



| | | |
|---|---|---|
|  | <p>नाम / नाम</p> <p>भवना परिहार</p> <p>Bhavna Parihar</p> <p>जन्म तिथि / DOB: 19/06/1989</p> <p>लिंग / FEMALE</p> |  |
| <p>5809 1269 5051</p> | | <p>आधार - आम आदमी का अधिकार</p> |

Signature

Vineet Modi
DR. VINEET MODI
 MBBS
 Reg.: UMC- 9575
 Chandan Diagnostic Centre, Haldwani



विद्यया ऽमृतमश्नुते

विद्यया ऽमृतमश्नुते

वर्ष

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Address

Chandan Diagnostic Centre, Haldwani

809 1219 5051

Adhikar - Aam Admi ka Adhikar

Vineet Modi
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Reg.: UMC.- 9575
Chandan Diagnostic Centre, Haldwani



विद्यया ऽ मृतमश्नुते

पता:

आडमिका

डा. विनेत मोदी

एम.बी.बी.एस.

आडमिका

हैदराबाद

फोन - 2813141

809 1219 5051

आडमिका - आडमिका का आडमिका

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Chandan Diagnostic Centre, Haldwani



Since 1991

HISTORY OF CLIENT

IF YES , GIVE DETAILS



- TAKING MEDICINE
- EYE VISION
- DENTAL CHECKUP
- BLOOD PRESSURE
- DIABETES
- THYROID
- SURGERY**
- GALL BLADDER
- APPENDIX
- HARNIA
- HYDROCLE
- CATRACT
- OPEN HEART SURGERY
- BY PASS SURGERY
- ANGIOGRAPHY
- PILES
- FISTULA
- ACCIDENT
- UTERUS

- YES/NO ✓
- 5/6
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓
- YES/NO ✓

HABITS

IF YES, GIVE DETAILS

- SMOKING
- ALCOHOL
- PAN MASALA

- YES/NO ✓
- YES/NO ✓
- YES/NO ✓

NUMBER OF CHILD..... DATE OF BIRTH OF LAST BABY.....

I am giving my blood sample empty stomach

YES/NO ✓

URINE sample

YES/NO ✓

ECG

YES/NO ✓

FINAL IMPRESSION:

Certified that I examined thats/o..... is presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is **fit / unfit** to join any organization.

Client Signature

Vineet Modi
Dr. VINEET MODI
MBBS

Reg.: UMC.- 9575

Signature of Medical Examiner
Chandan Diagnostic Centre, Haldwani

Name & Qualification of the medical examiner





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 0225400075

CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:06 |
| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : 26/Jun/2021 12:11:17 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 26/Jun/2021 12:31:47 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 14:24:36 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | A |
| Rh (Anti-D) | POSITIVE |

COMPLETE BLOOD COUNT (CBC) * , Blood

| | | | | |
|-------------|----------|--------|------------|-------------------------|
| Haemoglobin | 12.40 | g/dl | 13.5-17.5 | PHOTOMETRIC |
| TLC (WBC) | 6,690.00 | /Cu mm | 4000-10000 | MICROSCOPIC EXAMINATION |

DLC

| | | | | |
|--------------------------|-------|---|-------|-------------------------|
| Polymorphs (Neutrophils) | 60.00 | % | 55-70 | MICROSCOPIC EXAMINATION |
| Lymphocytes | 38.00 | % | 25-40 | MICROSCOPIC EXAMINATION |
| Monocytes | 1.00 | % | 3-5 | MICROSCOPIC EXAMINATION |
| Eosinophils | 1.00 | % | 1-6 | MICROSCOPIC EXAMINATION |
| Basophils | 0.00 | % | < 1 | MICROSCOPIC EXAMINATION |

ESR

| | | |
|-----------|-------|---------------------|
| Observed | 18.00 | Mm for 1st hr. |
| Corrected | 10.00 | Mm for 1st hr. < 20 |
| PCV (HCT) | 39.00 | cc % 40-54 |

Platelet count

| | | | | |
|----------------|-----|------------|---------|-------------------------|
| Platelet Count | 1.8 | LACS/cu mm | 1.5-4.0 | MICROSCOPIC EXAMINATION |
|----------------|-----|------------|---------|-------------------------|

