





# CHANDAN DIAGNOSTIC CENTRE

455/6 (H G COMPLEX), KANCHANPUR, CHITAI PUR, VARANASI EMail:

Report



18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg

Date: 28 - 09 - 2024 12:35:03 PM Refd By : MEDIWHEEL Examined By:

NonCardiacPain Angina / Non-Hypercholestromia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	096	50 %	116/80	111	00	
Standing	00:13	0:07	00.0	00.0	01.0	084	44 %	116/80	097	00	
HV	00:16	0:03	00.0	00.0	01.0	084	44 %	116/80	097	00	
Warm Up	00:18	0:02	01.0	00.0	01.0	089	46 %	116/80	103	00	
ExStart	00:26	0:08	01.0	00.0	01.0	089	46 %	116/80	103	00	
BRUCE Stage 1	03:26	3:00	01.7	10.0	04.7	143	74 %	126/82	180	00	
BRUCE Stage 2	06:26	3:00	02.5	12.0	07.1	172	90 %	136/84	233	00	
PeakEx	07:13	0:47	03.4	14.0	07.9	182	95 %	140/86	254	00	
Recovery	07:43	0:30	00.0	00.0	04.1	172	90 %	140/86	240	00	
Recovery	08:13	1:00	00.0	00.0	01.1	157	82 %	136/84	213	00	
Recovery	09:13	2:00	00.0	00.0	01.0	128	67 %	132/82	168	00	
Recovery	10:12	3:00	00.0	00.0	01.0	120	62 %	126/80	151	00	

## FINDINGS :

Exercise Time : 06:47  
 Initial HR (ExStrt) : 89 bpm 46% of Target 192  
 Initial BP (ExStrt) : 116/80 (mm/Hg)  
 Max WorkLoad Attained : 7.9 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value: V1 & -0.9 mm in PeakEx  
 Duke Treadmill Score : 00.0  
 Test End Reasons : Test Complete

Max HR Attained 182 bpm 95% of Target 192  
 Max BP Attained 140/86 (mm/Hg)

## REPORT :

This is Sample Report 3

Heart Rate 84.0 bpm

TMT is negative for reversible myocardial ischaemia  
 for given workload ~ 7.9 METs  
 Fair functional capacity  
 no arrhythmias  
 chronotropic response - (R)  
 conduction delay

*Balaji*

Dr. Balaji Lohiya  
 MBBS, MD (MED)  
 DM-(CARDIO)  
 MCI-114859



Systolic BP 140.0 mmHg  
Diastolic BP 86.0 mmHg  
Maximum Depression 0.7  
Exercise Time 06:47 Mins.  
Ectopic Beats 0.0  
METS 7.9  
Test End Reason TEST COMPLETE  
Target Heart Rate 192.0



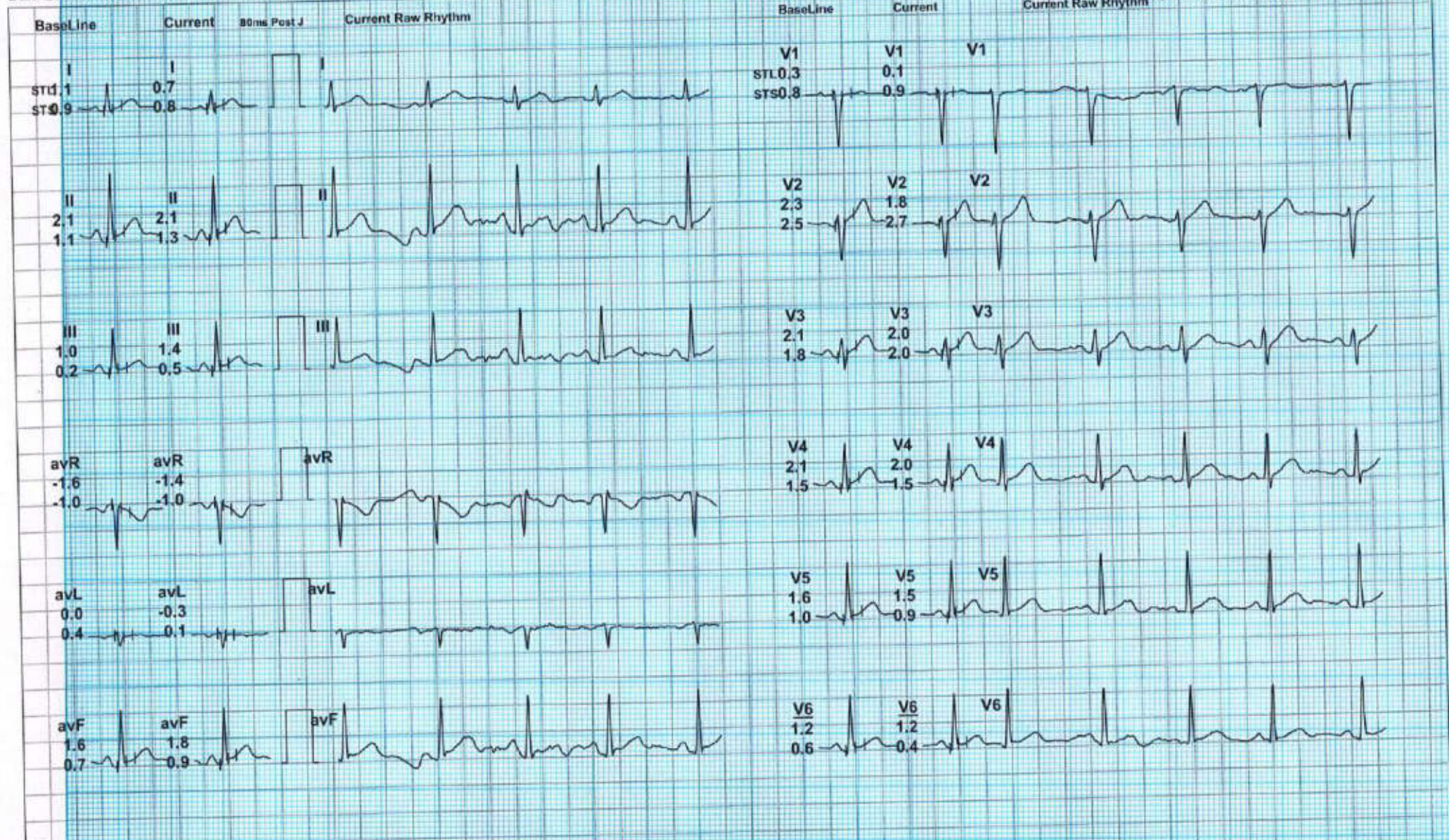


622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 96

Date: 28-09-2024 12:35:03 PM METS: 1.0/ 96 bpm 50% of THR BP: 116/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



