

CHANDAN DIAGNOSTIC CENTRE

KAMILA NEHRU ROAD KATRA PRAYAGRAJ. 8235447965

Mr. MANISH KUMAR VERMA
 Age/Sex : 49/M
 Ref. by : MEDIWHEEL
 Indication 1 :
 Indication 2 :
 Indication 3 :

ID : 11752
 Ht/Wt : /
 Recorded : 7-7-2024 10:42

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History:
 Medication 1:
 Medication 2:
 Medication 3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					64	116/86	74	0.4	4.0	0.9	4.80
HYPERTENSIVE STANDING	0:20	0:20			64	116/86	74	0.4	4.2	0.9	7.10
					64	116/86	74	0.3	4.1	0.9	
STAGE 1	2:59	2:59	2.70	10.00	96	116/86	111	0.1	3.8	0.5	4.80
STAGE 2	6:00	2:59	4.00	12.00	110	122/86	134	-0.5	3.0	0.3	7.10
STAGE 3	9:01	2:59	5.40	14.00	132	130/86	171	-0.8	3.0	-0.3	10.00
STAGE 4	10:17	1:14	6.70	16.00	146	140/86	204	-1.3	2.4	-1.3	11.65
PEAK EXER	10:18	1:15			146	140/86	204	-1.3	2.4	-1.3	11.68
RECOVERY	2:59	2:59	0.00	0.00	83	120/86	99	-0.9	1.5	-0.8	

RESULTS

Exercise Duration : 10:18 Minutes
 Max Heart Rate : 145 bpm 85 % of target heart rate 171 bpm
 Max Blood Pressure : 140/86 mmHg
 Max Work Load : 11.68 METS
 Reason of Termination : Achieved THR

IMPRESSIONS

GOOD EFFORT TOLERANCE, NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE
 NO ANGINA/ARRHYTHMIA'S, NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE ISCHEMIA

DR R K VERMA
 07/12/24

DR R K VERMA

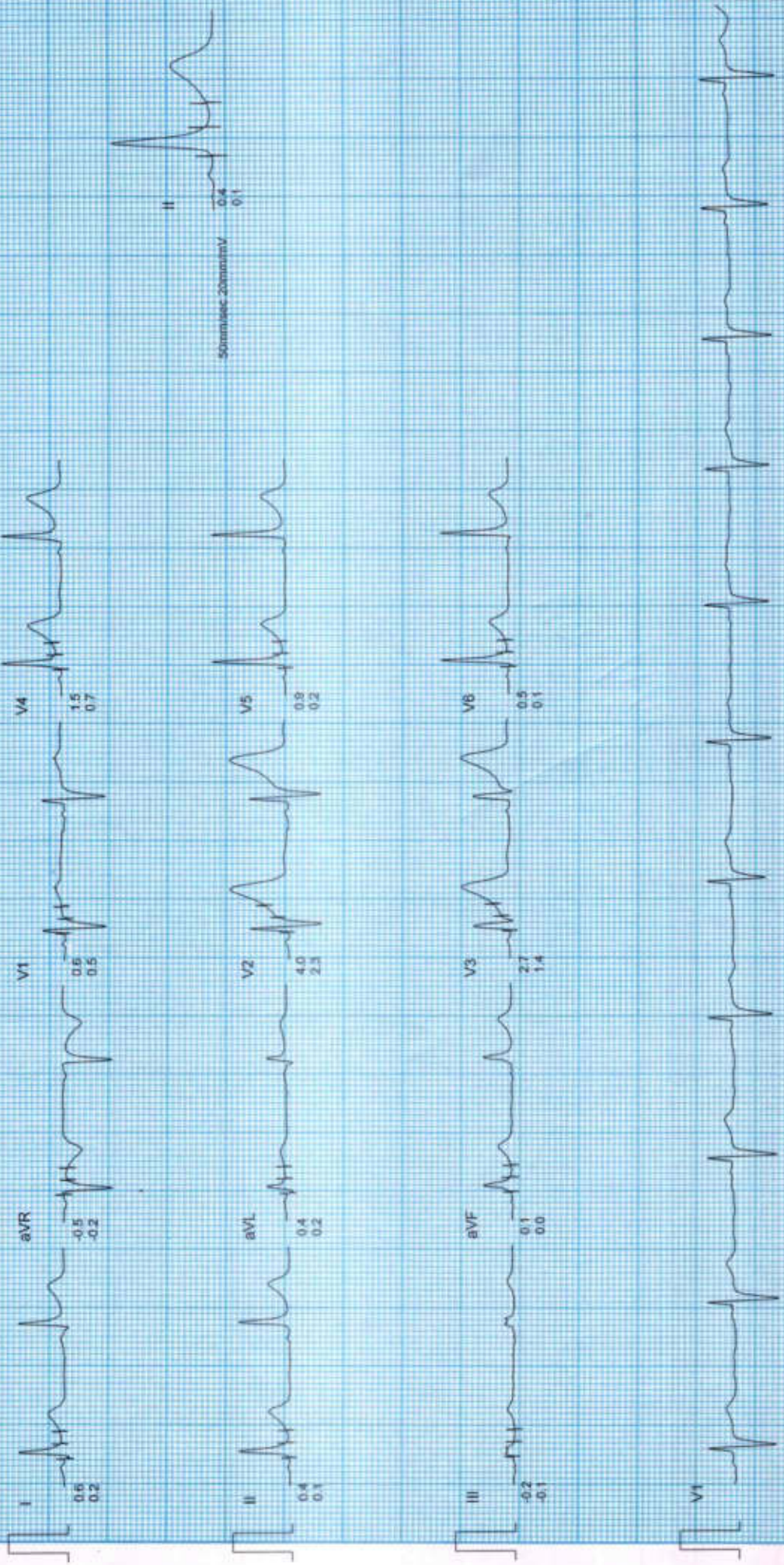
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 64 BPM
B.P. : 116/86 mmHg

