

Chandan Diagnostic

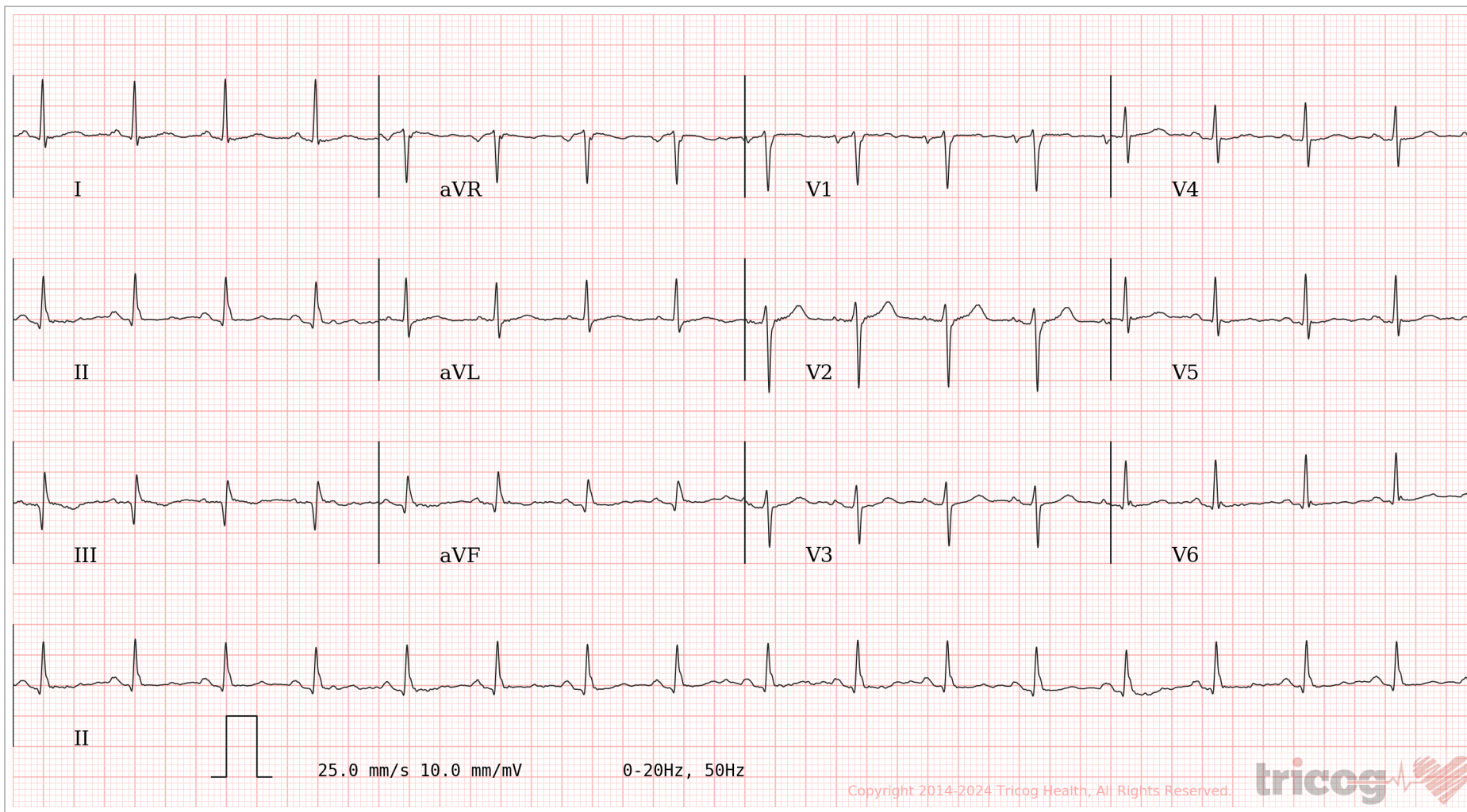


Age / Gender: 46/Male

Date and Time: 9th Mar 24 2:23 PM

Patient ID: CVAR0125062324

Patient Name: Mr.SATISH KUMAR AGRAWAL-BOBE14462)



AR: 101bpm VR: 101bpm QRSD: 80ms QT: 340ms QTcB: 440ms PRI: 130ms P-R-T: 41° 25° 10°

Abnormal: Sinus Tachycardia, Inferior Infarct, probably old. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Prathima S.K

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



Patient Name	: Mr.SATISH KUMAR AGRAWAL-BOBE14462)	Registered On	: 09/Mar/2024 09:10:15
Age/Gender	: 46 Y 7 M 23 D /M	Collected	: 09/Mar/2024 11:02:39
UHID/MR NO	: CVAR.0000048444	Received	: 09/Mar/2024 11:22:54
Visit ID	: CVAR0125062324	Reported	: 09/Mar/2024 13:28:15
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	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	14.20	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	8,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	12.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	2.35	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





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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	4.60	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.10	fL	80-100	CALCULATED PARAMETER
MCH	30.90	pg	28-35	CALCULATED PARAMETER
MCHC	35.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,208.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	168.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Age/Gender	: 46 Y 7 M 23 D /M	Collected	: 09/Mar/2024 14:19:00
UHID/MR NO	: CVAR.0000048444	Received	: 09/Mar/2024 14:21:13
Visit ID	: CVAR0125062324	Reported	: 09/Mar/2024 15:37:45
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
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GLUCOSE FASTING , Plasma

Glucose Fasting	110.70	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.

