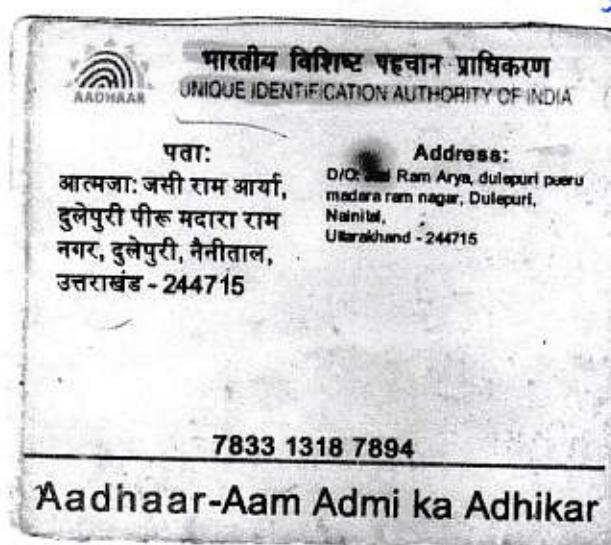




*Navneet*  
Dr. NAVNEET KUMAR

M.B.B.S.

Reg.- UMC-7523  
Chandan Diagnostic Centre, Haldwani





### GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY... MEDIWHEEL ..... DATE... 25/9/21  
 CLIENT NAME..... SONALI ..... s/o, d/o..... JASL RAM ARYA  
 DATE OF BIRTH... 08/07/1990 AGE... 31 yr YEARS  
 ADDRESS... DULEP URU, PEERU, MADAKARAM NAGAR, NARNITA  
 PHONE NO... 7055777880 ..... OCCUPATION ... Job  
 PHOTO ID... PARMAR ..... NO. 7833 1318 7894  
 MARITAL STATUS..... MARRIED  
 MARK OF IDENTIFICATION... Left Face Mail  
 HEIGHT... 167 cm WEIGHT... 71 kg BMI... 25.5  
 CHEST EXP... 86 cm CHEST INS... 91 cm ABDOMEN... 86 cm  
 WAIST 35 cm HIP 112 cm  
 BLOOD PRESSURE... 110/70 PULSE RATE... 72 /m Regular  
 RESPIRATION RATE 18 /m.

FAILMY HISORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
FATHER	54 y	Healthy	Teacher	
MOTHER	50 y	healthy	Housewife	
BROTHER	26 y	Healthy	Study	
SISTER	28 y	Healthy	Job	
WIFE/HUSBAND				

DEFORMITIES

POLIO YES/NO  IF YES GIVE DETAILS

PARALYSIS YES/NO  IF YES GIVE DETAILS





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**STORY OF CLIENT**

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

**IF YES , GIVE DETAILS**

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

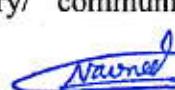
URINE sample  YES/NO

ECG  YES/NO

**FINAL IMPRESSION:**

Certified that I examined that SONALI.....s/o..Jasir Ram Arya....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

  
Dr. NAVNEET KUMAR

M.B.B.S.

Reg.- UMC-7523

Chandan Diagnostic Centre, Haldwani

Signature of Medical Examiner

Name &amp; Qualification of the medical examiner

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Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani  
 Ph: 7705023379,-  
 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SONALI	Registered On	: 25/Sep/2021 09:55:29
Age/Gender	: 31 Y 2 M 21 D /F	Collected	: 25/Sep/2021 10:04:04
UHID/MR NO	: CHL2.0000087808	Received	: 25/Sep/2021 11:48:21
Visit ID	: CHL20169002122	Reported	: 25/Sep/2021 17:27:59
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

**DEPARTMENT OF HAEMATOLOGY****MEDI ASSIST BOB PACKAGE -FEMALE**

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

Blood Group	B
Rh ( Anti-D)	POSITIVE

**COMPLETE BLOOD COUNT (CBC) \*\* , Blood**

Haemoglobin	12.40	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	9,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	82.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	15.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	24.00	Mm for 1st hr.		
Corrected	18.00	Mm for 1st hr. < 20		
PCV (HCT)	39.00	cc %	40-54	
Platelet count				
Platelet Count	2.84	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	15.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	19.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	8.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.03	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE



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Page 1 of 13



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## DEPARTMENT OF HAEMATOLOGY

### MEDI ASSIST BOB PACKAGE -FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Indices (MCV, MCH, MCHC)

MCV	93.80	fL	80-100	CALCULATED PARAMETER
MCH	30.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.80	%	30-38	CALCULATED PARAMETER
RDW-CV	11.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	35.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	7,708.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	188.00	/cu mm	40-440	



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MD Pathologist



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# CHANDAN DIAGNOSTIC CENTRE

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Ph: 7705023379,-

CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SONALI	Registered On	: 25/Sep/2021 09:55:28
Age/Gender	: 31 Y 2 M 21 D /F	Collected	: 25/Sep/2021 15:54:06
UHID/MR NO	: CHL2.0000087808	Received	: 25/Sep/2021 18:28:35
Visit ID	: CHL20169002122	Reported	: 25/Sep/2021 19:14:48
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -FEMALE

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

#### Glucose Fasting \*\*

Sample:Plasma

79.01

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 = Impaired Glucose Tolerance.

#### Glucose PP \*\*

Sample:Plasma After Meal

124.60

mg/dl

<140 Normal  
140-199 Pre-diabetes  
>200 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 = Impaired Glucose Tolerance.



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Visit ID	: CHL20169002122	Reported	: 26/Sep/2021 14:03:54
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HbA1C) ** , EDTA,BLOOD				

#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\* , EDTA,BLOOD

Glycosylated Haemoglobin (HbA1c)	4.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	25.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	80	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 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.

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CIN : U85110DL2003PLC308206



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## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -FEMALE

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<sub>1c</sub> 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<sub>1c</sub> 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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MD Pathologist



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Page 5 of 13



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Patient Name	: Mrs.SONALI	Registered On	: 25/Sep/2021 09:55:28
Age/Gender	: 31 Y 2 M 21 D /F	Collected	: 25/Sep/2021 10:04:04
UHID/MR NO	: CHL2.0000087808	Received	: 25/Sep/2021 11:48:21
Visit ID	: CHL20169002122	Reported	: 25/Sep/2021 14:38:45
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) ** <i>Sample: Serum</i>	8.01	mg/dL	7.0-23.0	CALCULATED
Creatinine ** <i>Sample: Serum</i>	0.79	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** <i>Sample: Serum</i>	90.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
Bilirubin (Total, Direct, Indirect), Serum ** , <i>Serum</i>				
Bilirubin (Total)	0.68	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.38	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
SGOT / Aspartate Aminotransferase (AST) ** <i>Sample: Serum</i>	16.32	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT) ** <i>Sample: Serum</i>	16.89	U/L	< 40	IFCC WITHOUT PSP
Alkaline Phosphatase (Total) ** <i>Sample: Serum</i>	64.51	U/L	42.0-165.0	IFCC METHOD
Protein ** <i>Sample: Serum</i>	6.72	gm/dl	6.2-8.0	BIRUET
Albumin ** <i>Sample: Serum</i>	4.12	gm/dl	3.8-5.4	B.C.G.
Globulin ** <i>Sample: Serum</i>	2.00	gm/dl	1.8-3.6	CALCULATED
Uric Acid ** <i>Sample: Serum</i>	5.00	mg/dl	2.5-6.0	URICASE
GAMMA GT (GGT) ** , <i>Serum</i>				
Gamma GT (GGT)	31.53	IU/L	11-50	OPTIMIZED SZAING
LIPID PROFILE ( HIS ) ** , <i>Serum</i>				
Cholesterol (Total)	133.67	mg/dl	<200 Desirable 200-239 Borderline High	CHOD-PAP