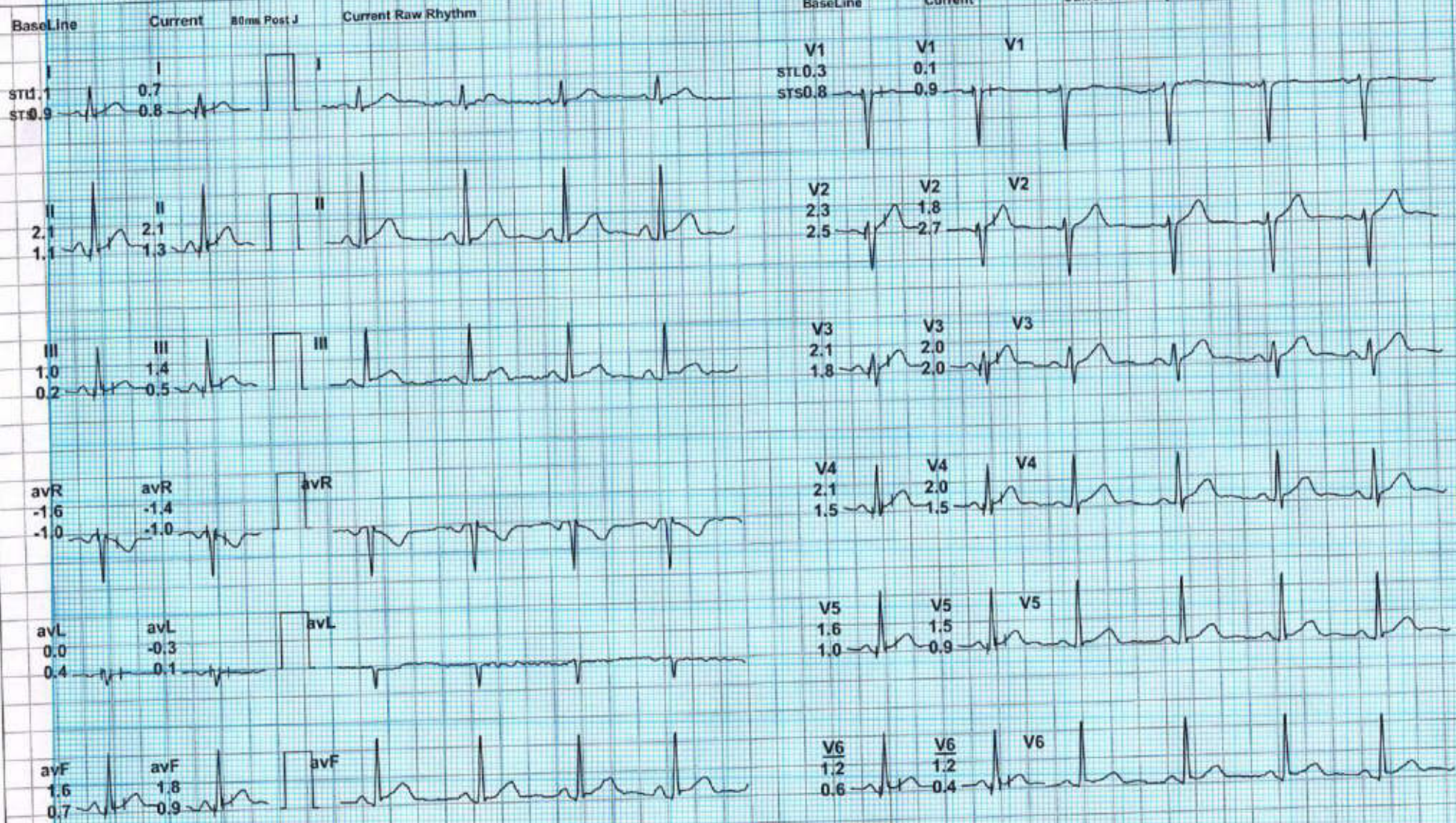


18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 84

ExTime: 00:00 0.0 mph, 0.0%

Date: 28-09-2024 12:35:03 PM METS: 1.0/ 84 bpm 44% of THR BP: 116/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Current Raw Rhythm 25 mm/Sec. 1.0 Cm/mV



REMARKS:

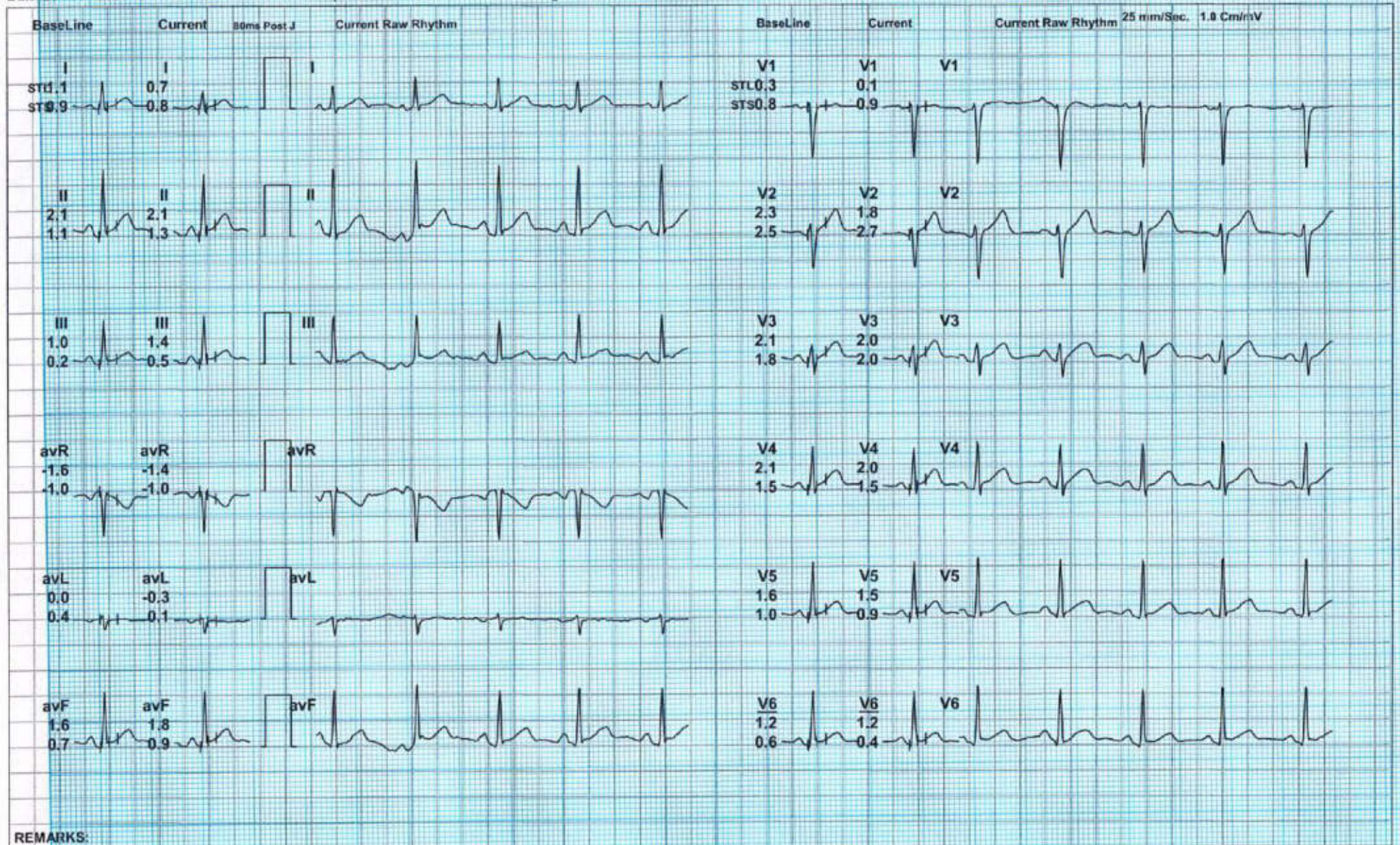




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 84

Date: 28 - 09 - 2024 12:35:03 PM METS: 1.0/ 84 bpm 44% of THR SP: 116/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%



REMARKS:

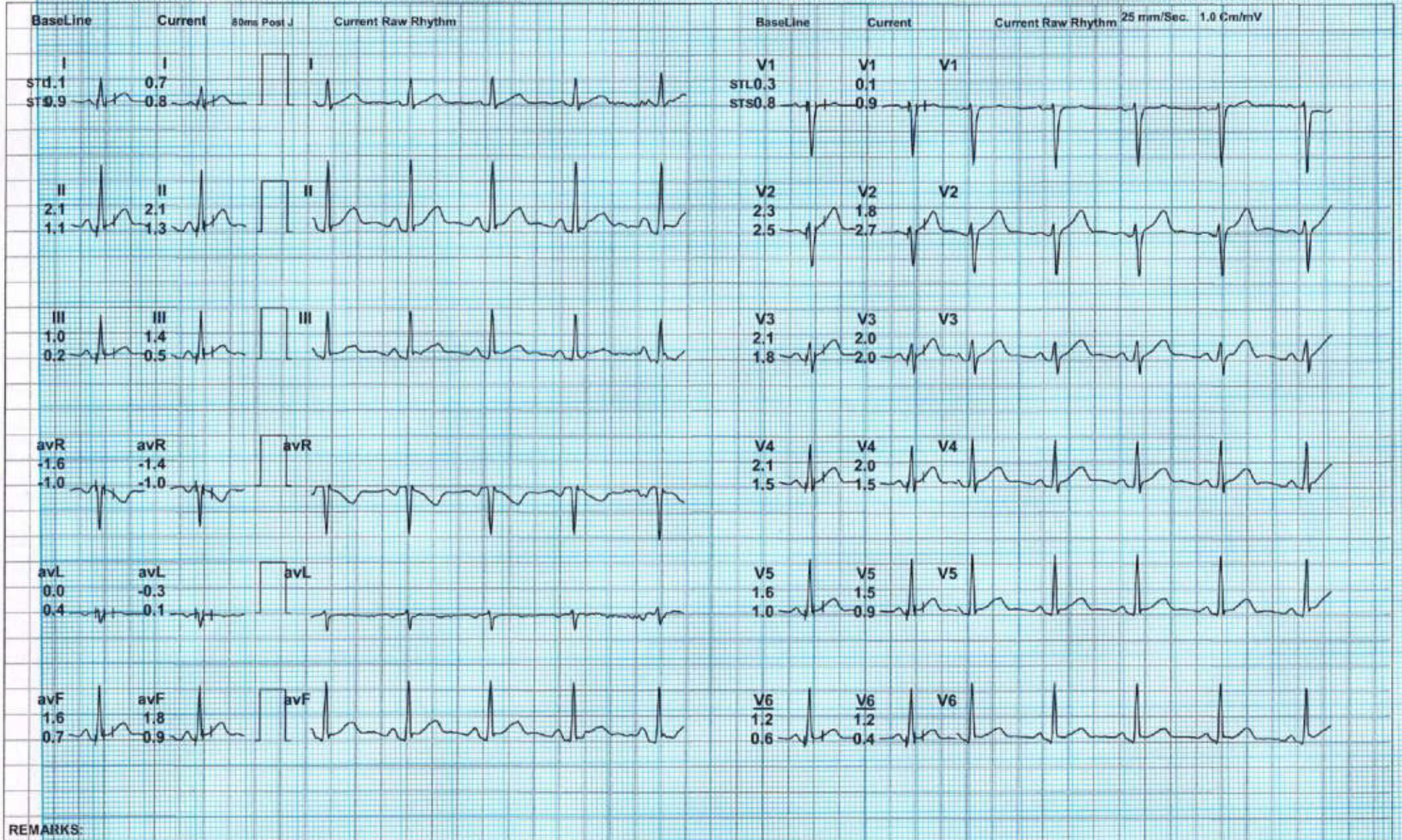




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 89

Date: 28-09-2024 12:35:03 PM METS: 1.0/ 89 bpm 46% of THR BP: 116/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%



REMARKS:

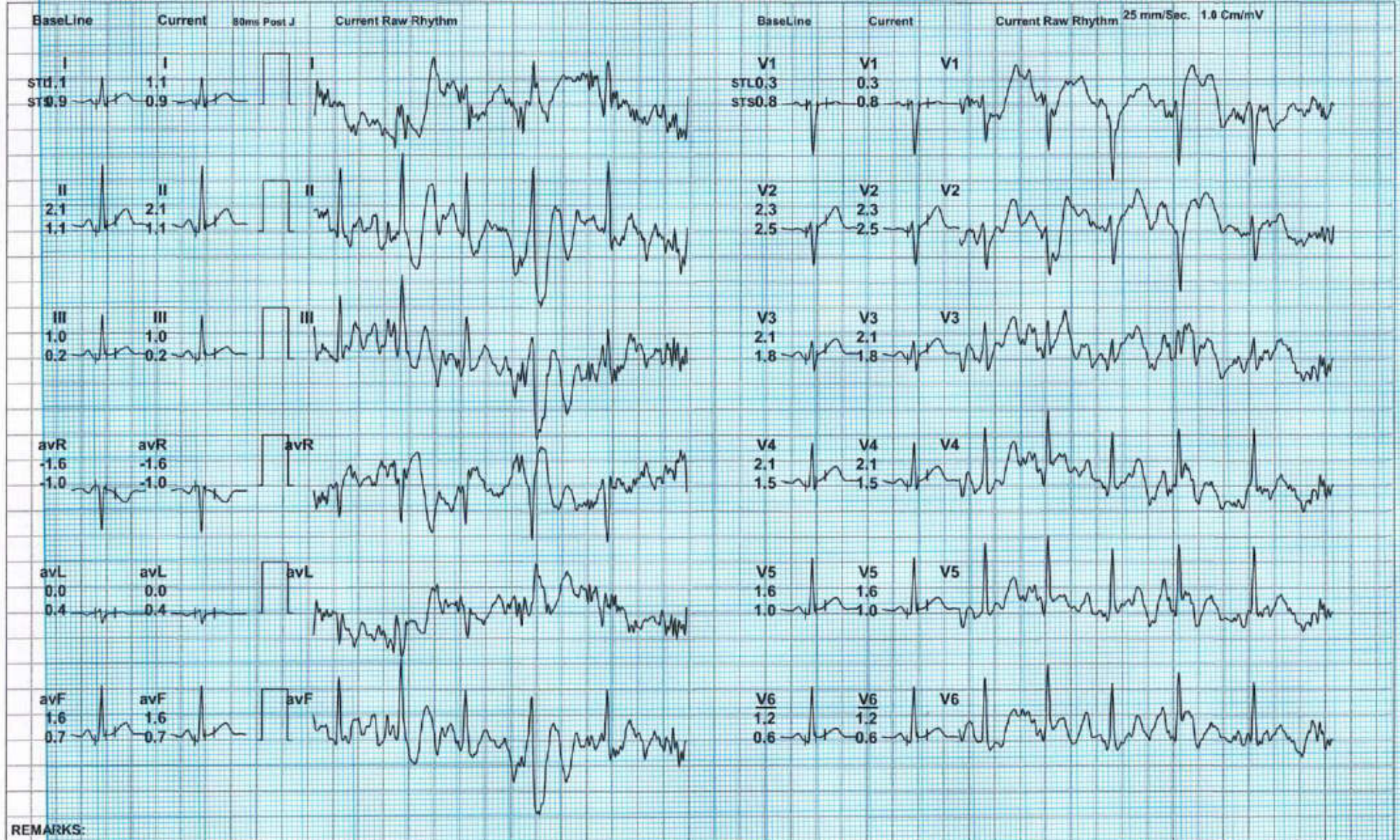




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 89

Date: 28 - 09 - 2024 12:35:03 PM METS: 1.0/ 89 bpm 46% of THR BP: 116/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 1.0 mph, 0.0%