Glucose PP Sample:Plasma After Meal	196.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

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- 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.
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UHID/MR NO	: CVAR.0000048444	Received	: 10/Mar/2024 11:58:26
Visit ID	: CVAR0125062324	Reported	: 10/Mar/2024 13:53:39
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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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GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	8.00	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	64.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	183	mg/dl		

Interpretation:

NOTE:-

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

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 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





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c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Dr. Anupam Singh (MBBS MD Pathology)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample: Serum</i>	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample: Serum</i>	1.30	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid <i>Sample: Serum</i>	3.90	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	31.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	52.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	82.50	IU/L	11-50	OPTIMIZED SZAIZING
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
Alkaline Phosphatase (Total)	69.10	U/L	42.0-165.0	IFCC METHOD
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)	157.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	84	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	17.36	mg/dl	10-33	CALCULATED
Triglycerides	86.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P

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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	LIGHT YELLOW			
Specific Gravity	1.020			
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	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 stage	ABSENT	gms%	
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Interpretation:





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



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UHID/MR NO	: CVAR.0000048444	Received	: 10/Mar/2024 10:34:56
Visit ID	: CVAR0125062324	Reported	: 10/Mar/2024 12:57:23
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 ** Sample: Serum	0.48	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.

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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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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	115.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.400	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.

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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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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (**13 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 (**10.4 mm in caliber**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**2.4 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 not visualized in its usual position. It is ectopic and pelvic in location . Its size ~ 8.8 x 3.3 cms.**
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- **Left kidney:-**
 - **Left kidney is not visualized in its usual position. It is ectopic and pelvic in location . Its size ~ 9.2 x 3.8 cms.**
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- The spleen is normal in size (~ **6.3 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 **adequately filled**. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is ~ 105 cc.**

PROSTATE

- The prostate gland is normal in size (~ **26 x 21 x 24 mm / 7 gms**) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- **BILATERAL ECTOPIC KIDNEYS**
- **REST OF THE ABDOMINAL ORGANS ARE NORMAL**

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

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



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location



CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel
Name of Executive: Sajish Kumar Agrawal
Date of Birth: 14/02/1974
Sex: Male / Female
Height: 162 CMs
Weight: 71 KGs
BMI (Body Mass Index): 27.1
Chest (Expiration / Inspiration) 95/99 CMs
Abdomen: 10.5 CMs
Blood Pressure: 133/88 mm/Hg
Pulse: 102 BPM - Regular / Irregular
Ident Mark: Left Hand thumb about in normal size
Any Allergies: NO
Vertigo: NO
Any Medications: Taking medication for sinusitis - 10 years (Homeopathic medicine)
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 Colours - 12 years
Left eye: Normal } Power not confirm by client
Right eye: Normal }

CHANDAN HEALTH CARE LTD.

99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-221008

M. MR SATISH KUMAR AGRAWAL
 Age/Sex: 45/M
 Ref by: MED/WHEEL
 Indication1:
 Indication2:
 Indication3:

ID: 125062324
 H/W: 162/71
 Recorded: 09-03-2024

TREADMILL TEST SUMMARY REPORT
 Protocol: BRUCE
 History: SINUSITIS
 Medication1: HOMEOPATHIC MEDICINE
 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					107	133/88	142	0.1	0.7	0.1	
HYPERTENT	0:00	0:00			107	133/88	142	0.2	0.7	0.1	
VALSALVA					106	133/88	140	0.2	0.7	0.1	
STANDING					106	133/88	140	0.2	0.7	0.1	
STAGE 1	2:59	2:59	2.70	10.00	135	142/88	191	-0.2	0.6	-0.2	4.80
EVENT	5:01	2:01	4.00	12.00	116	150/88	174	-0.4	0.6	-0.2	6.35
PEAK EXER	5:04	2:04			150	150/88	225	-0.4	0.7	-0.4	6.39
EVENT	0:30	0:30	0.00	0.00	136	146/88	201	-0.6	1.0	-0.1	
EVENT	1:00	1:00	0.00	0.00	123	146/88	179	-0.6	0.9	-0.1	
EVENT	2:00	2:00	0.00	0.00	116	142/88	164	-0.3	0.8	-0.1	
RECOVERY	2:59	2:59	0.00	0.00	113	138/88	155	-0.2	0.6	0.0	

RESULTS

Exercise Duration: 5:04 Minutes
 Max Heart Rate: 150 bpm 86% of target heart rate 174 bpm
 Max Blood Pressure: 150/88 mmHg
 Max Work Load: 6.39 METS
 Reason of Termination:

IMPRESSIONS

→ Baseline ECG is normal
 → No significant ST-T changes seen at peak exercise at 4.80
 → TMT is negative for RMI

TMT is negative for RMI

Cardiologist

Dr. Anil Krishna Agrawal
 M.B.B.S., MD, DM
 Cardiologist
 Reg. No. -39794

CardiCom, INDIA Ph: 091-731-2520740, TeleFax: 091-731-2431214

MEDICAL SYSTEMS

CHANDAN HEALTH CARE LTD.