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

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
HDL Cholesterol (Good Cholesterol)	36.50	mg/dl	> 240 High	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	74	mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	22.86	mg/dl	10-33	CALCULATED
Non-HDL Cholesterol	97.17	mg/dl	0-160	CALCULATED
TC / HDL Cholesterol Ratio (HIS)	3.66		3-5	CALCULATED
LDL / HDL Ratio	2.04		< 3.0	CALCULATED
Triglycerides	114.29	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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**DEPARTMENT OF CLINICAL PATHOLOGY****MEDI ASSIST BOB PACKAGE -FEMALE**

Test Name	Result	Unit	Bio. Ref. Interval	Method

**URINE EXAMINATION, ROUTINE \*\* , Urine**

Color	PALE YELLOW			
Specific Gravity	1.005			
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			
Bile Salts	ABSENT			DIPSTICK
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
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



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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
SUGAR, PP STAGE ** , Urine	ABSENT			

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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CIN : U85110DL2003PLC308206



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UHID/MR NO	: CHL2.0000087808	Received	: 25/Sep/2021 11:48:21
Visit ID	: CHL20169002122	Reported	: 25/Sep/2021 18:08:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDI ASSIST BOB PACKAGE -FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method

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

T3, Total (tri-iodothyronine)	171.20	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.88	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.98	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.

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Chandan Diagnostic Centre

Plot No. 1051, Near Chaudhary Kotri

Nainital Road, HALDWANI

Cont. No.: 0522-6666600

Dr. Vinod Ojha  
MD PathologistHome Sample Collection  
1800-419-0002



# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani

Ph: 7705023379,-

CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SONALI	Registered On	: 25/Sep/2021 09:55:30
Age/Gender	: 31 Y 2 M 21 D /F	Collected	: N/A
UHID/MR NO	: CHL2.0000087808	Received	: N/A
Visit ID	: CHL20169002122	Reported	: 25/Sep/2021 14:43:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDI ASSIST BOB PACKAGE -FEMALE

#### 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.

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

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Nainital Road, HALDWANI  
Cont. No.- 9235400975

Dr. Navneet Kumar (MD Radiodiagnosis )



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Home Sample Collection  
**1800-419-0002**



# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani  
 Ph: 7705023379,-  
 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SONALI	Registered On	: 25/Sep/2021 09:55:29
Age/Gender	: 31 Y 2 M 21 D /F	Collected	: N/A
UHID/MR NO	: CHL2.0000087808	Received	: N/A
Visit ID	: CHL20169002122	Reported	: 25/Sep/2021 13:13:35
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDI ASSIST BOB PACKAGE -FEMALE

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

Clinical Information : No operative history. Abdominal pain.

#### LIVER

- The liver is normal in size (~12.6 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).
- The intra-hepatic biliary radicles are normal.
- The intra hepatic portal channels are normal.

#### PORO-BILIARY SYSTEM

- Portal vein is not dilated measuring approx 10 mm
- Common bile duct is not dilated measuring approx 3.4 mm
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

#### 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 ~10.8 x 3.8 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 ~10.5 x 5.2 cms
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

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Page 12 of 13



# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani  
Ph: 7705023379,-  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SONALI	Registered On	: 25/Sep/2021 09:55:29
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## DEPARTMENT OF ULTRASOUND MEDI ASSIST BOB PACKAGE -FEMALE

### SPLEEN

- The spleen is normal in size (~10.9 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.

### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.
- Bilateral vesicoureteric junctions are normal.

### UTERUS & CERVIX

- The uterus is normal in size and anteverted, its measuring ~7.6 x 3.3 cms
- It has a homogenous myometrial echotexture.
- The endometrial echo is in midline and measuring ~ 12 mm

### ADNEXA & OVARIES

- Adnexa are normal.
- Right ovary is normal in size and echotexture, measuring ~1.4 x 3.2 cm
- Left ovary is normal in size and echotexture, measuring ~3.0 x 2.0 cms
- No pelvic mass cyst or collection is seen.

