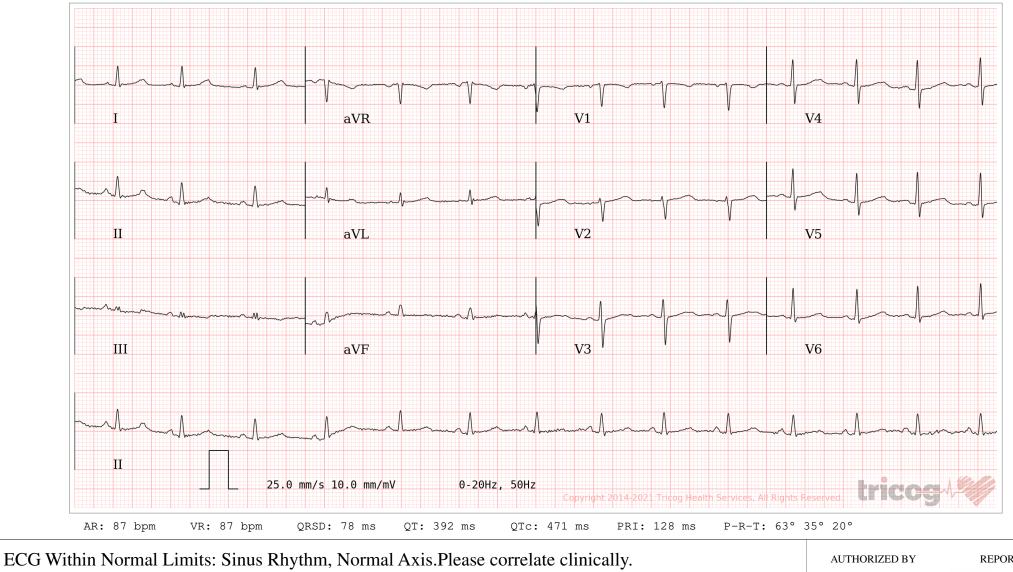
#### Chandan Diagnostics Centre Varanasi



Age / Gender:31/FemaleDate and Time:19th Oct 21 12:04 PMPatient ID:CVAR0070502122Patient Name:Mrs.SHRUTI PATEL-MEDIWHEEL



REPORTED BY



Dr. Charit MD, DM: Cardiology 63382 Dr. Bharati 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.

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232 CIN : U85110DL2003PLC308206

Patient Name Age/Gender	: Mrs.SHRUTI PATEL-MEDIWHEEL : 31 Y 0 M 0 D /F	Registered On Collected	: 19/Oct/2021 10:11:15 : 19/Oct/2021 10:59:31
UHID/MR NO	: CVAR.0000022931	Received	: 19/Oct/2021 11:04:44
Visit ID	: CVAR0070502122	Reported	: 19/Oct/2021 14:28:08
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
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	В			
Rh ( Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	10.30	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	8,290.00	/Cu mm	4000-10000	ELECTRONIC
				IMPEDANCE
DLC				
Polymorphs (Neutrophils )	72.00	%	55-70	ELECTRONIC
				IMPEDANCE
Lymphocytes	23.00	%	25-40	ELECTRONIC
				IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC
				IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC
Deservite	0.00	0/	. 1	
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	26.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.		
PCV (HCT)	<b>32.00</b>	cc %	< 20 40-54	
Platelet count	52.00	CC /8	40-54	
	2.70		4 5 4 0	
Platelet Count	2.76	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC
	15.40	IL.	9-17	IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC
		,,,		IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC
, , , , , , , , , , , , , , , , , , ,				IMPEDANCE
MPV (Mean Platelet Volume)	9.70	fL	6.5-12.0	ELECTRONIC
				IMPEDANCE
RBC Count				
RBC Count	4.69	Mill./cu mm	3.7-5.0	ELECTRONIC
				IMPEDANCE

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#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	66.10	fl	80-100	CALCULATED PARAMETER
МСН	22.00	pg	28-35	CALCULATED PARAMETER
МСНС	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	19.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	5,904.00 164.00	/cu mm /cu mm	3000-7000 40-440	



S.n. Sinta

Dr.S.N. Sinha (MD Path)

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Patient Name	: Mrs.SHRUTI PATEL-MEDIWHEEL	Registered On	: 19/Oct/2021 10:11:16
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Oct/2021 15:41:02
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Visit ID	: CVAR0070502122	Reported	: 19/Oct/2021 16:12:43
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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> Sample:Plasma	102.80	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	130.10	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.