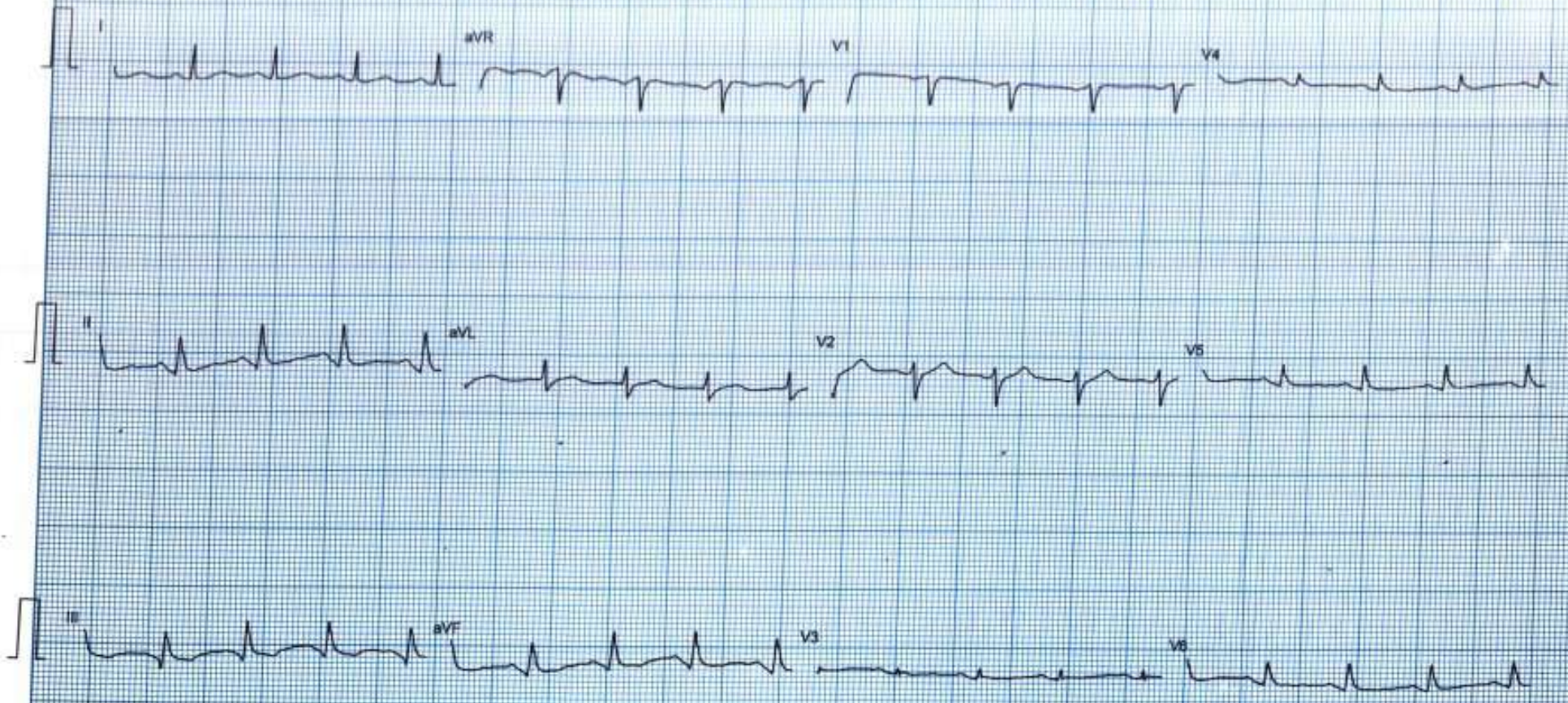
Mr. MR SATISH KUMAR AGRAWAL
ID : 125062324
AGE/SEX : 46/M
RECORDED : 09-03-2024

RATE : 107 BPM
B.P. : 133/88 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW ECG



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

MEDISEARCH MEDICAL SYSTEMS

CHANDAN HEALTH CARE LTD.

Mr. MR SATISH KUMAR AGRAWAL
I.D. 125052324
AGE/SEX 46/M
RECORDED: 09-03-2024

RATE: 107 BPM
E.P. 133/66 mmHg

HYPERVENTILATION
PRETEST

ST @ 10mm/mV
80ms PostJ

STAGE TIME: 0:00

LINKED MEDIAN



CHANDAN HEALTH CARE LTD.

