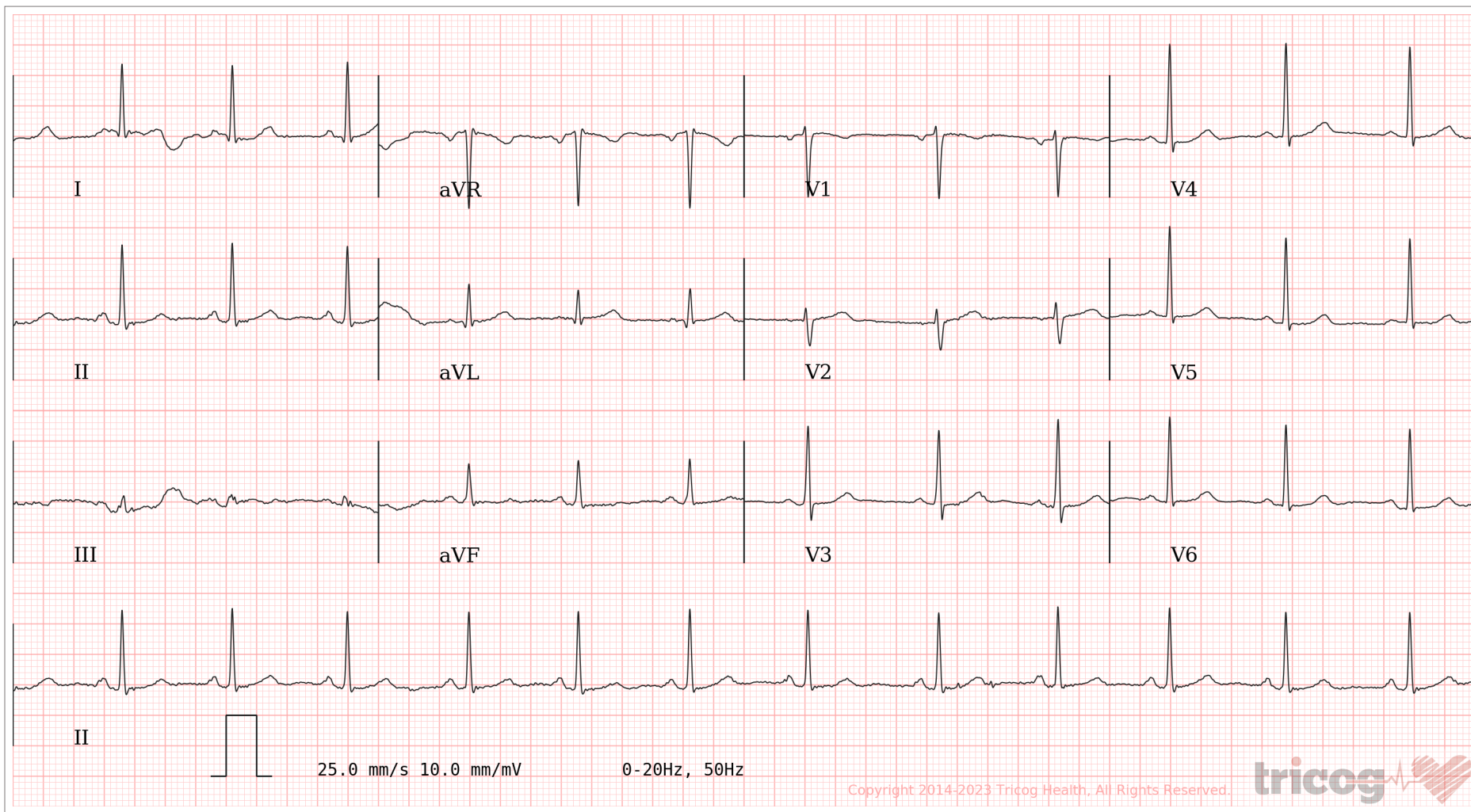


Chandan Diagnostic



Age / Gender: 27/Female
Patient ID: CVAR0000162324
Patient Name: Miss.SONI-PKG10000239

Date and Time: 1st Apr 23 1:28 PM



AR: 78bpm VR: 78bpm QRSD: 70ms QT: 368ms QTcB: 419ms PRI: 136ms P-R-T: 52° 36° 12°

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

AUTHORIZED BY

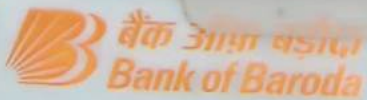
Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Devendra Muralidhar Dhande

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



नाम सोनी

Name SONI

कर्मचारी कूट क्र. 127775
E.C. No.