ST @ 10mm/mV
80ms PostJ

SUPINE
PRETEST

LINKED MEDIAN



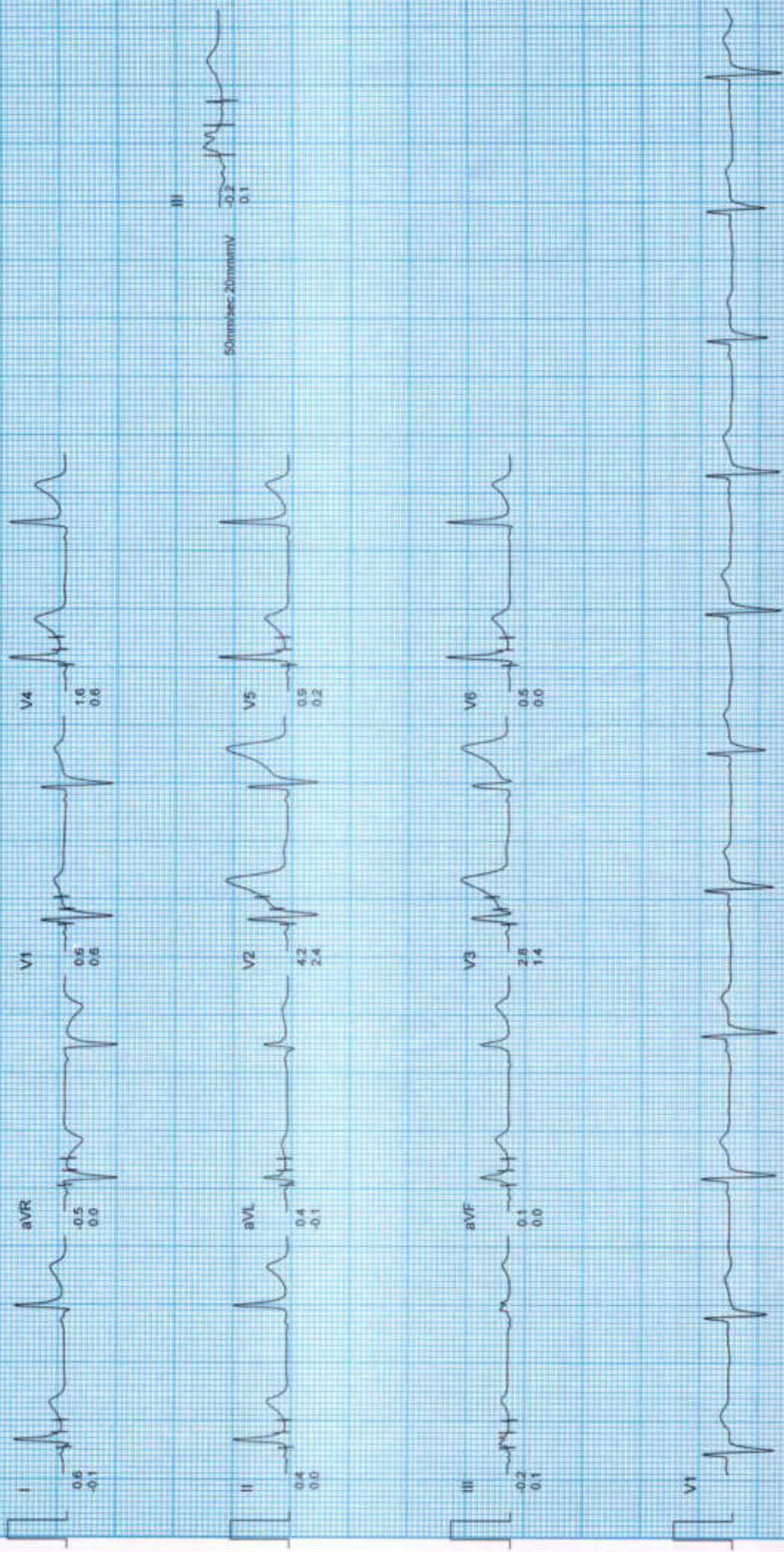
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 64 BPM
B.P. : 116/86 mmHg

