# **Chandan Diagnostic**



Age / Gender: 35/Male

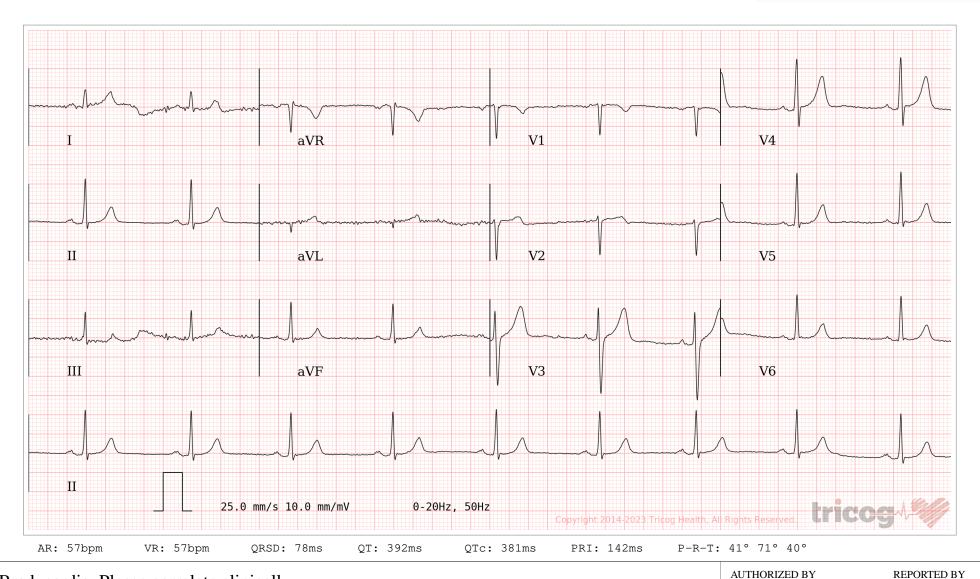
Date and Time: 7th Mar 23 9:37 AM

Patient ID:

CVAR0089822223

Patient Name:

Mr. KAMAL SINGH RANA -BOBE31244



Sinus Bradycardia. Please correlate clinically.

Dr. Charit MD, DM: Cardiology

Dr. Javed Ali Khadri ology

63382

85866

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.







कमल सिंह राना Kamal Singh Rana जन्म तिथि/DOB: 29/05/1987

पुरुष/ MALE

Mobile No: 9044933737

4171 4296 6581



मेरा आधार, मेरी पहचान





# CHANDAN DIAGNOSTIC CENTRE

Name of Company: - Medichel

Name of Executive: MR / MRS. - Kamal Wingh Roma.

Date of Birth: 25/05/1987

Sex: Male Female

Height: 180 CMs

Weight: 77 KGs

BMI (Body Mass Index): 28. 8

Chest (Expiration / Inspiration) 90 /95 CMs

Abdomen: 80 CMs

Blood Pressure: 118..../..76...mm/Hg

Pulse: 71 BPM - Regular / Irregular

Ident. Mark: - Cut mark on forebead.

Any Allergies: - NO

Vertigo: - No

Any Medications: (I) - Client taking medicum for neurology Any Surgical History (I) Medicine - Zenox a 160 mg, Zenoxa 600mg Any Surgical History: (I)

Habits of alcoholism/smoking/tobacco: (I) N/O

Chief Complaints if any: - No

Lab Investigation Reports: - NO

Eye Check up - vision & Color vision: - Clount wearing power glasses Since 18 yr.

Left eye: 2.7

Right eye: 3-5







CIN: U85110DL2003PLC308206



Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 Registered On : 07/Mar/2023 09:13:01 Age/Gender Collected : 35 Y 0 M 0 D /M : 07/Mar/2023 09:25:22 UHID/MR NO : CVAR.0000036013 Received : 07/Mar/2023 09:26:56 Visit ID : CVAR0089822223 Reported : 07/Mar/2023 10:21:19 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 Group (ABO & Rh typing) \*, Blood

**Blood Group** 

AB

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin 15.60 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)	3,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	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	6.00	Mm for 1st hr.	. <9	
PCV (HCT)	44.70	%	40-54	
Platelet count				
Platelet Count	1.5	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
RBC Count				
RBC Count	5.42	Mill./cu mm	4.2-5.5	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	82.50	fl	80-100	CALCULATED PARAMETER
MCH	28.80	pg	28-35	CALCULATED PARAMETER
MCHC	34.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	38.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	1,850.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	74.00	/cu mm	40-440	

S.N. Sinla

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 Registered On : 07/Mar/2023 09:13:03 Age/Gender : 35 Y 0 M 0 D /M Collected : 07/Mar/2023 12:46:55 UHID/MR NO : CVAR.0000036013 Received : 07/Mar/2023 12:47:44 Visit ID : CVAR0089822223 Reported : 07/Mar/2023 13:17:33 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	
GLUCOSE FASTING , Plasma					
Glucose Fasting	101.50	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	120.10	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			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.

S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 : 07/Mar/2023 09:13:04 Registered On Collected : 07/Mar/2023 09:25:22 Age/Gender : 35 Y 0 M 0 D /M UHID/MR NO : CVAR.0000036013 Received : 08/Mar/2023 11:08:23 Visit ID : CVAR0089822223 Reported : 08/Mar/2023 12:33:10 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	

# GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	26.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	82	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.

