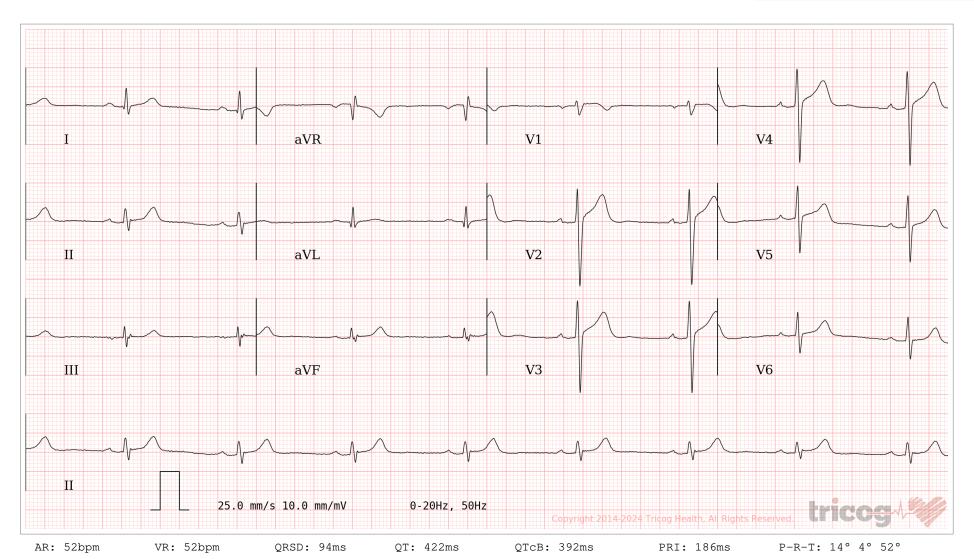
Chandan Diagnostic



Age / Gender: 44/Male Date and Time: 9th Mar 24 9:32 AM

Patient ID: CVAR0124952324

Patient Name: Mr.RAJESH SINGH YADAV-BOBS14099



Abnormal: Sinus Bradycardia, Early repolarization with an ascending ST segment. Please correlate clinically.

Dr. Charit MD, DM: Cardiology

63382

AUTHORIZED BY

REPORTED BY



Dr Vishwanath. A

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: M

Mediuheal

Name of Executive:

Raseph Singh Yadar

Sex: Male / Female

Height: bg...... CMs

Weight:70...KGs

BMI (Body Mass Index): 24.5

Abdomen:75.....CMs

Pulse:\$2_BPM - Regular / Irregular

Ident Mark: Mole on Right Fil

Any Allergies: No

Vertigo:

NO

Any Medications: No

Any Surgical History: Throat Surgar in Year 2015

Habits of alcoholism/smoking/tobacco: No

Chief Complaints if any: Ho

Lab Investigation Reports: No

Eye Check up vision & Color vision: Normal

Left eye: Manmal

Right eye: . Normal





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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:54 Age/Gender Collected : 09/Mar/2024 10:24:40 : 44 Y 2 M 25 D /M UHID/MR NO : CVAR.0000048433 Received : 09/Mar/2024 10:26:19 Visit ID : CVAR0124952324 Reported : 09/Mar/2024 13:13:50 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
Blood Group (ABO & Rh typing) *, Blood	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC) DLC Polymorphs (Neutrophils) Lymphocytes Monocytes	4,700.00 59.00 34.00 5.00	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	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Eosinophils Basophils ESR	2.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed Corrected PCV (HCT) Platelet count	10.00 4.00 43.00	Mm for 1st hr. Mm for 1st hr. %		
Platelet Count	1.30	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











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

CIN: U85110DL2003PLC308206



Patient Name : 09/Mar/2024 07:42:54 : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On Age/Gender : 44 Y 2 M 25 D /M Collected : 09/Mar/2024 10:24:40 UHID/MR NO : CVAR.0000048433 Received : 09/Mar/2024 10:26:19 Visit ID : CVAR0124952324 Reported : 09/Mar/2024 13:13:50 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	4.59	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.70	fΙ	80-100	CALCULATED PARAMETER
MCH	31.50	pg	28-35	CALCULATED PARAMETER
MCHC	35.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,773.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	94.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:55 Age/Gender : 44 Y 2 M 25 D /M Collected : 09/Mar/2024 12:11:00 UHID/MR NO : CVAR.0000048433 Received : 09/Mar/2024 12:21:58 Visit ID : CVAR0124952324 Reported : 09/Mar/2024 14:38:10 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
GLUCOSE FASTING, Plasma				
Glucose Fasting	76.50	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.

103.50	mg/dl	<140 Normal	GOD POD
		140-199 Pre-diabetes	
		>200 Diabetes	
	103.50	103.50 mg/dl	140-199 Pre-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)

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Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 : 09/Mar/2024 07:42:55 Registered On Collected Age/Gender : 44 Y 2 M 25 D /M : 09/Mar/2024 10:24:40 UHID/MR NO : CVAR.0000048433 Received : 10/Mar/2024 11:57:35 Visit ID : CVAR0124952324 Reported : 10/Mar/2024 13:52:40 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 HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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.





Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJES Age/Gender : 44 Y 2 M

: Mr.RAJESH SINGH YADAV-BOBS14099 : 44 Y 2 M 25 D /M Registered On Collected : 09/Mar/2024 07:42:55 : 09/Mar/2024 10:24:40

UHID/MR NO

Visit ID

: CVAR.0000048433 : CVAR0124952324

Received : 10/Mar/2024 11:57:35 Reported : 10/Mar/2024 13:52:40

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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)







^{*}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.





Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:55 Age/Gender : 44 Y 2 M 25 D /M Collected : 09/Mar/2024 10:24:39 UHID/MR NO : CVAR.0000048433 Received : 09/Mar/2024 10:26:19 Visit ID : CVAR0124952324 Reported : 09/Mar/2024 13:12:14 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS -Status

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	16.10	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	3.40	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	29.10	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	4.60	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.09		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	70.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	181.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	61.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	15.30	mg/dl	10-33	CALCU
Triglycerides	76.50	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High >500 Very High	GPO-P

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Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:55 Age/Gender Collected : 09/Mar/2024 10:24:40 : 44 Y 2 M 25 D /M UHID/MR NO : CVAR.0000048433 Received : 09/Mar/2024 10:26:19 Visit ID : CVAR0124952324 Reported : 09/Mar/2024 15:41:35 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	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.5)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			>500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	mg/ ui	0.1 3.0	DIOCHEIVIISTICI
Bile Pigments	ABSENT			
Bilirubin	ABSENT		3 3 5 6 7	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			2.1. 0.1. o
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:









Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name

: Mr.RAJESH SINGH YADAV-BOBS14099

Registered On

: 09/Mar/2024 07:42:55

Age/Gender

: 44 Y 2 M 25 D /M

Collected Received : 09/Mar/2024 10:24:40 : 09/Mar/2024 10:26:19

UHID/MR NO Visit ID

: CVAR.0000048433 : CVAR0124952324

Reported

Ref Doctor

: Dr.MEDIWHEEL VNS -

: 09/Mar/2024 15:41:35

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

< 0.5 (+)

0.5 - 1.0(++)

(+++)1-2

(++++) > 2



S.N. Sinta

Dr.S.N. Sinha (MD Path)











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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 : 09/Mar/2024 07:42:57 Registered On Age/Gender : 44 Y 2 M 25 D /M Collected : 09/Mar/2024 10:24:39 UHID/MR NO : CVAR.0000048433 Received : 10/Mar/2024 10:34:56 Visit ID : CVAR0124952324 Reported : 10/Mar/2024 12:57:13 Ref Doctor : Dr.MEDIWHEEL VNS -: Final Report 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	0.54	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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:55 Age/Gender Collected : 44 Y 2 M 25 D /M : 09/Mar/2024 10:24:39 UHID/MR NO : CVAR.0000048433 Received : 09/Mar/2024 10:26:19 Visit ID Reported : CVAR0124952324 : 09/Mar/2024 16:37:30 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)	112.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.000	μIU/mL	0.27 - 5.5	CLIA
		,		
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimeste	er
		0.5-4.6 μIU/r	nL Second Trime	ester
		0.8-5.2 μIU/n	nL Third Trimest	er
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/n		> 37Week
		0.7-64 μIU/n		· 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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. Sinla

Dr.S.N. Sinha (MD Path)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:57

 Age/Gender
 : 44 Y 2 M 25 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000048433
 Received
 : N/A

Visit ID : CVAR0124952324 Reported : 09/Mar/2024 16:33:21

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

* NO OBVIOUS DETECTABLE ABNORMALITY SEEN

Dr Raveesh Chandra Roy (MD-Radio)

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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:57

 Age/Gender
 : 44 Y 2 M 25 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000048433
 Received
 : N/A

Visit ID : CVAR0124952324 Reported : 09/Mar/2024 09:21:10

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

• The liver is normal in size (**10.5** 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 (9.6 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.5 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 ~ 9.1 x 3.7 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~ 10.5 x 4.4 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~ 7.1 cm in its long axis) and has a normal homogenous echo-



Home Sample Collection 1800-419-0002



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH SINGH YADAV-BOBS14099 Registered On : 09/Mar/2024 07:42:57

 Age/Gender
 : 44 Y 2 M 25 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000048433
 Received
 : N/A

Visit ID : CVAR0124952324 Reported : 09/Mar/2024 09:21:10

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

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 ~ 7 cc.

