



भारत सरकार
Government of India



Issue Date: 03/01/2015



मनोज राणा
Manoj Rana
जन्म तिथि/DOB: 28/03/1992
पुरुष/ MALE

3593 9780 3308

VID : 9107 5846 9900 5248

मेरा आधार, मेरी पहचान

Handwritten signature in blue ink

Dr. SUSHIL PANDEY

M.B.B.S

Reg. No.- UMC-8045

Chandigarh Diagnostic Centre, Haridwar



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
C/O प्रताप सिंह राणा, 1, चकमनशा, शेरपुर, देहरादून,
उत्तराखण्ड - 248197

Address:
C/O Pratap Singh Rana, 1, chakmansha,
Sherpur, Dehradun,
Uttarakhand - 248197



3593 9780 3308

VID : 9107 5846 9900 5248



1047



help@uidai.gov.in



www.uidai.gov.in



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANOJ RANA	Registered On	: 24/Jun/2023 10:29:42
Age/Gender	: 31 Y 2 M 27 D /M	Collected	: 24/Jun/2023 10:42:51
UHID/MR NO	: CHLD.0000092916	Received	: 24/Jun/2023 10:57:07
Visit ID	: CHLD0045992324	Reported	: 24/Jun/2023 14:04:51
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	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	16.70	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)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	<9	
PCV (HCT)	49.00	%	40-54	
Platelet count				
Platelet Count	2.44	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	36.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.42	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

Blood Indices (MCV, MCH, MCHC)





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Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	92.20	fl	80-100	CALCULATED PARAMETER
MCH	30.80	pg	28-35	CALCULATED PARAMETER
MCHC	33.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	38.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,352.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	256.00	/cu mm	40-440	




Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mr.MANOJ RANA	Registered On	: 24/Jun/2023 10:29:43
Age/Gender	: 31 Y 2 M 27 D /M	Collected	: 24/Jun/2023 14:09:43
UHID/MR NO	: CHLD.0000092916	Received	: 24/Jun/2023 14:26:26
Visit ID	: CHLD0045992324	Reported	: 24/Jun/2023 14:59:05
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	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	100.40	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

124.60	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.


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UHID/MR NO	: CHLD.0000092916	Received	: 25/Jun/2023 11:27:57
Visit ID	: CHLD0045992324	Reported	: 25/Jun/2023 12:28:37
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	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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GLYCOSYLATED HAEMOGLOBIN (HbA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	102	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 management.

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 1diabetics. 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





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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)





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Visit ID	: CHLD0045992324	Reported	: 24/Jun/2023 12:36:06
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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	9.80	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.09	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	7.28	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	54.03	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	179.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	84.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.01	gm/dl	6.2-8.0	BIRUET
Albumin	4.54	gm/dl	3.8-5.4	B.C.G.
Globulin	2.47	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.84		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	123.14	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.76	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.94	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	195.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	42.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	133	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	20.08	mg/dl	10-33	CALCULATED
Triglycerides	100.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	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
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Dr Vinod Ojha
MD Pathologist





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UHID/MR NO	: CHLD.0000092916	Received	: 24/Jun/2023 14:26:26
Visit ID	: CHLD0045992324	Reported	: 24/Jun/2023 18:53:57
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	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	1.015			
Reaction PH	Acidic (6.0)			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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, PP STAGE * , Urine

Sugar, PP Stage	ABSENT
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Interpretation:

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


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Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	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)	110.32	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	12.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.10	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.


Dr Vinod Ojha
MD Pathologist





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANOJ RANA	Registered On	: 24/Jun/2023 10:29:45
Age/Gender	: 31 Y 2 M 27 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000092916	Received	: N/A
Visit ID	: CHLD0045992324	Reported	: 24/Jun/2023 13:34:32
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

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:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.

Dr Sushil Pandey(MD Radiodignosis)





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Patient Name	: Mr.MANOJ RANA	Registered On	: 24/Jun/2023 10:29:46
Age/Gender	: 31 Y 2 M 27 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000092916	Received	: N/A
Visit ID	: CHLD0045992324	Reported	: 24/Jun/2023 11:50:08
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size (~13.8cms), **its echogenicity is homogeneously increased.** No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

GALL BLADDER: Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

CBD: Normal in caliber and smoothly tapering towards its lower end.

PANCREAS: Normal in size and echotexture.

SPLEEN: Normal in size and echotexture.

KIDNEYS:-

Right kidney is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

Multiple calculi are seen in upper, middle & lower calyces, largest of size~3.9mm in middle calyx.

Left kidney is normal in size, shape and echotexture with maintained CM differentiation.

No dilatation of PC system is seen.

Multiple calculi are seen in upper, middle & lower calyces, largest of size~4.3mm in middle calyx.

URINARY BLADDER: Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

PROSTATE: Is normal in size and echotexture. No focal lesion seen.