### FINAL IMPRESSION:-

***No significant sonological abnormality is noted***

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



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

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

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Nainital Road, HALDWANI

M  
Dr. Akash Tyagi (MD Radiodiagnosis)  
Specialist Interventional Radiologist  
Formerly at : ARMS Radiology,  
SAHIN DICRAJUN,  
ETH HALDWANI

ECHO, PAP SMEAR FOR CYTOLOGICAL EXAMINATION

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.

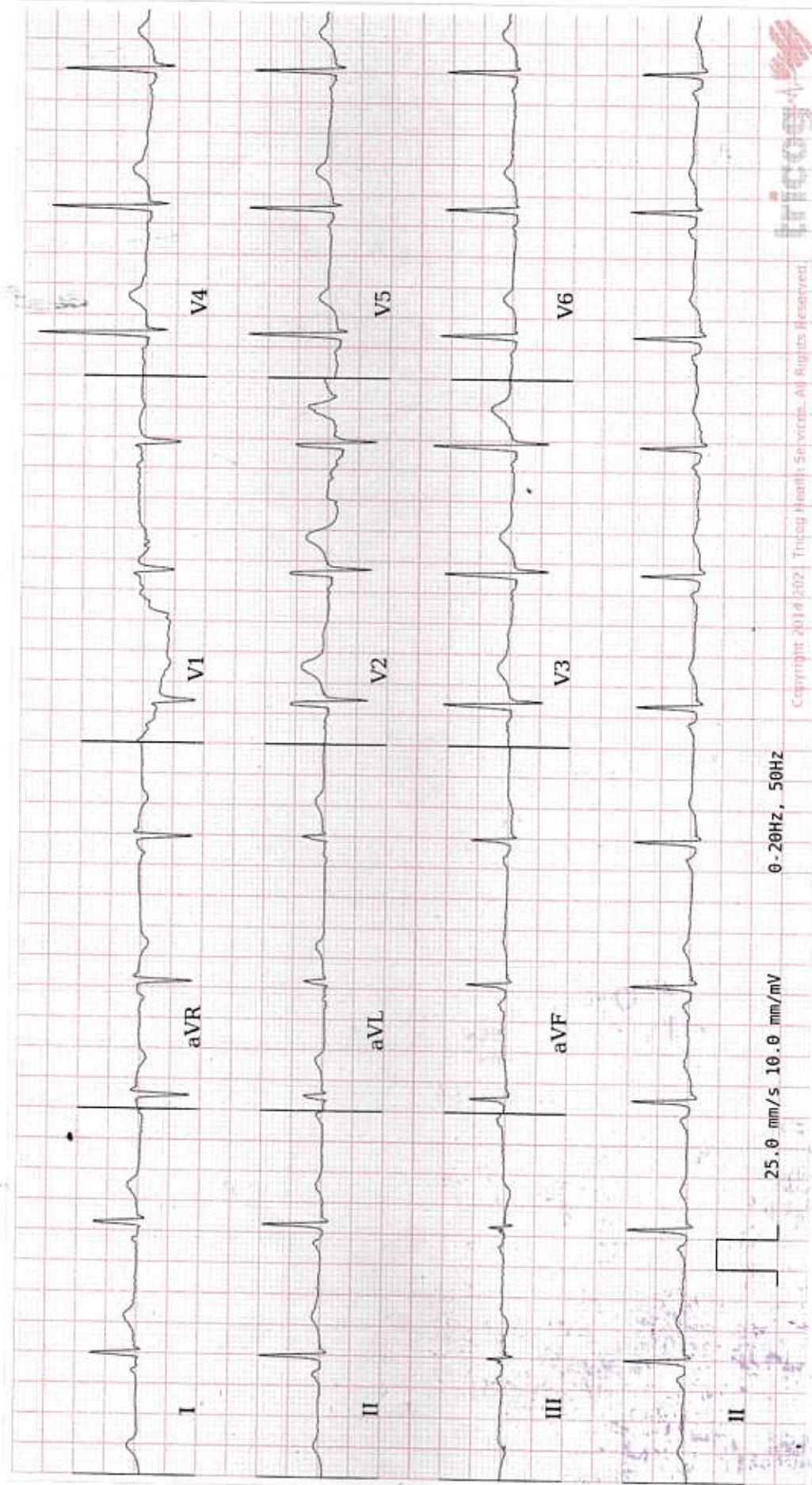
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing, 365 Days Open