PROSTATE

• The prostate gland is normal in size (~ 35 x 29 x 27mm / 14 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, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



Bont

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 *

*Facilities Available at Select Location











Near vision: Near VIG

Far vision: 616

Dental check up : Narmorf

ENT Check up : Harmel

Eye Checkup: nbumd

Final impression

Certified that I examined Rasiah Singh Yadav S/o or D/ois 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 Reg. No.-26918

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

Date. 0.9...I. 0.3 /2024 Chandan Diagnostic Center

Place - VARANASI

99, Shivaji Nagar, Manmoeryanj Varanasi-221010 (U.F.) Phone No.:0542-2223232





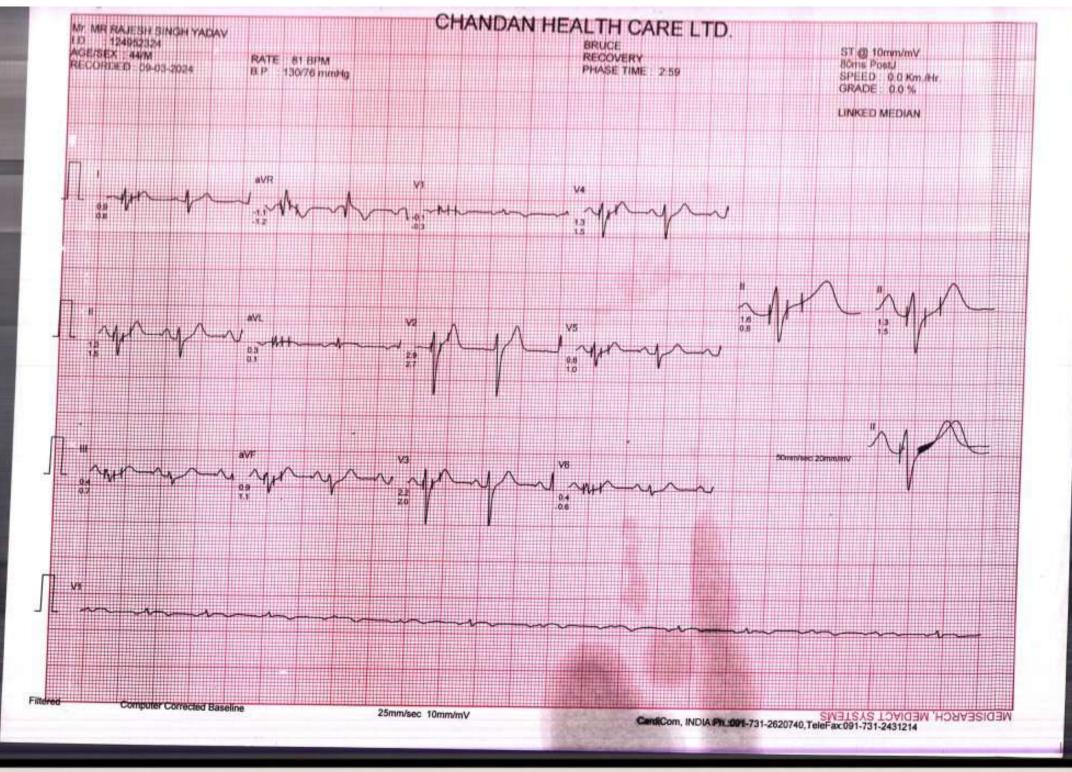


D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

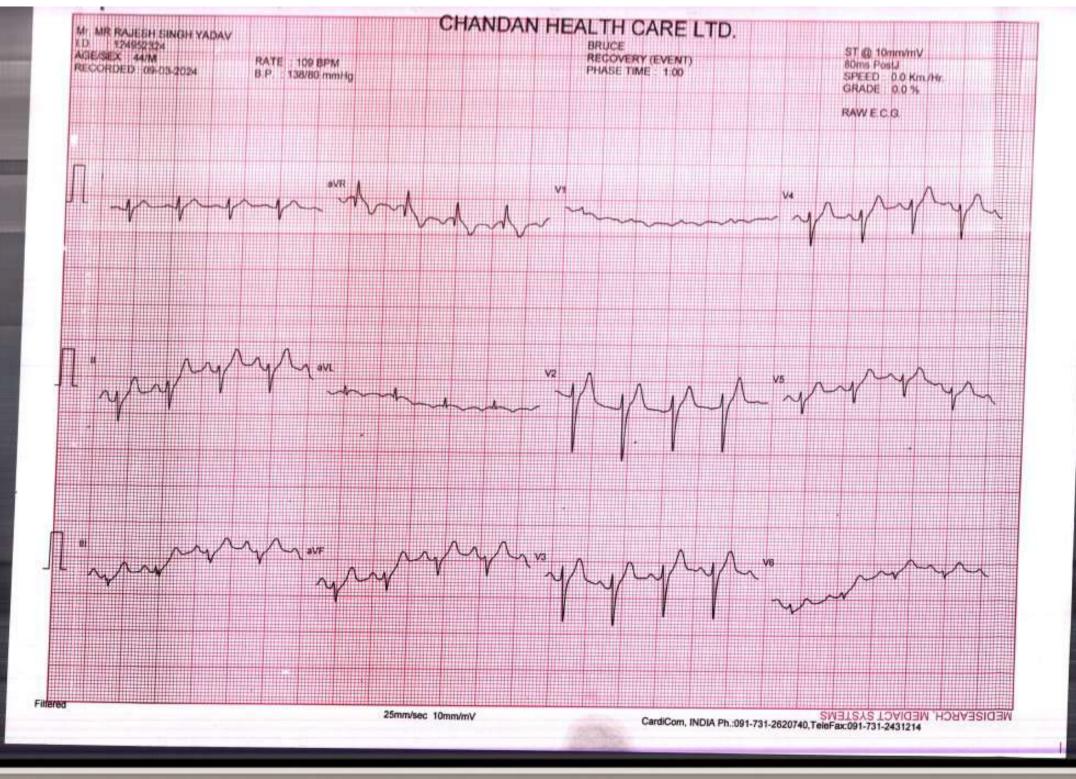
Latitude 25.305391°

LOCAL 08:53:19 GMT 03:23:19 Longitude 82.979029°

SATURDAY 03.09.2024 ALTITUDE 37 METER



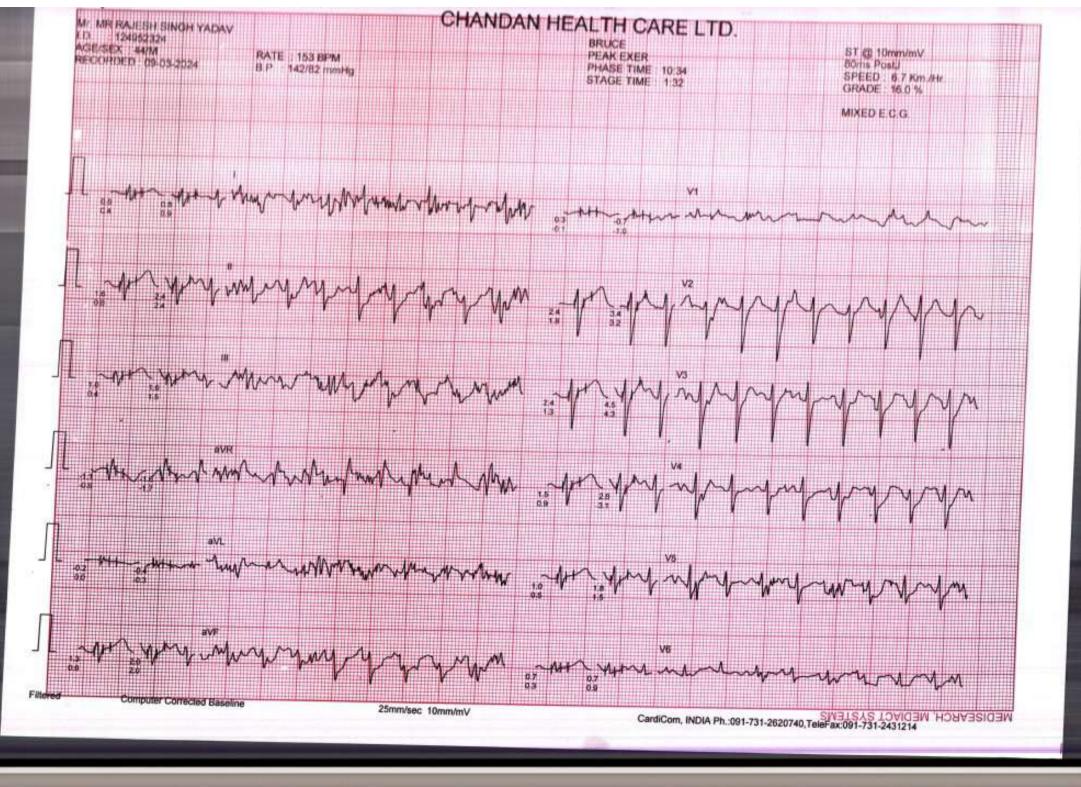
CHANDAN HEALTH CARE LTD. Mr MR RAJESH SINGH YADAV LD 124952324 ADE/SEX 44/M RECORDED 08-03-2024 BRUCE RECOVERY (EVENT) PHASE TIME: 2:00 ST @ 10mm/mv 80ms PostJ SPEED: 0.0 Km./Hr GRADE: 0.0 % RATE : 91 BPM 8.P 134/78 mmHg RAW E.C.G. 25mm/sec 10mm/mV CardiCorn, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214



