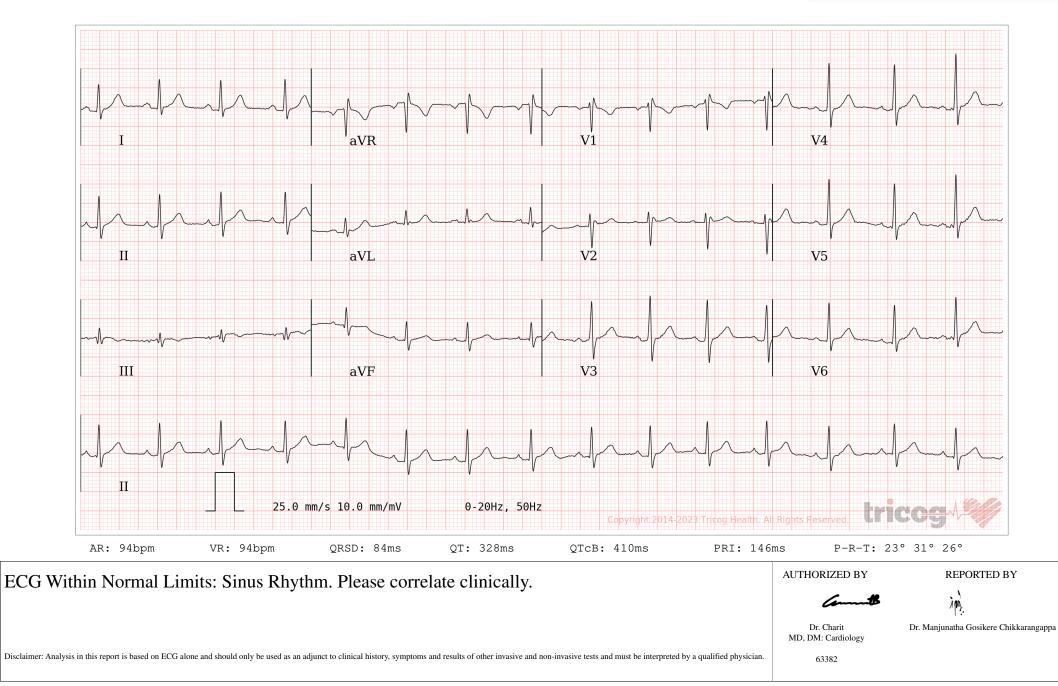
Chandan Diagnostic



Age / Gender:32/FemaleDate and Time:14th Apr 23 9:43 AMPatient ID:CVAR0003502324Patient Name:Mrs.GUNJA NIGAM -BOBS37843





Name of Company: Rob Name of Executive: Gunga Nigam Date of Birth: 09/ 12/ 1990 Sex: Male / Female Height: 1.S. 8 CMs Weight:KGs BMI (Body Mass Index): 27-6 Abdomen: 89......CMs 108 SY Ident. Mark: Male on it Elbour Any Allergies: 100 Vertigo: No Any Medications: () Thyrord - 1-1B. Tob. Thyroxine lack Any Surgical History: Mo Habits of alcoholism/smoking/tobacco: Chief Complaints if any: () irregular Menges - (MP. 14.02-23 Lab Investigation Reports: Eye Check up - vision & Color vision: Normal E Picuer glan - 198 Left eye: -2.0D Right eye: - 1.0 D. Near vision: Nearf Far vision: wand Effer



Home Sample Collection

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



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



MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS					
DEPARTMENT OF HAEMATOLOGY					
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report		
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 16:0	4:47	
UHID/MR NO	: CVAR.0000037007	Received	: 14/Apr/2023 10:3	2:39	
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 10:2	8:28	
Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:5	3:39	

Blood Group (ABO & Rh typing) * , Blood

Blood Group	0
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin	12.90	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/d 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 6-12 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	d
TLC (WBC) <u>DLC</u>	8,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	. < 20	
PCV (HCT)	38.70	%	40-54	
Platelet count				
Platelet Count	2.37	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.35	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:39
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 10:28:28
UHID/MR NO	: CVAR.0000037007	Received	: 14/Apr/2023 10:32:39
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 16:04:47
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

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	72.30	fl	80-100	CALCULATED PARAMETER
MCH	24.20	pg	28-35	CALCULATED PARAMETER
MCHC	33.50	%	30-38	CALCULATED PARAMETER
RDW-CV	15.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,1 <mark>60.00</mark>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	176.00	/cu mm	40-440	

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

Page 2 of 12





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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:40
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 12:14:03
UHID/MR NO	: CVAR.0000037007	Received	: 14/Apr/2023 12:15:06
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 14:41:58
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
GLUCOSE FASTING , Plasma				
Glucose Fasting	96.00	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	124.00	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. Sintos Dr.S.N. Sinha (MD Path)





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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:41
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 10:28:28
UHID/MR NO	: CVAR.0000037007	Received	: 15/Apr/2023 11:18:44
Visit ID	: CVAR0003502324	Reported	: 15/Apr/2023 13:23:50
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	o. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	114	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. **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.