#### **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





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





Visit ID

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

CIN: U85110DL2003PLC308206



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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

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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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: 07/Mar/2023 09:13:05 Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 Registered On Age/Gender : 35 Y 0 M 0 D /M Collected : 07/Mar/2023 09:25:22 UHID/MR NO : CVAR.0000036013 Received : 07/Mar/2023 09:26:56 Visit ID : CVAR0089822223 Reported : 07/Mar/2023 10:23:07 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS Status

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen)	9.80	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				
Creatinine Sample:Serum	0.90	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
			remale-20-320	
Uric Acid	3.70	mg/dl	3.4-7.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	24.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	36.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	22.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.60	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	191.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) , Serum				
Cholesterol (Total)	242.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP า
HDL Cholesterol (Good Cholesterol)	58.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	156	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
		a.	Optimal/Above Optimal 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	27.50	mg/dl	10-33	CALCULATED
Triglycerides	137.50	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP 1









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Age/Gender

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Collected Received : 07/Mar/2023 09:25:22 : 07/Mar/2023 09:26:56

UHID/MR NO Visit ID : CVAR.0000036013 : CVAR0089822223

Reported

: 07/Mar/2023 10:23:07

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

>500 Very High



S.N. Sinla

Dr.S.N. Sinha (MD Path)









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: 07/Mar/2023 09:13:04 Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 Registered On Age/Gender : 35 Y 0 M 0 D /M Collected : 07/Mar/2023 12:46:55 UHID/MR NO : CVAR.0000036013 Received : 07/Mar/2023 12:47:44 Visit ID : CVAR0089822223 Reported : 07/Mar/2023 13:17:33

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
URINE EXAMINATION, ROUTINE * , Urine	ę			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
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:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

# **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2









CIN: U85110DL2003PLC308206



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Age/Gender UHID/MR NO : 35 Y 0 M 0 D /M

Collected Received : 07/Mar/2023 12:46:55 : 07/Mar/2023 12:47:44

Visit ID

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Reported

: 07/Mar/2023 13:17:33

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

**SUGAR, PP STAGE \* ,** Urine

Sugar, PP Stage

**ABSENT** 

# **Interpretation:**

< 0.5 gms% (+)

0.5-1.0 gms% (++)

(+++) 1-2 gms%

(++++) > 2 gms%

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 : 07/Mar/2023 09:13:05 Registered On Age/Gender Collected : 35 Y 0 M 0 D /M : 07/Mar/2023 09:25:22 UHID/MR NO : CVAR.0000036013 Received : 08/Mar/2023 08:47:20 Visit ID : 08/Mar/2023 13:35:43 : CVAR0089822223 Reported 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
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	110.40	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.29	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.19	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 µIU/1 0.5-4.6 µIU/1 0.8-5.2 µIU/1 0.5-8.9 µIU/1 0.7-27 µIU/1 2.3-13.2 µIU/1 0.7-64 µIU/1 1-39 µIU 1.7-9.1 µIU/1	nL Second Triment Third Triment Adults nL Premature nL Cord Blood nL Child(21 wk	nester ster 55-87 Years 28-36 Week > 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002





CIN: U85110DL2003PLC308206



Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 Registered On : 07/Mar/2023 09:13:07

 Age/Gender
 : 35 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000036013
 Received
 : N/A

Visit ID : CVAR0089822223 Reported : 07/Mar/2023 17:02:12

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)



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CIN: U85110DL2003PLC308206



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Visit ID : CVAR0089822223 Reported : 07/Mar/2023 12:31:30

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) \***

# <u>ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)</u>

# **LIVER**

• The liver is normal in size **11.4 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 ( 10.6 mm) at the porta.
- Porta hepatis is normal.

# **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (4.1 mm) at the porta.
- Gall bladder is partially distended .No stone or mass seen.

# **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### **RIGHT KIDNEY**

- Right kidney is normal in size ( 10.6 x 4.1 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 (11.4 x 5.0 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**



Home Sample Collection 1800-419-0002



# CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mr. KAMAL SINGH RANA -BOBE31244 Registered On

: 07/Mar/2023 09:13:07

Age/Gender UHID/MR NO : 35 Y 0 M 0 D /M

Collected : N/A Received : N/A

Visit ID Ref Doctor : CVAR.0000036013 : CVAR0089822223

Reported : 07/Mar/2023 12:31:30

: Dr.MEDIWHEEL VNS

Status : Final Report

#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• The spleen is normal in size (8.1 cm), and has a homogenous echotexture.

# **ILIAC FOSSA**

• Scan over the iliac fossa does not reveal any fluid collection or mass.

### **URINARY BLADDER**

- Urinary bladder is almost empty. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is 5 cc.

#### **PROSTATE**

• The prostate gland is normal in texture and size (39 x 33 x 29 mm / 20 grams).

#### **IMPRESSION**

No significant sonological abnormality is seen on this study.

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

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

Result/s to Follow:

STOOL, ROUTINE 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

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



1800-419-0002



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# **CHANDAN DIAGNOSTIC CENTRE**

Near vision: - N16

Far vision: - 616

Dental check up: - Normy

ENT Check up: - Normy

Eye Checkup: - Nonn

#### Final impression

Certified that I examined Kamal Bingh Range S/O D/O W/O is presently in good health and free from any cardio-respiratory / communicable ailment, are/she is tit / Unfit to join any organization.

K. Jan &

Client Signature: -

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No. -25

andan Diagnostic Cell andan Diagnostic Cell an Shivail Nagar, Mahmoorg yaranasi 22 010 (U.P.) Phone No. 0542, 22237

Signature of Medical Examiner

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

Date- 0...../0.3 /2023,

Place - VARANASI