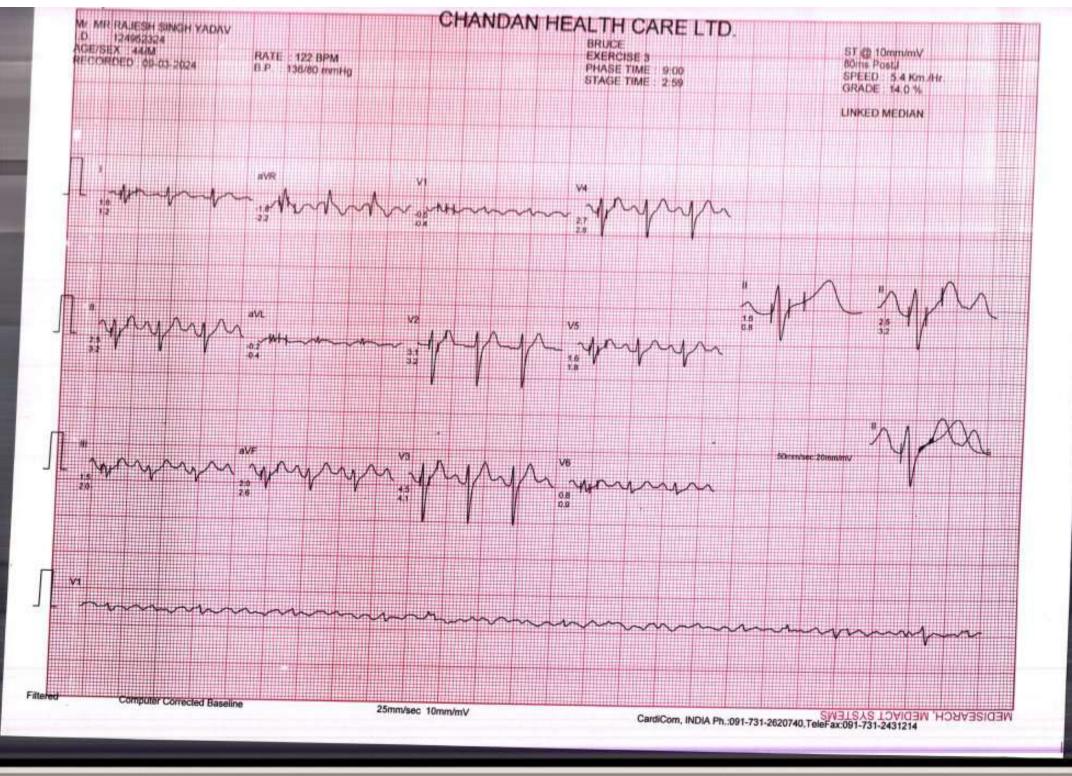
CHANDAN HEALTH CARE LTD. Mr MR RAJESH SINGH YADAV LD. 124H52124 AGE/SEX: 44/M RECORDED: 09-03-2024 BRUCE RECOVERY (EVENT) ST @ 10mm/mV 80ms PostJ SPEED 0.0 Km./Hr GRADE 0.0 % RATE 150 BPM B.P 140/82 mmHg PHASE TIME | 0:30 RAWECG