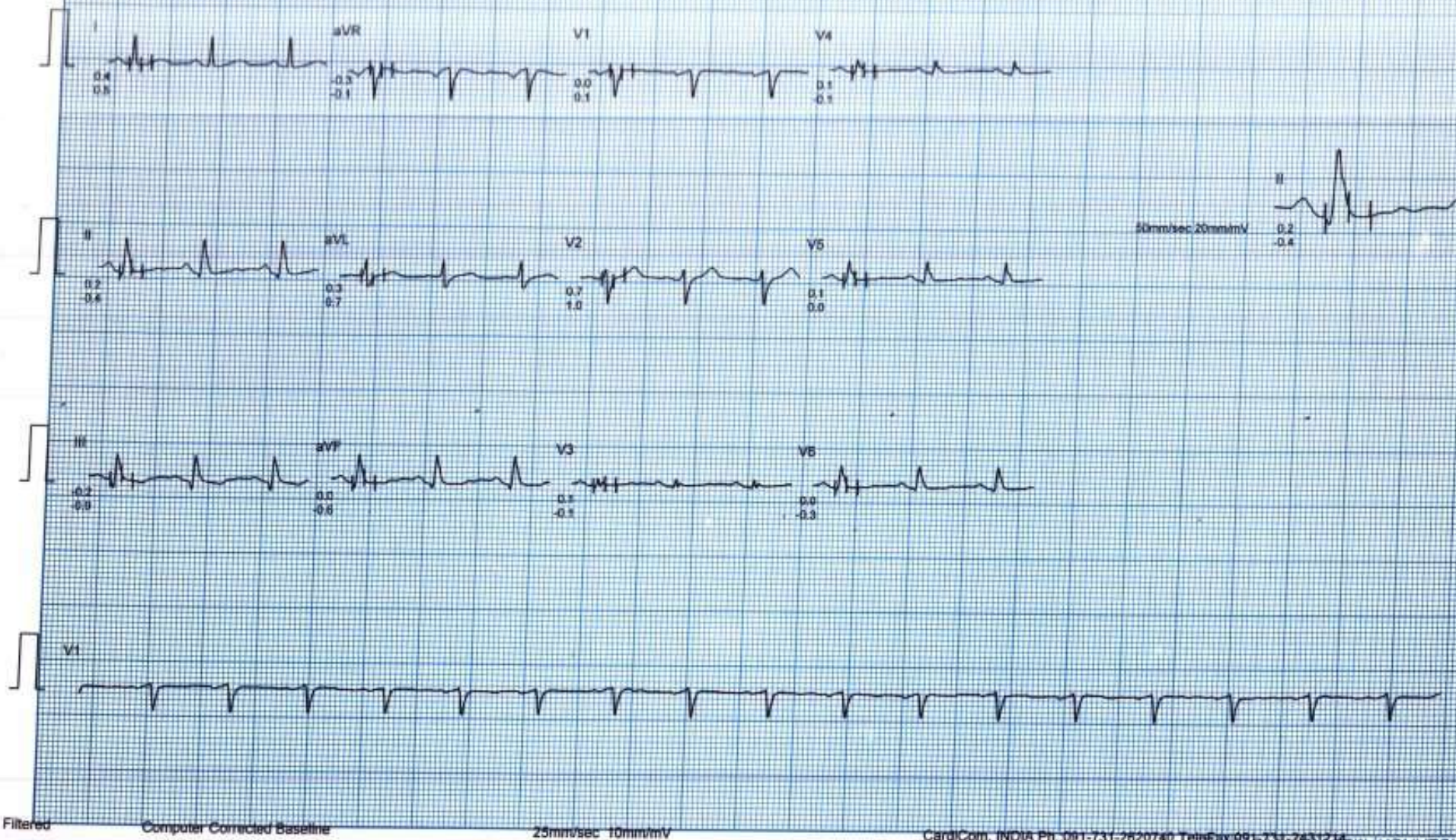
Mr. MR SATISH KUMAR AGRAWAL
I.D. 125052324
AGE/SEX: 46/M
RECORDED: 09-03-2024

RATE: 106 BPM
B.P.: 133/88 mmHg

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, Tel. Fax 99-5331-2430271

MEDISEARCH MEDICAL SYSTEMS

CHANDAN HEALTH CARE LTD.

