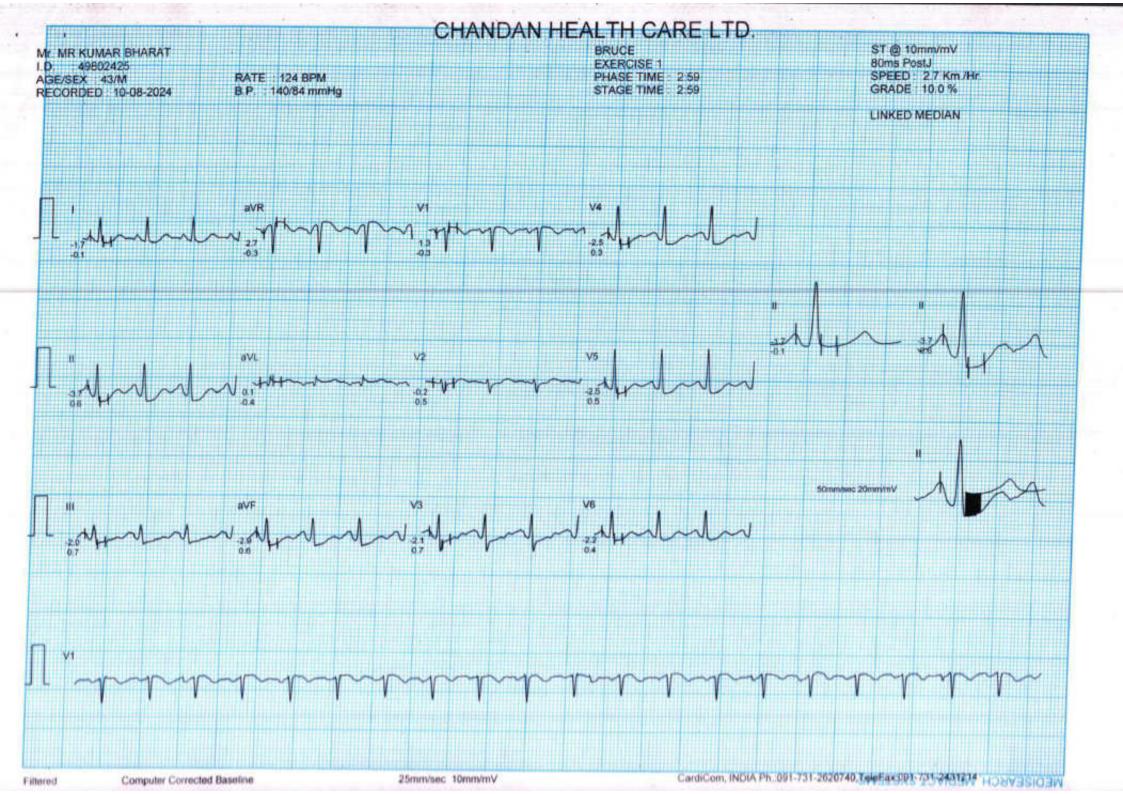
CardiCom, INDIA Ph.:091-731-2620740 TeleFax:091-731-243 144 HONVESIOEW

