



anurag sri <anurag.idc@gmail.com>

Health Check up Booking Request(bobE18366),Package Code(PKG10000236),Beneficiary Code(45906)

Mediwheel <customercare@policywheel.com>

Sun, Oct 16, 2022 at 8:08 PM

To: "anurag.idc@gmail.com" <anurag.idc@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,
City : Lucknow . Location : .Faizabad Road,

We have received the following request for Health Check up from

Name : MR. YADAV NAGENDRA KUMAR
Age : 42
Gender : Male
Member Relations : Employee
Package Name : Medi-Wheel Full Body Health Checkup Male Above 40
Package Code : PKG10000236
User Location : Uttar Pradesh,LUCKNOW,226010
Contact Details : 9869694739
Booking Date : 16-10-2022
Appointment Date : 22-10-2022

Ref by Mediwheel

22/10/22

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. YADAV NAGENDRA KUMAR	42	Male	Cashless
Total amount to be paid			Cashless

Please login to your account to confirm the same. Also you mail us for confirmation

Package Name : Medi-Wheel Full Body Health Checkup Male Above 40 - Includes (40) Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, Psa(for Male), Dental Consultation, Creatinine, Serum, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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बैंक ऑफ बड़ोदा
Bank of Baroda



नाम नागेन्द्र कुमार यादव

Name Nagendra Kumar Yadav

कार्यकारी इड संख्या

EC Number - 178990

जारीकर्ता अधिकारी

Issuing Authority

Nagendra Yadav

धारक के हस्ताक्षर

Holder's Signature

Nagendra Yadav
9869694739

Chandan Diagnostic

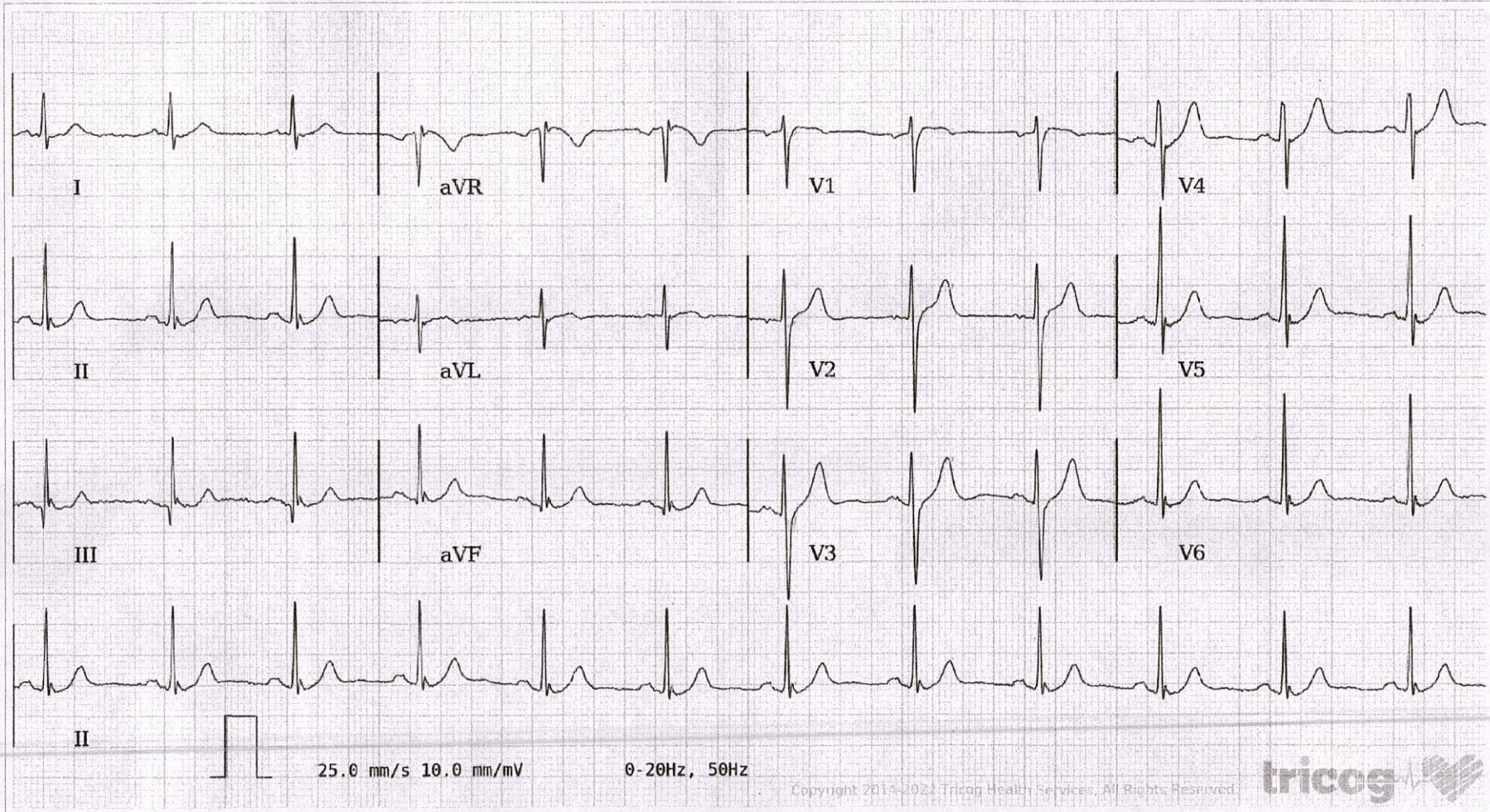


Age / Gender: 42/Male

Date and Time: 22nd Oct 22 9:54 AM

Patient ID: IDCD0236142223

Patient Name: Mr.NAGENDRA KUMAR YADAV



AR: 74bpm VR: 74bpm QRSD: 88ms QT: 352ms QTc: 390ms PRI: 146ms P-R-T: 65° 72° 61°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Adithya R.

