



Home Sample Collection

08069366666

202

Ct.

Name - Dhinendorg Kuman Bhandway' Age - 334/m Date - 25/11/2023 Steel RIM and sugar PP Sample Not Criven by Client

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

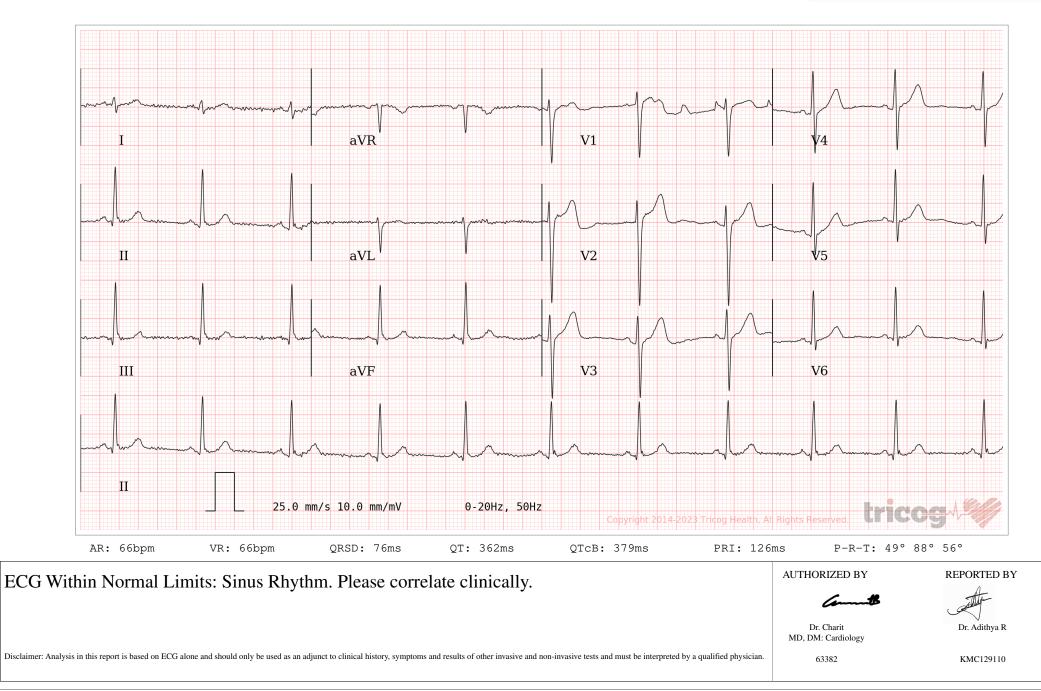
Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. No.-26918



Chandan Diagnostic



Age / Gender:33/MaleDate and Time:25th Nov 23 9:58 AMPatient ID:CVAR0081202324Patient Name:Mr.DHIRENDRA KUMAR BHARDWAJ





मारत सरकार GOVERNMENT OF INDI



धीरेन्द्र कुमार भरद्वाज Dhirendra Kumar Bhardwaj जन्म वर्ष / Year of Birth : 1990 पुरुष / Male



2165 6058 6839

आधार – आम आदमी का अधिकार

99, Shivaji Nagar Colony, Mahmoorganj,
Varanasi, Uttar Pradesh 221010, IndiaLatitudeLongitude25.305343°82.978987°

P

LOCAL 10:30:42 GMT 05:00:42 SATURDAY 11.25.2023 ALTITUDE 38 METER

Chandan Since 1991	CHANDAN DIA Add: 99, Shivaji Nagar Mahmoorg Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC30820	ganj,Varanasi	IC CENT	'RE	Source 195
Age/Gender: 33 YUHID/MR NO: CVAVisit ID: CVA	DHIRENDRA KUMAR BHARD ^Y 7 0 M 0 D /M R.0000044264 R0081202324 1EDIWHEEL VNS -		Registered O Collected Received Reported Status	n : 25/Nov/2023 09 : 25/Nov/2023 10 : 25/Nov/2023 10 : 25/Nov/2023 13 : Final Report):42:03):45:39
	DEPA	RTM ENT OF	HAEMATO	LOGY	
	MEDIWHEEL BANK C	OF BARODA	MALE & FEN	MALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & F Blood Group	htyping) * , Blood	AB			ERYTHROCYTE
Rh (Anti-D)	Ρ	OSITIVE			MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count	(CBC) * , Whole Blood				
Haemoglobin		5.70	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	
TLC (WBC) <u>DLC</u>	6,00	00.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophi Lymphocytes Monocytes Eosinophils Basophils ESR	42 3 15	0.00 2.00 5.00 .00	% % % %	55-70 25-40 3-5 1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed Corrected PCV (HCT) Platelet count	6		Am for 1st hr. Am for 1st hr. %	<9 40-54	
Platelet Count	, 1	.64 I	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distributi P-LCR (Platelet Large Ce		nr nr	fL %	9-17 35-60	ELECTRONIC IMPEDANCE