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

Page 4 of 12





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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:41
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 10:28:28
UHID/MR NO	: CVAR.0000037007	Received	: 15/Apr/2023 11:18:44
Visit ID	: CVAR0003502324	Reported	: 15/Apr/2023 13:23:50
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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 (MBBS MD Pathology)

Page 5 of 12





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



Dationt Name	: Mrs.GUNJA NIGAM -BOBS	27012	Degistered Or	14/400/2022 00.52	<i>A</i> 1	
Patient Name : Mrs.GUNJA NIGAM -BO Age/Gender : 32 Y 0 M 0 D /F				: 14/Apr/2023 08:53:41		
			Collected	: 14/Apr/2023 10:28:		
UHID/MR NO Visit ID	: CVAR.0000037007 : CVAR0003502324		Received	: 14/Apr/2023 10:32:		
Ref Doctor : Dr.MEDIWHEEL VNS			Reported Status	: 14/Apr/2023 14:32: : Final Report	J2	
Nei Ductui			Status	. гшагкерон		
			OF BIOCHEMIST			
	MEDIWHEEL BA		A MALE & FEMA	LE BELOW 40 YRS		
Test Name		Result	Unit	Bio. Ref. Interval	Method	
PUN /Plood Uroa	Nitrogon)	9.50	ma/di	7 0 22 0		
BUN (Blood Urea Sample:Serum	Nitrogen)	9.50	mg/dL	7.0-23.0	CALCULATED	
Creatinine Sample:Serum		1.00	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES	
Uric Acid		7.00	mg/dl	2.5-6.0	URICASE	
Sample:Serum			11.67 01	215 010		
LFT (WITH GAM	IMA GT) * , Serum					
SGOT / Aspartat	e Aminotransferase (AST)	27.80	U/L	< 35	IFCC WITHOUT P5P	
SGPT / Alanine A	Aminotransferase (ALT)	35.20	U/L	< 40	IFCC WITHOUT P5P	
Gamma GT (GGT		34.00	IU/L	11-50	OPTIMIZED SZAZING	
Protein		6.80	gm/dl	6.2-8.0	BIRUET	
Albu <mark>min</mark>		4.20	gm/dl	3.8-5.4	B.C.G.	
Globulin		2.60	gm/dl	1.8-3.6	CALCULATED	
A:G Ratio		1.62		1.1-2.0	CALCULATED	
Alkaline Phospha	atase (Total)	180.90	U/L	42.0-165.0	IFCC METHOD	
Bilirubin (Total)	and the second	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF	
Bilirubin (Direct)		0.20	mg/dl	< 0.30	JENDRASSIK & GROF	
Bilirubin (Indirec		0.20	mg/dl	< 0.8	JENDRASSIK & GROF	
LIPID PROFILE (MINI) , Serum					
Cholesterol (Tota	al)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP	
HDL Cholesterol	(Good Cholesterol)	38.00	mg/dl	30-70	DIRECT ENZYMATIC	
	(Bad Cholesterol)	90	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED	
				Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High		
VLDL		26.56	mg/dl	10-33	CALCULATED	
Triglycerides		132.80	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP	



200-499 High





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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:41
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 10:28:28
UHID/MR NO	: CVAR.0000037007	Received	: 14/Apr/2023 10:32:40
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 14:32:32
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

>500 Very High

Bio. Ref. Interval



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



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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:41
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 14/Apr/2023 10:28:28
UHID/MR NO	: CVAR.0000037007	Received	: 14/Apr/2023 10:32:39
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 16:09:50
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
IRINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Surger	ADCENT		> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second second	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
and the second	,p.:			EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				

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





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



Patient Name Age/Gender	: Mrs.GUNJA NIGAM -BOBS37843 : 32 Y 0 M 0 D /F	Registered On Collected	: 14/Apr/2023 08:53:41 : 14/Apr/2023 10:28:27
UHID/MR NO	: CVAR.0000037007	Received	: 15/Apr/2023 10:37:56
Visit ID	: CVAR0003502324	Reported	: 15/Apr/2023 12:15:40
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

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)	189.96	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	11.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.01	μlU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/1	mL First Trimester	
		0.5-4.6 µIU/1	mL Second Trimest	er
		0.8-5.2 µIU/1	mL Third Trimester	

1) Patients having low T3 and T4 levels but high TSH levels suffe	r from primary hypothyroidism, cretinism, juvenile myxedema or
autoimmune disorders.	

0.5-8.9

0.7-27

0.7-64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

Adults

Child

Child

Premature

Cord Blood

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

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

3) Patients having either low or normal 13 and 14 levels but low ISH 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)







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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:43
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000037007	Received	: N/A
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 14:31:22
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)

Page 10 of 12







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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:43
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000037007	Received	: N/A
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 09:56:29
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER

• The liver is normal in size **12.2 cm in longitudinal span** and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal (10.2 mm) at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (**3.8 mm**) at the porta.
- 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

- Right kidney is normal in size (10.4 x 4.0 cm), 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 (9.7 x 4.2 cm), 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.

SPLEEN





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



Patient Name	: Mrs.GUNJA NIGAM -BOBS37843	Registered On	: 14/Apr/2023 08:53:43
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000037007	Received	: N/A
Visit ID	: CVAR0003502324	Reported	: 14/Apr/2023 09:56:29
Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• The spleen is normal in size (9.5 cm), and has a homogenous echotexture.

ILIAC FOSSA

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

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is 59 cc.

UTERUS

- Uterus is anteverted.Size (73 x 45 x 29 mm / 51 cc).
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline (thickness 3 mm)
- Cervix is normal.

UTERINE ADNEXA

- Adnexa on both sides are normal.
- 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.

Lab.
Dr Raveesh Chandra Roy (MD-Radio)
at the test at no additional cost within seven days.
ng, Test And Health Check-ups, Ultrasonography, Sonomammography, scopy, Digital Mammography, Electromyography (EMG), Nerve Condition line Booking Facilities for Diagnostics, Online Report Viewing * *Facilities Available at Select Location
2





Dental check up : Mar

ENT Check up :

Eye Checkup:

Final impression

Client Signature :-

Gunjunligums

Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS, MD)

Dr. R.C. ROY MBBS.,MD. (Radio Diagnosis) Reg. No.-25918



ner Care No.:+91-8069366666 E-mail: customercare diagnostic@etrandos ----- tet-t