S.N. Sinto, Dr.S.N. Sinha (MD Path)

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UHID/MR NO	: CVAR.0000022931	Received	: 20/Oct/2021 10:19:25
Visit ID	: CVAR0070502122	Reported	: 20/Oct/2021 12:55:52
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)	5.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	32.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)		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

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. 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.

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#### DEPARTMENT OF BIOCHEMISTRY

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

**Test Name** 

Result

Unit

Method

**Bio. Ref. Interval** 

#### **<u>Clinical Implications:</u>**

\*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

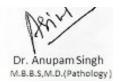
c. Alcohol toxicity d. Lead toxicity

\*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.





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UHID/MR NO Visit ID	: CVAR.0000022931 : CVAR0070502122		Received Reported	: 19/Oct/2021 11:04			
Ref Doctor	: Dr.Mediwheel - Arcofemi	Hoalth Caro I td	•	: 19/Oct/2021 13:01 : Final Report	.15		
Rel Doctor				-			
	DEPARTMENT OF BIOCHEMISTRY						
	MEDIWHEEL BA			ALE BELOW 40 YRS			
Test Name		Result	Unit	Bio. Ref. Interval	Method		
BUN (Blood Urea Sample:Serum	Nitrogen) *	7.00	mg/dL	7.0-23.0	CALCULATED		
<b>Creatinine</b> Sample:Serum		0.80	mg/dl	0.5-1.2	MODIFIED JAFFES		
	Glomerular Filtration	83.70	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED		
Uric Acid Sample:Serum		5.60	mg/dl	2.5-6.0	URICASE		
L.F.T.(WITH GA	MMA GT) * , Serum						
SGOT / Aspartat	e Aminotransferase (AST)	39.30	U/L	< 35	IFCC WITHOUT P5P		
SGPT / Alanine A	minotransferase (ALT)	37.40	U/L	< 40	IFCC WITHOUT P5P		
Gamma GT (GGT	)	39.70	IU/L	11-50	OPTIMIZED SZAZING		
Protein		7.50	gm/dl	6.2-8.0	BIRUET		
Albumin		4.80	gm/dl	3.8-5.4	B.C.G.		
Globulin		2.70	gm/dl	1.8-3.6	CALCULATED		
A:G Ratio		1.78	<u> </u>	1.1-2.0	CALCULATED		
Alkaline Phospha	atase (Total)	156.90	U/L	42.0-165.0	IFCC METHOD		
Bilirubin (Total)	· ·	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF		
Bilirubin (Direct)		0.10	mg/dl	< 0.30	JENDRASSIK & GROF		
Bilirubin (Indirec		0.20	mg/dl	< 0.8	JENDRASSIK & GROF		
LIPID PROFILE (	MINI)*, Serum						
Cholesterol (Tota	•	184.00	mg/dl	<200 Desirable 200-239 Borderline High	CHOD-PAP า		

			200-239 Borderline F > 240 High	ligh
HDL Cholesterol (Good Cholesterol)	43.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	100	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optir 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	40.00	mg/dl	10-33	CALCULATED
Triglycerides	200.00	mg/dl	< 150 Normal 150-199 Borderline H	GPO-PAP ligh

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

**Test Name** 

Result

Unit

Method

200-499 High >500 Very High

Bio. Ref. Interval



S. N. Sinha Dr.S.N. Sinha (MD Path)

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Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Oct/2021 15:41:03
UHID/MR NO	: CVAR.0000022931	Received	: 19/Oct/2021 15:42:17
Visit ID	: CVAR0070502122	Reported	: 19/Oct/2021 16:43:24
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 * , Un	ine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 5.0 )			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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

#### Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (+++) & 1 \\ (+++) & 1 \\ (++++) & > 2 \end{array}$ 

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#### 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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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage

ABSENT

#### Interpretation:

(+)	< 0.5 gms%
(++)	0.5-1.0 gms%
(+++)	1-2 gms%
(1 + 1)	$> 2 \operatorname{amag}()$

(++++) > 2 gms%



S.n. Sinta

Dr.S.N. Sinha (MD Path)

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Visit ID	: CVAR0070502122	Reported	: 20/Oct/2021 11:26:26
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#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.39	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.31	µIU/mL	0.27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU/n	nL First Trimest	er
		0.5-4.6 µIU/n	nL Second Trim	ester
		0.8-5.2 μIU/n	nL Third Trimes	ter
		0.5-8.9 μIU/n	nL Adults	55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/n	nL Cord Blood	> 37Week
		0.7-64 μIU/n	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/n	nL 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.