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.DHIRENDRA KUMAR BHARDWAJ	Registered On	: 25/Nov/2023 09:13:42
Age/Gender	: 33 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:42:03
UHID/MR NO	: CVAR.0000044264	Received	: 25/Nov/2023 10:45:39
Visit ID	: CVAR0081202324	Reported	: 25/Nov/2023 13:00:52
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.85	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	90.40	fl	80-100	CALCULATED PARAMETER
MCH	32.30	pg	28-35	CALCULATED PARAMETER
MCHC	35.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,400.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	900.00	/cu mm	40-440	

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

Chandar Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206				30 YEARS
Patient Name	: Mr.DHIRENDRA KUMAR BHARDWAJ	Registered On	: 25/Nov/2023 09:	13:43	
Age/Gender	: 33 Y 0 M 0 D /M	Collected	: 25/Nov/2023 13:	52:05	
UHID/MR NO	: CVAR.0000044264	Received	: 25/Nov/2023 14:	07:55	
Visit ID	: CVAR0081202324	Reported	: 25/Nov/2023 16:	28:55	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report		
	DEPARTMENT	OF BIOCHEM IST	RY		
	MEDIWHEEL BANK OF BAROD	AMALE& FEMA	ALE BELOW 40 YRS		
Test Name	Result	Unit	Bio. Ref. Interval	Method	

GLUCOSE FASTING, Plasma

Glucose Fasting	92.20	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD
			≥ 126 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.

Glucose PP Sample:Plasma After Meal	119.10	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

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







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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Age/Gender	: 33 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:42:03	
UHID/MR NO	: CVAR.0000044264	Received	: 26/Nov/2023 13:03:28	
Visit ID	: CVAR0081202324	Reported	: 26/Nov/2023 14:23:10	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEM OGLOBIN (HBA1C) * '	*, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC		

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

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• 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. **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 VARIANT II TURBO HPLC Analyser.

<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

ISO 9001:2015

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Chaudan Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206			VEARS WELIST
Patient Name	: Mr.DHIRENDRA KUMAR BHARDWAJ	Registered On	: 25/Nov/2023 09:13:	43
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Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTMENT	OF BIOCHEM IST	RY	
	MEDIWHEEL BANK OF BAROD	AMALE&FEMA	ALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method

Test Name	Result	Unit	Bio. Ref. Interval	Method	

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

CHANDAN DIAGNOSTIC CENTRE

*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)







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name: Mr.DHIRENDRA KUMAR BłAge/Gender: 33 Y 0 M 0 D /MUHID/MR NO: CVAR.0000044264	HARDWAJ	Registered On Collected Received	: 25/Nov/2023 09:13 : 25/Nov/2023 10:42 : 25/Nov/2023 10:45	:02
Visit ID : CVAR0081202324		Reported	: 25/Nov/2023 12:53	:23
Ref Doctor : Dr.MEDIWHEEL VNS -		Status	: Final Report	
I	DEPARTMENT	OF BIOCHEM IST	RY	
M EDIWHEEL BA	NK OF BAROD	AMALE&FEMA	ALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	4.00	· mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	30.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	26.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.43		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	111.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	126.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	70	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima	
			130-159 Borderline High 160-189 High > 190 Very High	
VLDL	20.00	mg/dl	10-33	CALCU' ATTO
Triglycerides	100.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S. N. Sinha Dr.S.N. Sinha (MD Path