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Page 13 of 13

Age / Gender: 31/Female  
 Patient ID: CHL20169002122  
 Patient Name: Mrs.SONALI

Date and Time: 25th Sep 21 10:34 AM



AR: 71 bpm VR: 71 bpm QRS: 76 ms QT: 366 ms QTC: 397 ms PRT: 146 ms PR-T: 64° 42° 8°

AUTHORIZED BY

REPORTED BY

Cont No. 623540875  
 Chandan Diagnostic Center  
 Plot No.-1051, Near Chaudhary Kotli  
 Nainital Road, Haldwani  
 Dr. Charit D.M. Cardiology  
 MD, DM, Cardiology  
 63382

# S.K. NURSING HOME AND HOSPITAL



(TIKONIA, NEAR ICICI BANK, HALDWANI)

Phone No -05946-221040,220263

NAME OF PATIENT : MRS. SONALI	AGE /SEX: 31/F
REFERRED BY : CHANDAN DIAGNOSTIC	DATE :25/09/2021

## CLINICAL DIAGNOSIS:

ECHO WINDOW: Satisfactory

## IMPRESSION:

Cardiac Chambers normal in size and function.

No Regional wall motion abnormality. LVEF ~ 60%.

Normal systolic and Diastolic functions.

RA/RV- Normal in size and function. Normal IVC.

Normal valves. Normal Pericardium.

No clot, vegetation or pericardial effusion.

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Cont. No. - 9235400975

DR. DEVASHISH GUPTA  
MD MEDICINE, MemACC.  
D. CARDIOLOGY (U.K.)

THANKS FOR REFERAL

NOT VALID FOR MEDICOLEGAL PURPOSES

Dip. Echocardiography (AUSTRIA)

**PARAMETERS:**

DIMENSION	cm	NORMAL	DIMENSIONS	In cm	NORMAL
Aortic Root (ED)	2.7	2.0-3.7 cm	Left Atrium (ES)	2.8	1.9-4.0 cm
Left Ventricle			Right Ventricle RVOT Prox.	2.8	0.7-3.3 cm
Diastole	4.3	3.7-5.6 cm	Right Atrium	16	<18cm <sup>2</sup>
Systole		1.8-4.2 cm	TAPSE	20	>16 cm
LVPW (D)	1.0	0.6-1.1 cm	IVS (D)	1.0	0.6-1.1 cm
LVPW (S)		0.8-2.0	IVS (S)		0.8-2.0 cm
LVEF (est)	60%	>50%	WALL MOTION	Normal	

**MITRAL VALVE**

Mitral valve bicuspid. Opening and closure normal. E/A ratio : 1.3 DT- 208.

**AORTIC VALVE**

Aortic valve tri-leaflet. Opening and closure normal.

**TRICUSPID VALVE**

Tricuspid valve is well visualised and is normal.