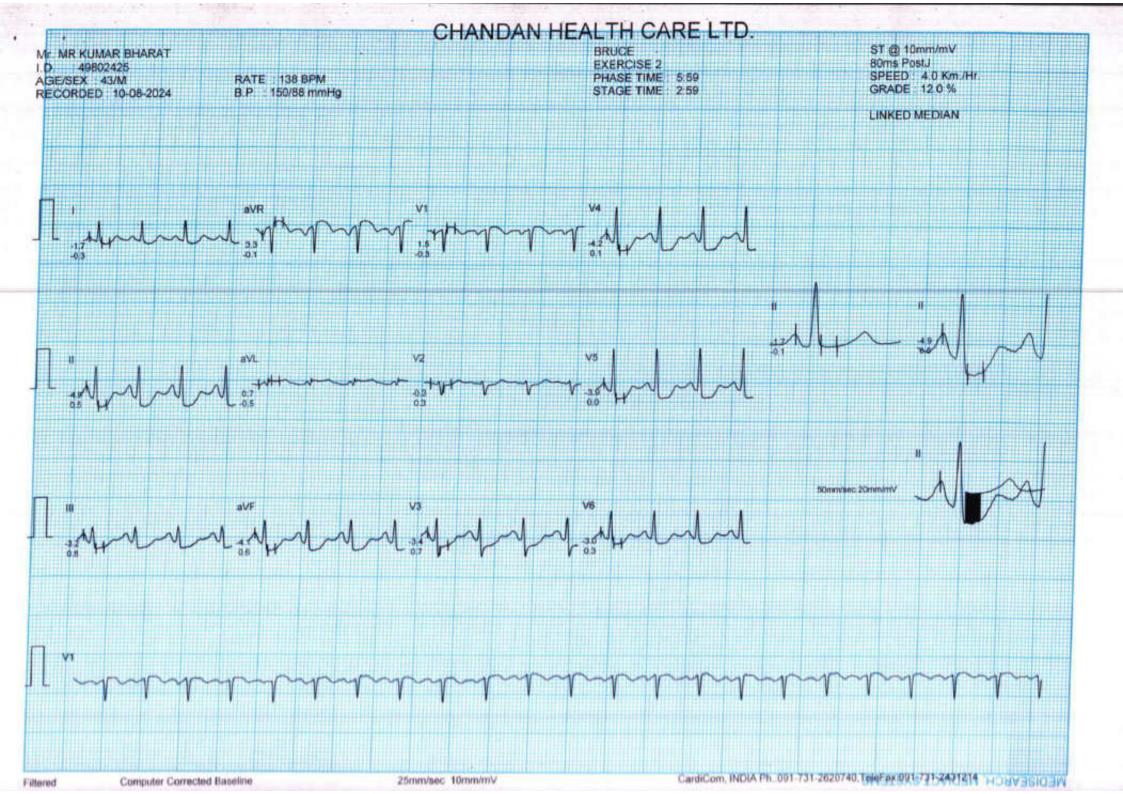


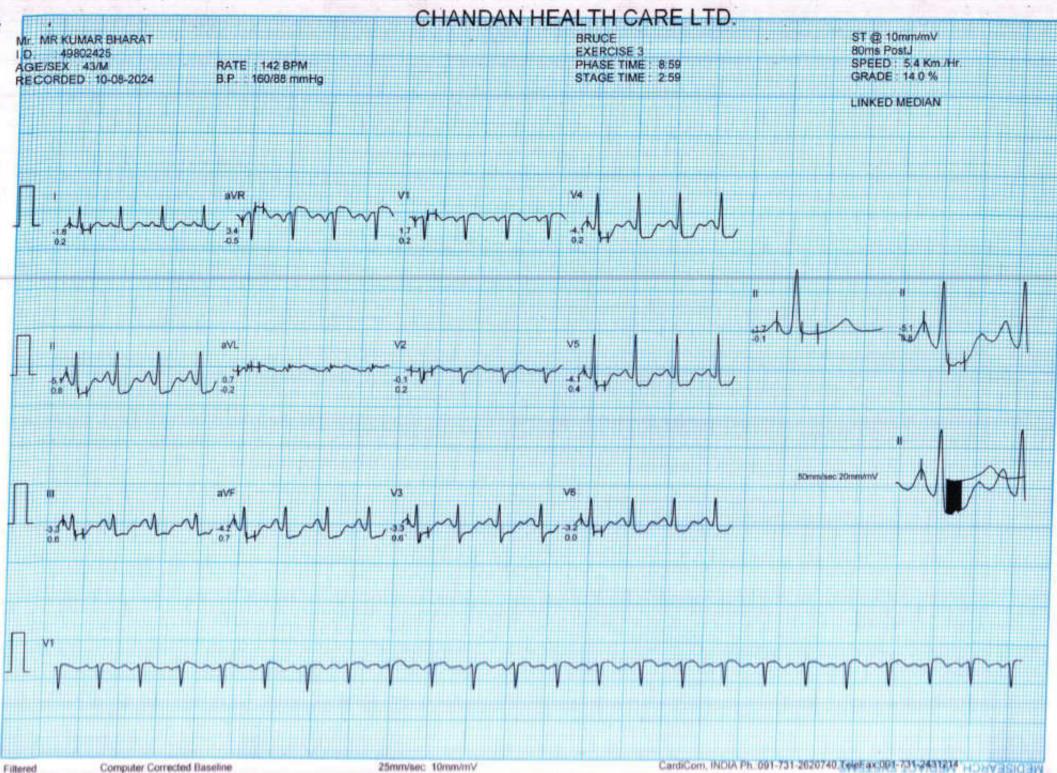