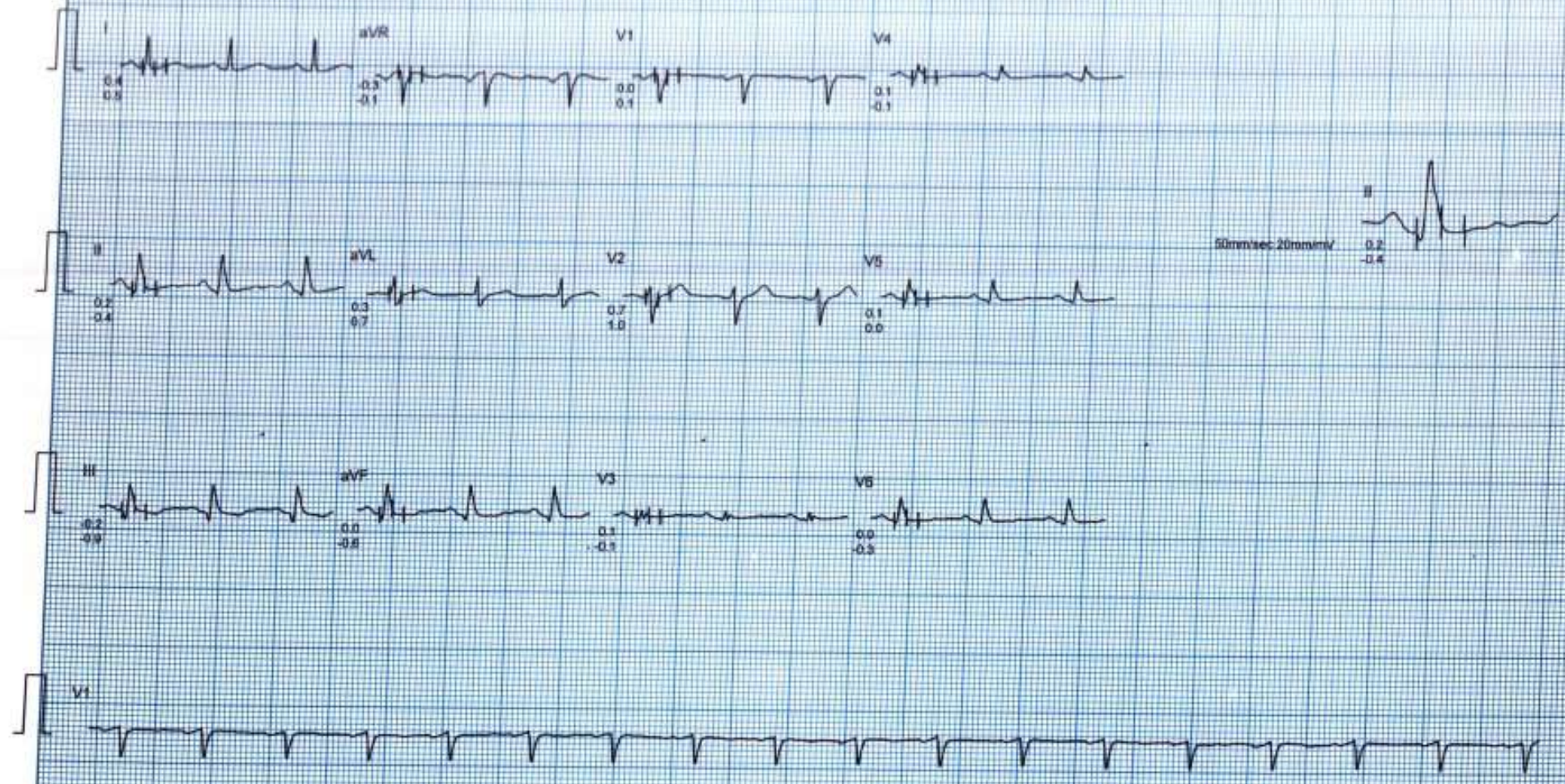
MR. MR SATISH KUMAR AGRAWAL
I.D. 125062324
AGE/SEX 46/M
RECORDED: 09-03-2024

RATE 100 BPM
B.P. 133/88 mmHg

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



CHANDAN HEALTH CARE LTD.

Mr. MR SATISH KUMAR AGRAWAL
I.D. 125062324
AGE/SEX 46/M
RECORDED 09-03-2024

RATE 135 BPM
B.P. 142/88 mmHg

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

ST @ 10mv/mV
80ms PostJ
SPEED 2.7 Km/Hr
GRADE 10.0 %

LINKED MEDIAN



Filtered Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, Telefax 091-731-241234

MEDSEARCH MEDICAL SYSTEMS

CHANDAN HEALTH CARE LTD.

MR. MR SATISH KUMAR AGRAWAL
ID: 125062324
AGE/SEX: 46/M
RECORDED: 09-03-2024

RATE: 116 BPM
B.P.: 150/88 mmHg

BRUCE
EXERCISE 2 (EVENT)
PHASE TIME: 5:01
STAGE TIME: 2:01

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

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

CHANDAN HEALTH CARE LTD.

№: MR SATISH KUMAR AGRAWAL
I.D. 125062324
AGE/SEX 46/M
RECORDED 09-03-2024

RATE 150 BPM
B.P 150/88 mmHg

BRUCE
PEAK EXER
PHASE TIME : 5:04
STAGE TIME : 2:04

ST @ 10mm/mV
80ms Post/J
SPEED - 4.0 Km /hr
GRADE - 12.0 %

MIXED E.C.G



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.: 091-751-2620740. Tel: 091-751-2430214