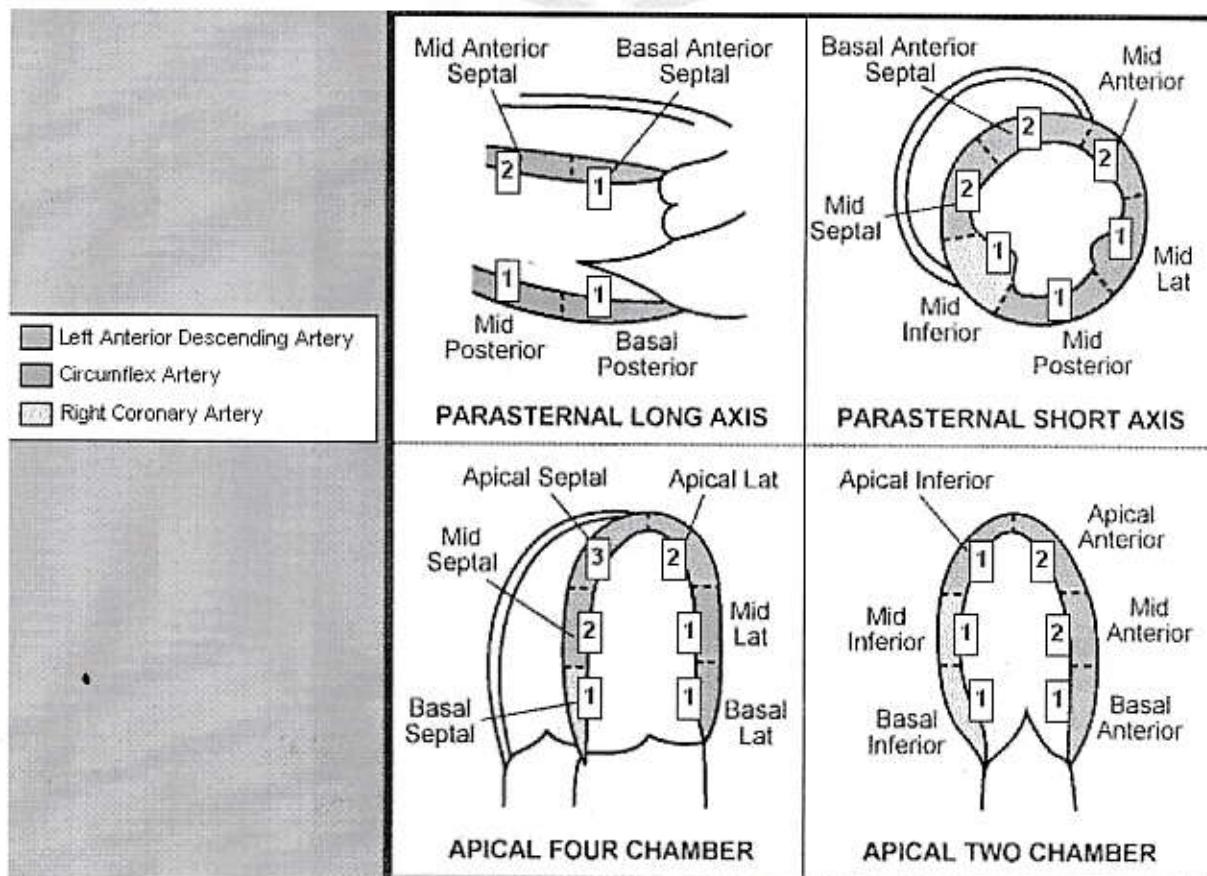
**PULMONARY VALVE**

Pulmonary valve is well visualised and is normal.

