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

Ph: 9235432707,

**Test Name** 

**Blood Indices (MCV, MCH, MCHC)** 

utrophils Count

sinophils Count (AEC)

MCV

MCH

CIN: U85110DL2003PLC308206

Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:06 Age/Gender Collected : 33 Y 5 M 27 D /F : 23/Jan/2022 10:03:20 UHID/MR NO : CDCA.0000079214 Received : 23/Jan/2022 10:20:38 Visit ID Reported : CDCA0273872122 : 23/Jan/2022 13:44:00 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

Result

# **DEPARTMENT OF HAEMATOLOGY**

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

Unit

Bio. Ref. Interval

Method

Blood Group (ABO & Rh typing) * , Blood				
Blood Group	В			
Rh ( Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	13.90	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	9,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	14.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	40.00	cc %	40-54	
Platelet count				
Platelet Count	2.2	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.20	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

fl

pg

%

%

fL

/cu mm

/cu mm

80-100

28-35

30-38

11-16

35-60

40-440

3000-7000

95.23

33.09

34.75

12.60

42.70

5,335.00

1,358.00

CALCULATED PARAMETER

CALCULATED PARAMETER

ELECTRON Dr. R.K. Khanna

(MBBS,DCP)

CALCULAT

ELECTRON 1/2

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

Ph: 9235432707,

CIN: U85110DL2003PLC308206

Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:07 Collected Age/Gender : 33 Y 5 M 27 D /F : 23/Jan/2022 14:42:39 UHID/MR NO : CDCA.0000079214 Received : 23/Jan/2022 16:28:51 Visit ID Reported : CDCA0273872122 : 23/Jan/2022 17:05:19 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
GLUCOSE FASTING * , Plasma				
Glucose Fasting	109.78	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 *	124.44	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.



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

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

Ph: 9235432707,

CIN: U85110DL2003PLC308206

Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:07 Age/Gender : 33 Y 5 M 27 D /F Collected : 23/Jan/2022 10:03:20 UHID/MR NO : CDCA.0000079214 Received : 23/Jan/2022 16:16:27 Visit ID : CDCA0273872122 Reported : 23/Jan/2022 17:31:00 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

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

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<sup>\*\*</sup>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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### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval Method

# **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.





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

Ph: 9235432707,

CIN: U85110DL2003PLC308206

Patient Name	: Mrs.JANHVI SINGH	Registered On	: 23/Jan/2022 09:53:08
Age/Gender	: 33 Y 5 M 27 D /F	Collected	: 23/Jan/2022 10:03:20
UHID/MR NO	: CDCA.0000079214	Received	: 23/Jan/2022 10:49:35
Visit ID	: CDCA0273872122	Reported	: 23/Jan/2022 11:56:09
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
BUN (Blood Urea Nitrogen) * Sample:Serum	9.02	mg/dL	7.0-23.0	CALCULATED
Creatinine *	0.79	mg/dl	0.5-1.2	MODIFIED JAFFES
Sample:Serum e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	83.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum	4.70	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)  LIPID PROFILE ( MINI ) * , Serum Cholesterol (Total)	16.00 15.90 15.94 6.66 3.98 2.68 1.49 74.04 0.53 0.25 0.28	U/L U/L gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)  VLDL Triglycerides	40.20 117 <b>36.08</b> 180.40	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline Hig > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline Hig	DIRECT ENZYMATIC CALCULATED I h CALCULATED GPO-PAP

Add: M-214/215,Sec G L<br/>da Colony Near Power House Chauraha Kanpur Road

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# **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High