No evidence of any free fluid/retroperitoneal lymphadenopathy.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

IMPRESSION:-

- **Fatty liver grade I.**
- **Bilateral renal calculi (Non-obstructive).**

(Adv:- Clinico-pathological correlation and further evaluation).

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, FASTING STAGE, ECG / EKG



Dr Sushil Pandey(MD Radiodignosis)

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

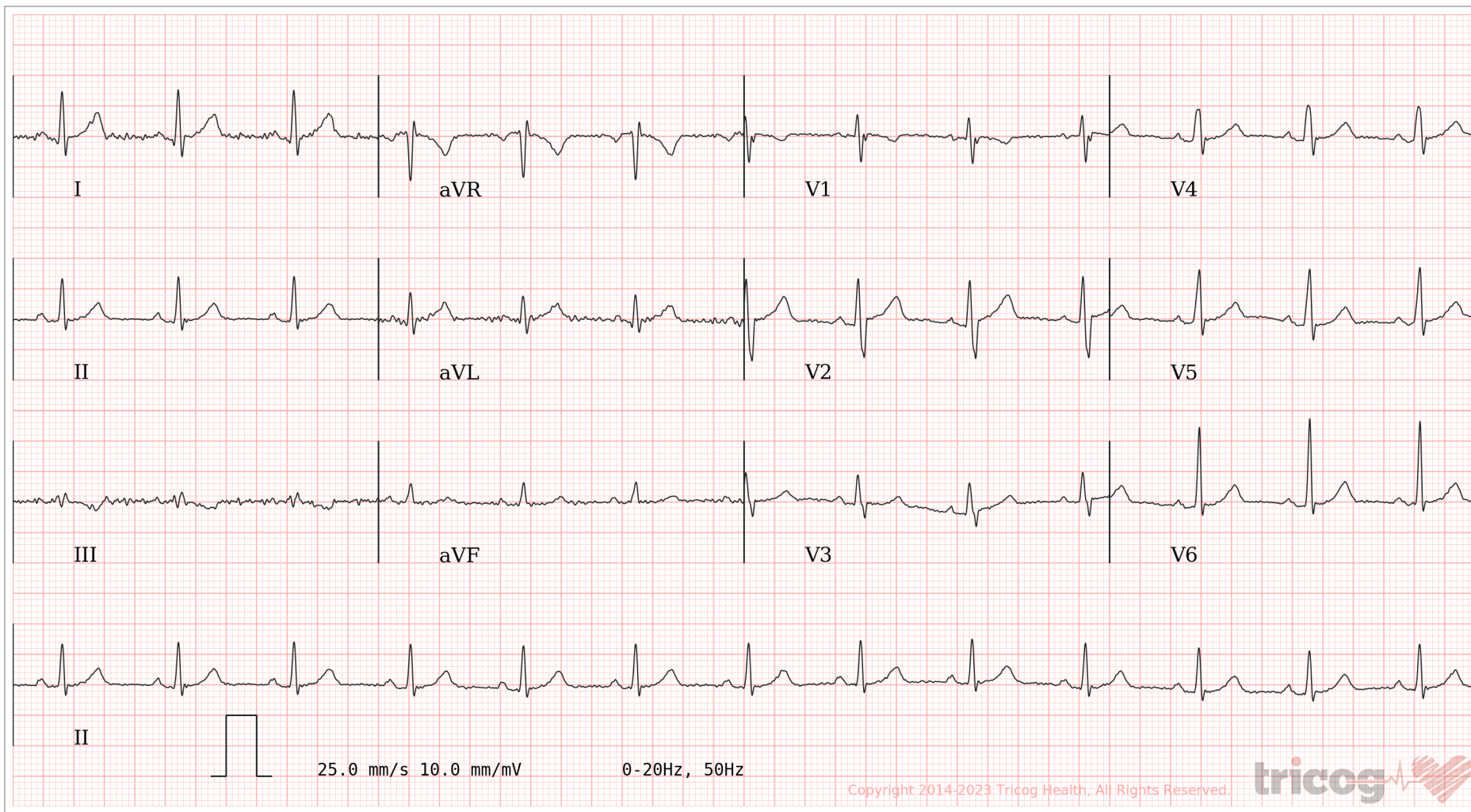
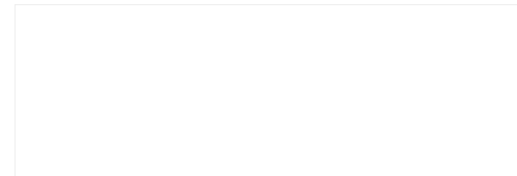


Chandan Diagnostic



Age / Gender: 31/Male
Patient ID: CHLD0045992324
Patient Name: MANOJ RANA ECG

Date and Time: 24th Jun 23 12:13 PM



AR: 81bpm VR: 81bpm QRSD: 84ms QT: 362ms QTcB: 420ms PRI: 128ms P-R-T: 38° 39° 13°

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.

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