RBC Count

| | | | | |
|-----------|------|-------------|---------|----------------------|
| RBC Count | 4.28 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
|-----------|------|-------------|---------|----------------------|

Blood Indices (MCV, MCH, MCHC)

| | | | | |
|------|-------|----|--------|----------------------|
| MCV | 89.10 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 28.90 | pg | 28-35 | CA |
| MCHC | 32.40 | % | 30-38 | PA |

Dr. Sakshi Gang Tayal (MBBS, MCh)
Pathology PDCC (Onco-pathology)



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CIN : U85110DL2003PLC308206



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mrs. BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:07 |
| Age/Gender | : 32 Y 0 M 7 D / F | Collected | : 26/Jun/2021 12:11:17 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 26/Jun/2021 12:31:17 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 16:28:26 |
| 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
Sample: Plasma

86.56

mg/dl

< 100 Normal
100-125 Pre-diabetes
≥ 126 Diabetes

GOD POD

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

98.73

mg/dl

<140 Normal
140-199 Pre-diabetes
>200 Diabetes

GOD POD

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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

| | | | |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.20 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 33.00 | mmol/mol/H-CC | |
| Estimated Average Glucose (eAG) | 103 | 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.



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PPP-April 2021



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| UHID/MR. NO | : CHLD.0000067668 | Received | : 26/Jun/2021 12:31:47 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 16:28:26 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

| Haemoglobin A1C (%) NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | Degree of Glucose Control Unit |
|--------------------------|----------------------|-------------|--------------------------------|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.9 -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) * 7.00 mg/dl 7.0-23.0 CALCULATED



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| | | | |
|--------------|---|---------------|------------------------|
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| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : 26/Jun/2021 12:11:17 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 26/Jun/2021 12:31:17 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 16:28:26 |
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Sample: Serum

| | | | | |
|-------------------|------|-------|---------|-----------------|
| Creatinine | 0.76 | mg/dl | 0.5-1.2 | MODIFIED JAFFES |
|-------------------|------|-------|---------|-----------------|

Sample: Serum

| | | | | |
|---|-------|---------------------------|--------------------------------------|------------|
| e-GFR (Estimated Glomerular Filtration Rate) | 94.00 | ml/min/1.73m ² | 90-120 Normal - 60-89 Near Normal | CALCULATED |
|---|-------|---------------------------|--------------------------------------|------------|

Sample: Serum

| | | | | |
|------------------|------|-------|---------|---------|
| Uric Acid | 2.61 | mg/dl | 2.5-6.0 | URICASE |
|------------------|------|-------|---------|---------|

Sample: Serum

L.F.T. (WITH GAMMA GT) * , NA

| | | | | |
|---|-------|-------|------------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 28.62 | U/L | < 35 | IFCC WITHOUT PSP |
| SGPT / Alanine Aminotransferase (ALT) | 34.30 | U/L | < 40 | IFCC WITHOUT PSP |
| Gamma GT (GGT) | 6.81 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.38 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.00 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.38 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.68 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 75.43 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.62 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.35 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.26 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) * , Serum

| | | | | |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total) | 130.79 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 26.50 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 91 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 13.14 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 65.71 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

Dr Vinod Ojha
MD Pathologist



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| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:06 |
| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : 26/Jun/2021 12:26:38 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 26/Jun/2021 12:31:47 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 15:18:56 |
| 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

| | | | | |
|---------------------------------|----------------|------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| Reaction PH | Acidic (6.0) | | | |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | | | DIPSTICK |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Pus cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| RBCs | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Cast | NIL | | | |
| Crystals | NIL | | | MICROSCOPIC EXAMINATION |
| Others | NIL | | | |

S. Singh

Dr. Sateesh Garg, Teyal (MD, MCh, MSc)
Pathology PDCC Oncopathology

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| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:06 |
| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : 27/Jun/2021 12:16:50 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 27/Jun/2021 12:18:03 |
| Visit ID | : CHLD0025712122 | Reported | : 27/Jun/2021 14:14:04 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

STOOL, ROUTINE EXAMINATION * , Stool

| | |
|---------------|----------------|
| Color | BROWNISH |
| Consistency | SEMI SOLID |
| Reaction (PH) | Acidic (6.0) |
| Mucus | ABSENT |
| Blood | ABSENT |
| Worm | ABSENT |
| Pus cells | ABSENT |
| RBCs | ABSENT |
| Ova | ABSENT |
| Cysts | ABSENT |
| Others | ABSENT |