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

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Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:07 Age/Gender : 33 Y 5 M 27 D /F Collected : 23/Jan/2022 14:42:39 UHID/MR NO : CDCA.0000079214 Received : 23/Jan/2022 16:22:14 Visit ID : CDCA0273872122 Reported : 23/Jan/2022 16:34:33 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
URINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++)	DIPSTICK
			> 500 (++++)	
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	Ü		
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
Pus cells	1-2/h.p.f			
RBCs	ABSENT			
Cook	ADCENT			EXAMINATION
				MICDOCCODIC
Crystals	ABSEIVI			
Others	ABSENT			LAAMINATION
ABSENT				
SLIGAR FASTING STAGE * Uring				
	ADCENIT	0/		
Sugar, Fasting stage	AR2FN1	gms%		
Epithelial cells  Pus cells  RBCs  Cast Crystals  Others	1-2/h.p.f ABSENT ABSENT ABSENT	gms%		MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION

# **Interpretation:**

(+) < 0.5 (++) 0.5-1.0

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

Ph: 9235432707,

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Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:07 Age/Gender : 33 Y 5 M 27 D /F Collected : 23/Jan/2022 14:42:39 UHID/MR NO : CDCA.0000079214 Received : 23/Jan/2022 16:22:14 Visit ID : CDCA0273872122 Reported : 23/Jan/2022 16:34:33

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

(+++) 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%



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

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Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:08 Age/Gender : 33 Y 5 M 27 D /F Collected : 23/Jan/2022 10:03:20 UHID/MR NO : CDCA.0000079214 Received : 23/Jan/2022 16:05:46 Visit ID : CDCA0273872122 Reported : 23/Jan/2022 16:44:02 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit E	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	132.65	ng/dl 8	34.61–201.7	CLIA
T4, Total (Thyroxine)	9.38	•	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.14	μIU/mL (	).27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/mL	First Trimest	er
		0.5-4.6 μIU/mL	Second Trime	ester
		0.8-5.2 µIU/mL	Third Trimes	ter
		0.5-8.9 $\mu IU/mL$	Adults	55-87 Years
		0.7-27 µIU/mL		28-36 Week
		2.3-13.2 $\mu IU/mL$		
		0.7-64 μIU/mL	,	<i>'</i>
		1-39 μIU/m		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.





Add: M-214/215,Sec G L<br/>da Colony Near Power House Chauraha Kanpur Road

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Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:08

 Age/Gender
 : 33 Y 5 M 27 D /F
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000079214
 Received
 : N/A

Visit ID : CDCA0273872122 Reported : 23/Jan/2022 13:04:25

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 \*

### (500 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.





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

Ph: 9235432707,

CIN: U85110DL2003PLC308206

Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:08

 Age/Gender
 : 33 Y 5 M 27 D /F
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000079214
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Visit ID : CDCA0273872122 Reported : 23/Jan/2022 11:26:14

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

### DEPARTMENT OF ULTRASOUND

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

# ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

### **LIVER**

• The liver is normal in size measuring 12.9 cm and has a normal homogenous echotexture. No focal lesion is seen.

### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (4.9 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

## **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

### RIGHT KIDNEY (9.8 x 3.7 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

### **LEFT KIDNEY (10.9 x 4.6 cm)**

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

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

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Patient Name : Mrs.JANHVI SINGH Registered On : 23/Jan/2022 09:53:08

 Age/Gender
 : 33 Y 5 M 27 D /F
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000079214
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Visit ID : CDCA0273872122 Reported : 23/Jan/2022 11:26:14

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### DEPARTMENT OF ULTRASOUND

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

### **SPLEEN**

• The spleen is normal in size (8.6 cm) and has a homogenous echotexture.

### **ILIAC FOSSA**

• Scan over the iliac fossae does not reveal any fluid collection or mass.

### **URINARY BLADDER**

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

### **UTERUS**

- The uterus is anteverted and anteflexed position and is normal in size measures 9.4 x 4.9 x 3.7 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. (7.4 mm)
- Cervix is normal.

#### **UTERINE ADNEXA**

- Adnexa on both sides are normal.
- Right ovary measures 2.6 x 1.2 cm.
- Left ovary measures 3.5 x 2.0 cm.
- Both the ovaries are normal in size.

#### **CUL-DE-SAC**

• Pouch of Douglas is clear.

### **IMPRESSION**

No significant sonological abnormality is seen on this study.

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

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



NE EXAMINATION, ECG / EKG



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