### DOPPLER STUDIES

	<u>VELOCITY</u>	<u>FLOW PATTERN</u>	<u>REGURGITATION</u>
MV			-
PV			-
TV			-
AV			-

COLOUR DOPPLER: Normal



# S.K. NURSING HOME & HOSPITAL

G.B. Pant Marg, TIKONIA, Haldwani (Nainital) Uttarakhand

Ph.: 2201040, 220263, 280191

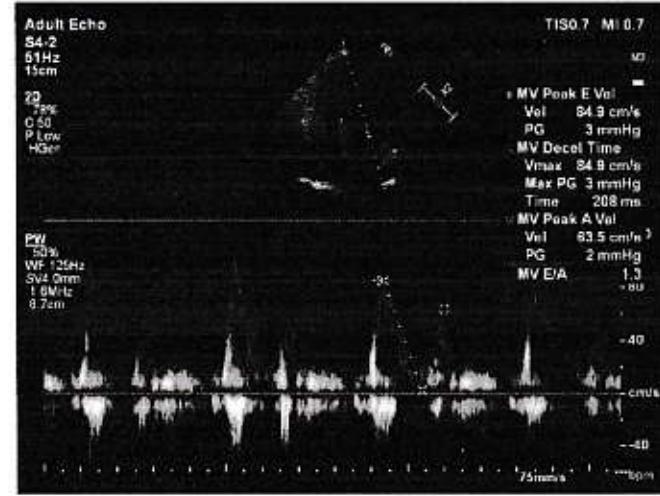
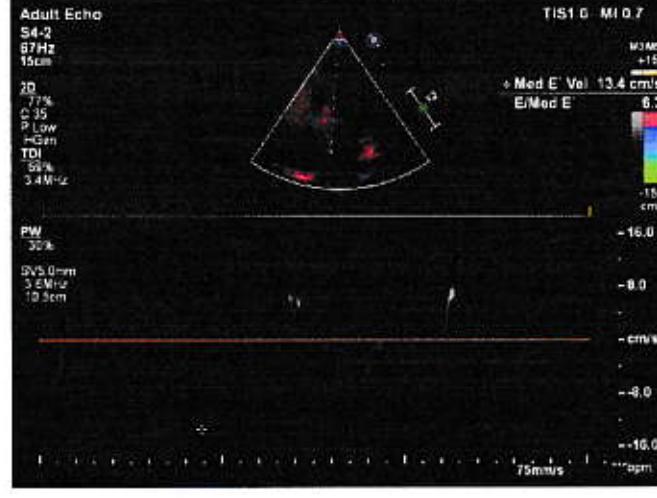
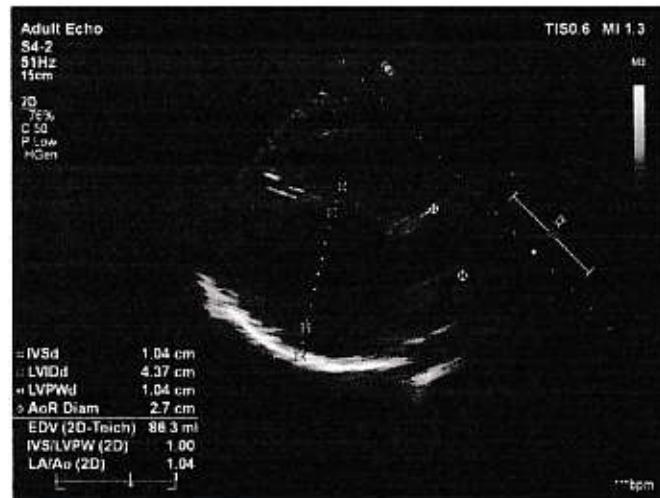
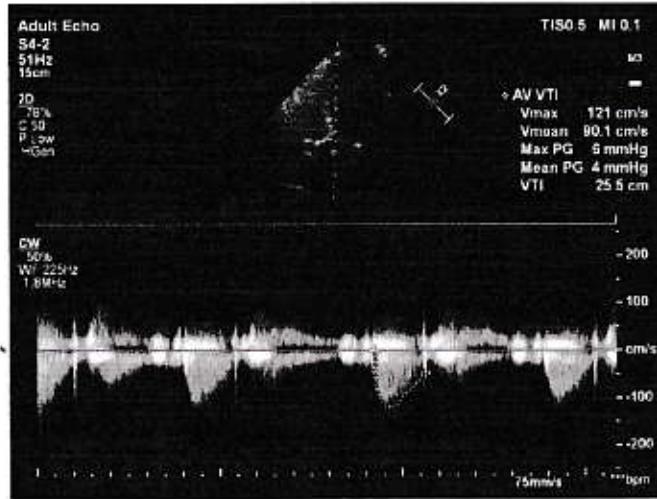
Patient ID: 38251120210925

Name: MRS SONALI 31

Sex: F

Date: 25-Sep-2021

Ref By: C



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**Dr. Devashish Gupta MD**  
D. Cardio (UK). Mem ACC  
Dip Echocardiography (Austria)