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| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:06 |
| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : 26/Jun/2021 15:31:54 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 26/Jun/2021 15:33:48 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 17:37:20 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 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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| Patient Name | : Mrs.BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:06 |
| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : 26/Jun/2021 12:11:17 |
| UHID/MR NO | : CHLD.0000067668 | Received | : 26/Jun/2021 12:31:47 |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 18:27:42 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | 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) | 156.29 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.11 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.52 | μIU/mL | 0.27 - 5.5 | CLIA |

Interpretation:

| | | |
|----------|--------|------------------------|
| 0.3-4.5 | μIU/mL | First Trimester |
| 0.4-4.2 | μIU/mL | Adults 21-54 Years |
| 0.5-4.6 | μIU/mL | Second Trimester |
| 0.5-8.9 | μIU/mL | Adults 55-87 Years |
| 0.7-64 | μIU/mL | Child(21 wk - 20 Yrs.) |
| 0.7-27 | μIU/mL | Premature 28-36 Week |
| 0.8-5.2 | μIU/mL | Third Trimester |
| 1-39 | μIU/mL | Child 0-4 Days |
| 1.7-9.1 | μIU/mL | Child 2-20 Week |
| 2.3-13.2 | μIU/mL | Cord Blood > 37Week |

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.

Chandan Diagnostic Centre
 Plot No.-1051, Near Chaudhary Kothi
 Nainital Road, HALDHWANI
 Cont. No. - 9235400975

Dr Vinod Ojha
 MD Pathologist



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Home Sample Collection
1800-419-0002



CHANDAN DIAGNOSTIC CENTRE

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



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mrs. BHAWNA PARIHAR BOBS1426 | Registered On | : 26/Jun/2021 12:06:07 |
| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : N/A |
| UHID/MR NO | : CHLD.0000067668 | Received | : N/A |
| Visit ID | : CHLD0025712122 | Reported | : 26/Jun/2021 18:25:14 |
| 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 **

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

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

IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN.

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ML

Dr. Mohit Taya (M.D. Radiodiagnosis)
(DCCC Interventional Radiology)
Formerly at : ARMS RISHIKESH,
SMH DEHRADUN,
STH HALDWANI



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Ph: 9235400975
CTN : U85110DL2003PLC308206



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| Age/Gender | : 32 Y 0 M 7 D /F | Collected | : N/A |
| UHID/MR NO | : CHLD.0000067668 | Received | : N/A |
| Visit ID | : CHLD0025712122 | Reported | : 27/Jun/2021 11:51:36 |
| Ref Doctor | : Dr. Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (~15.2 cms in longitudinal span) 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 not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is well distended with normal wall thickness. A calculus measuring ~9.2 mm is seen in gall bladder lumen.

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 ~10.2x3.6 cms.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~10.8x4.4 cms.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

- The spleen is normal in size (~9.1 cms) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

UTERUS & CERVIX

- The uterus is normal in size and anteverted, its measuring ~3.2x4.9x7.4 cms.
- A well-defined oval shaped hypoechoic lesion measuring ~7.5x10 mm is seen in posterior wall of uterus.
- The endometrial echo is in midline and measuring ~8.7 mm.
- A nabothian cyst seen in posteriorly cervix, largest measuring ~10.6x9.8 mm.

ADNEXA & OVARIES

- Adnexa are normal.
- Right ovary is normal in size and echotexture, measuring ~3.8x1.7 cms.
- Left ovary is normal in size and echotexture, measuring ~2.3x1.3 cms.
- No pelvic mass cyst or collection is seen.

FINAL IMPRESSION:-

--Cholelithiasis.

--Well-defined oval shaped hypoechoic lesion in posterior wall of uterus---Likely intramural/subserosal uterine fibroid.

Adv : Clinico-pathological-correlation /further evaluation & Follow up.

***** End Of Report *****

(*) Test not done under NABL accredited Scope, (**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG/EKG

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 Nainital Road, HALDWANI
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Navneet
 Dr.Navneet Kumar (MD Radiodiagnosis)

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 Conduction Velocity (NCV) and Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Bedside Sample Collection



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