MEDISEARCH MEDICAL SYSTEMS

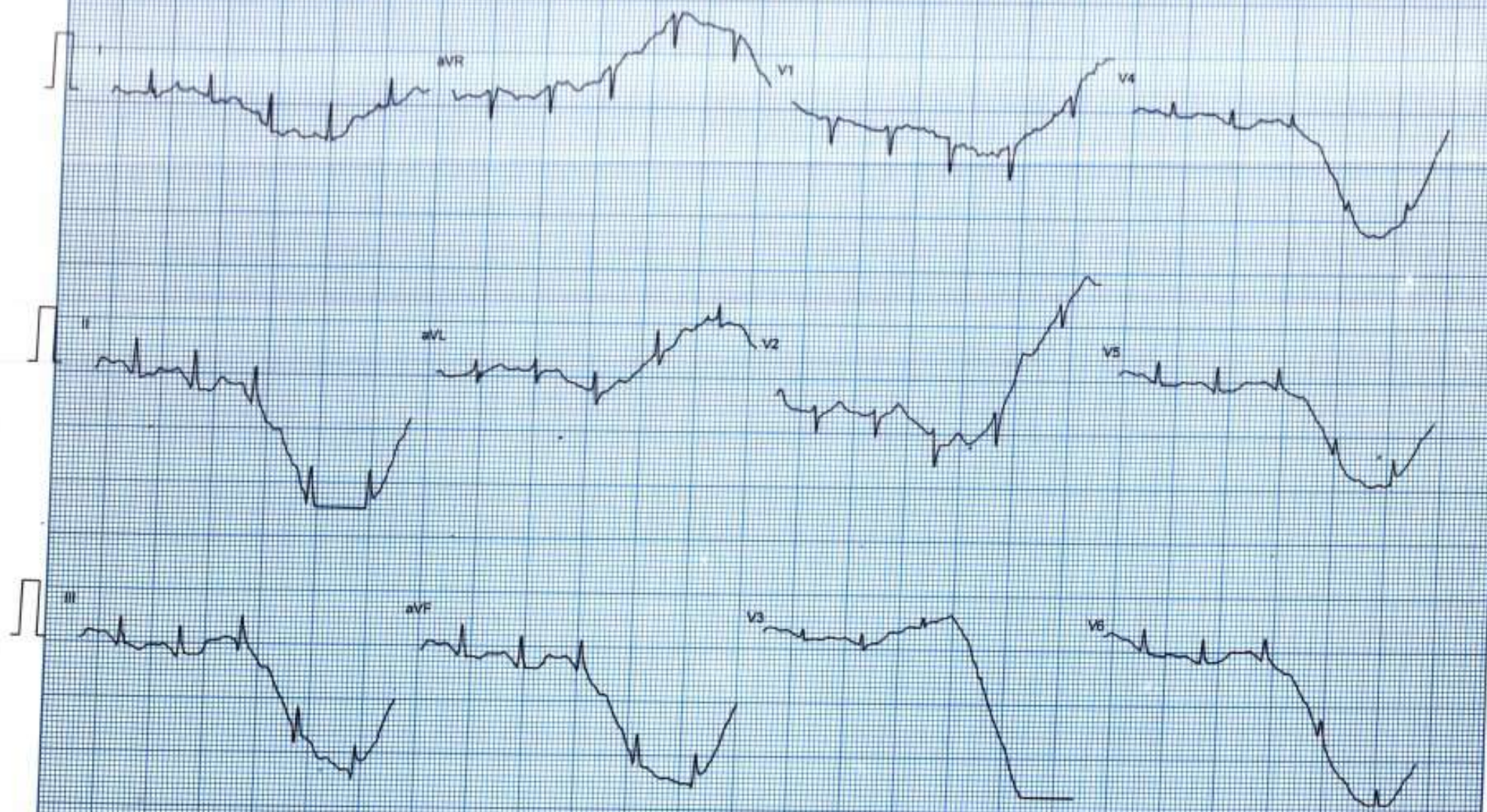
Mr. MR SATISH KUMAR AGRAWAL
I.D. : 125052324
AGE/SEX : 46/M
RECORDED : 09-03-2024

RATE : 136 BPM
B.P. : 148/88 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 0.30

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

RAW ECG



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2630740, TeleFax: 091-731-2431214

MEDISRECH MEDICAL SYSTEMS

Mr. MR SATISH KUMAR AGRAWAL
ID: 1250621124
AGE/SEX: 46/M
RECORDED: 09-03-2024

RATE: 123 BPM
B.P.: 146/88 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME: 1:00

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

RAW ECG



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph: 091-731-2620740, Tele Fax: 091-731-2431274

MEDISEARCH MEDICAL SYSTEMS

CHANDAN HEALTH CARE LTD.