HYPERVENTILATION
PRETEST
STAGE TIME : 0:20

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

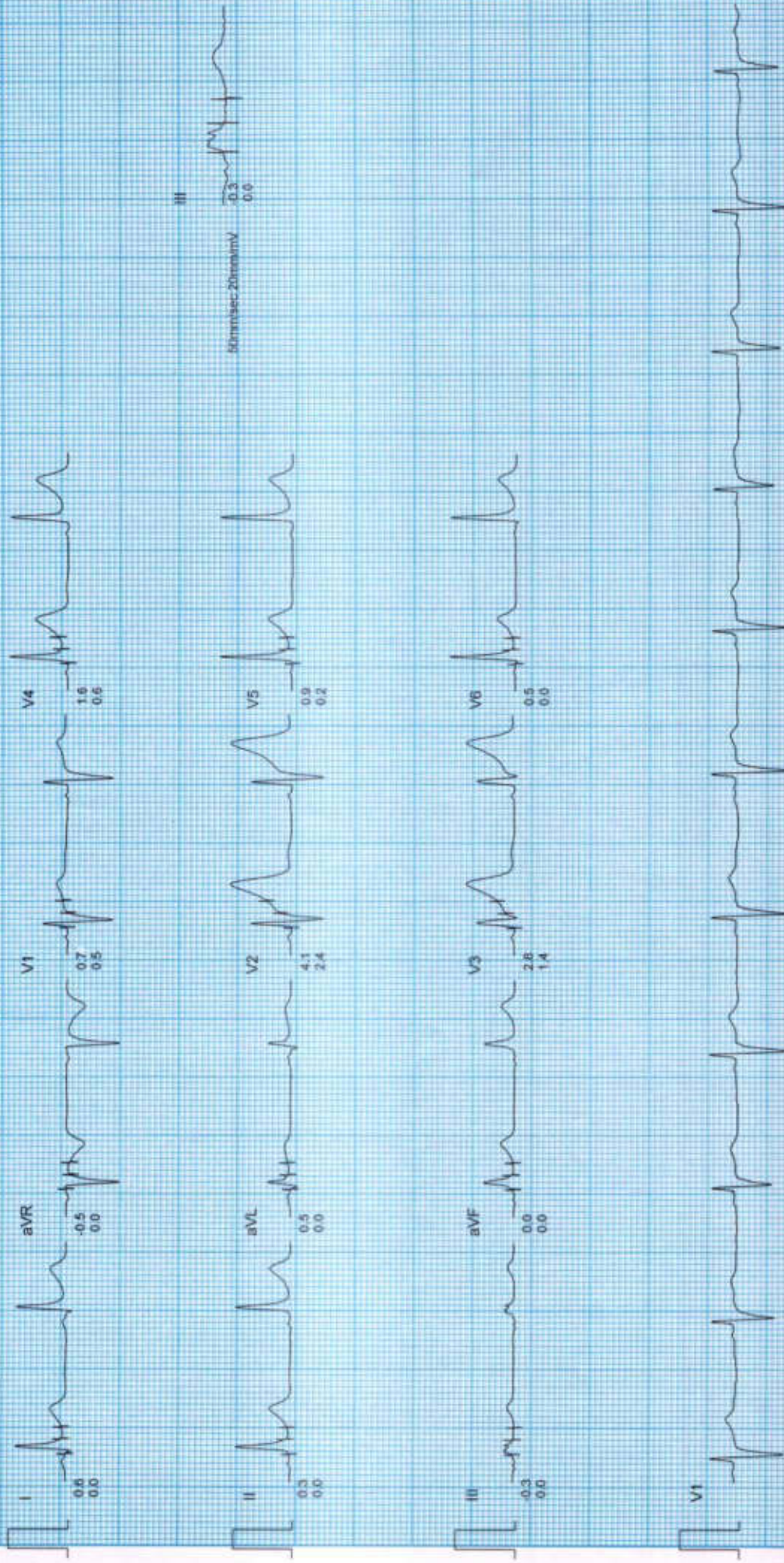


Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7. 7-2024 10:42

RATE : 64 BPM
B.P. : 116/86 mmHg

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



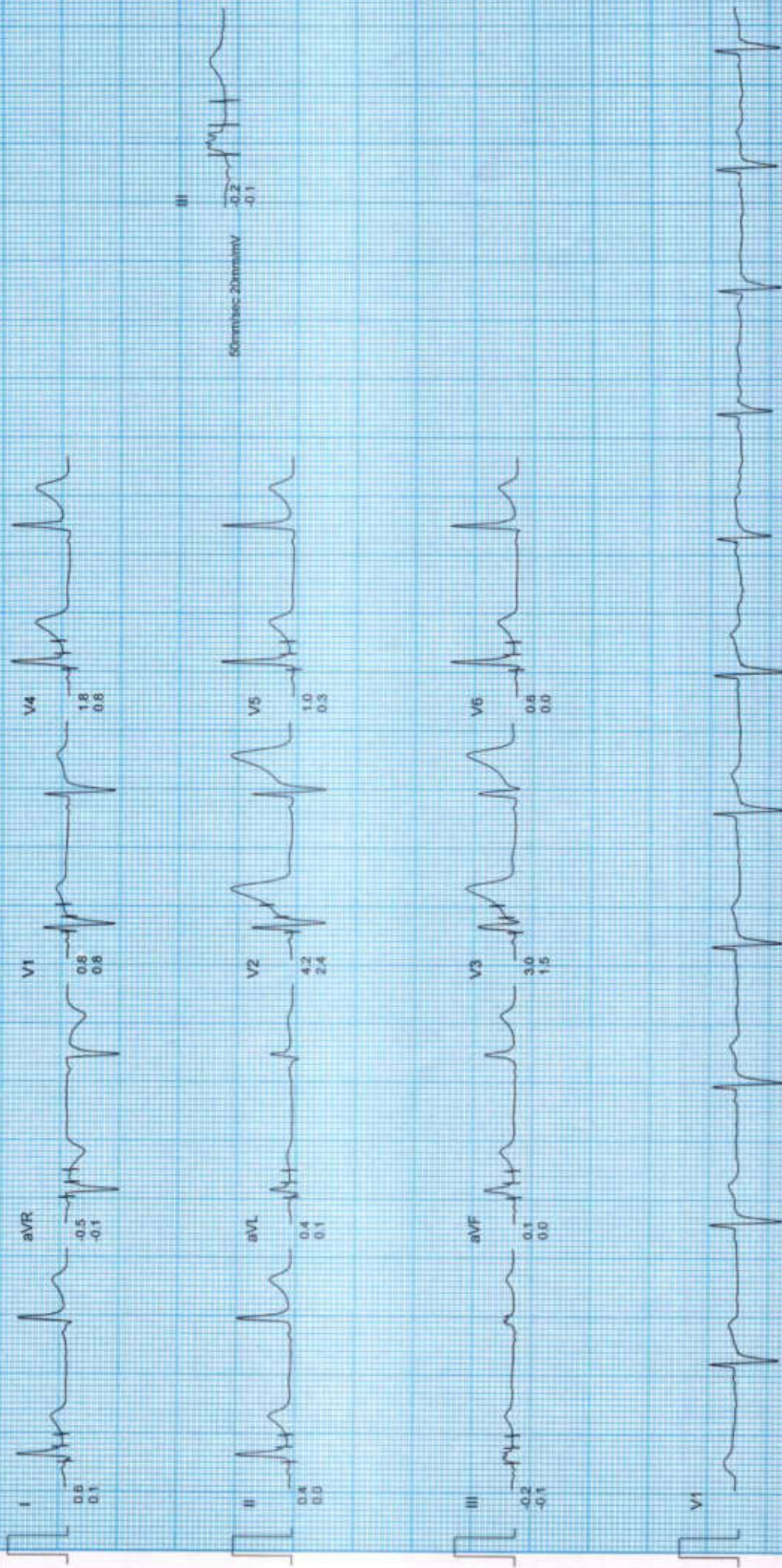
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 68 BPM
B.P. : 115/86 mmHg

