Chandan Diagnostic

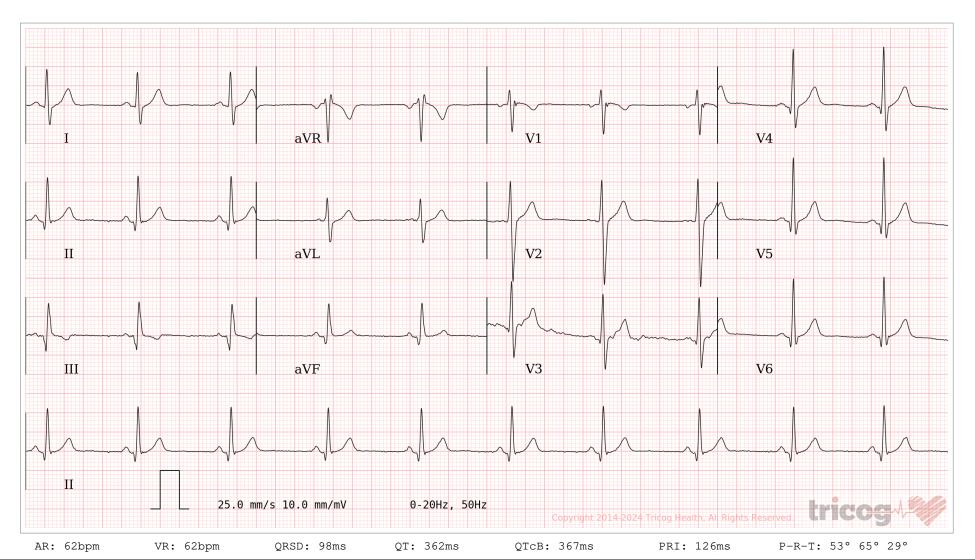


Age / Gender: 33/Male Date and Time: 9th Mar 24 11:07 AM

Patient ID:

CVAR0124982324

Patient Name: Mr.PRAVIN KUMAR -BOBE14142



Abnormal: Sinus Rhythm. LVH by voltage criteria noted, kindly correlate clinically in view of age. Please correlate clinically.

> Dr. Charit MD, DM: Cardiology

AUTHORIZED BY

Dr. Prajna Jinachandra Jain

REPORTED BY

63382

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.





Name of Company: Mediwheel

Name of Executive: Polavin Idyman

Date of Birth: 04 1.01 1.199.1

Sex: Male / Remale

Weight:KGs

BMI (Body Mass Index): 25-9

Chest (Expiration / Inspiration) .9.7.../...].02....CMs

Abdomen: .9.9......CMs

Pulse:97.....BPM - Regular / Irregular

Ident Mark: Mole on Left eyebroul

Any Allergies: No

Vertigo: No

Any Medications:

Any Surgical History:

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports: NO

Eye Check up vision & Color vision: Normal & Power Golor - 64eans

Left eye: Noumel

Right eye: . Nonme





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On : 09/Mar/2024 08:26:55 Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 11:08:05 UHID/MR NO : CVAR.0000048436 Received : 09/Mar/2024 11:22:52 Visit ID : CVAR0124982324 Reported : 09/Mar/2024 13:19:32 Ref Doctor : Dr.MEDIWHEEL VNS -: Final Report

DEPARTMENT OF HAEMATOLOGY

Status

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *,	Blood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
Rh (Anti-D)	POSITIVE			AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , wr	nole Blood			
TLC (WBC) DLC Polymorphs (Neutrophils) Lymphocytes Monocytes Eosinophils	6,900.00 56.00 37.00 5.00 2.00	g/dl /Cu mm % % %	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 4000-10000 55-70 25-40 3-5 1-6	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Basophils ESR	0.00	% %	<1	ELECTRONIC IMPEDANCE
Observed Corrected PCV (HCT) Platelet count	4.00 0.00 48.00	Mm for 1st hr. Mm for 1st hr. %	< 9 40-54	
Platelet Count	1.53	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width) P-LCR (Platelet Large Cell Ratio)	nr nr	fL %	9-17 35-60	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE











CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On : 09/Mar/2024 08:26:55 Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 11:08:05 UHID/MR NO : CVAR.0000048436 Received : 09/Mar/2024 11:22:52 Visit ID : CVAR0124982324 Reported : 09/Mar/2024 13:19:32 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTM ENT 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
RBC Count				
RBC Count	5.34	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.60	fΙ	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	34.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,864.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	138.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 : 09/Mar/2024 08:26:56 Registered On Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 15:02:49 UHID/MR NO : CVAR.0000048436 Received : 09/Mar/2024 15:03:40 Visit ID : CVAR0124982324 Reported : 09/Mar/2024 15:37:51 Ref Doctor Status : Dr.MEDIWHEEL VNS -: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING, Plasma				
Glucose Fasting	90.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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.G.T = Impared Glucose Tolerance.

Glucose PP	101.60	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

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.G.T = Impared Glucose Tolerance.

S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 : 09/Mar/2024 08:26:56 Registered On Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 11:08:05 UHID/MR NO : CVAR.0000048436 Received : 10/Mar/2024 11:57:59 Visit ID : CVAR0124982324 Reported : 10/Mar/2024 13:53:03 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 HABMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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 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.

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







^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





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Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On

: 09/Mar/2024 08:26:56

Age/Gender

: 33 Y 2 M 4 D /M

Collected

: 09/Mar/2024 11:08:05 : 10/Mar/2024 11:57:59

UHID/MR NO

: CVAR.0000048436 : CVAR0124982324

Received Reported

: 10/Mar/2024 13:53:03

Ref Doctor

Visit ID

: Dr.MEDIWHEEL VNS -

Status

: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)

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^{*}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.



Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On : 09/Mar/2024 08:26:56 Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 11:08:05 UHID/MR NO : CVAR.0000048436 Received : 09/Mar/2024 11:22:52 Visit ID : CVAR0124982324 Reported : 09/Mar/2024 13:10:19

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
BUN (Blood Urea Nitrogen) Sample:Serum	12.40	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.20	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	7.00	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	37.70	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	48.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	26.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.90	gm/dl	6.2-8.0	BIURET
Albumin	4.80	gm/dl	3.4-5.4	B.C.G.
Globulin	3.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.55		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	71.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.10	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.50	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	183.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP 1
HDL Cholesterol (Good Cholesterol)	53.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	35	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
VIDI	04.00		> 190 Very High	CALCII: :===
VLDL Triglycerides	94.60 473.00	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline Higl 200-499 High >500 Very High	GPO-P S-M-Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On : 09/Mar/2024 08:26:56 Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 15:02:49 UHID/MR NO : CVAR.0000048436 Received : 09/Mar/2024 15:03:40 Visit ID : CVAR0124982324 Reported : 09/Mar/2024 16:00:42

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
URINE EXAMINATION, ROUTINE*	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			2 0 o
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
,	7.552.11		10-40 (+)	2 0 o
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		1 W 1. A	>2 (++++)	
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%		

Interpretation:







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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On

: 09/Mar/2024 08:26:56

Age/Gender

: 33 Y 2 M 4 D /M

Collected

: 09/Mar/2024 15:02:49 : 09/Mar/2024 15:03:40

UHID/MR NO

: CVAR.0000048436 : CVAR0124982324

Received Reported

: 09/Mar/2024 16:00:42

Visit ID Ref Doctor

: Dr.MEDIWHEEL VNS -

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Bio. Ref. Interval Test Name Unit Method Result

< 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%

S.N. Sinta

Dr.S.N. Sinha (MD Path)

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CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 : 09/Mar/2024 08:26:57 Registered On Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 11:08:05 UHID/MR NO : CVAR.0000048436 Received : 10/Mar/2024 10:34:56 Visit ID : CVAR0124982324 Reported : 10/Mar/2024 12:57:17 Ref Doctor : Final Report : Dr.MEDIWHEEL VNS -Status

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	0.72	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.

Being

Dr. Anupam Singh (MBBS MD Pathology)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 : 09/Mar/2024 08:26:56 Registered On Age/Gender : 33 Y 2 M 4 D /M Collected : 09/Mar/2024 11:08:04 UHID/MR NO : CVAR.0000048436 Received : 09/Mar/2024 11:22:52 Visit ID : CVAR0124982324 Reported : 09/Mar/2024 17:04:47 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)	111.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.200	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 $\mu IU/n$	nL First Trimes	ter
		0.5-4.6 µIU/n		
		0.8-5.2 µIU/n		ster
		0.5-8.9 $\mu IU/n$	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	z - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r	nL 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.

S.N. Sinta

Dr.S.N. Sinha (MD Path)



1800-419-0002







CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On : 09/Mar/2024 08:26:57

 Age/Gender
 : 33 Y 2 M 4 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000048436
 Received
 : N/A

Visit ID : CVAR0124982324 Reported : 09/Mar/2024 16:40:07

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)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.PRAVIN KUMAR -BOBE14142 Registered On : 09/Mar/2024 08:26:57

 Age/Gender
 : 33 Y 2 M 4 D /M
 Collected
 : N/A

 UHID/MR NO
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 Received
 : N/A

Visit ID : CVAR0124982324 Reported : 09/Mar/2024 10:17:03

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 (13.9 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 (10.5 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (4.5 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

• Right kidney:-

- Right kidney is normal in size, measuring ~ 10.9 x 3.8 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 ~ 10.9 x 3.5 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 (~ 9.7 cm in its long axis) and has a normal homogenous echo-



Home Sample Collection 1800-419-0002

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name

: Mr.PRAVIN KUMAR -BOBE14142

Registered On

: 09/Mar/2024 08:26:57

Age/Gender UHID/MR NO : 33 Y 2 M 4 D /M : CVAR.0000048436 Collected

Received

Reported

: 09/Mar/2024 10:17:03

Visit ID Ref Doctor : CVAR0124982324 : Dr.MEDIWHEEL VNS -

Status : Final Report

: N/A

: N/A

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 **partially filled**. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 23 cc.

PROSTATE

• The prostate gland is normal in size (~ 32 x 31 x 24 mm / 13 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)