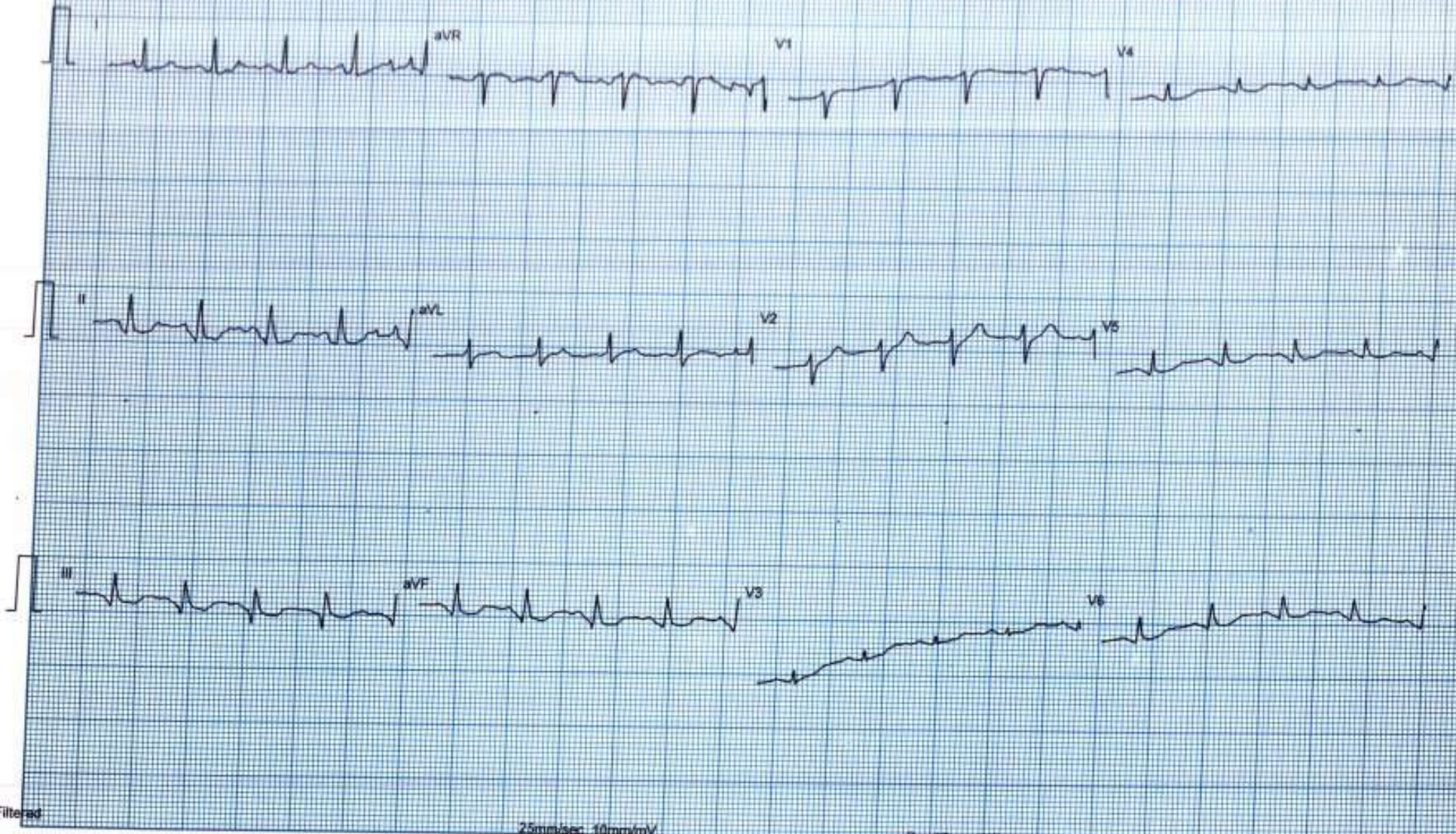
Mr. MR SATISH KUMAR AGRAWAL
I.D. 125062324
AGE/SEX 46/M
RECORDED: 09-03-2024

RATE 116 BPM
B.P. 142/88 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME 2:00

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

RAW E.C.G.