जारीकर्ता प्राधिकारी, उप महाप्रबंधक (वा.क्षे.)
Issuing authority, DGM (V.R.)

Soni

धारक के हस्ताक्षर
Signature of Holder

CHANDAN DIAGNOSTIC CENTRE

Name of Company: *mediwheel*

Name of Executive: **MR / MRS** *soni*

Date of Birth:/...../.....

Sex: *Male* / Female

Height: *161* CMs

Weight: *64* KGs

BMI (Body Mass Index): *24.7*

Chest (Expiration / Inspiration) *97 / 96* CMs

Abdomen: *81* CMs

Blood Pressure: *100 / 70* mm/Hg

Pulse: *74* BPM - **Regular / Irregular**

Respiration Rate: *18* Resp/Min

Ident. Mark: *A mole on rt hand.*

Any Allergies: *No*

Vertigo: *No*

Any **Medications**: (I) *No*

Any **Surgical** History: (I) *No*
(II)

Habits of alcoholism/smoking/tobacco: (I) *No*
(II)

Chief Complaints if any: *no*

Lab Investigation Reports: *yes*

Eye Check up - vision & Color vision: - *clear wearing poman glass*

Left eye: - *Normal*

Right eye: - *Normal*

since 1/2 but power not confirmed by the clear.



Since 1991



CHANDAN DIAGNOSTIC CENTRE

Near vision: - 2/6
 Far vision: - 6/6
 Dental check up: - Normal
 ENT Check up: - Normal
 Eye Checkup: - Normal

Final impression

Certified that I examined Soni
 S/O D/O W/O is presently in good health
 and free from any cardio-respiratory / communicable ailment,
he/she is fit / Unfit to join any organization.

Client Signature: -

.....
Signature of Medical Examiner

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

Date - 01/04/2023,

Place - VARANASI

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

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





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:56
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 01/Apr/2023 10:35:52
UHID/MR NO	: CVAR.0000036689	Received	: 01/Apr/2023 10:38:31
Visit ID	: CVAR0000162324	Reported	: 01/Apr/2023 14:22:51
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.40	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	
TLC (WBC)	8,700	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	34.00	%	40-54	
Platelet count				
Platelet Count	1.50	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
<u>RBCCount</u>				
RBC Count	4.40	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





CHANDAN DIAGNOSTIC CENTRE

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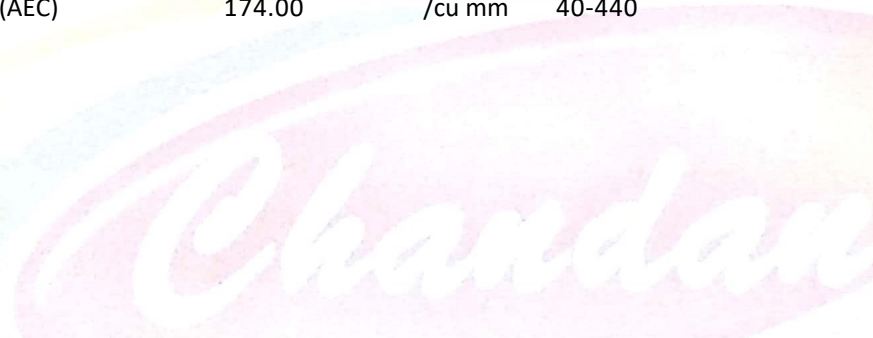


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Ref Doctor	: Dr.MEDIWHEEL VNS	Status	: Final Report

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	77.40	fl	80-100	CALCULATED PARAMETER
MCH	25.90	pg	28-35	CALCULATED PARAMETER
MCHC	33.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	38.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,350.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	174.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:57
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 01/Apr/2023 10:35:52
UHID/MR NO	: CVAR.0000036689	Received	: 01/Apr/2023 10:38:31
Visit ID	: CVAR0000162324	Reported	: 01/Apr/2023 12:18:35
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
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GLUCOSE FASTING, Plasma

Glucose Fasting	98.00	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

Glucose PP Sample: Plasma After Meal

Glucose PP	120.00	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	92	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.





