

CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206



Patient Name : Mrs.JYOTI MISHRA-161514

Registered On

: 12/Feb/2023 08:31:17

Age/Gender UHID/MR NO : 29 Y 7 M 4 D /F

Collected : N/A Received : N/A

Visit ID

: ALDP.0000113255 : ALDP0330382223

Reported

Status

: 12/Feb/2023 10:03:00

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm

Sinus, Regular

2. Atrial Rate

80

/mt

3. Ventricular Rate

80

/mt

4. P - Wave

Normal

5. P R Interval

Normal

6. Q R S

Axis:

Normal

R/S Ratio: Configuration: Normal Normal

7. Q T c Interval

Normal

8. S - T Segment

Normal

9. T – Wave

Normal

FINAL IMPRESSION

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











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Patient Name : Mrs.JYOTI MISHRA-161514 Registered On : 12/Feb/2023 08:31:16 Age/Gender Collected : 29 Y 7 M 4 D /F : 12/Feb/2023 08:40:30 UHID/MR NO : ALDP.0000113255 Received : 12/Feb/2023 10:04:33 Visit ID : ALDP0330382223 Reported : 12/Feb/2023 13:09:22

R

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

Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin

10.90

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) 5,600.00 4000-10000 ELECTRONIC IMPEDANCE /Cu mm <u>DLC</u> Polymorphs (Neutrophils) % 55-70 49.00 ELECTRONIC IMPEDANCE Lymphocytes 45.00 % 25-40 **ELECTRONIC IMPEDANCE** Monocytes % 4.00 3-5 ELECTRONIC IMPEDANCE Eosinophils 2.00 % 1-6 **ELECTRONIC IMPEDANCE**

 Basophils
 0.00
 %
 < 1</th>

 ESR
 32.00 Mm for 1st hr.

 Corrected
 Mm for 1st hr.
 < 20</th>

 PCV (HCT)
 30.00
 %
 40-54

Platelet Count 1.35 LACS/cu mm 1.5-4.0 ELECTRONIC IMPEDANCE/MICROSCOPIC

16.40

P-LCR (Platelet Large Cell Ratio) 58.70 % 35-60 ELECTRONIC IMPEDANCE PCT (Platelet Hematocrit) 0.19 % 0.108-0.282 ELECTRONIC IMPEDANCE MPV (Mean Platelet Volume) 15.10 fL 6.5-12.0 ELECTRONIC IMPEDANCE

fL

9-17

RBC Count

PDW (Platelet Distribution width)

RBC Count 3.99 Mill./cu mm 3.7-5.0 ELECTRONIC IMPEDANCE



Platelet count



ELECTRONIC IMPEDANCE

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	75.40	fl	80-100	CALCULATED PARAMETER
MCH	27.40	pg	28-35	CALCULATED PARAMETER
MCHC	36.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,744.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	112.00	/cu mm	40-440	







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Age/Gender UHID/MR NO

: ALDP.0000113255

Collected : 12/Feb/2023 12:35:18 Received : 12/Feb/2023 12:50:13

Visit ID : ALDP0330382223

Reported : 12/Feb/2023 13:18:19

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	92.10	mg/dl	< 100 Normal 100-125 Pre-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 *	
Sampla: Dlacma	After Meal

123.40

mg/dl

<140 Normal

≥ 126 Diabetes

GOD POD

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.
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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)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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)	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.

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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy





^{**}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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002

^{*}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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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	9.48	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	3.71	mg/dl	2.5-6.0	URICASE
LFT (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)	19.20 25.20 21.70 6.80 4.60 2.20 2.09 68.30 0.50 0.20 0.30	U/L U/L gm/dl 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 <200 Desirable 200-239 Borderline High	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	49.90 113 19.40 97.00	mg/dl mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High	DIRECT ENZYMATIC CALCULATED al ph CALCULATED GPO-PAP









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High











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Patient Name : Mrs.JYOTI MISHRA-161514 Registered On : 12/Feb/2023 08:31:17 Age/Gender : 29 Y 7 M 4 D /F Collected : 12/Feb/2023 12:39:21 UHID/MR NO : ALDP.0000113255 Received : 12/Feb/2023 12:50:13 Visit ID Reported : ALDP0330382223 : 12/Feb/2023 13:58:31

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

URINE EXAMINATION, ROUTINE ",	Urine			
Color Specific Gravity	LIGHT YELLOW 1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	, mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++) 200-500 (+++) > 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			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT			
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	2-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2









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Age/Gender

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Collected

: 12/Feb/2023 12:39:21 : 12/Feb/2023 12:50:13

UHID/MR NO Visit ID

: ALDP.0000113255 : ALDP0330382223 Received Reported

: 12/Feb/2023 13:58:31

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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

(++++) > 2

SUGAR, PP STAGE *, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%









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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)	117.56	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.22	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:		,		
		0.3-4.5 μIU/s	mL First Trimest	er
		0.5-4.6 µIU/	mL Second Trim	ester
		0.8-5.2 µIU/1	mL Third Trimes	ter
		$0.5-8.9 \mu IU/r$	mL Adults	55-87 Years
		0.7-27 µIU/		28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/1	mL Child(21 wk	- 20 Yrs.)
		1-39 μΙΙ	J/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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









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Patient Name : Mrs.JYOTI MISHRA-161514 Registered On : 12/Feb/2023 08:31:18

 Age/Gender
 : 29 Y 7 M 4 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000113255
 Received
 : N/A

Visit ID : ALDP0330382223 Reported : 12/Feb/2023 14:03:16

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 *

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

Dr. Anoop Agarwal MBBS,MD(Radiology)







CHANDAN DIAGNOSTIC CENTRE

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: N/A

Visit ID

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Reported

: 12/Feb/2023 10:17:48

Ref Doctor

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (13.9 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Not visualized (post cholecystectomy status).

CBD:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (8.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

UTERUS :- Anteverted, and is normal in size (82 x 35 x 57 mm). No focal myometrial lesion seen. Endometrium is normal in thickness 10.0 mm

OVARIES:- Bilateral ovaries are normal in size, shape and echogenicity. Right Ovary:-(4.3 x 2.8 x 4.9 cm), Left Ovary:-(3.6 x 2.3 x 2.0 cm)

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

Free fluid is seen in cul de sac.

IMPRESSION: ? Pelvic inflammatory disease.

Please correlate clinically.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



NE EXAMINATION

Dr. R K VERMA MBBS, PGDGM

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