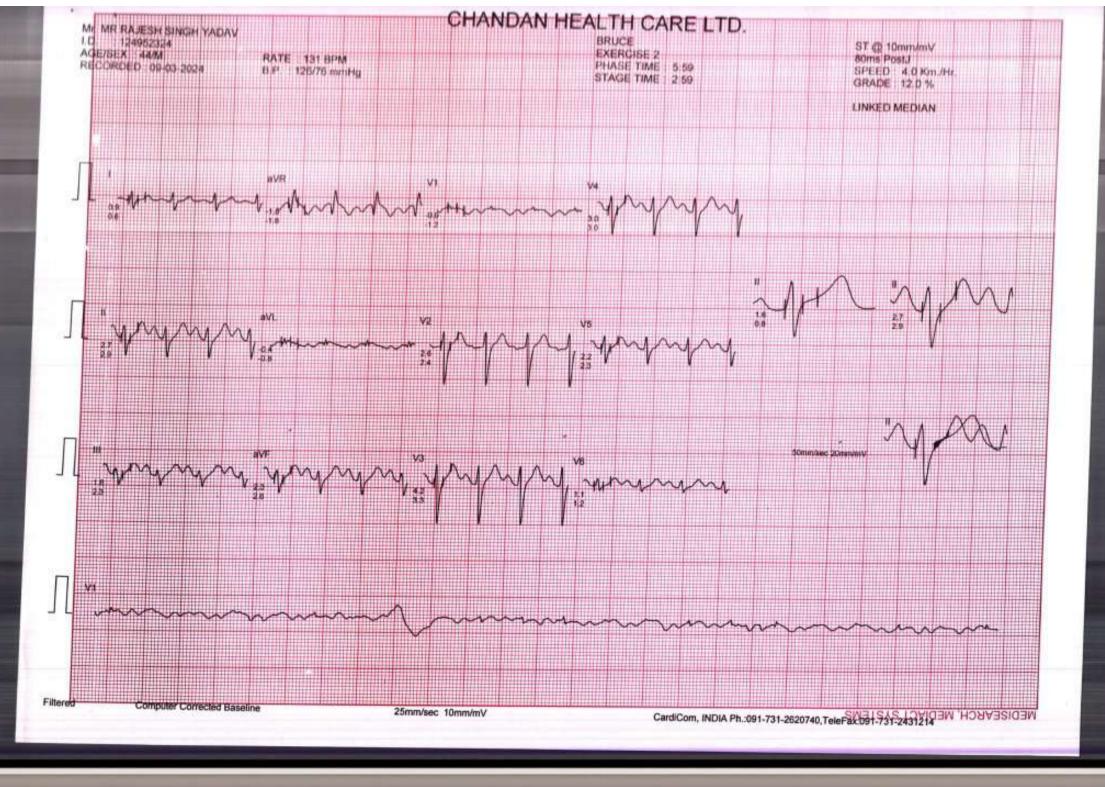
25mm/sec 10mm/mV

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

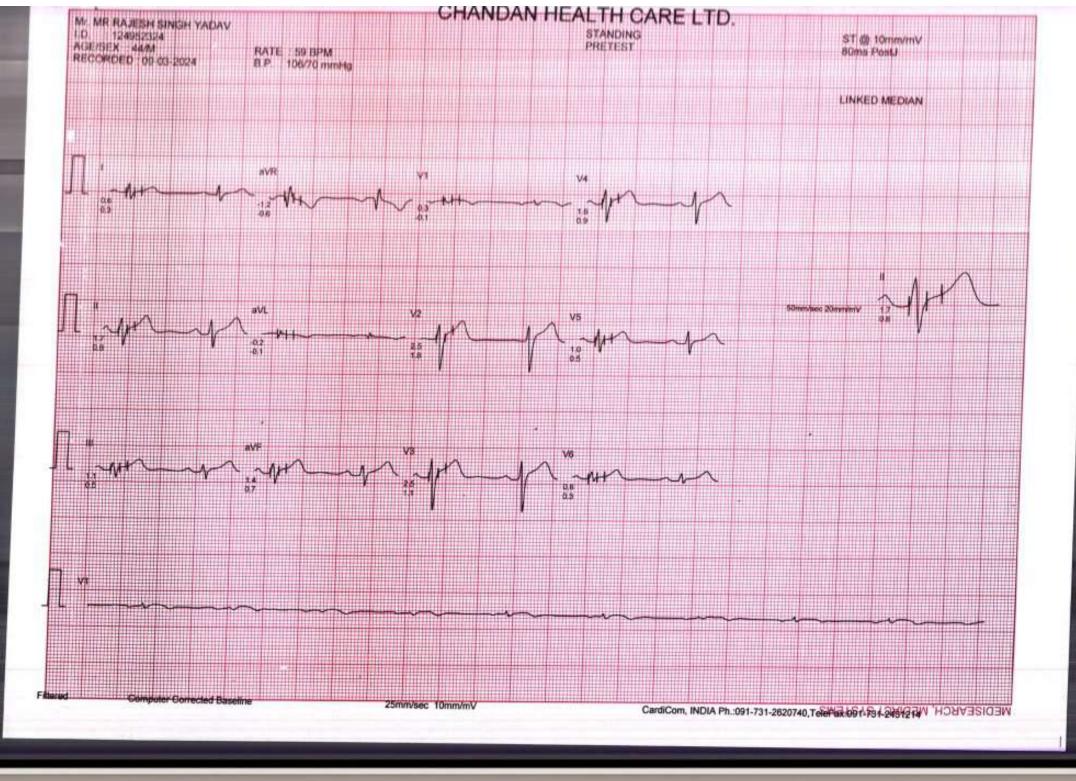


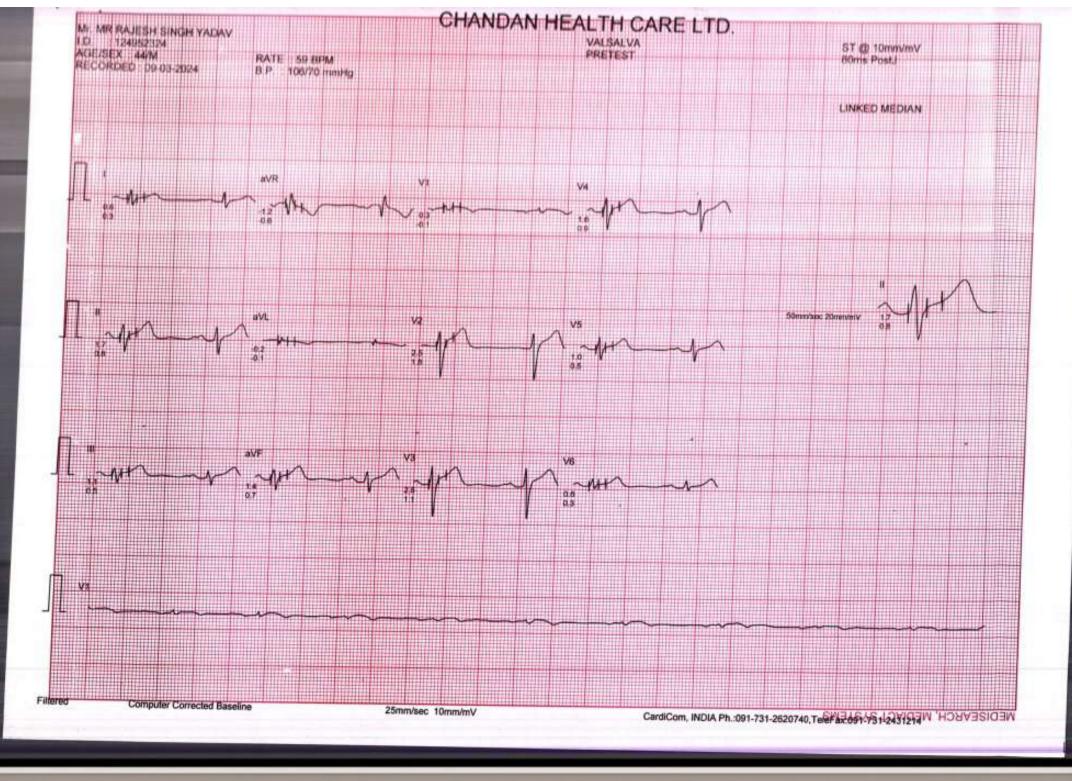
CHANDAN HEALTH CARE LTD M/ MR RAJESH SINGH YADAV LD 124952324 AGESEX 44/M RECORDED 00-03-2024 BRUCE ST @ 10mm/mV 80ms PostJ EXERCISE 4 (EVENT) RATE 151 BPM PHASE TIME: 10:30 B.P.: 142/82 mmHg SPEED 6.7 Km./Hr. GRADE 16.0 % STAGE TIME: 1.28 RAW E.C.G. whenthe my phymentous 25mm/sec 10mm/mV CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