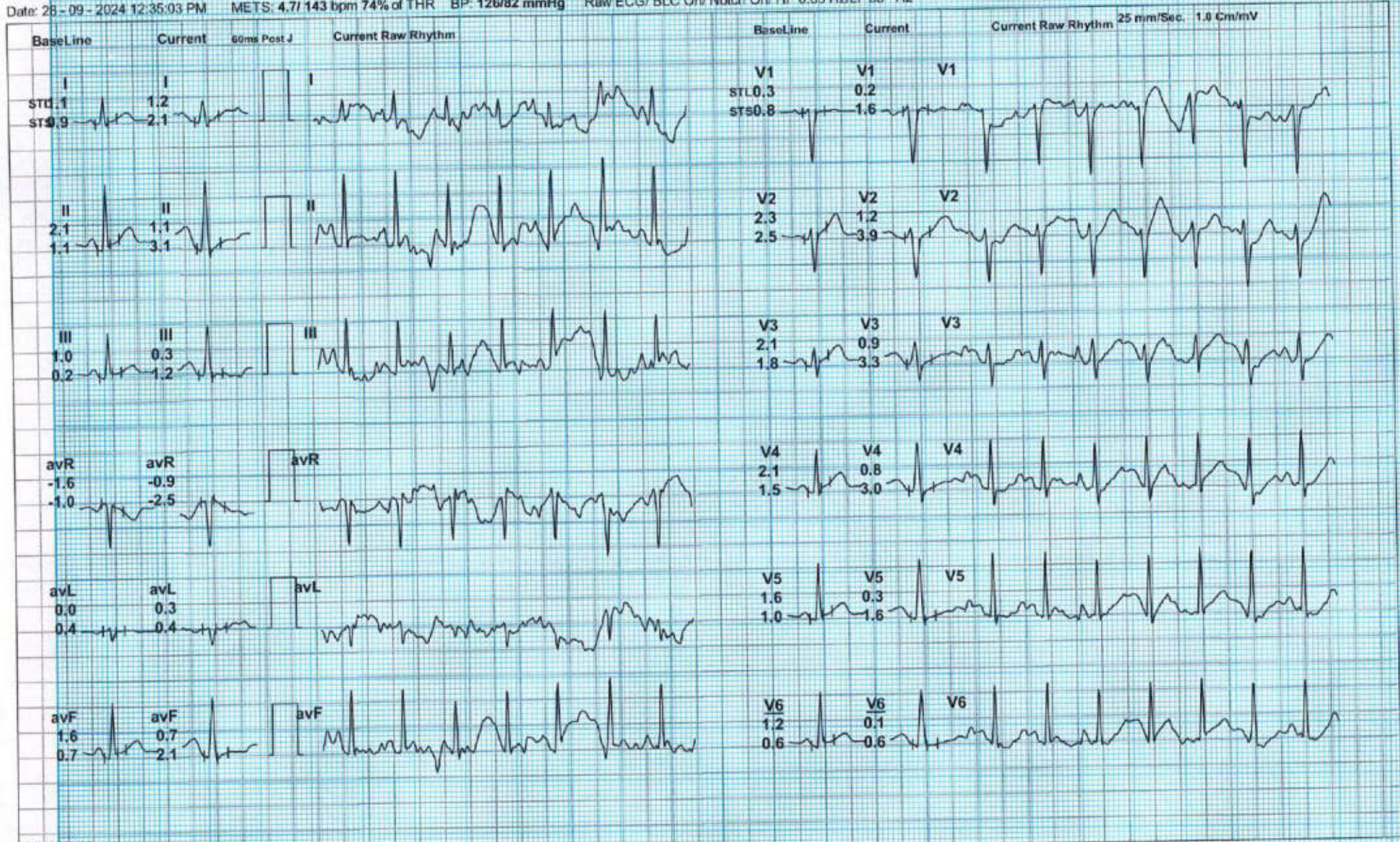




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 143

Date: 28-09-2024 12:35:03 PM METS: 4.7/ 143 bpm 74% of THR BP: 126/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%



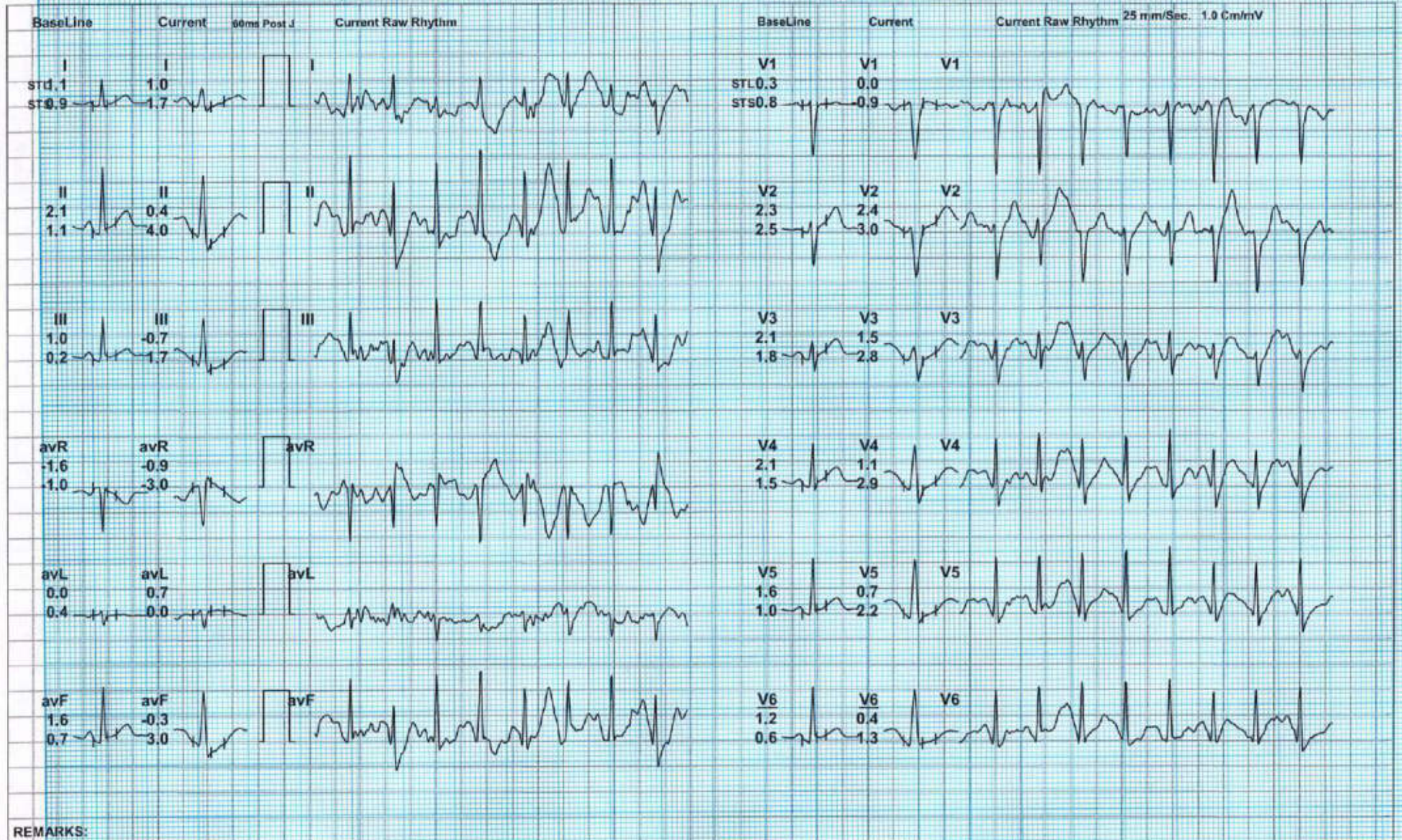




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 172

Date: 28-09-2024 12:35:03 PM METS: 7.1/172 bpm 90% of THR BP: 136/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%



REMARKS:

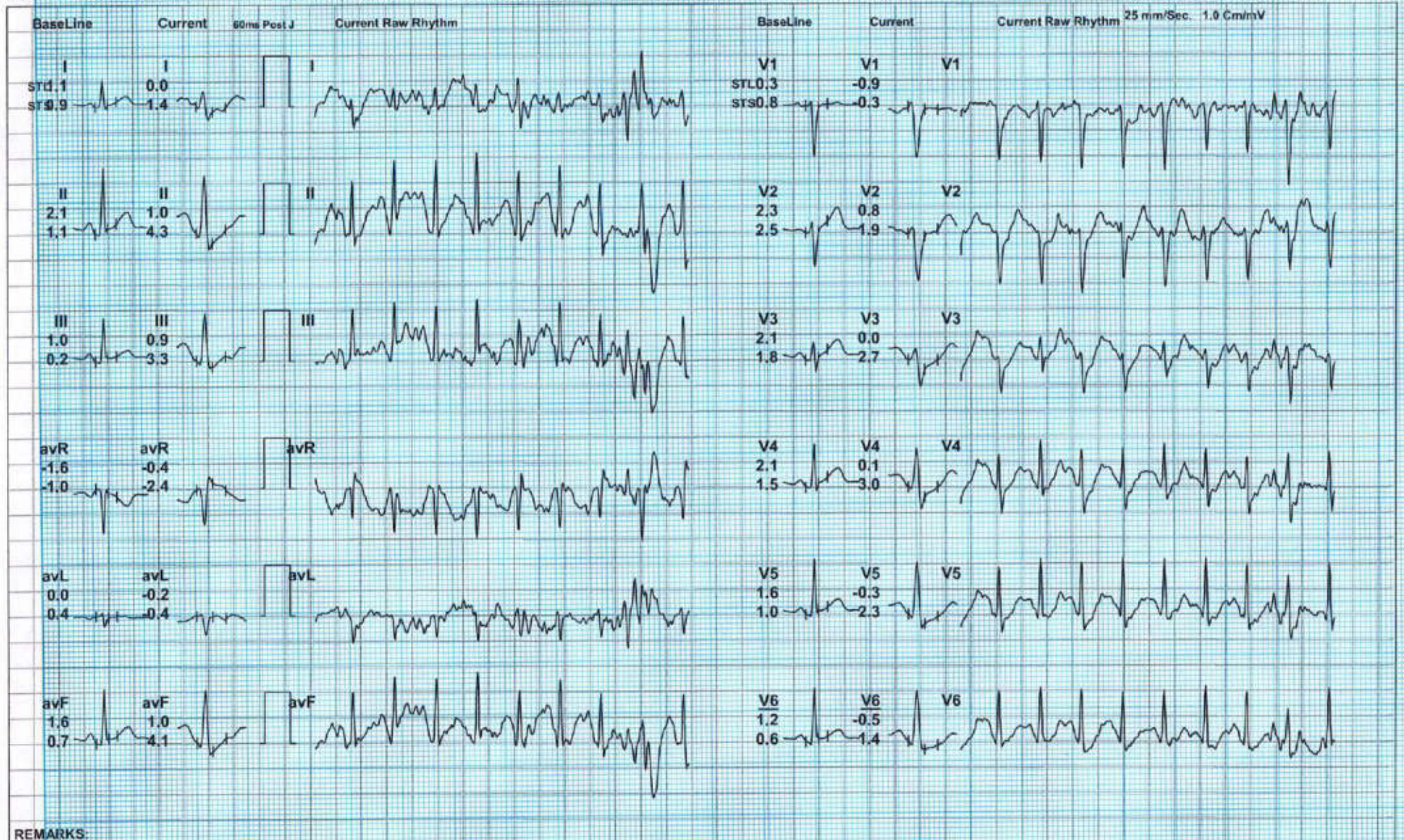




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 182

Date: 28 - 09 - 2024 12:35:03 PM METS: 7.9/ 182 bpm 95% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:47 3.4 mph, 14.0%



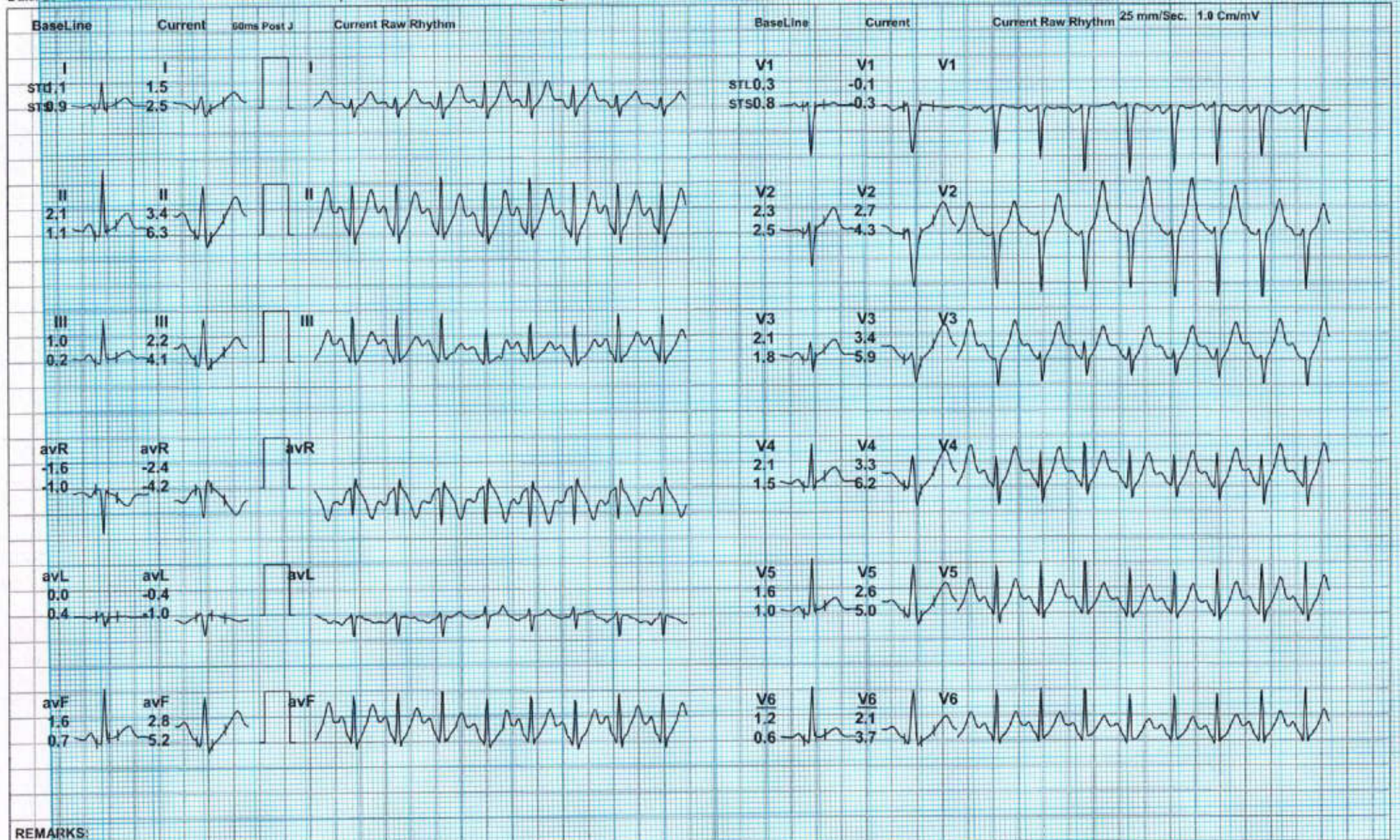




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 172

Date: 28 - 09 - 2024 12:35:03 PM METS: 4.1/ 172 bpm 90% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:47 0.0 mph, 0.0%



REMARKS:

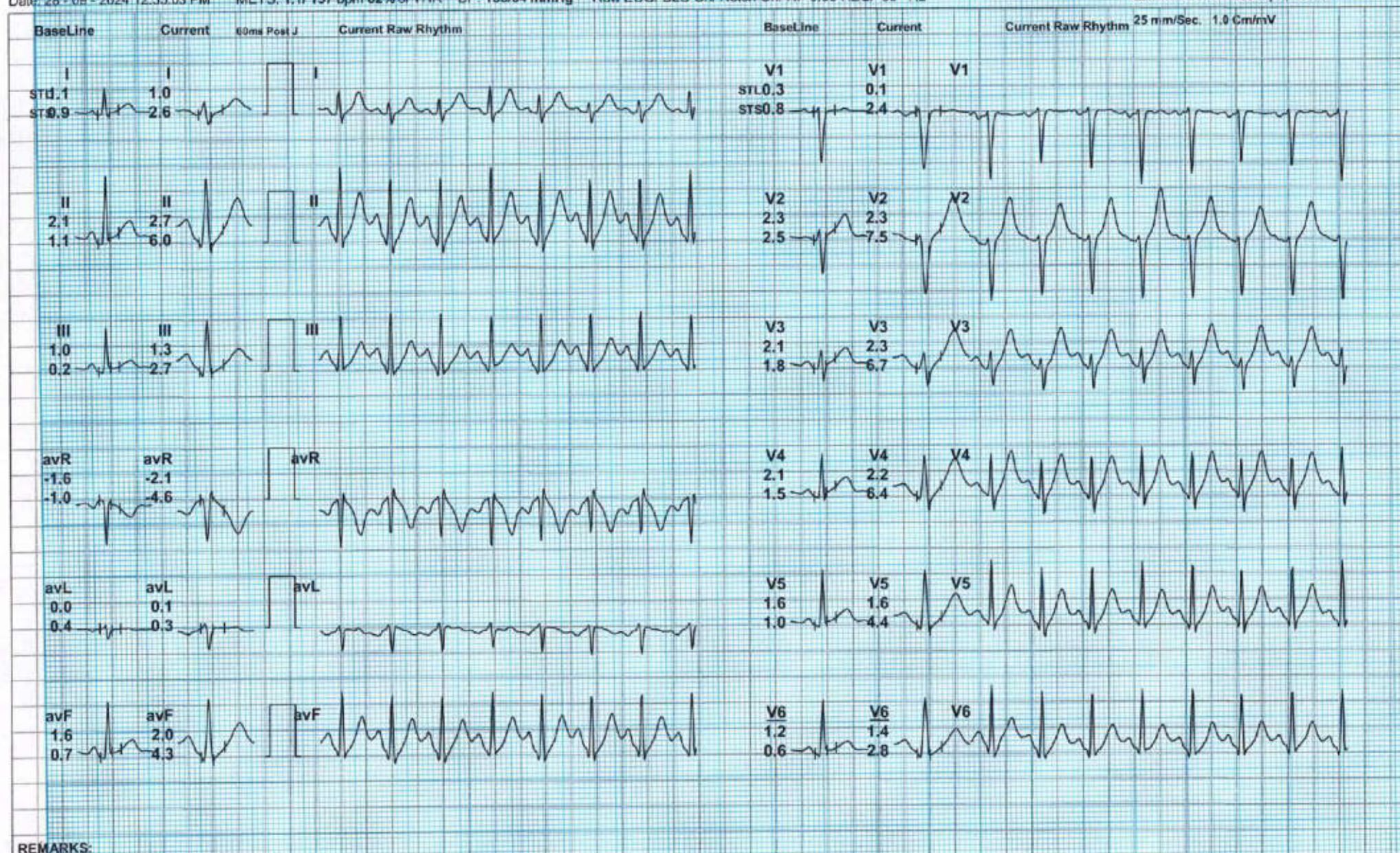




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 157

Date: 28 - 09 - 2024 12:35:03 PM METS: 1.1/ 157 bpm 82% of THR BP: 136/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:47 0.0 mph, 0.0%



REMARKS:

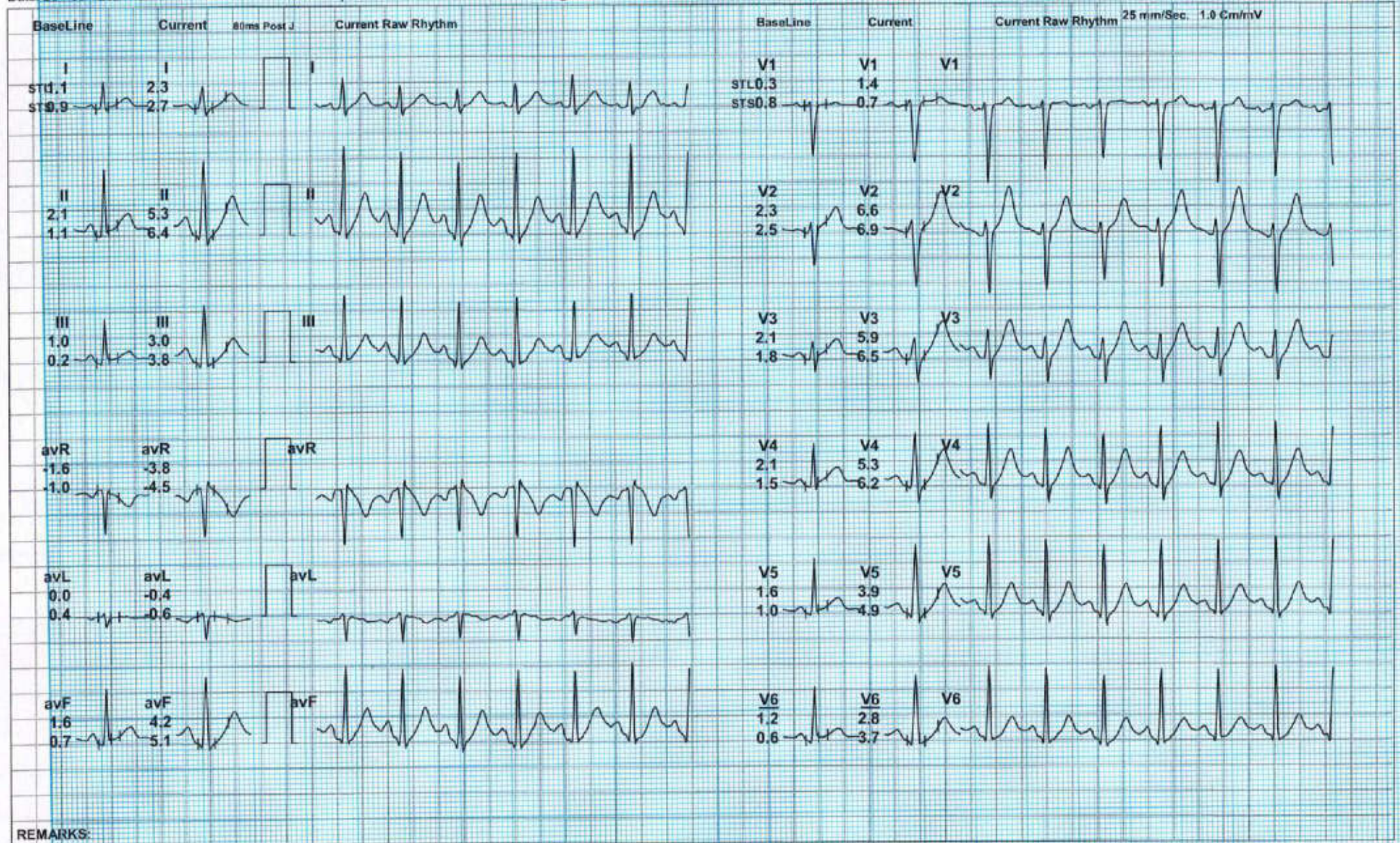




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 128

Date: 28 - 09 - 2024 12:35:03 PM METS: 1.0/ 128 bpm 67% of THR BP: 132/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:47 0.0 mph, 0.0%



REMARKS:

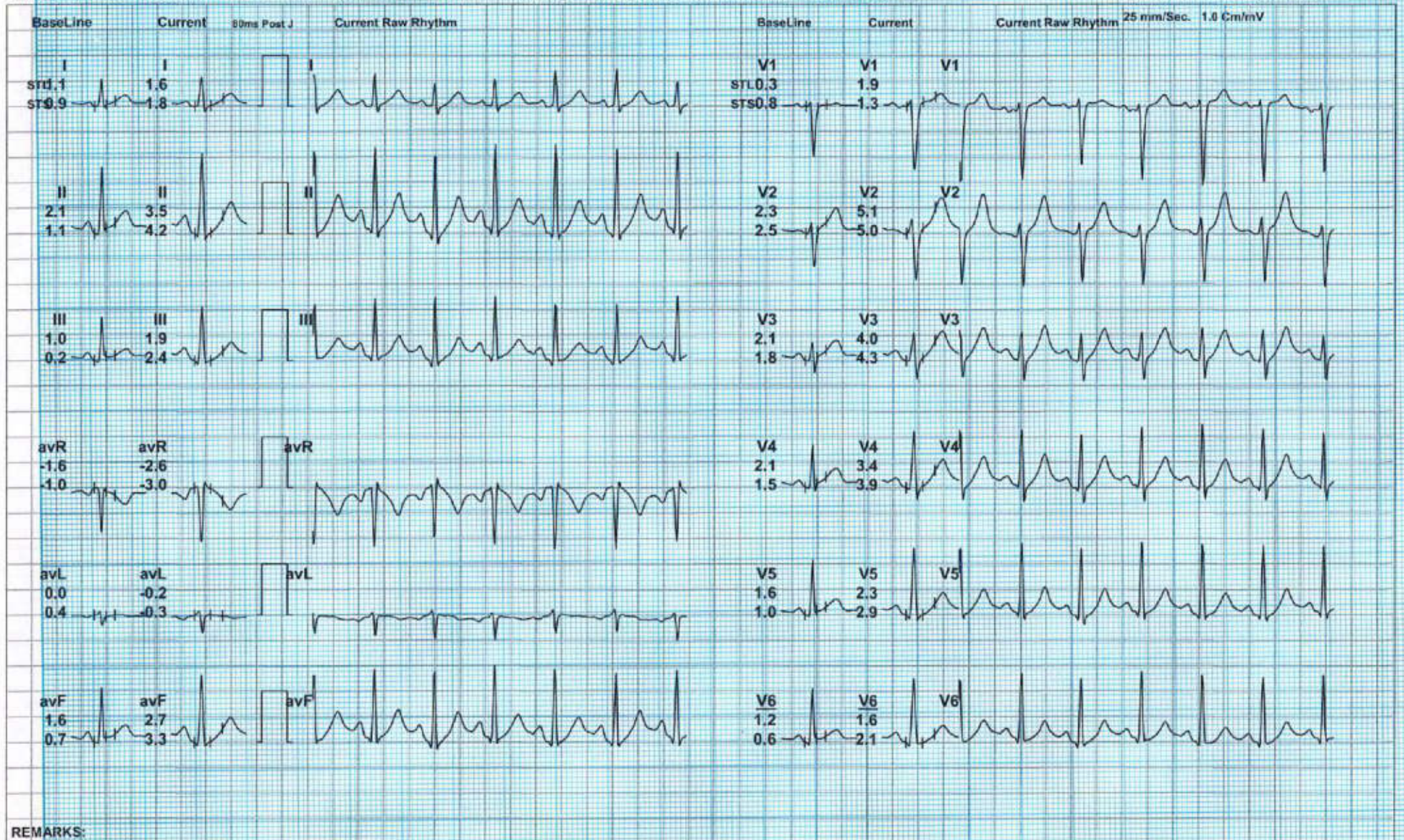




18622425 / MR ANKUR SRIVASTAVA / 28 Yrs / M / 175 Cms / 71 Kg / HR : 120

Date: 28-09-2024 12:35:03 PM METS: 1.0/ 120 bpm 62% of THR BP: 126/80 mmHg Raw ECG/BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:47 0.0 mph, 0.0%



REMARKS:





5, Kanchanpur Rd, Kanchanpur Petrol Pump,  
Gokul Nagar, DLW Colony, Chitaipur, Varanasi,  
Kanchanpur, Uttar Pradesh 221005, India

Latitude

25.274163°

Longitude

82.967182°

LOCAL 12:48:52

GMT 07:18:52

SATURDAY 09.28.2024

ALTITUDE 39 METER



# CHANDAN DIAGNOSTIC CENTRE-1, CHITAIPUR, VARANASI

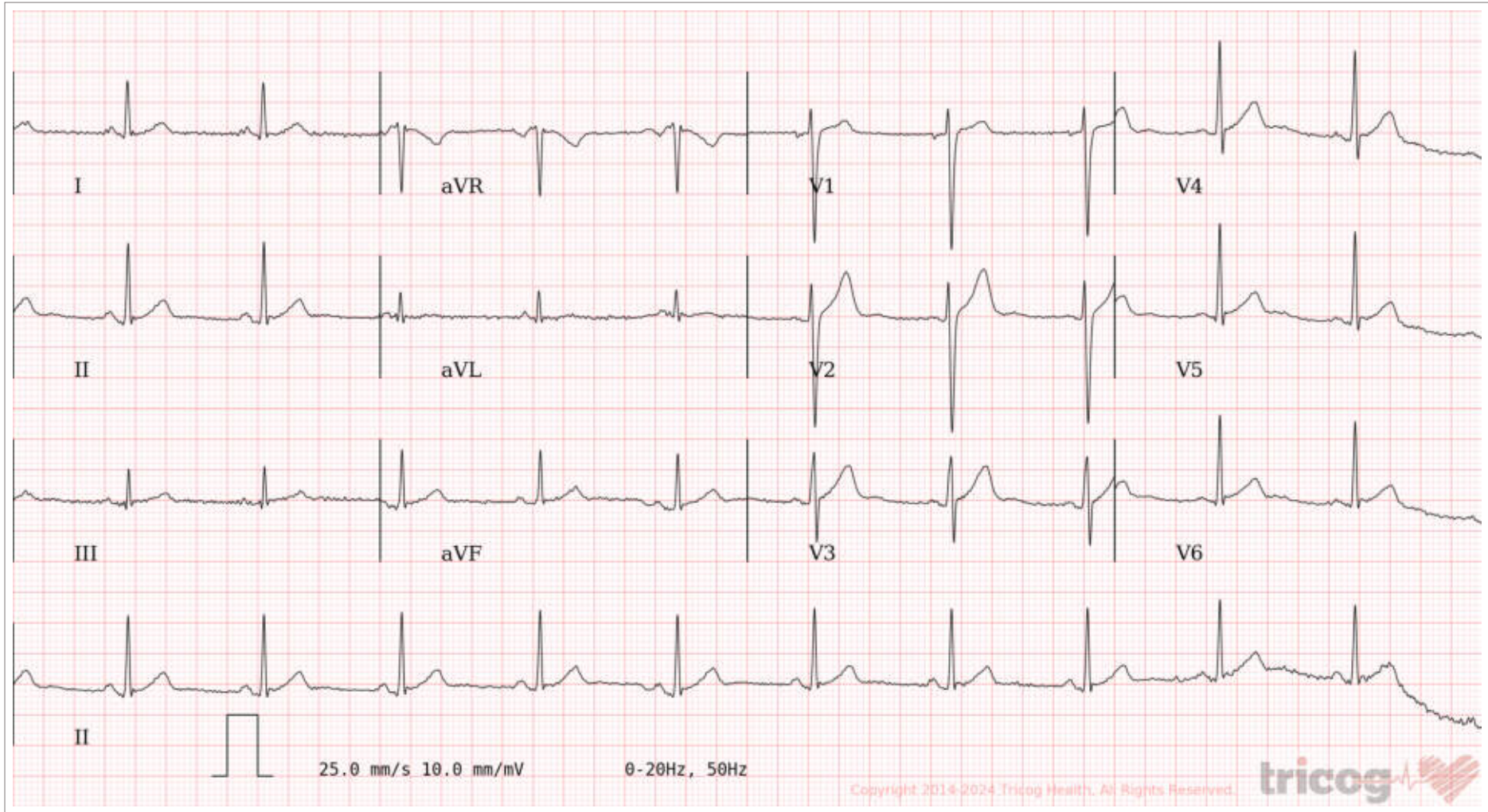


Age / Gender: 28/Male

Date and Time: 28th Sep 24 11:23 AM

Patient ID: CVA10018622425

Patient Name: Mr.ANKUR SRIVASTAVA -22E34292



AR: 67bpm    VR: 67bpm    QRSD: 76ms    QT: 362ms    QTcB: 382ms    PRI: 124ms    P-R-T: 42° 54° 59°

**ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.**

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr. Manjunatha Gosikere Chikkarangappa

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: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: ,05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANKUR SRIVASTAVA -22E34292	Registered On	: 28/Sep/2024 10:26:14
Age/Gender	: 28 Y 0 M 14 D /M	Collected	: 28/Sep/2024 11:08:30
UHID/MR NO	: CVA1.0000001822	Received	: 28/Sep/2024 11:09:53
Visit ID	: CVA10018622425	Reported	: 28/Sep/2024 13:36:16
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	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) , Whole Blood

Haemoglobin	13.20	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	5,400.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<b>DLC</b>				
Polymorphs (Neutrophils )	50.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	45.00	%	20-40	FLOW CYTOMETRY
Monocytes	3.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
<b>ESR</b>				
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	







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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Leter gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	41.90	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	<b>17.10</b>	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	43.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.40</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.51	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	93.00	fl	80-100	CALCULATED PARAMETER
MCH	29.20	pg	27-32	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	14.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,700.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	108.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)







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Visit ID	: CVA10018622425	Reported	: 28/Sep/2024 12:51:36
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	87.10	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 = Impaired Glucose Tolerance.