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

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

LINKED MEDIAN



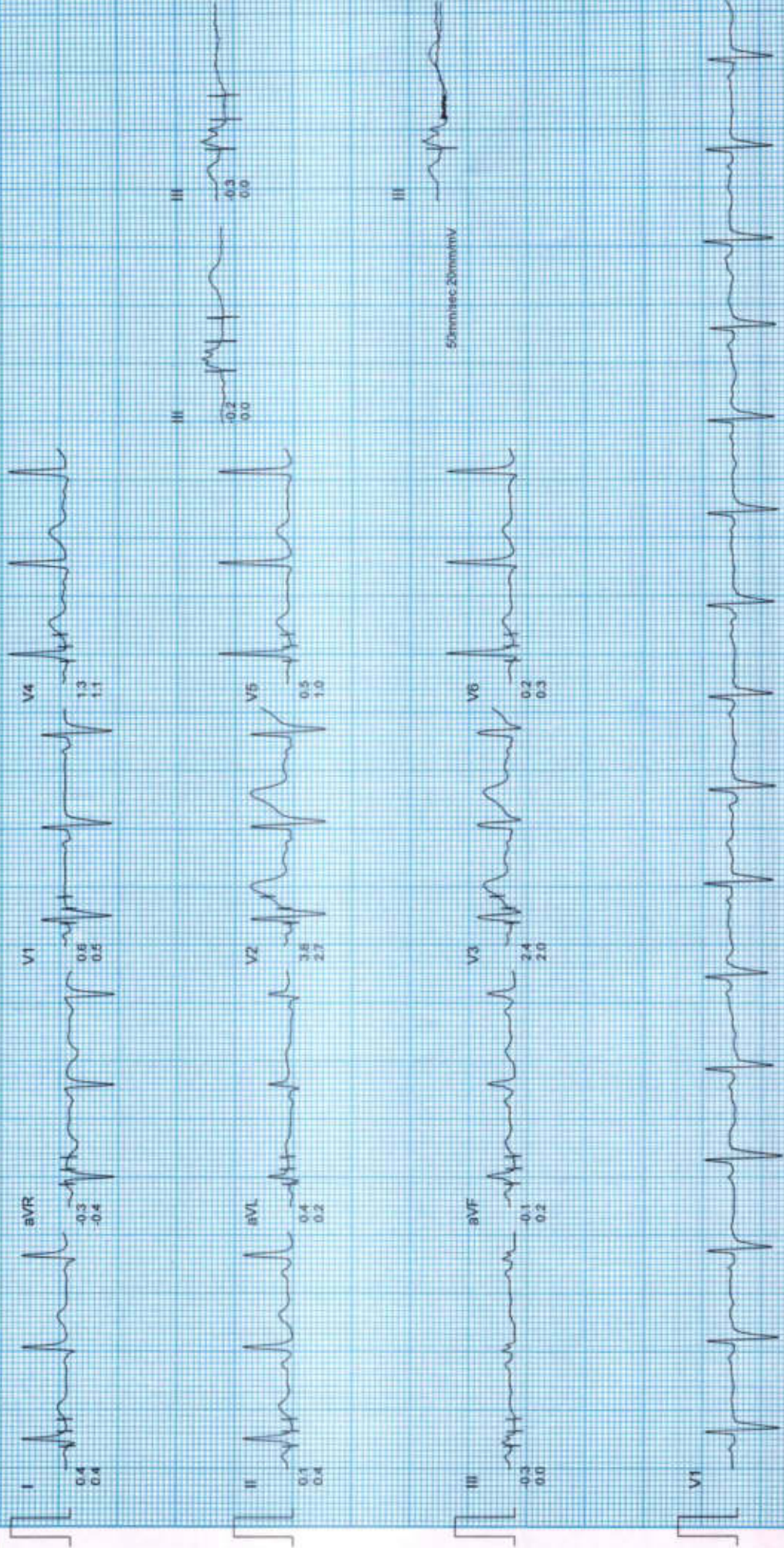
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10.42

RATE : 96 BPM
B.P. : 116/86 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



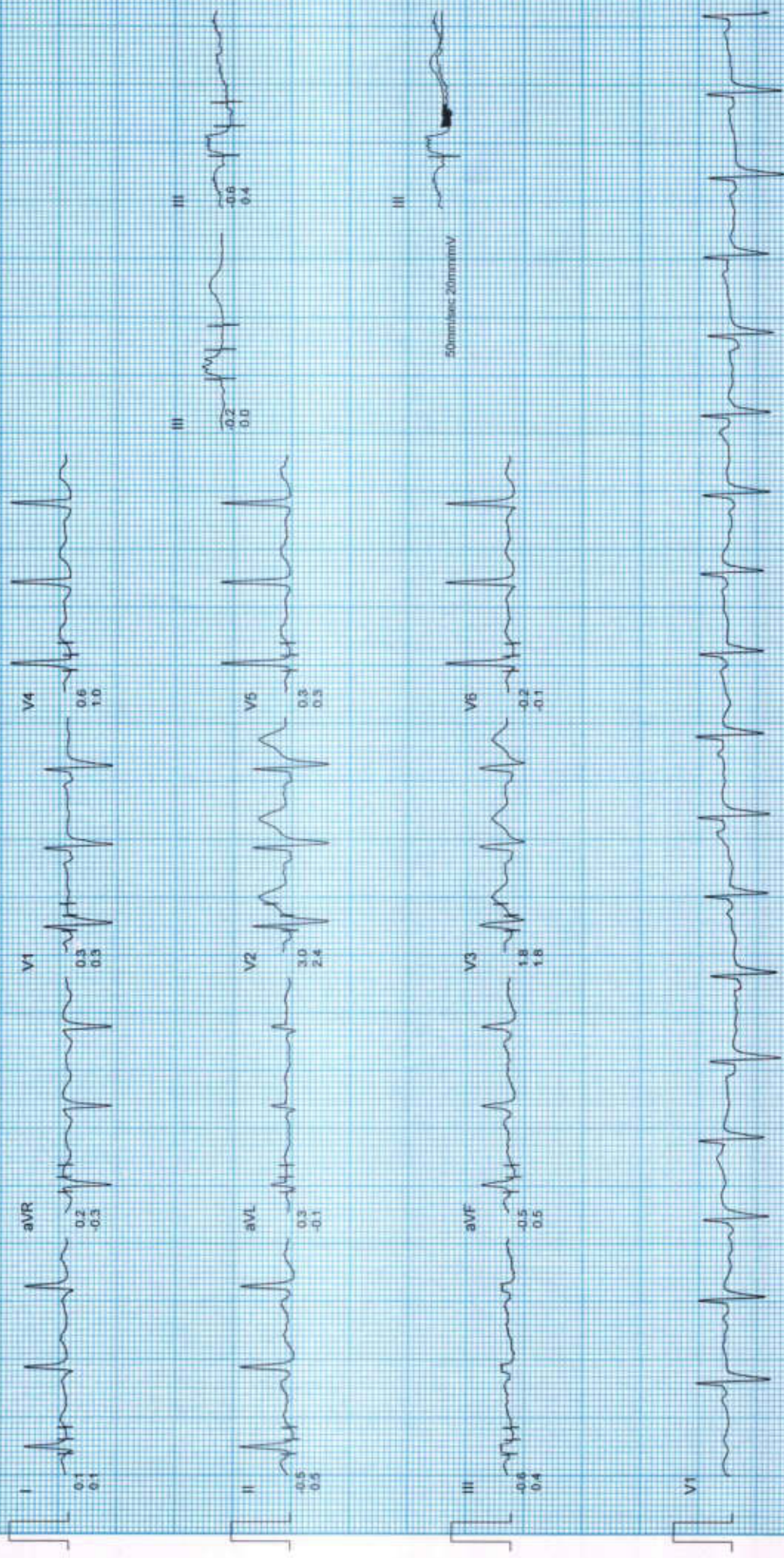
M: MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 110 BPM
B.P. : 122/86 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 6:00
STAGE TIME : 2:59