r 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











Near vision: Nb

Far vision: 616

Dental check up : Noum

ENT Check up: Noumal

Eye Checkup: Normal

Final impression

Client Signature :-

John of 1/2 ~

Mass Mo. (Radio Diagnosis)
Rag. No.-26918

Signature of Medical Examiner

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

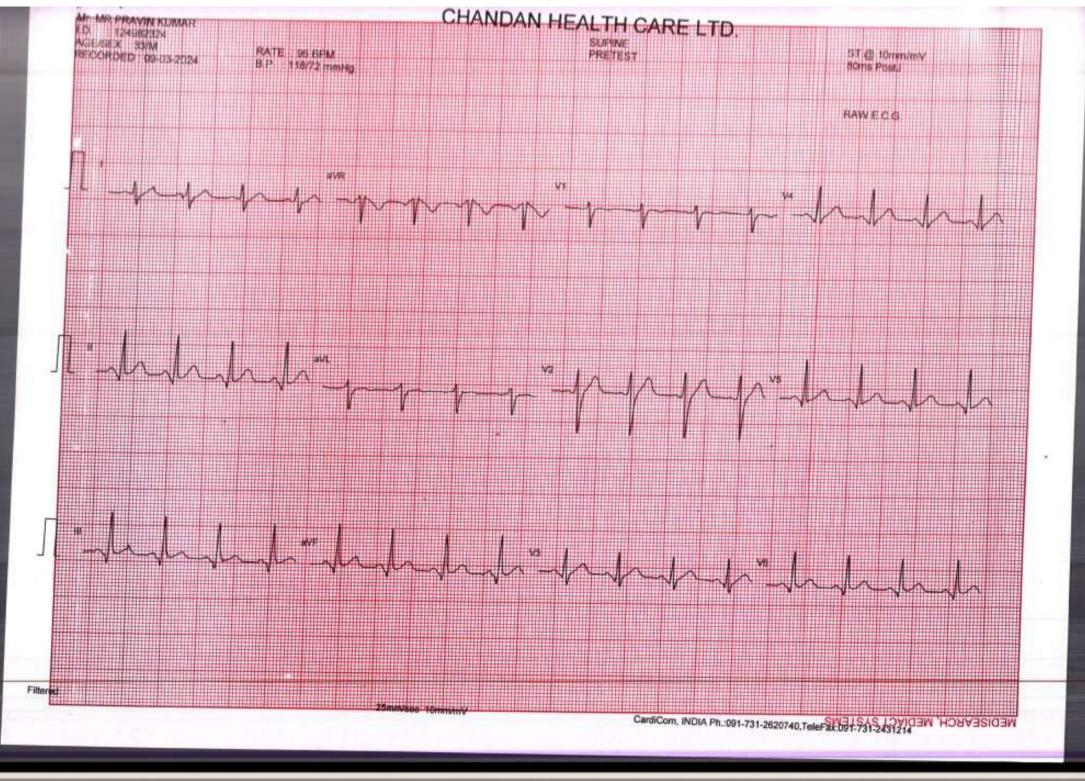
Place - VARANASI

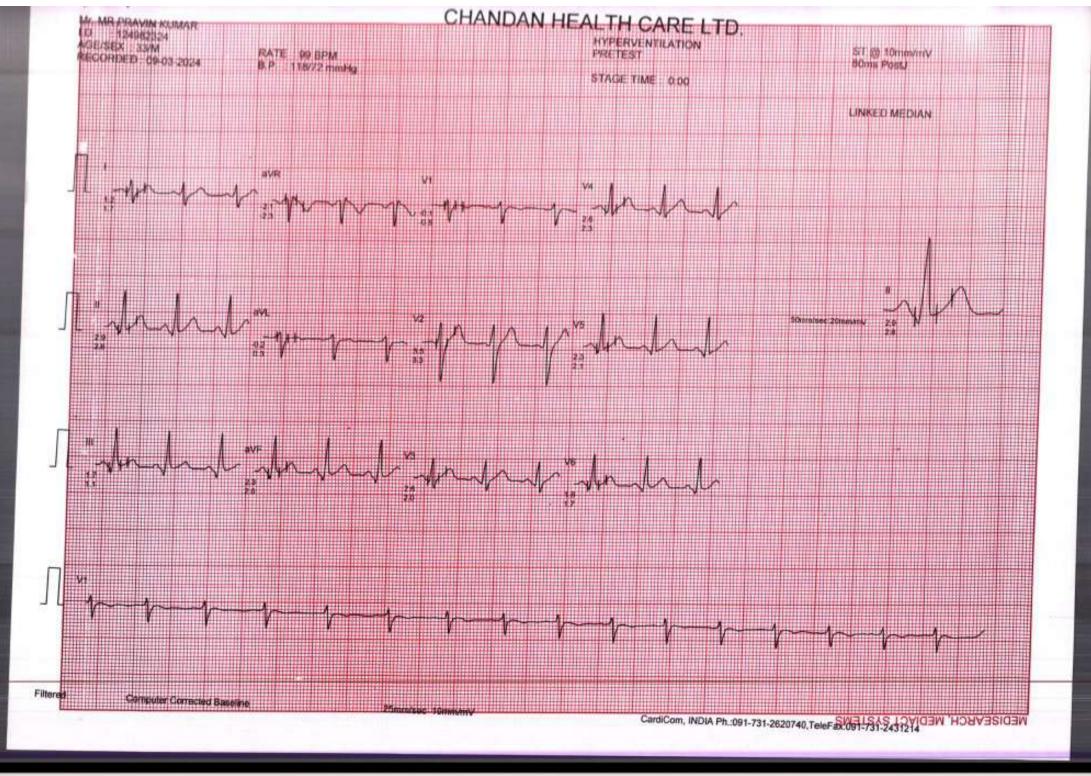
Chandan Dragnostic Center 95, Shivan Kajiai, Manmoorganj Varanati-221010 (U.P.) Phone No.:0542-2223332