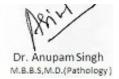
**5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

**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.





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#### **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)

#### **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**: NORMAL SKIAGRAM





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#### DEPARTMENT OF ULTRASOUND

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

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

- The liver measures 13.8 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended.Hyperechoic foci, more than 20 in number and varying in diameter from 4 to 5 mm are seen in GB lumen.These foci move with gravity.GB wall thickness 2.1 mm.
- Portal vein measures 8.3 mm in caliber. CBD measures 4.1 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (8.9 cm in its long axis), shape and echogenecity.
- Right kidney measures : 9.0 x 3.4 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 9.1 x 4.0 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen.Prevoid urine volume 181 cc.
- Uterus is anteverted.Size 73 x 41 x 29 mm/ 46 cc. No focal myometrial lesion seen. Endometrium thickness 7.0 mm.
- Bilateral ovaries are normal in size, shape and echogenecity.
- Fluid collection in posterior cul-de-sac.
- No free fluid is seen in the abdomen/pelvis.

## **IMPRESSION:**

- Cholelithiasis.
- Fluid collection in posterior cul-de-sac-physiological /pathological
- Rest of the abdominal organs are normal.

Please correlate clinically.

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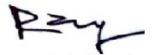
#### DEPARTMENT OF ULTRASOUND

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

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG





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 \* 365 Days Open \*Facilities Available at Select Location





We donot wont to do starl sample. Strutifatel.

Chândan Diagnostic Center 39, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232

Chandan



PP: Feb. 202





me didnot weant to do stool sample.

Chandan Diagnostic Center 99,Shivaji Nagar,Mahmoordanj Varanasi-221010 (U.P.) Phone No.:0542-2223232



PP: Feb. 202





# CHANDAN DIAGNOSTIC CENTRE Name of Company: My diwheel Name of Executive: Vor Bhav Singh Date of Birth: 02-07- 1991 Sex: Male Height: 125 Cm Weight: 98 kg. BMI (Body Mass Index): 32.0 Chest (Expiration / Inspiration) 991 106 (~ Abdomen: 97 C Blood Pressure: 12 6 82 Pulse: 86 Bm RR: 21 Perp (Mon. Ident Mark: Mole on Atcheetle Any Allergies: No - (Sinositis). Vertigo: Noshel. Any Medications: No Any Surgical History: No Habits of alcoholism/smoking/tobacco(1) Alcohol - 2 Time Honths. So will Sp. Chief Complaints if any: Lab Investigation Reports: Yes Attached. Eye Check up vision & Color vision: Nor mal Normal Left eye: wornal Right eye: Near vision: Normal







Far vision : Nonda

Dental check up : Nonal

ENT Check up :

Eye Checkup: Normal

#### Final impression

Sinusitis - 27B.

Client Signature :-

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. Np.-26918 Signature of Medical Examiner

Name & Qualification In R. C. Ray, MBBS mus Date 19/10/21 Place Nananasi







CHANDAN DIAGNOSTIC CENTRE Name of Company: Mediwheel Name of Executive: Shouti fateC. Date of Birth: 06-07-1990 Sex: Female Height: ARD CER 153Cm Weight: MOR - 65 Kg BMI (Body Mass Index): 27.8 Chest (Expiration / Inspiration) @UCAR Com Abdomen: 77 Cu Blood Pressure: 11476 Pulse: 76 BPM Ident Mark: Cut on ft cycboa. RR: 20 perpimin Any Allergies: Mo Vertigo: Normel. Any Medications: (i) Soratic Arthuitis - 54B - TalSAA Z - 20ng --Br. Vikash Agrawaf. Any Surgical History: No Habits of alcoholism/smoking/tobacco: No No Chief Complaints if any: Lab Investigation Reports: Yes Attached. Eye Check up vision & Color vision: Normal - E fower glann since - 12. YG. Nornal Left eye: Right eye: Nornal. Near vision: Kornel.







Far vision: Normal

ENT Check up :

Eye Checkup:

Dental check up : Manual remal normal

#### **Final** impression

Certified that I examined Shout Partel ....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.

Strut

Client Signature :-

Dr. R.C. ROY MBBS., MD (Radio Diagnosis) Reg. No.-26918 Signature of Medical Examiner

Name & Qualification ... Or A Chay, MR 55, MB Date.1.9.1.1.0.1.1. Place. Naranoy