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

LINKED MEDIAN



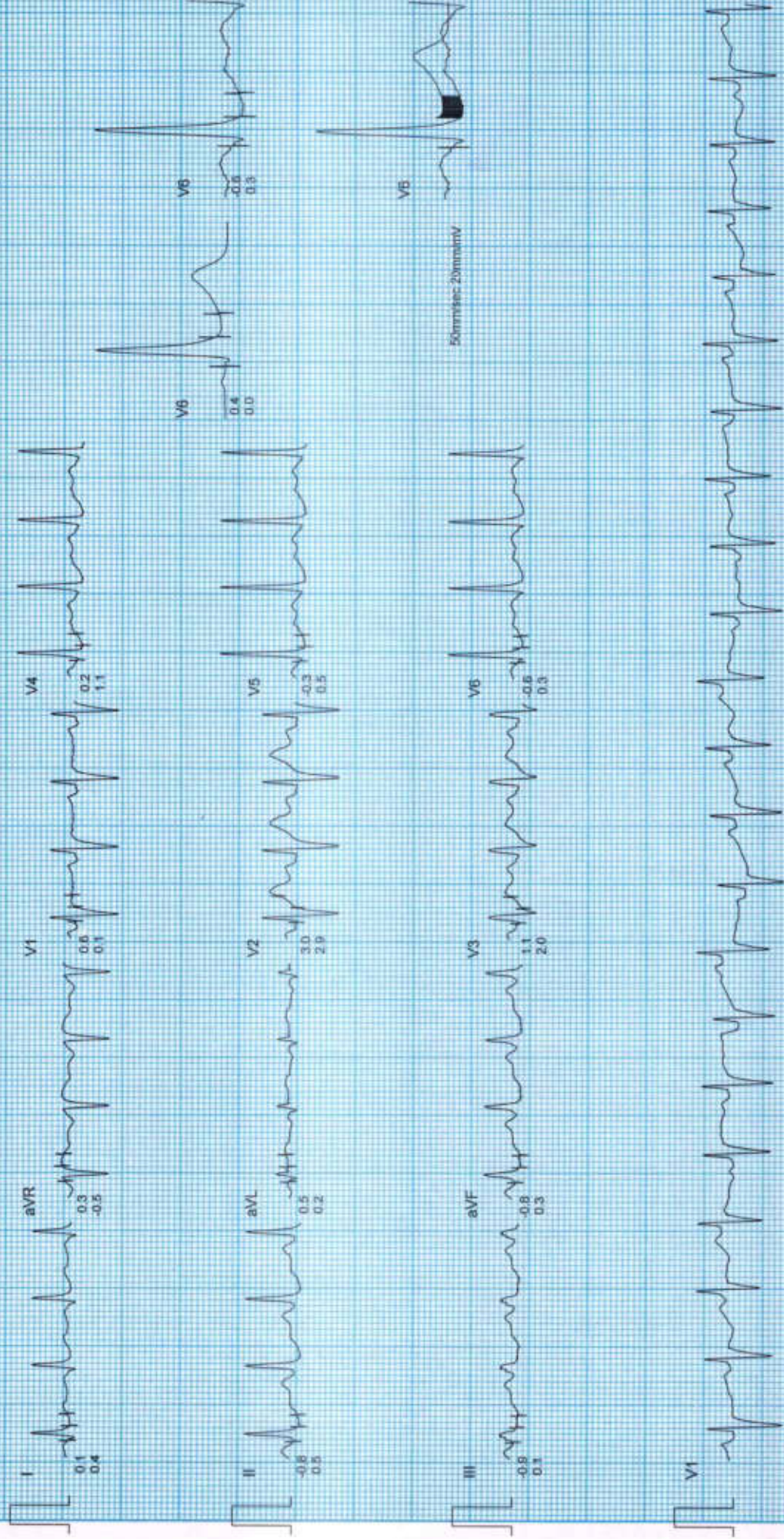
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 132 BPM
B.P. : 130/86 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 9:01
STAGE TIME : 2:59

