

chandan diagnostic <cdclakhimpur@gmail.com>

# Re: Health Check up Booking Confirmed Request(bobS34995),Package Code-PKG10000239, Beneficiary Code-16629

1 message

#### anurag sri <anurag.idc@gmail.com> To: Mediwheel <wellness@mediwheel.in>, chandan diagnostic <cdclakhimpur@gmail.com> Cc: customercare@mediwheel.in

Sat, Apr 8, 2023 at 6:15 PM

Confirmed

Pack Code 2613

On Sat, Apr 8, 2023 at 12:03 PM Mediwheel <wellness@mediwheel.in> wrote:

Mediwhee ....Your wellness partner

011-41195959 Email:wellness@mediwheel.in

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#### Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :Kamnath Hospital, GIC, Government inter College, Jail Rd, Police Line, City:Lakhimpur Kheri

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000239

Beneficiary Name : Nidhi Verma

Member Age : 33

Member Gender : Female

Member Relation : Spouse

Package Name : Full Body Health Checkup Female Below 40

Location : SISAWAKALAN, Uttar Pradesh-262805

Contact Details : 8953256316

Booking Date : 21-03-2023

Appointment Date: 09-04-2023

#### Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

3. Bring urine sample in a container if possible (containers are available at the Health Check centre).

4. Please bring all your medical prescriptions and previous health medical records with you.

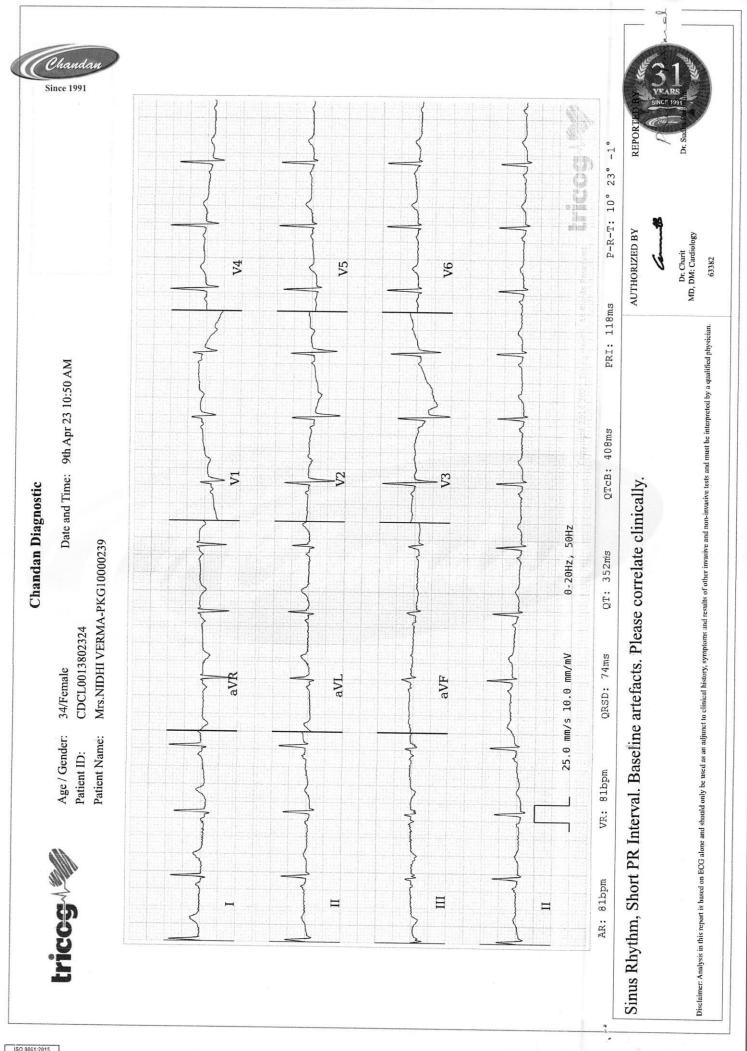
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

#### For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any Health Check during menstrual cycle.

https://mail.google.com/mail/u/0/?ik=79eb0b891e&view=pt&search=all&permthid=thread-f:1762612131652908528%7Cmsg-f:1762612131652908528... 1/2



ISO 9001:2015

Customer Care No.:+91-8069366666 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Mar. 2023



Add: Kamnath Market, Hospital Road,Lakhimpur Ph: 9235400943, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NIDHI VERMA-PKG10000239	Registered On	: 09/Apr/2023 11:12:08
Age/Gender	: 34 Y 0 M 8 D /F	Collected	: 09/Apr/2023 11:28:17
UHID/MR NO	: CDCL.0000198674	Received	: 09/Apr/2023 11:41:56
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 16:29:30
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) * , E	Blood			
Blood Group	А			
Rh ( Anti-D)	POSITIVE			
χ, γ				
Complete Blood Count (CBC) * , Who	le Blood			
Haemoglobin	9.90	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/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/d	
			12-18 Yr 13.0-16.0	
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/c	11
TLC (WBC)	7,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	46.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	30.00	%	40-54	
Platelet count				
Platelet Count	1.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	49.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.29	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
		,		





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## **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	68.60	fl	80-100	CALCULATED PARAMETER
MCH	23.00	pg	28-35	CALCULATED PARAMETER
МСНС	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	17.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,575.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	75.00	/cu mm	40-440	

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Dr Mahendra Kumar MBBS,MD(PATHOLOGY)