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

KMC129110



CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar
Ph: 7706041643,7706041644
CIN : U85196UP1992PLC014075



Patient Name	: Mr.NAGENDRA KUMAR YADAV	Registered On	: 22/Oct/2022 09:14:42
Age/Gender	: 42 Y 0 M 0 D /M	Collected	: 22/Oct/2022 09:29:05
UHID/MR NO	: IDCD.0000155775	Received	: 22/Oct/2022 13:34:34
Visit ID	: IDCD0236142223	Reported	: 22/Oct/2022 14:26:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	16.40	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)	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	59.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	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	12.00	Mm for 1st hr.
Corrected	NR	Mm for 1st hr. <9
PCV (HCT)	49.00	% 40-54

Platelet count

Platelet Count	2.45	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	41.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	6.22	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	78.50	fl	80-100	CALCULATED PARAMETER
MCH	26.30	pg	28-35	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,658.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	310.00	/cu mm	40-440	




Dr. Anupam Singh
M.B.B.S.,M.D.(Pathology)





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Patient Name	: Mr.NAGENDRA KUMAR YADAV	Registered On	: 22/Oct/2022 09:14:42
Age/Gender	: 42 Y 0 M 0 D /M	Collected	: 22/Oct/2022 14:06:50
UHID/MR NO	: IDCD.0000155775	Received	: 22/Oct/2022 14:56:27
Visit ID	: IDCD0236142223	Reported	: 22/Oct/2022 15:45:35
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	92.30	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.

Glucose PP

Sample: Plasma After Meal

119.30	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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. Shoaib Irfan (MBBS, MD, PDCC)





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	40.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	119	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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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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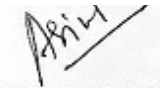
c. Alcohol toxicity d. Lead toxicity

*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
M.B.B.S, M.D.(Pathology)





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Age/Gender	: 42 Y 0 M 0 D /M	Collected	: 22/Oct/2022 09:29:05
UHID/MR NO	: IDCD.0000155775	Received	: 22/Oct/2022 11:04:03
Visit ID	: IDCD0236142223	Reported	: 22/Oct/2022 12:45:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	7.57	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	1.23	mg/dl	0.7-1.3	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	5.59	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	37.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	60.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	46.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.55	gm/dl	6.2-8.0	BIRUET
Albumin	4.21	gm/dl	3.8-5.4	B.C.G.
Globulin	2.34	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.80		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	84.19	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.59	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.38	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	130.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	33.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	81	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	15.98	mg/dl	10-33	CALCULATED
	79.90	mg/dl	< 150 Normal 150-199 Border 200-499 High >500 Very High	CALCULATED



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Patient Name	: Mr.NAGENDRA KUMAR YADAV	Registered On	: 22/Oct/2022 09:14:42
Age/Gender	: 42 Y 0 M 0 D /M	Collected	: 22/Oct/2022 09:40:03
UHID/MR NO	: IDCD.0000155775	Received	: 22/Oct/2022 13:33:21
Visit ID	: IDCD0236142223	Reported	: 22/Oct/2022 13:38:40
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.5)			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			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION **, *Stool*

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT





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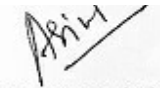
Patient Name	: Mr.NAGENDRA KUMAR YADAV	Registered On	: 22/Oct/2022 09:14:42
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			




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Patient Name	: Mr.NAGENDRA KUMAR YADAV	Registered On	: 22/Oct/2022 09:14:42
Age/Gender	: 42 Y 0 M 0 D /M	Collected	: 22/Oct/2022 14:12:07
UHID/MR NO	: IDCD.0000155775	Received	: 22/Oct/2022 16:16:51
Visit ID	: IDCD0236142223	Reported	: 22/Oct/2022 17:29:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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

SUGAR, PP STAGE * , Urine

Sugar, PP Stage	ABSENT
-----------------	--------

Interpretation:

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



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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UHID/MR NO	: IDCD.0000155775	Received	: 22/Oct/2022 12:27:14
Visit ID	: IDCD0236142223	Reported	: 22/Oct/2022 14:01:52
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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>	0.870	ng/mL	< 2.0	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)	125.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.50	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.





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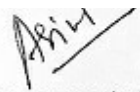
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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
M.B.B.S., M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar
Ph: 7706041643, 7706041644
CIN : U85196UP1992PLC014075



Patient Name	: Mr.NAGENDRA KUMAR YADAV	Registered On	: 22/Oct/2022 09:14:43
Age/Gender	: 42 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDCDC.0000155775	Received	: N/A
Visit ID	: IDCDC0236142223	Reported	: 22/Oct/2022 11:45:33
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL 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 : N O R M A L S K I A G R A M



Dr. Anil Kumar Verma
(MBBS, DMRD)





CHANDAN DIAGNOSTIC CENTRE

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size, measures ~ 127.7 mm in cranio caudal extent, shows diffuse bright echoes. 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.
- Gall bladder wall is thick, multiple echogenic foci seen embedded in gall bladder wall, which shows comet tail artifact.

PANCREAS

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

RIGHT KIDNEY

- 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

- 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.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- Renal respiratory excursions are normal.

SPLEEN

- The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

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.

PROSTATE

- Prostate gland is normal in size & echotexture is homogenous.

IMPRESSION

- **GRADE- I FATTY CHANGES LIVER.**
- **HYPERTROPHIC CHOLECYSTOSIS GALL BLADDER.**

Typed by- VINAY

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG / EKG, Tread Mill Test (TMT)




Dr. Anoop 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: 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

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Home Sample Collection
1800-419-0002

Mar. 2018