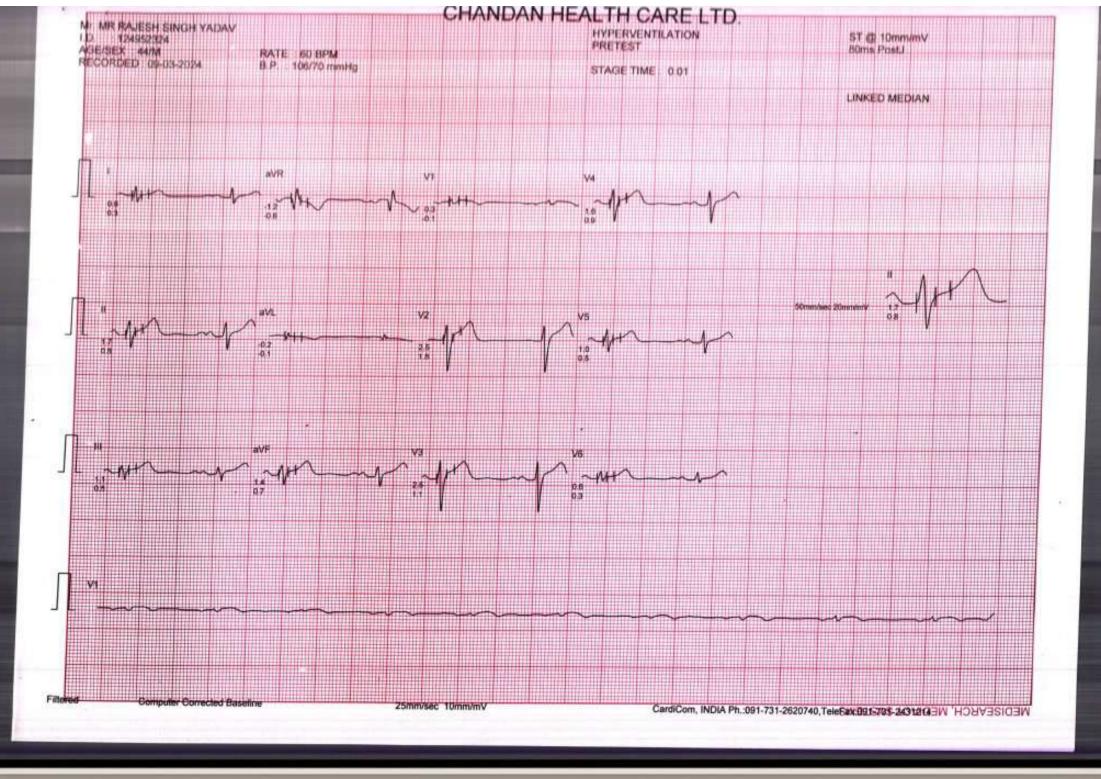


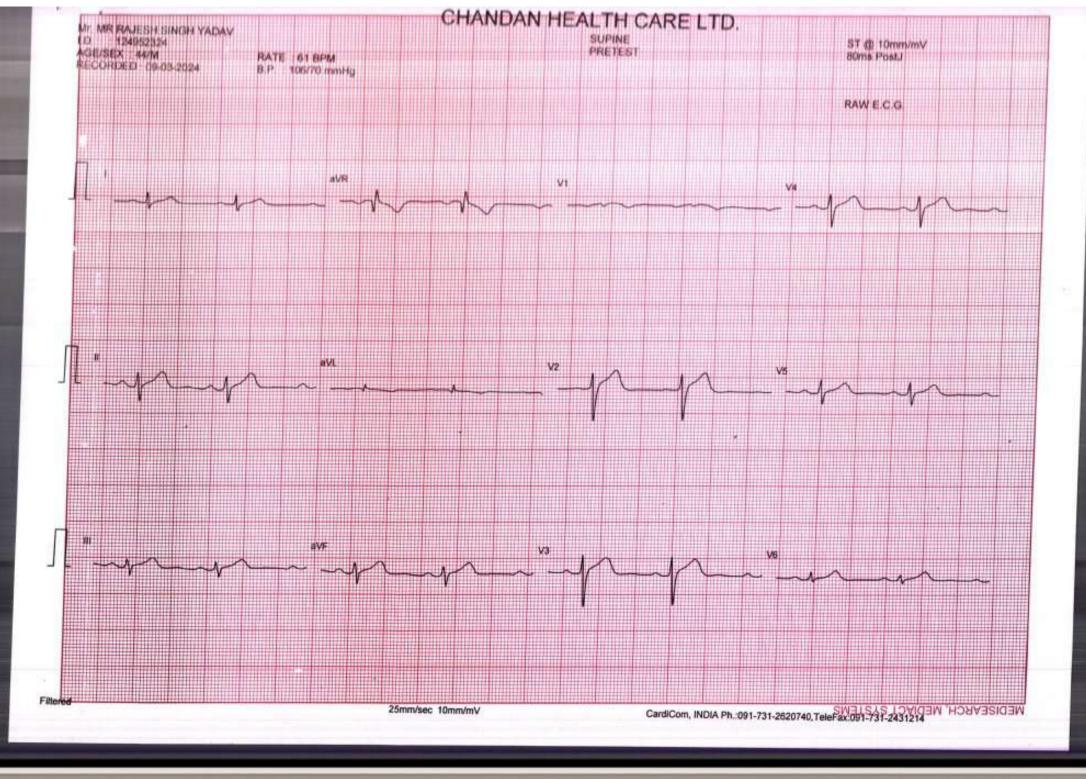


CHANDAN HEALTH CARE LTD. Mr MR RAJESH SINGH YADAV I.D. 124952324 AGE/SEX 44/M RECORDED: 09-03-2024 BRUCE EXERCISE 1 ST @ 10mm/mV 80ms PostJ SPEED: 27 Km./Hr GRADE: 10.0 % RATE 129 EPM PHASE TIME 2:59 STAGE TIME 2:59 116/74 mmHg LINKED MEDIAN Computer Corrected Baseline 25mm/sec 10mm/mV CardiCom, INDIA Ph.:091-731-2620740, Tene 1201-751-2431274W 'HOW SIGNEY









CHANDAN HEALTH CARE LTD. 99-SHIVAJI NAGAR MAHMOORGANJ VARANASI-9839703068

Mr. MR RAJESH SINGH YADAY Age/Sex : ##/M

Ref by MEDIWHEEL

Indication Indication2 ndication3

ID: 124952324 HWW1: 109/70

Recorded 09 03-2024

TREADMILL TEST SUMMARY REPORT

Protocol BRUCE History:

Medicationt Medication2 Medication3

PHASE	PHASE TIME	STAGE TIME	SPEED (KmJHr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	n	ST LEVEL (mm) V2	V5	METS
SUPINE MYPERVENT VALSALVA STANDING	0.01	0.01			61 60 59	106/70 106/70 106/70	64 63 62 62	1,6 1,7 1,7 1,7	2.4 2.5 2.5 2.5 2.5	2.2 1.0 1.0	
STAGE 1 STAGE 2 STAGE 3 EVENT STAGE 4	2 59 5 59 9 00 10:30 10:31	2 59 2 59 2 59 1 28 1 29	2.70 4.00 5.40 6.70 6.70	10.00 12.00 14.00 16.00	129 131 122 151	116/74 126/76 136/80 142/82	149 165 165 214	2.8 2.7 2.5 2.4	2.5 2.4 2.6 3.1 3.2 3.2	1.0 1.0 2.6 2.2 1.6 1.6	4.80 7.10 10.00 11.97