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

LINKED MEDIAN



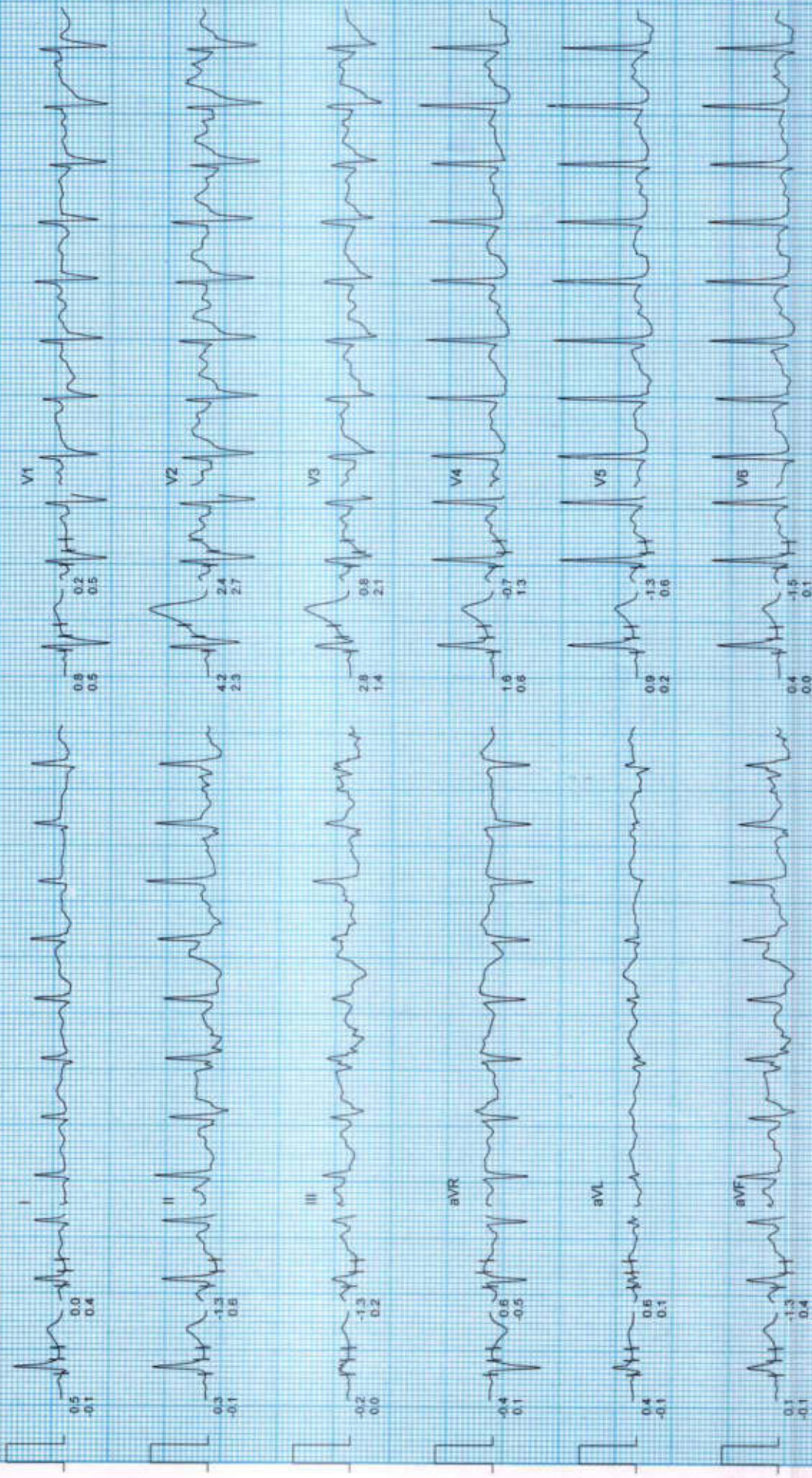
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 146 BPM
B.P. : 140/86 mmHg

BRUCE
PEAK EXER
PHASE TIME : 10:18
STAGE TIME : 1:15

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

MIXED E.C.G.



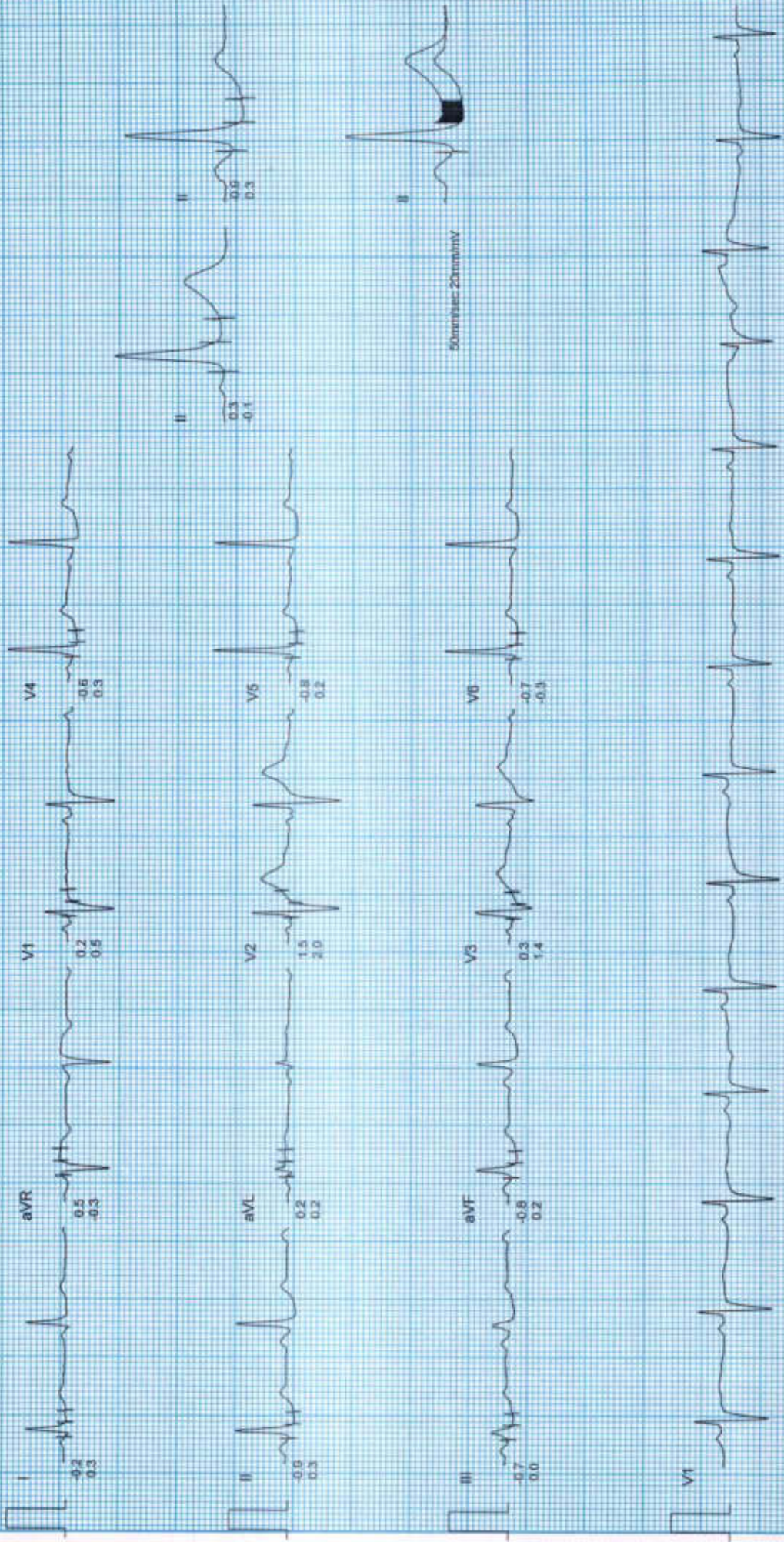
Mr. MANISH KUMAR VERMA
I.D. : 11752
AGE/SEX : 49/M
RECORDED : 7-7-2024 10:42