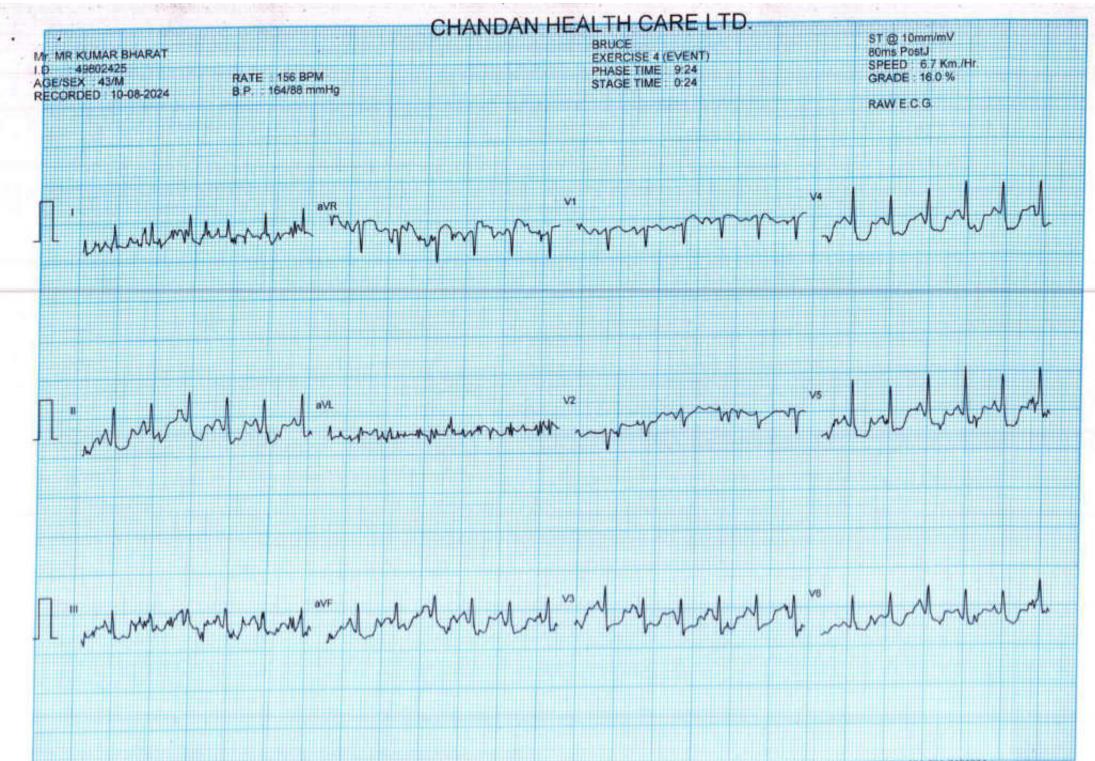








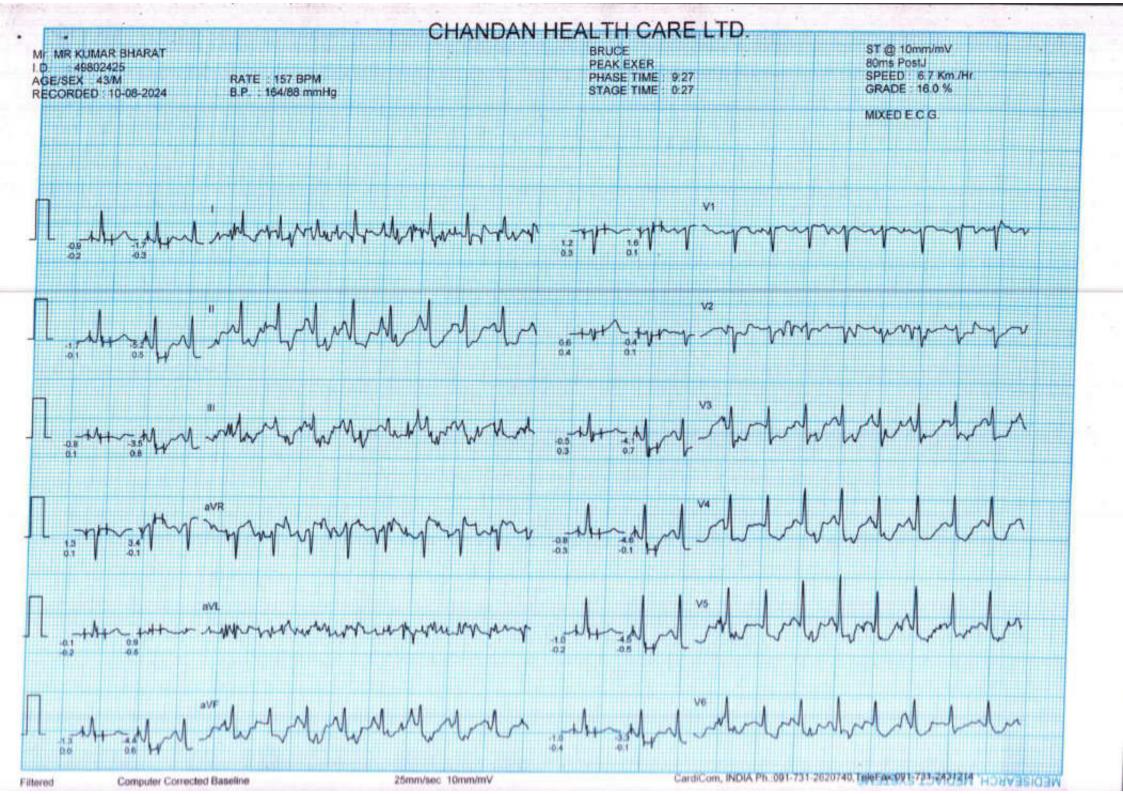