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

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 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.

BUN (Blood Urea Nitrogen) Sample: Serum	8.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.80	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	3.90	mg/dl	2.5-6.0	URICASE





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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LFT (WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	20.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	12.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.00	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.60	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	84.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	205.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	130	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	24.26	mg/dl	10-33	CALCULATED
Triglycerides	121.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:57
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 01/Apr/2023 15:04:51
UHID/MR NO	: CVAR.0000036689	Received	: 01/Apr/2023 15:06:52
Visit ID	: CVAR0000162324	Reported	: 01/Apr/2023 15:07:45
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
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URINE EXAMINATION, ROUTINE* , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.5)			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	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:57
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 01/Apr/2023 15:04:51
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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
-----------	--------	------	--------------------	--------

SUGAR, PP STAGE* , Urine

Sugar, PP Stage **ABSENT**

Interpretation:

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



S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795, 0542-3500227
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Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:57
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: 01/Apr/2023 10:35:52
UHID/MR NO	: CVAR.0000036689	Received	: 01/Apr/2023 10:41:31
Visit ID	: CVAR0000162324	Reported	: 01/Apr/2023 14:47:06
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
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	102.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.25	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.88	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.
- 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.

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:59
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000036689	Received	: N/A
Visit ID	: CVAR0000162324	Reported	: 01/Apr/2023 13:46:46
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)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795, 0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Miss.SONI-PKG10000239	Registered On	: 01/Apr/2023 09:44:59
Age/Gender	: 27 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000036689	Received	: N/A
Visit ID	: CVAR0000162324	Reported	: 01/Apr/2023 15:52:09
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 **12.0 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 mm**) at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (**2.6 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 (**10.2 x 3.4 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 (**9.5 x 4.7 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





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The spleen is normal in size (**7.0 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 - 227 cc.**

UTERUS

- Uterus is anteverted. Size (**70 x 39 x 28 mm / 41 cc**).
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline (**thickness - 7.4 mm**)
- Cervix is normal.

UTERINE ADNEXA

- **Right ovary size - 37 x 23 x 17 mm / 7.9 cc**
- **Left ovary size - 37 x 29 x 23 mm / 13.3 cc**
- **Echogenic area with distal shadowing measuring 15 x 15 mm in diameter is seen in left ovary .**

IMPRESSION

- ◊ **Calcification in left ovary**
- ◊ **Rest of the abdominal organs are normal**
- ◊ **ADV- Clinical correlation**

*** End Of Report ***



NE 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.

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Mar. 2018

Cholesterol and Other Lipid Profile Tests



Cholesterol and other lipid profile tests are used to measure the amount of cholesterol and other lipids in the blood. These tests are important for diagnosing and monitoring conditions such as high cholesterol, heart disease, and diabetes.

What is cholesterol?
Cholesterol is a waxy substance found in all cells in the body. It is used to produce hormones, vitamin D, and bile acids. It is also a major component of cell membranes.

What are lipids?
Lipids are a group of molecules that include fats, oils, and cholesterol. They are essential for the structure and function of cell membranes.

Why are cholesterol and lipid profile tests important?
High levels of cholesterol and other lipids in the blood can lead to the buildup of plaque in the arteries, which can increase the risk of heart disease and stroke.

How are cholesterol and lipid profile tests performed?
Cholesterol and lipid profile tests are performed by drawing a blood sample from a vein in the arm.

What are the normal ranges for cholesterol and lipid profile tests?
The normal ranges for cholesterol and lipid profile tests vary depending on the test and the individual's age and health status. Your doctor can provide you with the normal ranges for your test.

What are the risks of cholesterol and lipid profile tests?
Cholesterol and lipid profile tests are generally safe and do not pose any significant risks.

How often should cholesterol and lipid profile tests be performed?
The frequency of cholesterol and lipid profile tests depends on your individual health status and your doctor's recommendations.

How can I lower my cholesterol and other lipids?
There are several ways to lower your cholesterol and other lipids, including eating a healthy diet, exercising regularly, and taking medication if necessary.

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ALTITUDE 42 METER