RATE : 83 BPM
B.P. : 120/86 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

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

LINKED MEDIAN



Mr. MANISH KUMAR VERMA

I.D. : 11752

AGE/SEX : 49/M

RECORDED : 7-7-2024 10:42

RATE : 146 BPM

B.P. : 140/86 mmHg

BRUCE

EXERCISE 4

PHASE TIME : 10:17

STAGE TIME : 1:14

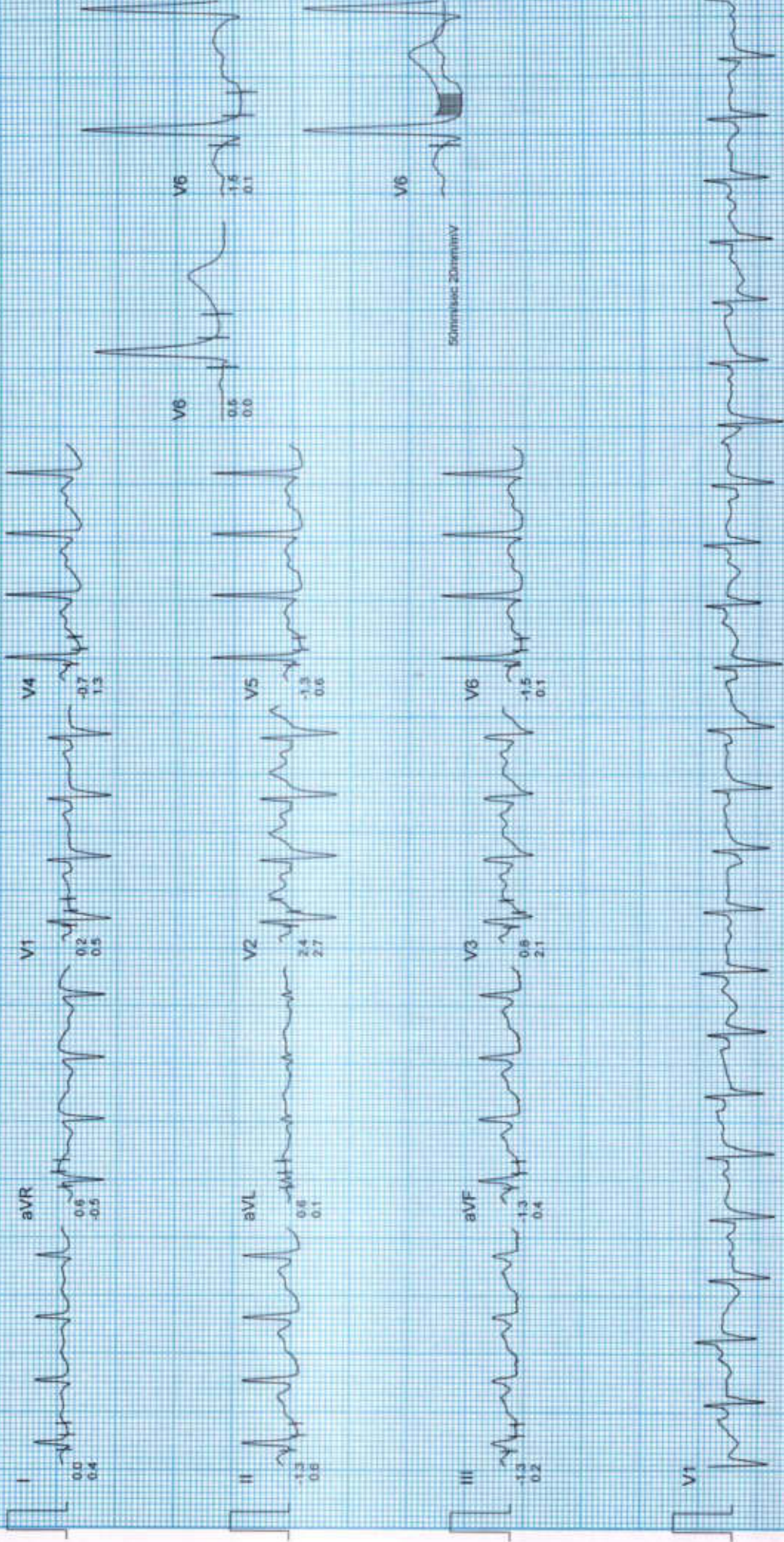
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr

GRADE : 16.0 %

LINKED MEDIAN



Chandan Diagnostic

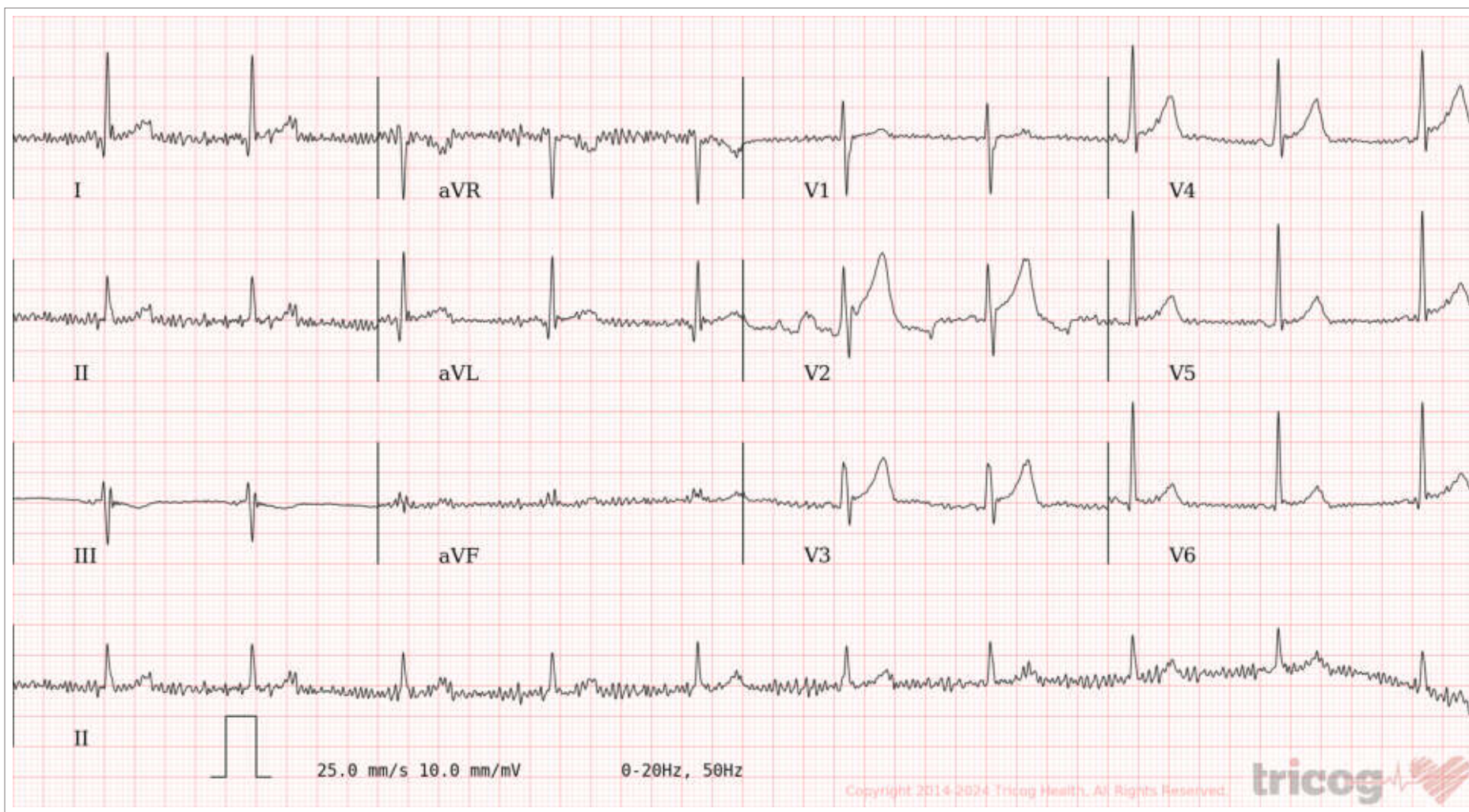


Age / Gender: 49/Male

Date and Time: 7th Jul 24 9:18 AM

Patient ID: ALDP0117522425

Patient Name: Mr.MANISH KUMAR VERMA-632629



AR: 62bpm VR: 62bpm QRSD: 74ms QT: 380ms QTcB: 385ms PRI: 118ms P-R-T: -4° 7° 6°

Abnormal: Poor Quality ECG, interpretation may be impaired, Sinus Rhythm, Early repolarization with an ascending ST segment. Please repeat ECG with the same ID. possible LA LL interchange. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Kavitha Girish

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



CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:12:52
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 07/Jul/2024 08:30:55
UHID/MR NO	: ALDP.0000143533	Received	: 07/Jul/2024 10:05:51
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 13:40:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	13.10	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	6,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	66.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	6.00	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	





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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	-	Mm for 1st hr.	<9	
PCV (HCT)	40.00	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.73	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	85.50	fl	80-100	CALCULATED PARAMETER
MCH	27.80	pg	27-32	CALCULATED PARAMETER
MCHC	32.50	%	30-38	CALCULATED PARAMETER
RDW-CV	15.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,488.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	68.00	/cu mm	40-440	

AS

Dr.Akanksha Singh (MD Pathology)





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Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:12:57
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 07/Jul/2024 08:30:55
UHID/MR NO	: ALDP.0000143533	Received	: 07/Jul/2024 10:05:51
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 12:15:56
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	92.00	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	117.40	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	43.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	128	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.





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

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) Sample:Serum	10.51	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.21	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	5.96	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) , Serum





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	33.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	28.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.30	gm/dl	6.2-8.0	BIURET
Albumin	3.93	gm/dl	3.4-5.4	B.C.G.
Globulin	3.37	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.17		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	124.10	U/L	42.0-165.0	PNP/AMP METHOD
Bilirubin (Total)	0.46	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.22	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	211.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	73.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	108	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	29.44	mg/dl	10-33	CALCULATED
Triglycerides	147.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

AS

Dr.Akanksha Singh (MD Pathology)





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Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:12:55
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 07/Jul/2024 13:37:02
UHID/MR NO	: ALDP.0000143533	Received	: 07/Jul/2024 13:41:52
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 14:54:59
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:12:55
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 07/Jul/2024 13:37:02
UHID/MR NO	: ALDP.0000143533	Received	: 07/Jul/2024 13:41:52
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 14:54:59
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

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

SUGAR, PP STAGE, *Urine*

Sugar, PP Stage **ABSENT**

Interpretation:

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



AS

Dr.Akanksha Singh (MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:13:01
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 07/Jul/2024 08:30:55
UHID/MR NO	: ALDP.0000143533	Received	: 08/Jul/2024 09:10:48
Visit ID	: ALDP0117522425	Reported	: 08/Jul/2024 11:54:56
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	0.47	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.

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:12:56
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 07/Jul/2024 08:30:55
UHID/MR NO	: ALDP.0000143533	Received	: 07/Jul/2024 10:05:51
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 15:43:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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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THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	174.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.100	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.
- 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.

AS

Dr.Akanksha Singh (MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:13:00
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 2024-07-07 09:41:42
UHID/MR NO	: ALDP.0000143533	Received	: 2024-07-07 09:41:42
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 15:38:57
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)
CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.

Dr. Aishwarya Neha (MD Radiodiagnosis)





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Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANISH KUMAR VERMA-632629	Registered On	: 07/Jul/2024 08:13:00
Age/Gender	: 49 Y 6 M 8 D /M	Collected	: 2024-07-07 10:23:53
UHID/MR NO	: ALDP.0000143533	Received	: 2024-07-07 10:23:53
Visit ID	: ALDP0117522425	Reported	: 07/Jul/2024 10:38:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER: - Normal in size (14.4 cm), shape and **shows diffusely raised echotexture**. No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

GALL BLADDER :- partially distended.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

SPLEEN: - Could not be visualized.

RIGHT KIDNEY: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Is adequately distended. No evidence of wall thickening/calculus is seen.

PROSTATE :- Normal in size (3.0 x 3.0 x 3.5 cm vol - 17.1 cc), shape and echo pattern.

HIGH RESOLUTION :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

IMPRESSION : Grade I fatty liver.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)



Dr. Aishwarya Neha (MD Radiodiagnosis)

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 Conduction 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

