

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206



Patient Name : Mr.MANOJ KUMAR VERMA - 81283 Registered On : 12/Mar/2022 09:13:42

 Age/Gender
 : 48 Y 8 M 24 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000091945
 Received
 : N/A

Visit ID : ALDP0336102122 Reported : 12/Mar/2022 11:34:39

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

## DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

## ECG / EKG \*

1. Machnism, Rhythm Sinus, Regular

2. Atrial Rate 83 /mt

3. Ventricular Rate 83 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

**FINAL IMPRESSION** 

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













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Patient Name : Mr.MANOJ KUMAR VERMA - 81283 Registered On : 12/Mar/2022 09:13:40 Age/Gender : 48 Y 8 M 24 D /M Collected : 12/Mar/2022 09:47:14 UHID/MR NO : ALDP.0000091945 Received : 12/Mar/2022 11:37:53 Visit ID Reported : ALDP0336102122 : 12/Mar/2022 13:38:21

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

## **DEPARTMENT OF HAEMATOLOGY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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Blood Group (ABO & Rh typing) \*, Blood

Blood Group AB
Rh ( Anti-D) POSITIVE

Complete Blood Count (CBC) \* , Blood

Haemoglobin

13.20
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

			1 CITIAIC- 12.0-13.3	y/ui
TLC (WBC)	7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	39.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr		
Corrected	æ	Mm for 1st hr	. < 9	
PCV (HCT)	36.00	cc %	40-54	
Platelet count				
Platelet Count	2.48	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	55.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.35	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.81	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE







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## **DEPARTMENT OF HAEMATOLOGY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	75.40	fl	80-100	CALCULATED PARAMETER
MCH	27.50	pg	28-35	CALCULATED PARAMETER
MCHC	36.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,976.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	142.00	/cu mm	40-440	









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Patient Name : M

: Mr.MANOJ KUMAR VERMA - 81283

Registered On

: 12/Mar/2022 09:13:41 : 12/Mar/2022 13:07:56

Age/Gender

: 48 Y 8 M 24 D /M : ALDP.0000091945 Collected Received

: 12/Mar/2022 13:13:28

UHID/MR NO Visit ID

: ALDP0336102122

Reported

: 12/Mar/2022 13:56:36

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status : Final Report

## **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 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 ≥ 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 \*
Sample:Plasma After Meal

184.60

mg/dl

<140 Normal

**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.
- c) I.G.T = Impared Glucose Tolerance.









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## **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit I	Bio. Ref. Interval	Method			
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD							
Glycosylated Haemoglobin (HbA1c)	8.10	% NGSP		HPLC (NGSP)			
Glycosylated Haemoglobin (Hb-A1c)	65.00	mmol/mol/IFCC					
Estimated Average Glucose (eAG)	186	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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>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.





<sup>\*\*</sup>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 ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

## **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.













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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	7.30	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	106.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum	5.01	mg/dl	3.4-7.0	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)	24.30 25.00 25.10 <b>5.60</b> <b>3.40</b> 2.20 1.55 96.80 0.70 0.30 0.40	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	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum Cholesterol (Total)	154.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	53.40 88	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	DIRECT ENZYMATIC CALCULATED
VLDL Triglycerides	12.44 62.20	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High	CALCULATED GPO-PAP







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## **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High













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Patient Name : Mr.MANOJ KUMAR VERMA - 81283

Registered On Collected : 12/Mar/2022 09:13:41 : 12/Mar/2022 13:11:08

Age/Gender UHID/MR NO : 48 Y 8 M 24 D /M : ALDP.0000091945

Received

: 12/Mar/2022 13:48:34

Visit ID

: ALDP0336102122

Reported

: 12/Mar/2022 15:12:19

Ref Doctor :

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status : Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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## **URINE EXAMINATION, ROUTINE \***, Urine

URINE EXAMINATION, ROUTINE ^ ,	Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			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	Trig/ di	0.2 2.01	DIOGNEWISTKI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ABSEIVI			
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	0-2/h.p.f			MICROSCOPIC
1 43 66113	υ 2/11.μ.1			EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				<b>EXAMINATION</b>
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







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: Final Report

: 12/Mar/2022 15:12:19

## **DEPARTMENT OF CLINICAL PATHOLOGY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

**Test Name** Result Unit Bio. Ref. Interval Method

(+++) 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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## **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.320	ng/mL	< 2.0	CLIA

## **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

## THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	124.25	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.19	μIU/mL	0.27 - 5.5	CLIA

## **Interpretation:**

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









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: 12/Mar/2022 09:47:14 : 13/Mar/2022 09:58:44

UHID/MR NO Visit ID : ALDP.0000091945 : ALDP0336102122 Received Reported

: 13/Mar/2022 12:35:12

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: Final Report

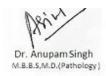
#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

- 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.













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Patient Name : Mr.MANOJ KUMAR VERMA - 81283 Registered On : 12/Mar/2022 09:13:42

 Age/Gender
 : 48 Y 8 M 24 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000091945
 Received
 : N/A

Visit ID : ALDP0336102122 Reported : 13/Mar/2022 10:25:41

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

## **DEPARTMENT OF X-RAY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 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.



Widhirant (MBBS,DMRD,DNB)







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: 12/Mar/2022 09:13:42 Registered On

: N/A

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Visit ID

: ALDP0336102122

Reported

: 12/Mar/2022 10:42:00

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

: Final Report Status

#### DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

## **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

LIVER: - Normal in size (12.5 cm), shape and shows diffuse increase in the liver parenchymal echogenecity with patchy attenuation of portal venous walls and diaphragm, suggestive of grade-III **fatty changes**. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: - Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**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 (9.0 cm), shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (10.7 x 4.5 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY:** - Normal in size (10.7 x 5.0 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.

**PROSTATE:** Normal in size, shape and echo pattern.

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

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION**: Grade III fatty liver.

Please correlate clinically

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

(\*\*) Test Performed at Chandan Speciality Lab.

NE EXAMINATION, Tread Mill Test (TMT)

Widhirant. Dr Nidhikant (MBBS, DMRD, DNB)

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 365 Days Open





