

**Re: Health Check up Booking Confirmed Request(bobE36201),Package Code-  
PKG10000238, Beneficiary Code-11914**

1 message

anurag sri &lt;anurag.idc@gmail.com&gt;

Sat, Apr 8, 2023 at 6:15 PM

To: Mediwheel &lt;wellness@mediwheel.in&gt;, "idc. ashiyana" &lt;idcashiyana@gmail.com&gt;

Cc: customercare@mediwheel.in

Confirmed

Pack Code 2613

On Sat, Apr 8, 2023 at 12:05 PM Mediwheel &lt;wellness@mediwheel.in&gt; wrote:

**Mediwheel**  
...Your wellness partner**011-41195959**

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited,**Diagnostic/Hospital Location :**M-214/215 Sec G LDA Colony Near Power House Chauraha  
Kanpur road, City: Lucknow**

We have received the confirmation for the following booking .

**Beneficiary Name :** PKG10000238**Beneficiary Name :** MR. VERMA ASHOK KUMAR**Member Age :** 36**Member Gender :** Male**Member Relation :** Employee**Package Name :** Full Body Health Checkup Male Below 40**Location :** ALLAHABAD, Uttar Pradesh-211002**Contact Details :** 9974748106**Booking Date :** 28-03-2023**Appointment Date :** 09-04-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

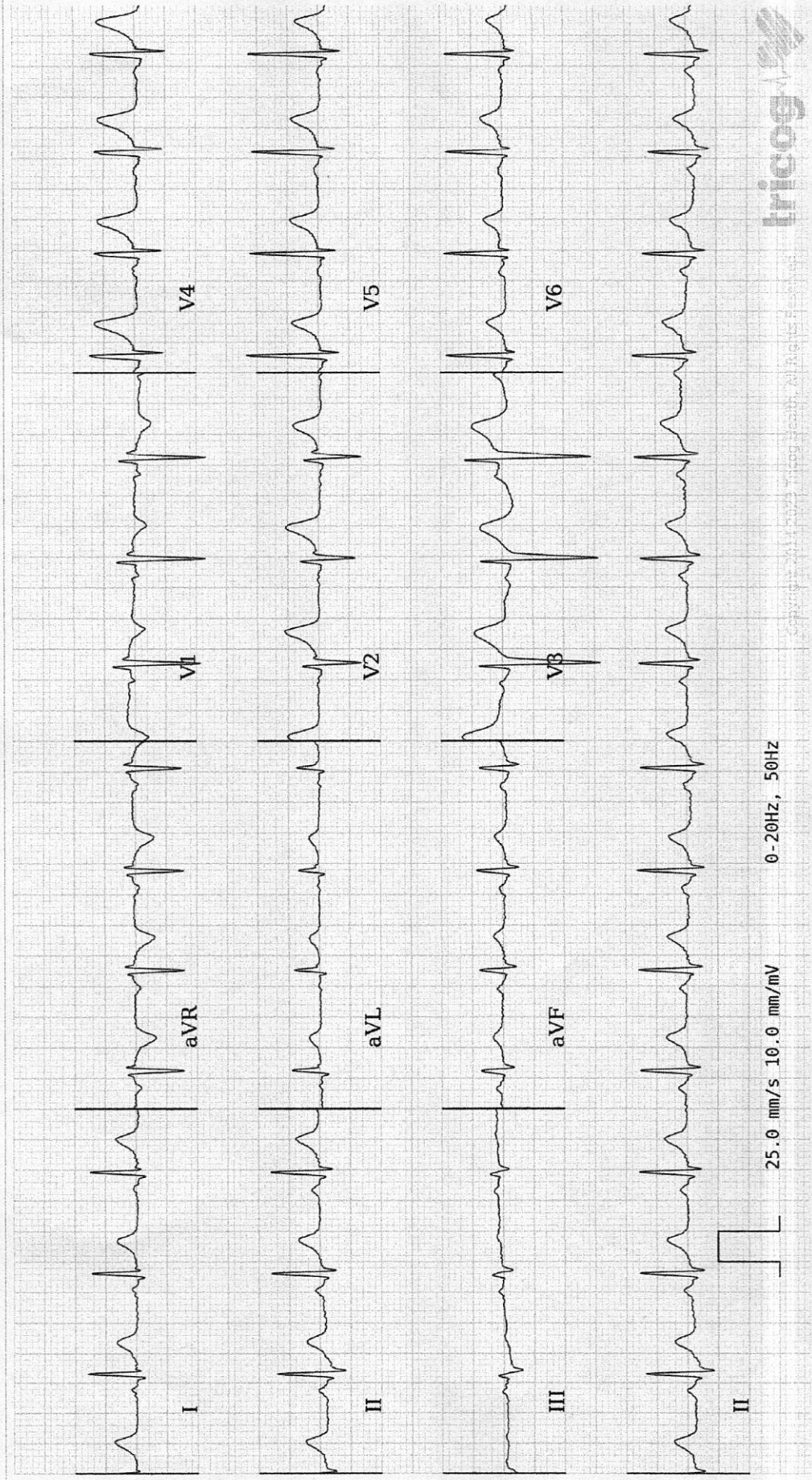
We request you to facilitate the employee on priority.