PEAK EXER	10.34	1.32			153	142/82 142/82	214	2.4	3.2 3.4	1.6	11.99 12.06
VENT VENT VENT ECOVERY SULTS	0:30 1:00 2:00 2:59	0:30 1:00 2:00 2:59	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	150 109 91 81	140/82 138/80 134/78 130/76	210 150 121 105	3.1 4.5 2.9 1.3	4.8 6.1 4.0 2.9	2.4 3.2 1.8 0.8	

Exercise Duration Max Heart Rate

Max Blood Pressure Max Work Load

Reason of Termination

10:34 Minutes

153 bpm 86 % of target heart rate 176 bpm

142/82 mmHg

12.06 MFTS

- Baseline Eccio normal

- No signiful ST-5 charger seasal peak exercise and real - TMTio regul for RMI

IMPRESSIONS

Cardiologist gartuit

BBS, MD, DM

Cardiologist Reg. No.-39794

CardiCom, INDIA Ph.:091-731-2620740, TeleFex Cust-731-2431214W 'HOWYSIGEN



भारत सरकार Government of India



राजेश सिंह यादव Rajesh Singh Yadav जन्म तिथि / DOB : 14/12/1979 पुरुष / Male



9190 1209 4705

आधार - आम आदमी का अधिकार





Mame - Mr. Regent Singh radar Date - 9/3/2024

Stool Royfine Sample and Syan
PP Stage Sample not given by
(Light own wigh

Chandan Diagnostic Center 99, Shivaji Nagar, Mahmoorganj Varanasi 221010 (U.P.) Phone No.:0542-2223232 Mr. R.C. ROY 1985, MD. (Radio Diagnosis) Reg. No.-26918