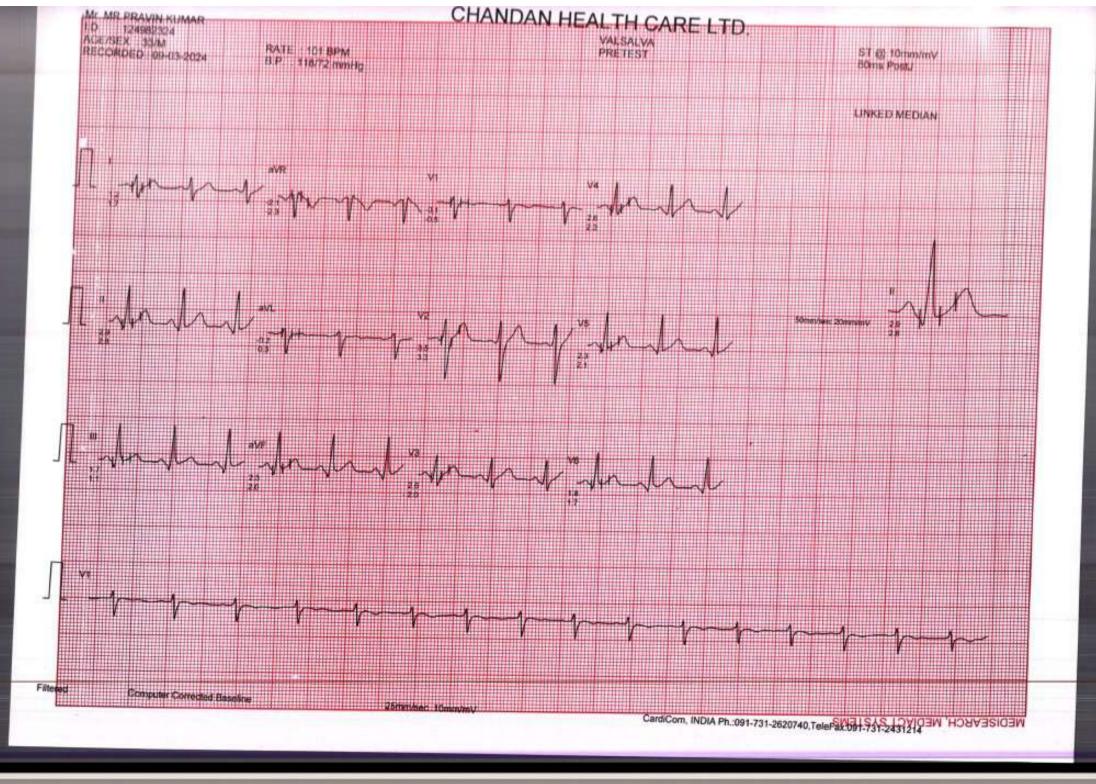


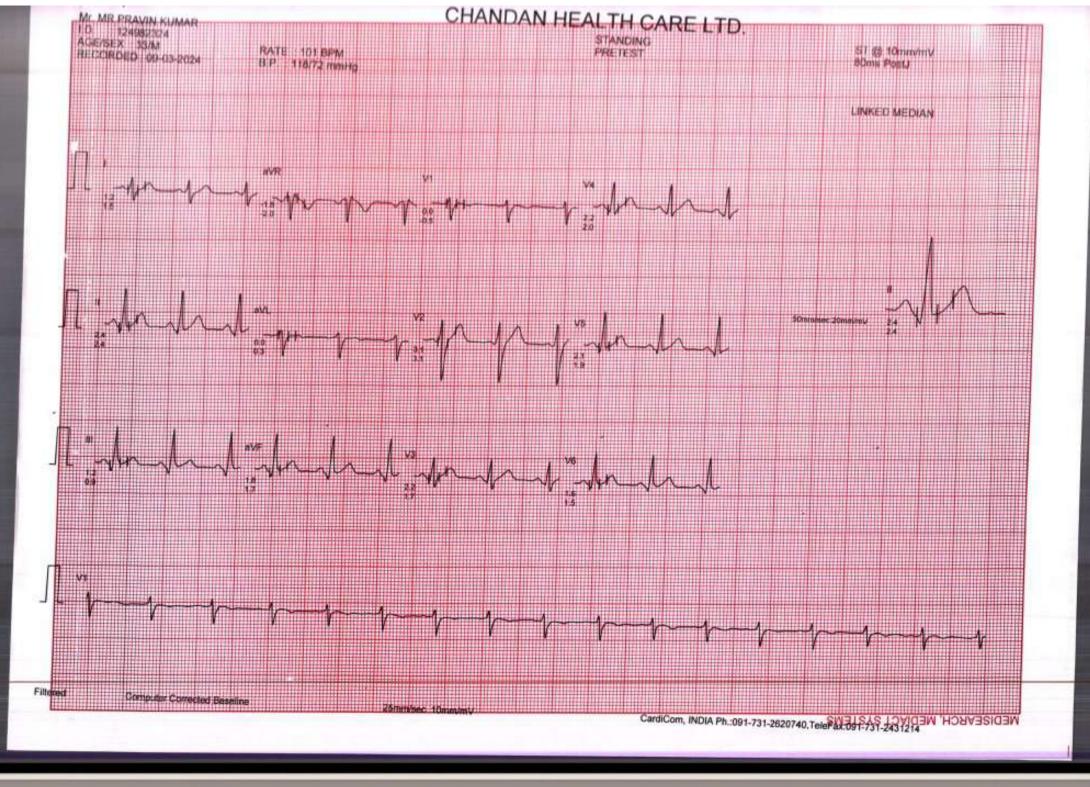


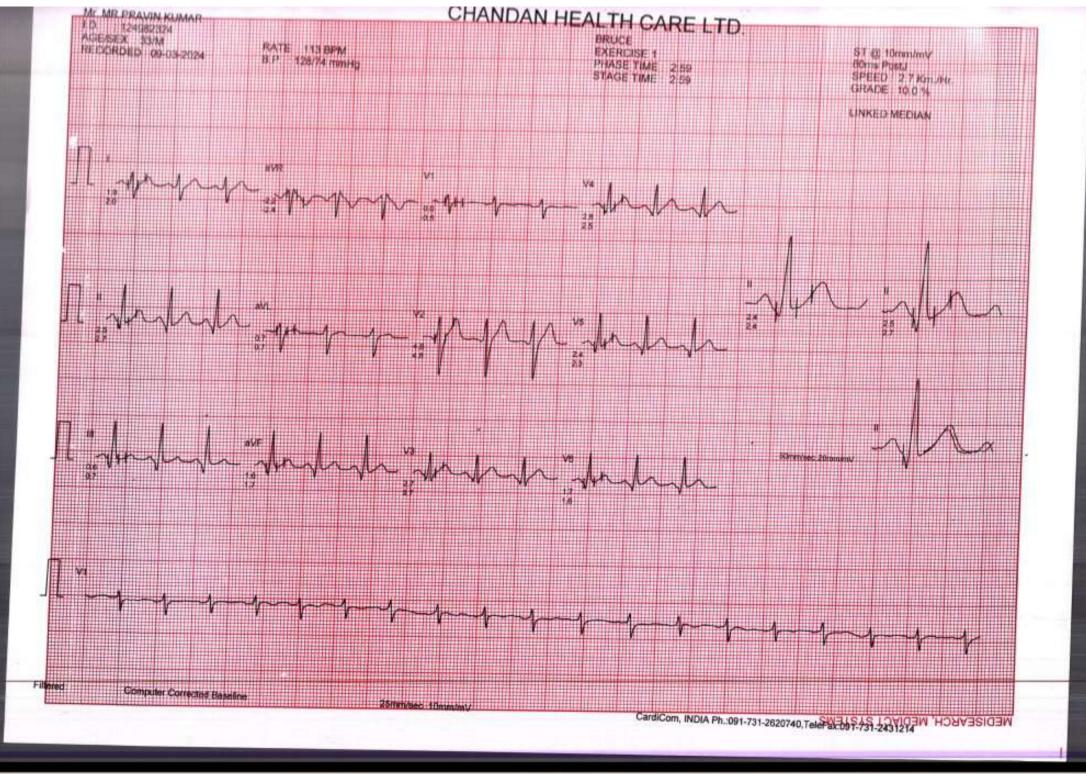
Age/Sex: 33/6 Ref by MEDBAY- Indication? Indication? Indication?	eri,		ID 124982325 HIAWI 177494 Recorded 09			Protect BRt Protect BRt Protect BRt Protect BRt Medication 1 Medication 2 Medication 3	TEST SUMMAR	REPORT			
PEASE	PHASE TIME	STAGE TIME	SPEED (Km:/Hr.)	GRADE (%)	H.R. (BPM)	8 P. (minHg)	RPP X100	n	ST LEVEL (mm)	V5	ме
SUPINE HYPERVENT VALSALVA STANDING	0:00	0.00			96 99 101	118/72 118/72 118/72	113 116 119	29 29 29 24	35 35	2.3 2.3	
STAGE 1 STAGE 2 EVENT PEAK EXER	2.59 5.59 7.20	2 59 2 59 1 20	2.70 4.00 5.40	10.00 12.00 14.00	901 113 137 162	118/72 128/74 128/74 140/78	119 144 175 226	29 24 25 21 18	3,5 3,1 4,8 4,8 5,1	23 21 24 17	4.89 7.10 8.40
VENT VENT VENT ECOVERY	0.31 1.00 2.00 2.59	0.31 1100 2.00 2.69	0,00 0,00 0,00 0,00	0.00 0.00 0.00 0.00	164 158 138 89	140/78 138/78 136/78 132/76 128/74	229 218 187 117 143	2.2 3.4 3.9 3.7	5.1 6.0 6.7 6.5	2.0 3.5 3.6	844
SULTS case Duration Heart Rate Ellood Pressure Work Load on of Termination RESSIONS	164 b	D-SER (177-163)	jet beart rate 187				edine E gnive exercis	Stj	normal chonger & read read	34 23 264 at	
	TM7 is	e negal	mfu fi	<u>95</u> MW	Ør.36	ardiologist	TOTAL TOTAL) Describ	Northern	c