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Patient Name	: Mrs.NIDHI VERMA-PKG10000239	Registered On	: 09/Apr/2023 11:12:09
Age/Gender	: 34 Y 0 M 8 D /F	Collected	: 09/Apr/2023 15:02:45
UHID/MR NO	: CDCL.0000198674	Received	: 09/Apr/2023 15:40:44
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 16:16:29
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 * , Plasma Glucose Fasting	89.56	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	101.96	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
Sumple. Plusinu Ajter Meur			>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.
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Dr Mahendra Kumar MBBS,MD(PATHOLOGY)

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Ag	e/Gender	: 34 Y 0 M 8 D /F	Collected	: 09/Apr/2023 11:28:17
UH	IID/MR NO	: CDCL.0000198674	Received	: 10/Apr/2023 14:28:54
Vis	sit ID	: CDCL0013802324	Reported	: 10/Apr/2023 15:28:03
Re	f 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
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** ,	EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c) Glycosylated Haemoglobin (HbA1c)	5.10 32.00	% NGSP mmol/mol/IFCC		HPLC (NGSP)

mg/dl

#### Interpretation:

#### NOTE:-

Estimated Average Glucose (eAG)

- 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.

99

 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

\*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

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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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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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UHID/MR NO	: CDCL.0000198674	Received	: 09/Apr/2023 12:23:17
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 13:18:03
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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	8.21	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.75	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	3.47	mg/dl	2.5-6.0	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) <b>LIPID PROFILE ( MINI ) * ,</b> Serum Cholesterol (Total)	18.97 14.10 23.87 6.75 3.85 2.90 1.33 74.97 0.42 0.19 0.23	U/L U/L IU/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
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	44.60 128 14.44 72.21	mg/dl mg/dl mg/dl mg/dl	<ul> <li>&gt; 240 High</li> <li>30-70</li> <li>&lt; 100 Optimal</li> <li>100-129 Nr.</li> <li>Optimal/Above Optimal</li> <li>130-159 Borderline High</li> <li>160-189 High</li> <li>&gt; 190 Very High</li> <li>10-33</li> <li>&lt; 150 Normal</li> <li>150-199 Borderline High</li> <li>200-499 High</li> </ul>	CALCULATED 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

>500 Very High



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Dr Mahendra Kumar MBBS,MD(PATHOLOGY)



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Patient Name	: Mrs.NIDHI VERMA-PKG10000239	Registered On	: 09/Apr/2023 11:12:09
Age/Gender	: 34 Y 0 M 8 D /F	Collected	: 09/Apr/2023 15:02:45
UHID/MR NO	: CDCL.0000198674	Received	: 09/Apr/2023 17:14:11
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 18:08:17
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
RINE EXAMINATION, ROUTINE * ,	Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
5	ADCENT	01	> 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 state of the state of the	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
and the second se				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:

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

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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%

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Dr Mahendra Kumar MBBS,MD(PATHOLOGY)

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Age/Gender	: 34 Y 0 M 8 D /F	Collected	: 09/Apr/2023 11:28:17
UHID/MR NO	: CDCL.0000198674	Received	: 10/Apr/2023 14:17:05
Visit ID	: CDCL0013802324	Reported	: 10/Apr/2023 15:05:13
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)	120.65	ng/dl	84.61-201.7	CLIA	
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	3.83	µlU/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. Anupam Singh (MBBS MD Pathology)







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Patient Name	: Mrs.NIDHI VERMA-PKG10000239	Registered On	: 09/Apr/2023 11:12:11
Age/Gender	: 34 Y 0 M 8 D /F	Collected	: N/A
UHID/MR NO	: CDCL.0000198674	Received	: N/A
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 14:18:19
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 \*

## <u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

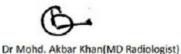
## CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

## **IMPRESSION :**

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.





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UHID/MR NO	: CDCL.0000198674	Received	: N/A
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 16:49:34
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 and has a normal homogenous echotexture. No focal lesion is seen. *Its measuring approximately 12.1 cm in size in craniocaudal length.*
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

## GALL BLADDER

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct normal in size, shape and echotexture.

## PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

## **RIGHT KIDNEY**

• Right kidney is normal in size, shape and cortical echotexture. Corticomedullary demarcation is maintained. Pelvi-calyceal system is not dilated.

#### LEFT KIDNEY

• Left kidney is normal in size, shape and cortical echotexture. Corticomedullary demarcation is maintained. Pelvi-calyceal system is not dilated.

#### SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture. Its measuring approximately 8.7 cm in long axis.

#### **URINARY BLADDER**

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

#### **UTERUS & CERVIX**

- The uterus is anteverted and normal in size, shape and homogenous myometrial echotexture. Its measuring approximately  $7.9 \times 5.1 \times 4.3 \text{ cm}$ .
- The endometrial echo is seen in mid line measuring approximately 6 mm.
- Cervix is hypertrophied and A large nabothian cyst is seen measuring approx 25 x 26 mm. Containing fine echoes { ? Infective }.

# ADNEXA & OVARIES

- Adnexa are normal.
- Right ovary measuring approx 3.5 x 1.9 cm
- Left ovary measuring approx 2.7 x 1.4 cm
- Both ovaries are normal in size and texture.



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Add: Kamnath Market, Hospital Road,Lakhimpur Ph: 9235400943, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NIDHI VERMA-PKG10000239	Registered On	: 09/Apr/2023 11:12:11
Age/Gender	: 34 Y 0 M 8 D /F	Collected	: N/A
UHID/MR NO	: CDCL.0000198674	Received	: N/A
Visit ID	: CDCL0013802324	Reported	: 09/Apr/2023 16:49:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

# FINAL IMPRESSION

## • USG FINDINGS ARE SUGGESTIVE OF ? CHRONIC CERVICITIS.

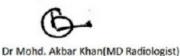
Adv: clinico-pathological correlation and further evaluation.

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

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG





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

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