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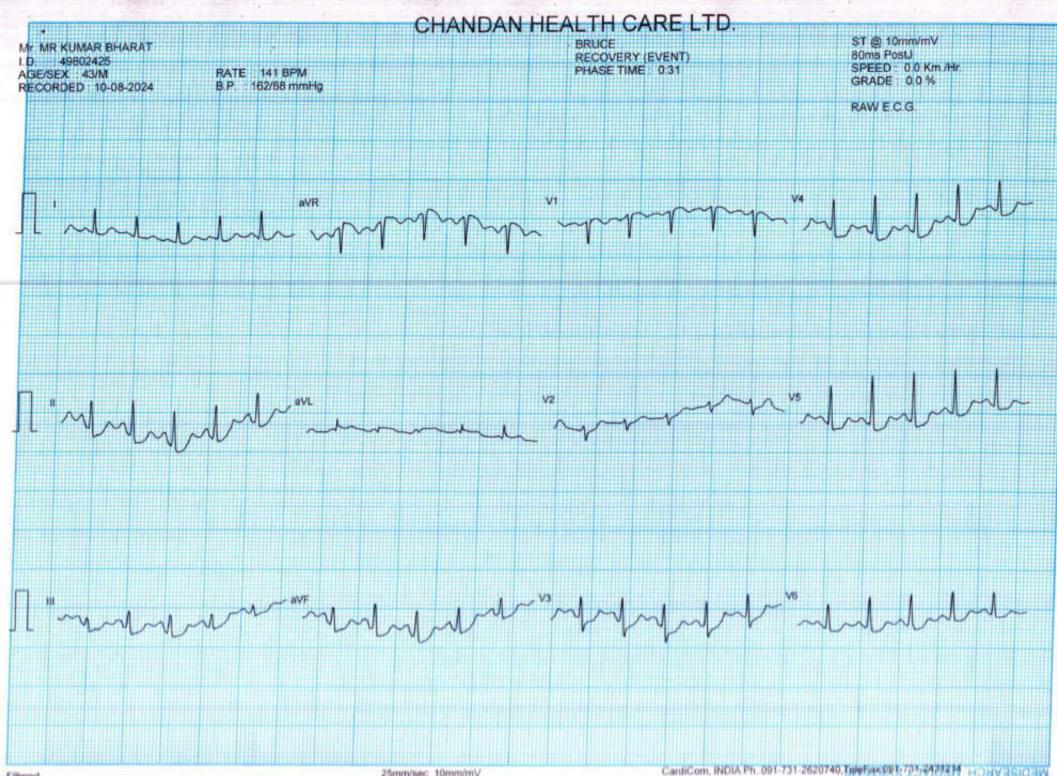