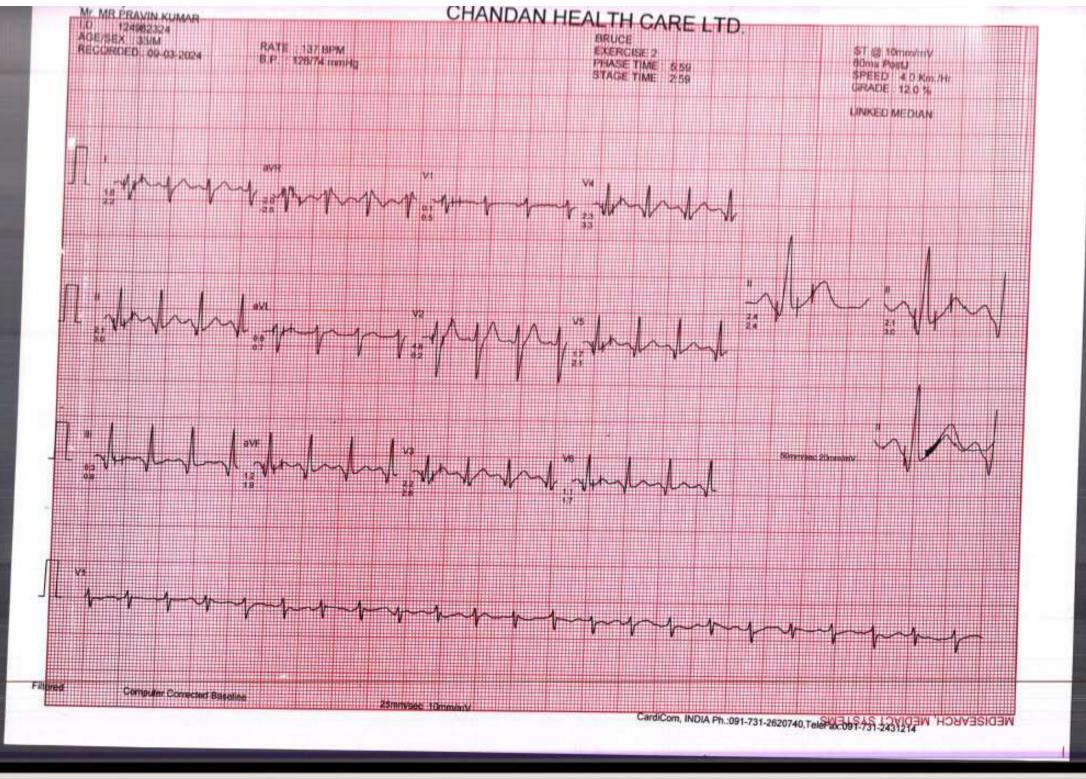




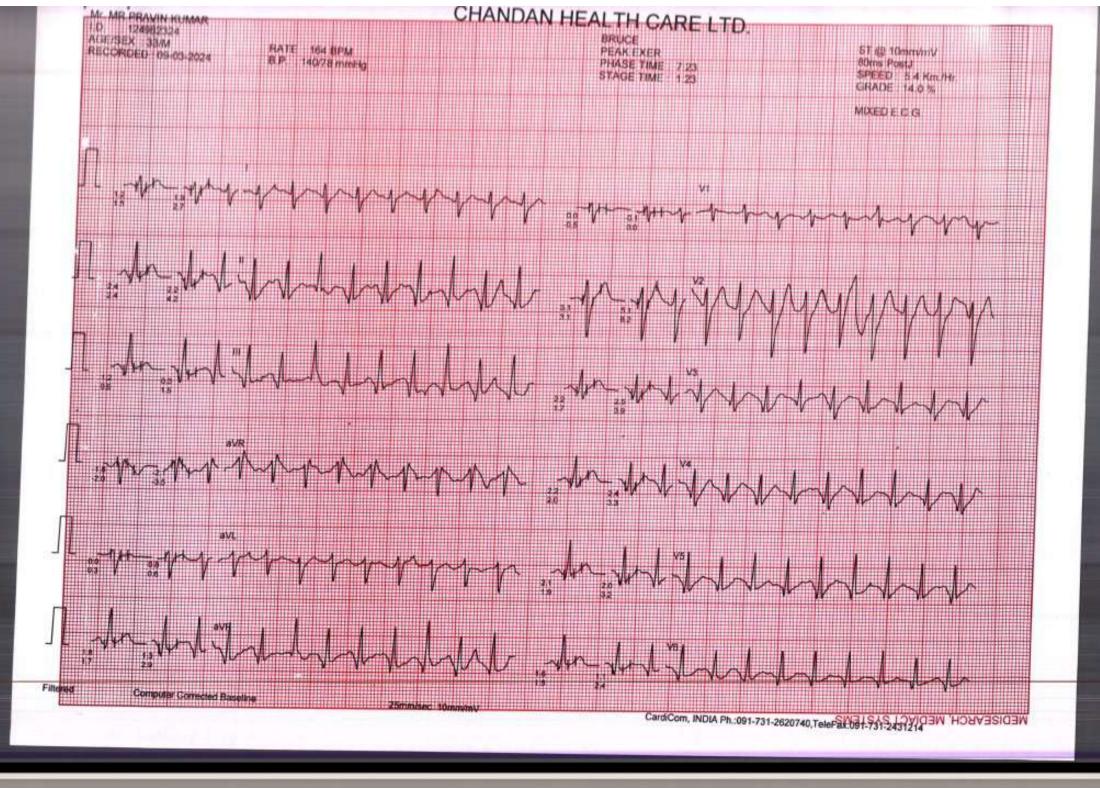


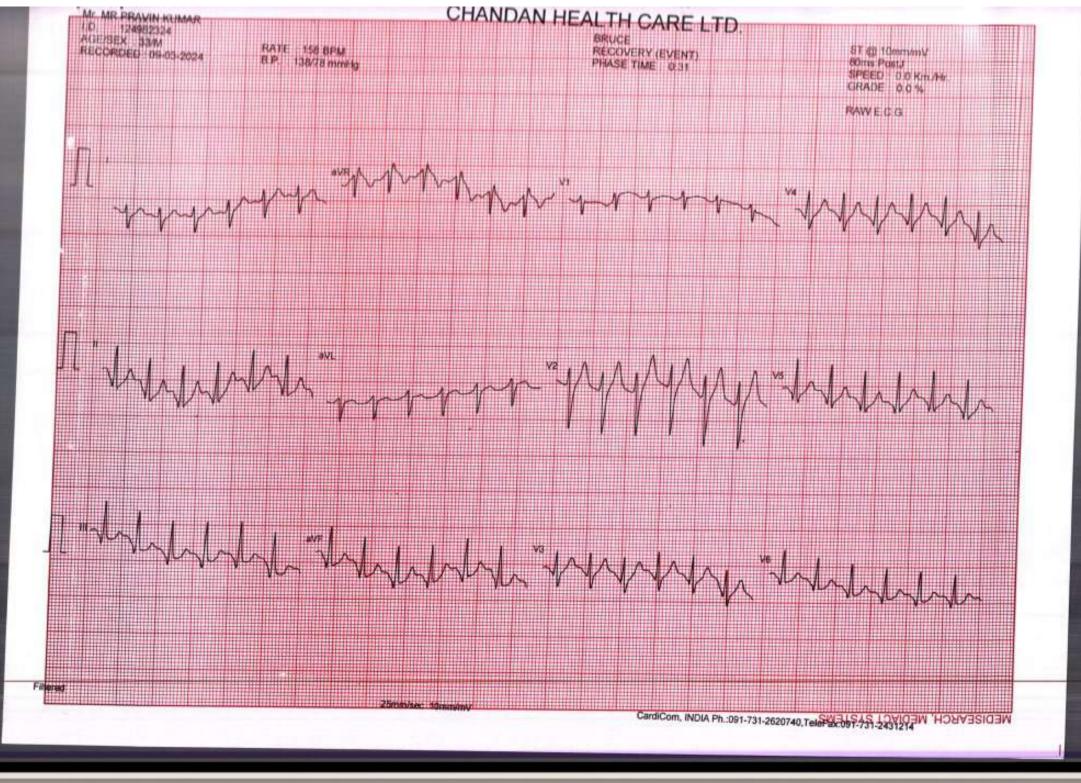


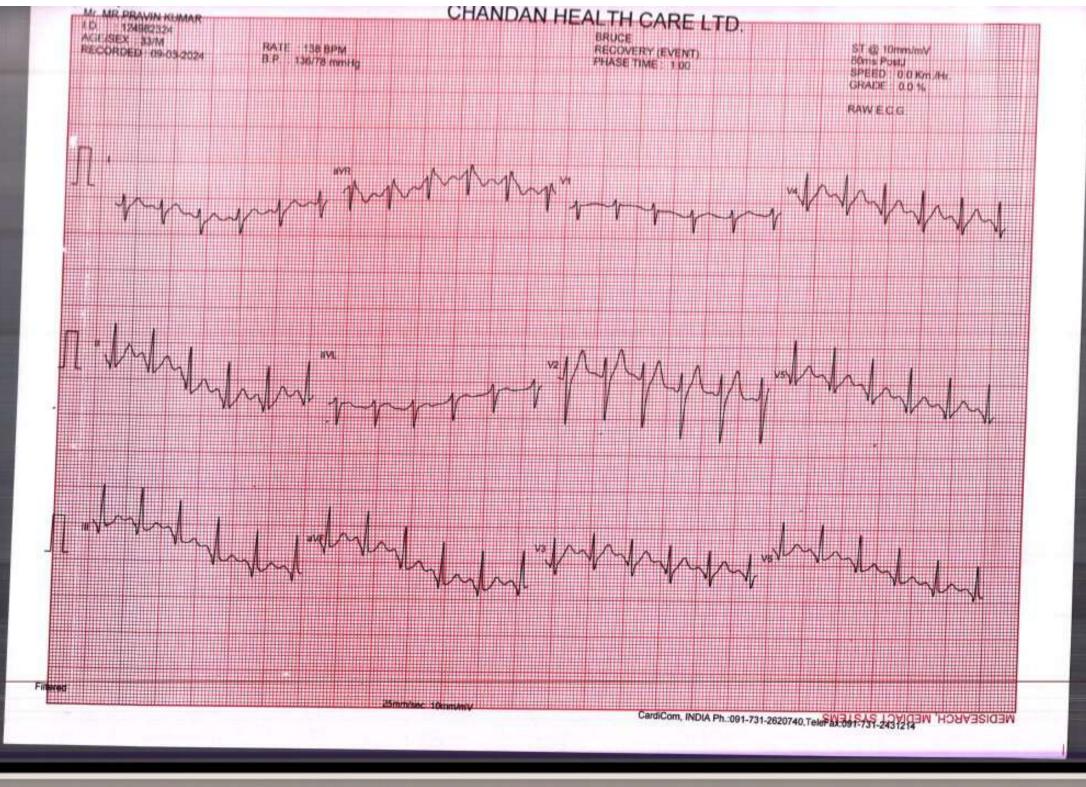


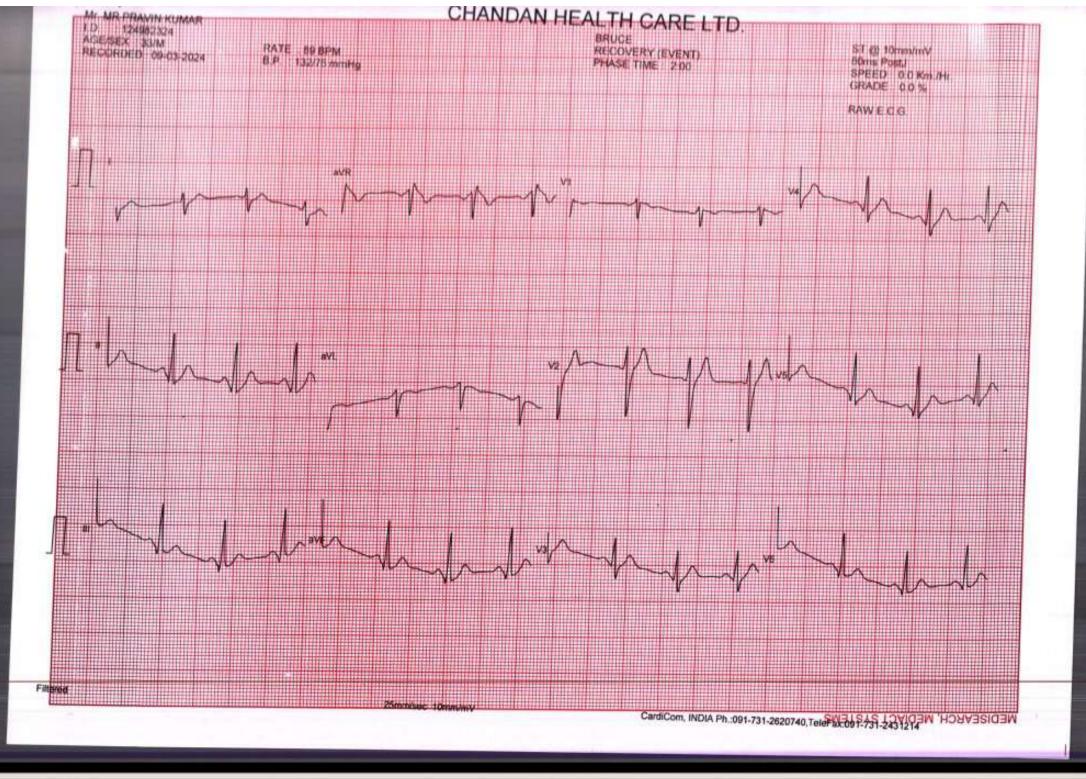


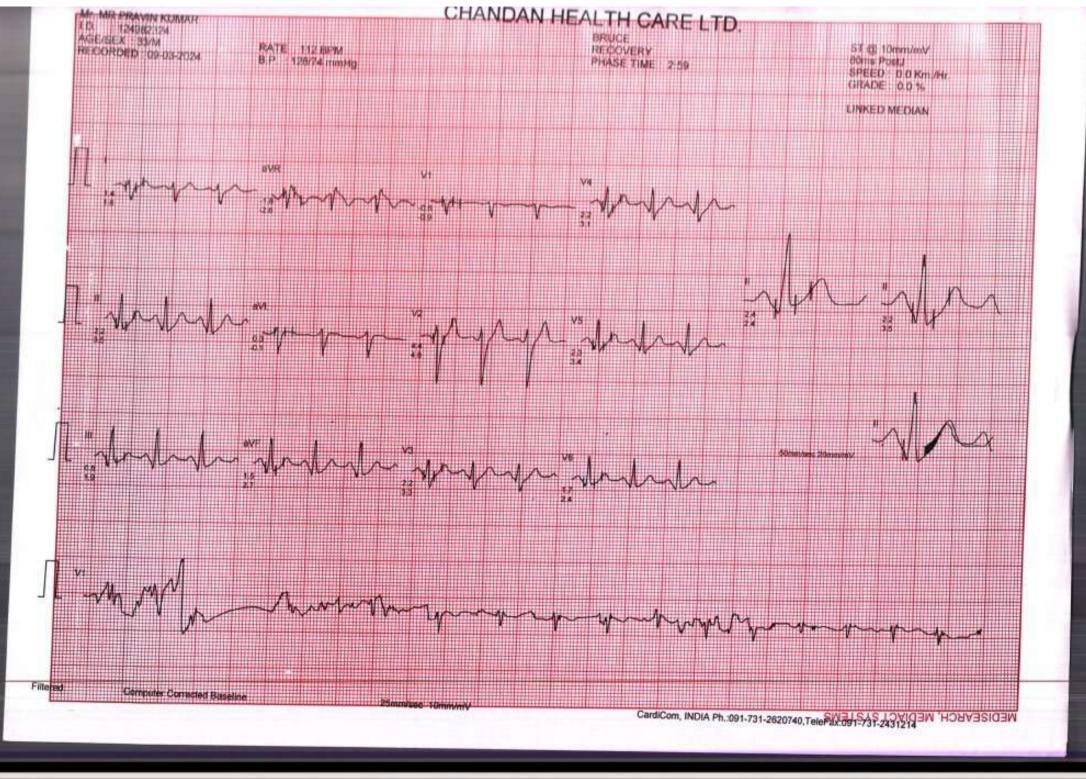
CHANDAN HEALTH CARE LTD. Mr. MR. PRAVIN KUMAR ID 124962324 AGE/SEX 33/M RECORDED 09-03-2024 BRUCE RAYE 162 8PM B.P. 140/75 mmHg ST @ 10mm/mV 60ms PostJ SPEED 5.4 Km./Hr GRADE 14.0 % EXERCISE 3 (EVENT) PHASE TIME 120 STAGE TIME 120 RAWECG Card/Com, INDIA Ph.:091-731-2620740, TelePax:091-731-2431214













Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305390°

LOCAL 09:04:50 GMT 03:34:50

Longitude 82.979028°

SATURDAY 03.09.2024 ALTITUDE 37 METER



मारत सरकार GOVERNMENT OF INDIA



प्रवीन कुमार Pravin Kumar जन्म वर्ष / Year of Birth : 1991 पुरुष / Male



5194 8970 4933

आघार - आम आदमी का अधिकार