ISO 9001:2018

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Chandan Since 1991	CHANDAN D Add: 99, Shivaji Nagar Ma Ph: 9235447795,0542-350 CIN : U85110DL2003PLC	hmoorganj,Varanasi 0227	TIC CENTR	E	VEARS VICE 1990
Age/Gender : UHID/MR NO : Visit ID :	Mr.DHIRENDRA KUMAR BH 33 Y 0 M 0 D /M CVAR.0000044264 CVAR0081202324 Dr.MEDIWHEEL VNS -	IARDWAJ	Registered On Collected Received Reported Status	: 25/Nov/2023 09 : 25/Nov/2023 10 : 25/Nov/2023 10 : 25/Nov/2023 17 : Final Report	:42:03 :45:39
	DFP	ARTMENT OF (LINICAL PATHC	NOGY	
				LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATIO Color Specific Gravity Reaction PH	ON, ROUTINE* , Urine	PALE YELLOW 1.030 Acidic (6.5)			DIPSTICK
Appearance Protein		CLEAR ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
Sugar		ABSENT	gms%	40-200 (++) 200-500 (+++) > 500 (++++) < 0.5 (+)	DIPSTICK
54541			Buok	0.5-1.0 (++) 1-2 (+++) >2 (++++)	
Ketone		ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts		ABSENT			
Bile Pigments		ABSENT		the strength	
Bilirubin		ABSENT			DIPSTICK
Leucocyte Esterase		ABSENT			DIPSTICK
Urobilinogen(1:20 d	ilution)	ABSENT			
Nitrite		ABSENT			DIPSTICK
Blood Microscopic Examin	ation:	ABSENT			DIPSTICK
Epithelial cells		2-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells		2-3/h.p.f			-
RBCs		ABSENT			MICROSCOPIC EXAMINATION
Cast		ABSENT			
Crystals		ABSENT			MICROSCOPIC EXAMINATION
Others		ABSENT			
SUGAR, FASTING S	TAGE*, Urine				
Sugar, Fasting stage		ABSENT	gms%		

Interpretation:

ISO 9001:2015





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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Visit ID	: CVAR0081202324	Reported	: 25/Nov/2023 17:14:50
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				

(++++) > 2





CHANDAN DIAGNOSTIC CENTRE Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Since 1991

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



: Mr.DHIRENDRA KUMAR BHARDWAJ	Registered On	: 25/Nov/2023 09:13:43
: 33 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:42:02
: CVAR.0000044264	Received	: 26/Nov/2023 12:54:11
: CVAR0081202324	Reported	: 26/Nov/2023 14:54:16
: Dr.MEDIWHEEL VNS -	Status	: Final Report
	: 33 Y 0 M 0 D /M : CVAR.0000044264 : CVAR0081202324	: 33 Y 0 M 0 D /M Collected : CVAR.0000044264 Received : CVAR0081202324 Reported

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)	8.50	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	2.830	μlU/mL	0.27 - 5.5	CLIA	
Interpretation:					
		0.3-4.5 μIU/			
		0.5-4.6 µIU/	mL Second Trimest	er	

0.8-5.2	µIU/mL	Third Trimes	ter
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
	A A		

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)

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Patient Name	: Mr.DHIRENDRA KUMAR BHARDWAJ	Registered On	: 25/Nov/2023 09:13:46
Age/Gender	: 33 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000044264	Received	: N/A
Visit ID	: CVAR0081202324	Reported	: 25/Nov/2023 16:59:05
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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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Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOM EN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (12.1 cm in midclavicular line) and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (9.9 mm in caliber) not dilated.
- Porta hepatis is normal.

BILLARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (2.9 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 ~ 10.2 x 3.2 cms.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- Left kidney:-
 - Left kidney measures ~ 9.6 x 3.4 cms. Hyperechoic focus measuring 2.3 mm in diatemer is seen in lower pole region of kidney.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.



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Visit ID	: CVAR0081202324	Reported	: 25/Nov/2023 10:16:07
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

 The spleen is normal in size (~ 9.2 cm in its long axis) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

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

URINARY BLADDER

- The urinary bladder is well filled. Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 65 cc.
- Bilateral vesicoureteric junctions are normal.

PROSTATE

• The prostate gland size (~ 33 x 29 x 25 mm / 13 gms). Prostatic calcification seen.

FINAL IM PRESSION:-

- Left renal calculus
- Rest of the abdominal organs are normal

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



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

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Name of Company: Medichel Name of Executive: Dhivendry Kyman Bhandway Date of Birth: 25 1.041.1990 Sex: Male / Female BMI (Body Mass Index): 23.0 Chest (Expiration / Inspiration) 93. / 97 CMs Pulse: BPM - Regular/ Irregular RR: Resp/Min Ident Mark: (4) monte on Jupt Above of Right eye Any Allergies: No Vertigo: NO Any Medications: NO Any Surgical History: NO Habits of alcoholism/smoking/tobacco: NO Chief Complaints if any: NO Lab Investigation Reports: NO Eye Check up vision & Color vision: Namal Left eye: Namel Right eye: Nonmal









Near vision: 1	416
Far vision: 6	16
Dental check up:	Nouma
ENT Check up:	Normal
Eye Check-up:	Nonna

Final impression-

Client Signature: -

Dr. R.C. ROY Signature of Medical Examiners, MD. (Radio Diagnosis) Reg. No.-26918 Name & Qualification - Dr. R. C. ROY (MBBS, MD) Date...2.5./..../2023 Place - VARANASI Chandan Diagnostic Center Chandan Diagnostic Center Shiveji Nagar, Mahmoorgani 99, Shiveji Nagar, Mahmoorgani 90, Shiveji Nagar, Mahmoorga



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