**CLINICAL SIGNIFICANCE:-** Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP	120.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Sample:Plasma After Meal

#### 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 = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

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.







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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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

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)**

10.50

mg/dL

7.0-23.0

CALCULATED

Sample:Serum







# CHANDAN DIAGNOSTIC CENTRE

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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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#### Interpretation:

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

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

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

<b>Creatinine</b>	1.00	mg/dl	0.7-1.30	MODIFIED JAFFES
<i>Sample:Serum</i>				

#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

<b>Uric Acid</b>	4.70	mg/dl	3.4-7.0	URICASE
<i>Sample:Serum</i>				

#### Interpretation:

**Note:-**

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	32.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>52.00</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.20	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.82		1.1-2.0	CALCULATED







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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	102.30	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	227.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	63.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	123	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>40.40</b>	mg/dl	10-33	CALCULATED
Triglycerides	<b>202.00</b>	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha

Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: ,05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANKUR SRIVASTAVA -22E34292	Registered On	: 28/Sep/2024 10:26:14
Age/Gender	: 28 Y 0 M 14 D /M	Collected	: 28/Sep/2024 15:41:03
UHID/MR NO	: CVA1.0000001822	Received	: 28/Sep/2024 15:52:33
Visit ID	: CVA10018622425	Reported	: 28/Sep/2024 16:35:25
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

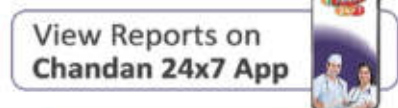
Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			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	Serum-0.1-3.0 Urine-0.0-14.0	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
<b>Microscopic Examination:</b>				
<b>Epithelial cells</b>	0-2/h.p.f			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	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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# CHANDAN DIAGNOSTIC CENTRE

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CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANKUR SRIVASTAVA -22E34292	Registered On	: 28/Sep/2024 10:26:14
Age/Gender	: 28 Y 0 M 14 D /M	Collected	: 28/Sep/2024 11:08:30
UHID/MR NO	: CVA1.0000001822	Received	: 28/Sep/2024 11:09:53
Visit ID	: CVA10018622425	Reported	: 28/Sep/2024 15:03:29
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 <i>Sample:Serum</i>	0.33	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.

#### THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	144.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.56	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.280	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







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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

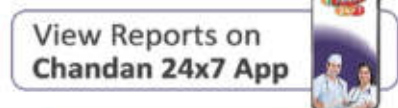
Test Name	Result	Unit	Bio. Ref. Interval	Method
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autoimmune disorders.

- 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. Sinha*

Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANKUR SRIVASTAVA -22E34292	Registered On	: 28/Sep/2024 10:26:15
Age/Gender	: 28 Y 0 M 14 D /M	Collected	: 2024-09-28 13:59:35
UHID/MR NO	: CVA1.0000001822	Received	: 2024-09-28 13:59:35
Visit ID	: CVA10018622425	Reported	: 28/Sep/2024 14:00:03
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)







# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANKUR SRIVASTAVA -22E34292	Registered On	: 28/Sep/2024 10:26:15
Age/Gender	: 28 Y 0 M 14 D /M	Collected	: 2024-09-28 13:11:06
UHID/MR NO	: CVA1.0000001822	Received	: 2024-09-28 13:11:06
Visit ID	: CVA10018622425	Reported	: 28/Sep/2024 13:15:13
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

- Enlarged in size (**16.1 cm**), shape, & diffuse raised echogenicity. Intra & extra hepatic biliary radicals & vascular structures are normal. Margins are smooth and regular

##### GALL BLADDER

- Normally distended with echo free lumen.

##### PORTAL SYSTEM

- Normal in course and caliber.

##### BILIARY SYSTEM

- Visualized part normal in course & caliber.

##### PANCREAS

- Normal in size, shape & echogenicity. Margins are smooth & regular. No diffuse/ focal lesion seen. Pancreatic duct not visualized.

##### KIDNEYS

- Right kidney:- (**9.3 x 4.5 cm**), Left kidney:- (**9.6 x 5.5 cm**).
- Both normal in size, shape echogenicity & position. Cortical-medullary differentiation
- Pelvicalyceal system normal. No evidence of any calculus/mass lesion seen.
- No hydronephrosis/hydroureter seen. No suprarenal mass lesion

##### SPLEEN

- Normal in size (**10.5 cm**), shape & echogenicity. Margins are smooth & regular. No diffuse / focal lesion seen. Splenic vessels at hilum is normal.

##### URINARY BLADDER

- Normally distended with normal wall thickness. No echogenic foci lumen or diverticula seen.
- Both VUJ appears normal. No evidence of calculus / mass lesion seen.







# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### PROSTATE

- Normal in size 3.0 x 2.9 x 2.3 cm, vol 10 gm, shape & echogenicity.

#### OTHERS

- No free fluid in peritoneal cavity.
- No free fluid in bilateral pleural cavity.
- No evidence of significantly enlarged retroperitoneal/ mesenteric lymph nodes noted

#### FINAL IMPRESSION:-

- *Hepatomegaly with fatty liver grade I*

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

Result/s to Follow:

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



*Priyam*

Dr Priyam Agarwal MBBS MD (Radiology)

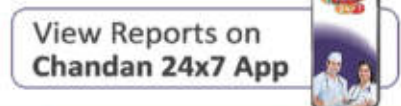
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups \*

365 Days Open

\*Facilities Available at Select Location

Page 13 of 13





# CHANDAN DIAGNOSTIC CENTRE

Near vision: *n/g*  
Far vision : *s/c*  
Dental check up : *Normal*  
ENT Check up : *Normal*  
Eye Checkup: *Normal*

**Final impression**

Certified that I examined Ankur Srivastava 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.

*Ankur Srivastava*

**Client Signature :-**

*Roy*  
.....  
Signature of Medical Examiner

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

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


**Date...20.1.2024**

**Place - VARANASI**

**CHANDAN DIAGNOSTIC CENTRE**  
455/6, (H G Complex), KANCHANPUR,  
CHITAI PUR, VARANASI, UP 221005



I am Ankur Srivastava do not  
go for stool sample to my  
own wish

Ankur Srivastava  


**Dr. R.C. ROY**

MBBS., MD. (Radio Diagnosis)  
Reg. No. -26918

**CHANDAN DIAGNOSTIC CENTRE**  
453/6, (H G Complex), KANCHANPUR,  
CHITTAIPUR, VARANASI, UP 221005



## CHANDAN DIAGNOSTIC CENTRE

Name of Company: Medishree  
Name of Executive: Ankur Srivastava  
Date of Birth: ...14/09/1996...  
Sex:  Male /  Female  
Height: ...175.....CMs  
Weight: ...71.....KGs  
BMI (Body Mass Index): 23.2  
Chest (Expiration / Inspiration) ...92/95.....CMs  
Abdomen: ...96.....CMs  
Blood Pressure: ...115/81.....mm/Hg  
Pulse: ...76.....BPM -  Regular /  Irregular  
Ident Mark: ead mark on forehead  
Any Allergies: No  
Vertigo: No  
Any Medications: No  
Any Surgical History: No  
Habits of alcoholism/smoking/tobacco: No  
Chief Complaints if any: No  
Lab Investigation Reports: Report Attach  
Eye Check up vision & Color vision: Normal  
Left eye: Normal  
Right eye: Normal