Filtered

25mm/sec. 10mm/mV

CardiCom, INDIA Ph.:091-751-2620740, TeleFax:091-731-2417214

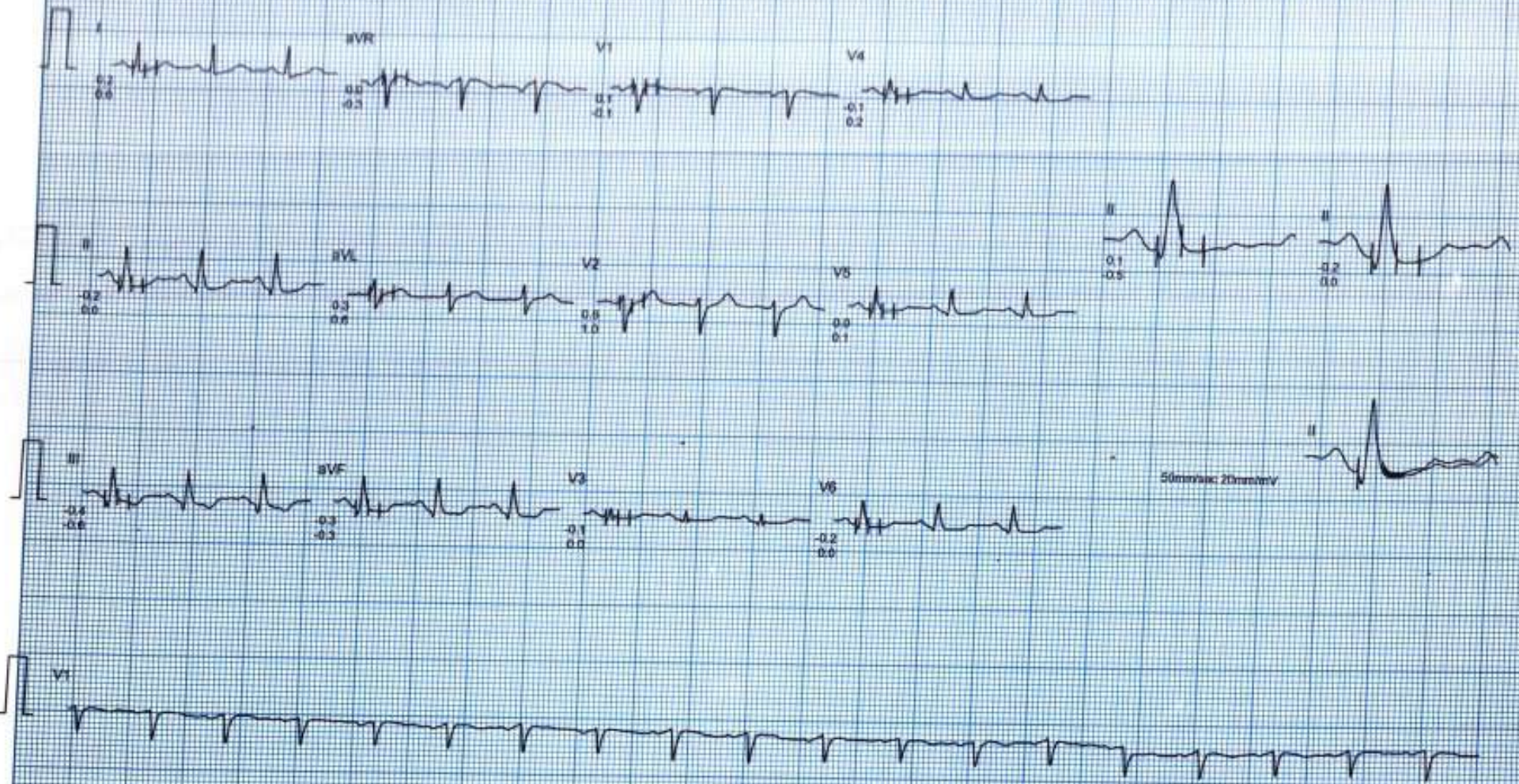
MEDISEARCH, MEDICAL SYSTEMS

MR. MK SATISH KUMAR AGRAWAL
I.D. : 125002324
AGE/SEX : 40/M
RECORDED : 09-03-2024

RATE : 113 BPM
B.P. : 138/88 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:00

ST @ 10mm/mV
80ms Post J
SPEED : 0.0 Km /hr
GRADE : 0.0 %
LINKED MEDIAN



Filtered

Computer Connected @ Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph: 091-731-2620740, Tele Fax: 091-731-2631234

MEDISEARCH MEDICAL SYSTEMS

CHANDAN DIAGNOSTIC CENTRE

Near vision: 116 cm Glass

Far vision: 616 cm Glass

Dental check up: Normal

ENT Check up: Normal

Eye Checkup: Normal

Final impression

Certified that I examined Satish Kumar Agrawal 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.

Client Signature :-

.....
Signature of Medical Examiner

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

Date... 09.10.24

Place - VARANASI

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

Chandan Diagnostic Centre
90/5, 1st Floor, Panchsheel, Varanasi
Medical Superintendent,
Phone No. 052227277



भारत सरकार
 Unique Identification Authority of India
 Government of India

Enrollment No 1093/42152/00033

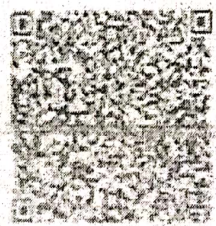
To
 सतीश कुमार अग्रवाल
 Satish Kumar Agrawal
 S/O Bhagwan Das Agrawal
 N-11/58-E-3A Rampur
 Varanasi
 Mahmoodganj Varanasi
 Uttar Pradesh 221010

10/03/2012

Ref: 479 / 200 / 504078 / 504181 / P



UE33934893401



आपका आधार क्रमांक / Your Aadhaar No. :

4552 9346 6821

आधार – आम आदमी का अधिकार



भारत सरकार
 GOVERNMENT OF INDIA



सतीश कुमार अग्रवाल
 Satish Kumar Agrawal
 जन्म वर्ष / Year of Birth : 1977
 लिंग / Male



Satish Kumar

4552 9346 6821

आधार – आम आदमी का अधिकार



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाईन ऑथेंटिकेशन द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

20D / 50407

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O भगवान राम अग्रवाल,
ब-११/५८-इ-३-ए गान्धीपुर, मोहम्मदगंजी,
महम्मदगंज, उत्तर प्रदेश, 221010

Address: S/O Bhagwan Das
Agrawal, N-11/58-E-3A Rangpur,
Varanasi, Mahmudganj, Uttar
Pradesh, 221010



1947
1800-180-1947



help@uidai.gov.in



www.uidai.gov.in



PU Box No. 1947,
Bengaluru-560 001

स्थाई लेखा संख्या

/PERMANENT ACCOUNT NUMBER



AERPA7146N



नाम /NAME

SATISH KUMAR AGRAWAL

पिता का नाम /FATHER'S NAME

BHAGWAN DAS AGRAWAL

जन्म तिथि /DATE OF BIRTH

14-02-1974

Rajmata Dena

हस्ताक्षर /SIGNATURE

Satish Kumar

आयकर आयुक्त, इलाहाबाद

COMMISSIONER OF INCOME-TAX, ALLAHABAD

इस कार्ड के खो / मिल जाने पर कृपया जारी करने
वाले प्राधिकारी को सूचित / वापस कर दें

आयकर आयुक्त,

आयकर भवन,

38, महात्मा गांधी मार्ग,

इलाहाबाद - 211001.

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38, Mahatma Gandhi Marg,

Allahabad - 211 001.



D63/6B-100, Shivaji Nagar Colony,
Mahmoorganj, Varanasi, Uttar Pradesh 221010,
India

Latitude

25.305306°

Longitude

82.979082°

LOCAL 14:47:18

GMT 09:17:18

SATURDAY 03.09.2024

ALTITUDE 37 METER