**Chandan Diagnostic**

Age / Gender: 38/Male      Date and Time: 9th Apr 23 10:58 AM  
Patient ID: CDCA0010702324  
Patient Name: Mr.ASHOK KUMAR VERMA



AR: 91bpm      VR: 91bpm      QRSD: 84ms      QT: 340ms      QTcB: 418ms      PRI: 126ms      P-R-T: 53° 28° 38°

**ECG Within Normal Limits: Sinus Rhythm. rsr' Pattern in V1,V2. Baseline wandering. Please correlate clinically.**

AUTHORIZED BY

Dr. Chait  
MD, DM: Cardiology

Dr. Soumya Rao

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: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road  
Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:13
Age/Gender	: 38 Y 9 M 18 D /M	Collected	: 09/Apr/2023 09:23:53
UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 10:14:43
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 13:42:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	14.80	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
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TLC (WBC)	6,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. <9
PCV (HCT)	45.00	% 40-54

#### Platelet count

Platelet Count	1.6	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	5.00	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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# CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road  
Ph: 9235432707,  
CIN : U85110DL2003PLC308206

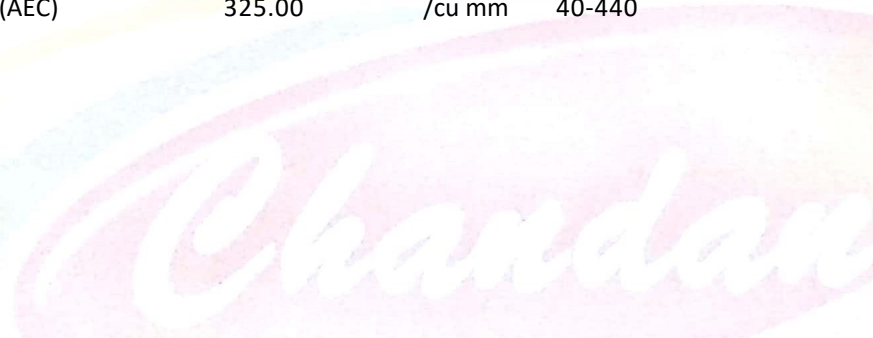


Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:13
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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	90.00	fl	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.88	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,030.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	325.00	/cu mm	40-440	



Dr. R.K. Khanna  
(MBBS, DCP)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:14
Age/Gender	: 38 Y 9 M 18 D /M	Collected	: 09/Apr/2023 09:23:53
UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 10:01:35
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 11:38:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING \* , Plasma

Glucose Fasting	99.01	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.

Dr. R.K. Khanna  
(MBBS,DCP)





# CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 38 Y 9 M 18 D /M	Collected	: 09/Apr/2023 09:23:53
UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 14:22:15
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 17:11:17
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	102	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 G8 90 SL TOSOH 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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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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)





# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:15
Age/Gender	: 38 Y 9 M 18 D /M	Collected	: 09/Apr/2023 09:23:52
UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 11:10:50
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 12:37:43
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	9.23	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> <i>Sample:Serum</i>	1.03	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid *</b> <i>Sample:Serum</i>	5.00	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	33.75	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>40.56</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.53	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.23	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.03	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	<b>2.07</b>		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	111.31	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.74	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.35</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.39	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	43.06	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	95	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.56	mg/dl	10-33	CALCULATED
Triglycerides	82.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP







# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:15
Age/Gender	: 38 Y 9 M 18 D /M	Collected	: 09/Apr/2023 09:23:52
UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 11:10:50
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 12:37:43
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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>500 Very High



Dr. R.K. Khanna  
(MBBS, DCP)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432707,  
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Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:14
Age/Gender	: 38 Y 9 M 18 D /M	Collected	: 09/Apr/2023 09:23:53
UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 11:35:24
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 14:25:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			
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:

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

Dr. R.K. Khanna  
(MBBS, DCP)





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UHID/MR NO	: CDCA.0000105374	Received	: 09/Apr/2023 14:04:04
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 15:17:08
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	126.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.77	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.

**Dr. Anupam Singh (MBBS MD Pathology)**







# CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road  
Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHOK KUMAR VERMA	Registered On	: 09/Apr/2023 09:07:17
Age/Gender	: 38 Y 9 M 18 D /M	Collected	: N/A
UHID/MR NO	: CDCA.0000105374	Received	: N/A
Visit ID	: CDCA0010702324	Reported	: 09/Apr/2023 14:54:30
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



  
Dr. Vandana Gupta  
MBBS, DMRD, DNB

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

Page 10 of 10



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018