25mm/sec 10mm/mV

CardiCom, INDIA Ph.:001-731-2620740, TeleFax:091-731-2421214 HOBVESIGE/

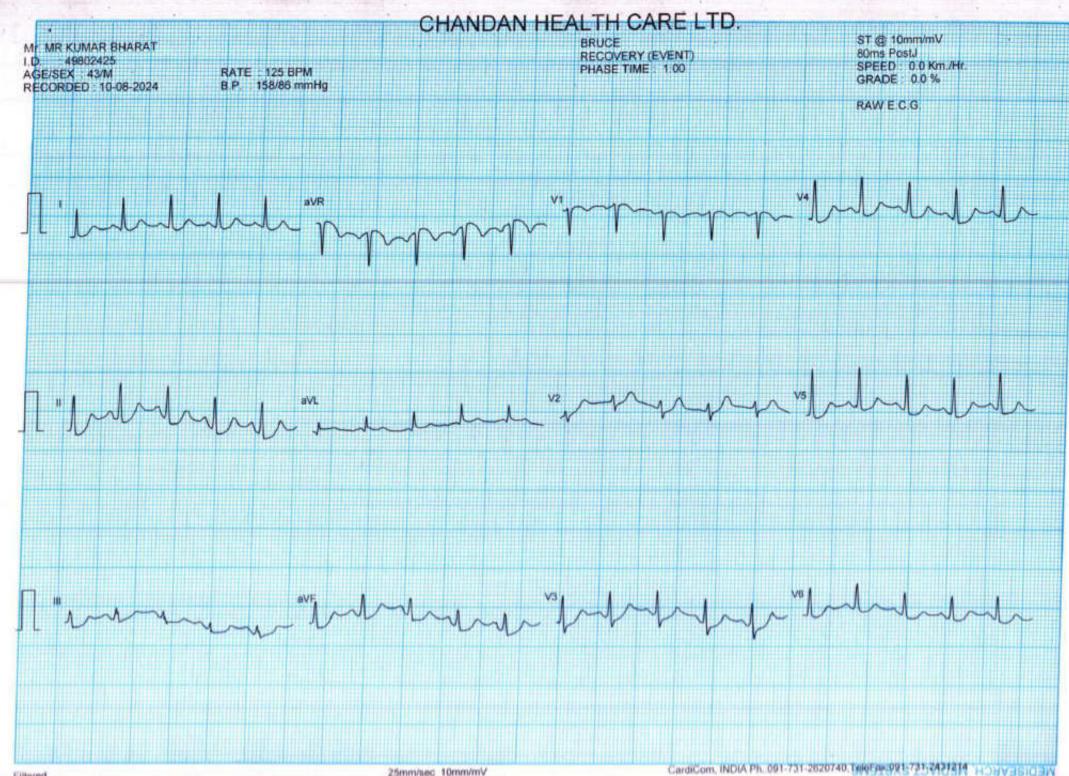
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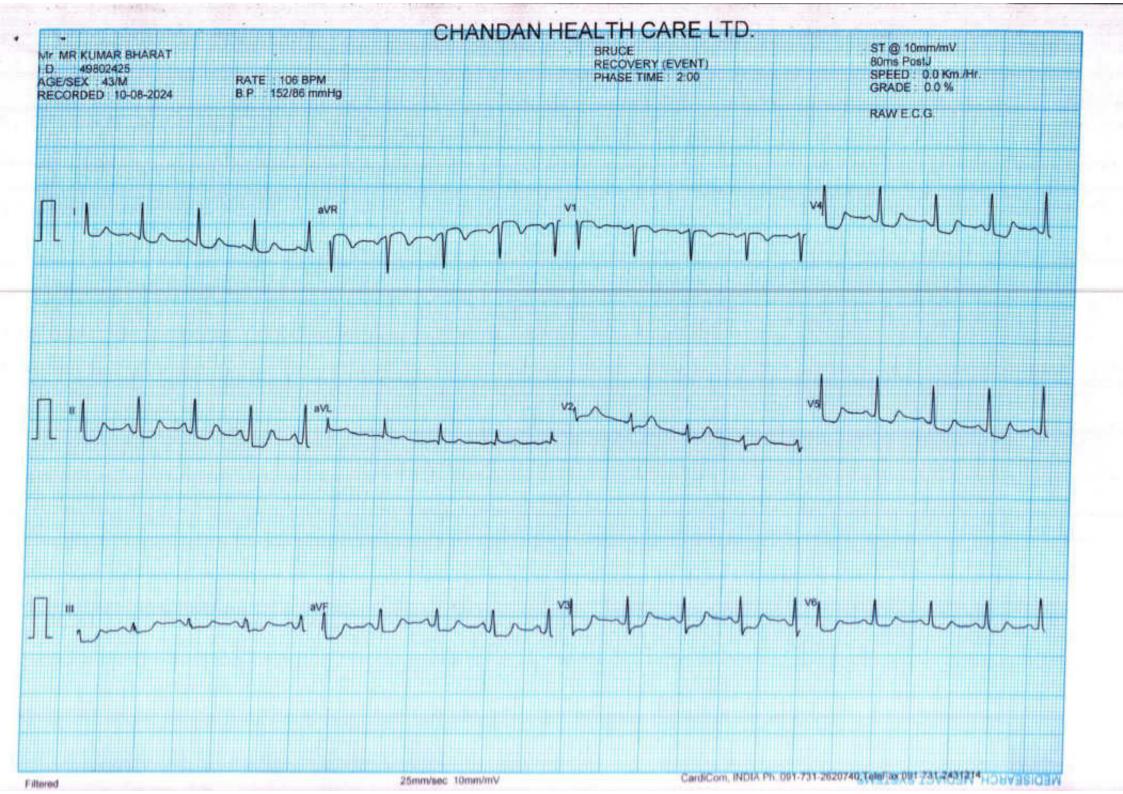


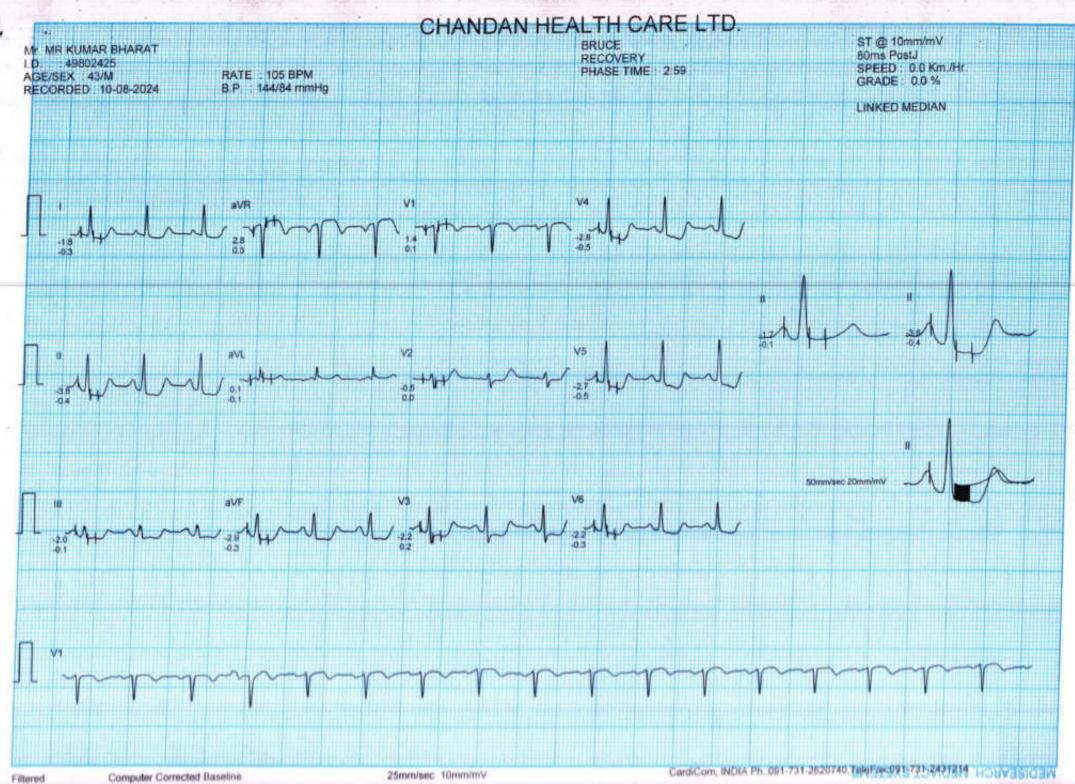


Fittered

25mm/sec 10mm/mV







Filtered





I an Kumar Bharat do not go for stool sample & usine sugar sample to my own wish

Kumor Bhort to 08/2029

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

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





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



				ALC: NO.
Patient Name: Mr.KUMAFAge/Gender: 43 Y 1 M 6UHID/MR NO: CVAR.000Visit ID: CVAR004	00054212	Registered ( Collected Received Reported	On : 10/Aug/2024 1 : 10/Aug/2024 1 : 10/Aug/2024 1 : 10/Aug/2024 1 : 10/Aug/2024 1	3:40:07 3:52:23
Ref Doctor : Dr.MEDIW	/HEEL VNS -	Status	: Final Report	
	DEPARTMENT (	OFHAEMATO	DLOGY	
	MEDIWHEEL BANK OF BA		EABOVE 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typ	ing) ** , <i>Blood</i>			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC	) * * , Whole Blood			
Haemoglobin	14.70	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) <u>DLC</u>	6,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	62.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	8.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1-2	ELECTRONIC IMPEDANCE
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 Pregnancy	







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:39
Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 10/Aug/2024 13:40:07
UHID/MR NO	: CVAR.0000054212	Received	: 10/Aug/2024 13:52:23
Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 14:44:09
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
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	2.00	Mm for 1st hr.		
PCV (HCT) Platelet count	45.80	%	40-54	
Platelet Count	2.13	LACS/cu mm	1.5-4.0	
DDW/ (Distribution width)	16.70	fL	9-17	IMPEDANCE/MICROSCOPIC ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)				
P-LCR (Platelet Large Cell Ratio)	40.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.68	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	97.80	fl	80-100	CALCULATED PARAMETER
МСН	31.40	pg	27-32	CALCULATED PARAMETER
МСНС	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	15.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,782.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	183.00	/cu mm	40-440	

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





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22	E30094	Registered (	On : 10/Aug/2024 10	:57:41
Age/Gender	: 43 Y 1 M 6 D /M		Collected	: 10/Aug/2024 13	
UHID/MR NO	: CVAR.0000054212		Received	: 10/Aug/2024 13	
Visit ID	: CVAR0049802425		Reported	: 10/Aug/2024 15	:31:48
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Report	
		DEPARTM ENT			
	MEDIWH	EEL BANK OF E	BARODA MALE	EABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
	10.11				
GLUCOSE FASTIN	IG** , Plasma				
Glucose Fasting		91.00	0,		POD
				00-125 Pre-diabetes	
			2	126 Diabetes	
T					
b) A negative test will never get diab	clinically with intake of hypog result only shows that the perso etics in future, which is why an d Glucose Tolerance.	on does not have d	iabetes at the time	e of testing. It does not mean	
lucose PP * *		104.50	mg/dl <	140 Normal GOD	POD
ample:Plasma After I	Meal	104.30		40-199 Pre-diabetes	FOD
,				200 Diabetes	
Interpretation:					
<b>•</b>	clinically with intake of hypogl	lycemic agents, dru	ug dosage variatio	ons and other drug interaction	IS.
b) A negative test will never get diab	result only shows that the perso etics in future, which is why an d Glucose Tolerance.	on does not have d	iabetes at the time	e of testing. It does not mean	
LYCOSYLATED I	HAEMOGLOBIN (HBA1C) **	, EDTA BLOOD			
	maglahin (llh 41a)	F (0			

Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:41		
Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 10/Aug/2024 13:40:07		
UHID/MR NO	: CVAR.0000054212	Received	: 10/Aug/2024 13:52:23		
Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 15:31:48		
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report		
DEPARTM ENT OF BIOCHEM ISTRY					

#### DEFANIMENT OF DIOCHEMISINT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

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) **	9.50	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				

#### Interpretation:

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

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

Low BUN levels can be seen in the following:

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name : Mr.KUM	IAR BHARAT - 22E30094	Register	ed On : 10/Aug	/2024 10:57:41
Age/Gender : 43 Y 1	,	Collected		/2024 13:40:07
,	000054212	Received		/2024 13:52:23
	049802425	Reported	-	/2024 15:31:48
Ref Doctor : Dr.MED	IWHEEL VNS -	Status	: Final Re	eport
	DEPARTM MEDIWHEEL BANK	1 ENT OF BIOCH		20
Test Name	Resu		nit Bio. Ref. In	-
Low-protein diet, overhydration	n, Liver disease.			
Yeatinine * * Sample:Serum	1.00	mg/dl	0.7-1.30	MODIFIED JAFFES
<b>-</b>		-		
Interpretation: The significance of single creatine mass will have a higher creatine absolute creatinine concentration could be affected mildly and ma lipemic.	ne concentration. The trend of s n. Serum creatinine concentrati	erum creatinine con ions may increase v	ncentrations over time when an ACE inhibito	is more important than r (ACE) is taken. The assay
lric Acid * * ample:Serum	5.10	mg/dl	3.4-7.0	URICASE
Interpretation:				
Note:-				
Elevated uric acid levels can	be seen in the following:			
Drugs, Diet (high-protein diet, a	alcohol), Chronic kidney diseas	e, Hypertension, O	besity.	
	18.			
FT (WITH GAMMA GT) ** ,		/	. 25	
SGOT / Aspartate Aminotransf SGPT / Alanine Aminotransfer		U/L	< 35 < 40	IFCC WITHOUT P5P
Gamma GT (GGT)	ase (ALT) 26.10 36.00	U/L IU/L	< 40 11-50	IFCC WITHOUT P5P OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.78	5.17 41	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	113.80	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
IPID PROFILE (MINI)**, s		0,		
Cholesterol (Total)		ma/dl	<200 Desirable	
	159.00	mg/dl	200 Desirable 200-239 Borderline > 240 High	CHOD-PAP High







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:41
Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 10/Aug/2024 13:40:07
UHID/MR NO	: CVAR.0000054212	Received	: 10/Aug/2024 13:52:23
Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 15:31:48
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	Init Bio. Ref. Inte	erval Method
HDL Cholesterol (Good Cholesterol)	34.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Opt 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	19.00	mg/dl	10-33	CALCULATED
Triglycerides	95.00	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High >500 Very High	GPO-PAP High

S.N Sinta

Dr.5.N. Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name Age/Gender	: Mr.KUMAR BHARAT - 22 : 43 Y 1 M 6 D /M	E30094	Registered On Collected	: 10/Aug/2024 10 : 10/Aug/2024 17	:36:26
UHID/MR NO	: CVAR.0000054212		Received	: 10/Aug/2024 17	
Visit ID	: CVAR0049802425		Reported	: 10/Aug/2024 17	:57:04
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Report	
Test Name	MEDIWH	EEL BANK OF BA	ARODA MALEAI Unit	BOVE 40 YRS Bio. Ref. Interval	Method
		i loont	Cint		moniod
Color	ATION, ROUTINE** , Urin	PALE YELLOW			
Specific Gravity		1.025			
Reaction PH		Acidic ( 6.0 )			DIPSTICK
Appearance		CLEAR			DII STICK
Protein		ABSENT	mg %	< 10 Absent	DIPSTICK
riotem		Absent	ing /o	10-40 (+)	DII STICK
				40-200 (++)	
				200-500 (+++)	
				>500 (++++)	
Sugar		ABSENT	gms%	< 0.5 (+)	DIPSTICK
				0.5 <mark>-1</mark> .0 (++)	
				1-2 (+++)	
				>2 (++++)	
Ketone		ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts		ABSENT			
Bile Pigments		ABSENT		- 10	
Bilirubin		ABSENT			DIPSTICK
Leucocyte Estera	ase	ABSENT			DIPSTICK
Urobilinogen(1:2	20 dilution)	ABSENT			
Nitrite	19.	ABSENT			DIPSTICK
Blood		ABSENT			DIPSTICK
Microscopic Exa	mination:				
Epithelial cells		0-2/h.p.f			MICROSCOPIC
Pus cells		1-2/h.p.f			EXAMINATION
RBCs		ABSENT			MICROSCOPIC
RBCS		ABSENT			EXAMINATION
Cast		ABSENT			
Crystals		ABSENT			MICROSCOPIC
Others		ABSENT			EXAMINATION
	G STAGE** , Urine				
Sugar, Fasting st	age	ABSENT	gms%		

Interpretation:

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Age/Gender         : 43 Y 1 M 6 D /M         Collected         : 10/Aug/2024 17:36:26           UHID/MR NO         : CVAR.0000054212         Received         : 10/Aug/2024 17:55:53	Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:41
UHID/MR NO : CVAR.0000054212 Received : 10/Aug/2024 17:55:53	Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 10/Aug/2024 17:36:26
	UHID/MR NO	: CVAR.0000054212	Received	: 10/Aug/2024 17:55:53
Visit ID : CVAR0049802425 Reported : 10/Aug/2024 17:57:04	Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 17:57:04
Ref Doctor   : Dr.MEDIWHEEL VNS -   Status   : Final Report	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

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

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227 CIN: U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:	57:41	
Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 10/Aug/2024 13:	40:07	
UHID/MR NO	: CVAR.0000054212	Received	: 10/Aug/2024 13:	52:23	
Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 16:	29:55	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report		
	DEPARTM	ENT OF IMMUNOLOG	ΞY		
MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS					
Test Name	Resul	t Unit	Bio. Ref. Interval	Method	

DCA (Prostate Specific Antigen) Total **	1.00	ng/ml	-11	CLIA
PSA (Prostate Specific Antigen), Total **	1.00	ng/mL	<4.1	CLIA
Sample:Serum				

#### **Interpretation:**

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

#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	162.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.220	μlU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	µIU/mL	First Trimest	er
0.5-4.6	µIU/mL	Second Trim	ester
0.8-5.2	µIU/mL	Third Trimes	ter
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.

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:41
Age/Gender UHID/MR NO	: 43 Y 1 M 6 D /M : CVAR.0000054212	Collected Received	: 10/Aug/2024 13:40:07 : 10/Aug/2024 13:52:23
Visit ID	: CVAR.0000034212 : CVAR0049802425	Reported	: 10/Aug/2024 15:52:25
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

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.5.N. Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:42
Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 2024-08-10 12:39:28
UHID/MR NO	: CVAR.0000054212	Received	: 2024-08-10 12:39:28
Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 12:39:42
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 : U85110UP2003PLC193493



Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:43
Age/Gender	: 43 Y 1 M 6 D /M	Collected	: 2024-08-10 11:58:53
UHID/MR NO	: CVAR.0000054212	Received	: 2024-08-10 11:58:53
Visit ID	: CVAR0049802425	Reported	: 10/Aug/2024 12:03:52
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 (**12.2 cm in midclavicular line**) and has a normal homogenous echo texture. No focal lesion is seen.

## PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.7 mm in caliber) not dilated.
- Porta hepatis is normal.

## **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common bile duct is ( **3.3 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 ~ 9.9 x 5.1 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 ~ 10.5 x 4.7 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 (~ 7.6 cm in its long axis) and has a normal homogenous echo-

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Patient Name	: Mr.KUMAR BHARAT - 22E30094	Registered On	: 10/Aug/2024 10:57:43
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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.

## URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 51 cc.

#### PROSTATE

• The prostate gland is normal in size (~ 37 x 33 x 31 mm / 20 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

## FINAL IMPRESSION:-

• No significant sonological abnormality noted.

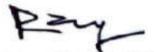
#### Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

 $(^{\star\,\star})$  Test Performed at CHANDAN DIAGNOSTIC CENTRE, Varanasi, Mahmoorganj

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





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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Name of Company: Neclicipoel
Name of Executive: Bhasing Wimay Bhangt
Date of Birth: 05
Sex: Male / Female
Height:
Weight: .5KGs
BMI (Body Mass Index) : 24.6
Chest (Expiration / Inspiration)
Abdomen: g.)CMs
Blood Pressure:
Pulse:
Ident Mark: Cut Nant on Right Leg
Any Allergies: NO
Vertigo : psp
Any Medications: NO
Any Surgical History: Ri EVE Caturact fort operated -2013 Habits of alcoholism/smoking/tobaccorplicated of alcoholism/smoking/tobaccorp
Habits of alcoholism/smoking/tobacco/pl/del of a lionally land - 12 years
Chief Comptaints if any: No (10 ment)
Lab Investigation Reports: No
Eye Check up vision & Color vision: Nourmal & Power Glass Sinte 203
Left eye planned
Right eye: Normal
08069366666





Home Sample Collection 080693666666

# CHANDAN DIAGNOSTIC CENTRE

Near vision:	MIP
Far vision :	1 (10.17) 220 (10.17)
Dental check up :	616 Ehlass Normal
ENT Check up :	Normap
Eye Checkup:	Normal
Final impression	
	examined Kuman Bhangt S/o or D/o
	is presently in good health and free from any
organization.	communicable ailment, he/she is fit / Unfit to join any
জরন প্রেব Client Signat	ure :- Signature of Medical Examiner <u>Name &amp; Qualification</u> - Dr. R. C. Roy (MBBS,MD) <u>Date</u> [Q].Q. /2024
	Place - VARANASI

