

Fwd: Health Check up Booking Request(bobE43958), Beneficiary Code-28399

1 message

anurag sri <anurag.idc@gmail.com>

To: cdc faizabad1 <cdcfaizabad1@gmail.com>

11 August 2023 at 10:05

Pack Code: 2613

----- Forwarded message ------

From: Mediwheel <wellness@mediwheel.in>

Date: Thu, Aug 10, 2023 at 6:47 PM

Subject: Health Check up Booking Request(bobE43958), Beneficiary Code-28399

To: <anurag.idc@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959 Email:wellness@mediwheel.in

Diagno

Nandas

Cashless

Dear Chandan Healthcare Limited,

City: Faizabad. Address: Mukut Complex, Rekabganj, We have received the confirmation for the following booking.

Name

: MR. KANT SHIVA

Age

: 27

Gender

: Male

Package Name

: Full Body Health Checkup Male Below 40

Contact Details

: 9569114428

Booking Date

: 10-08-2023

Appointment Date: 09-09-2023

MR. KANT SHIVA

Member Information

Booked Member Name Age Gender Cost(In INR)

27 Male
Total amount to be paid Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name

: Full Body Health Checkup Male Below 40 - Includes (37)Tests

Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen, Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP

Tests included in this Package

Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

Minow, ce



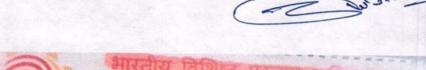
भारत सरकार Government of India

शिवाकान्त Shivakant जन्म तिथि / DOB : 20/05/1993 पुरुष / Male



9412 1757 0385

आधार - आम आदमी का अधिकार



Diagnostic Central air



Unique Identification Authority of In

पताः

S/O: राजकुमार दुबे, पाली आचलपुर, ग्राम - गंगा तारा, पोस्ट -चन्द्रिकागंज, अचल पुर, फेजाबाद, गोसाईगंज, उत्तर प्रदेश, 224141 Address:

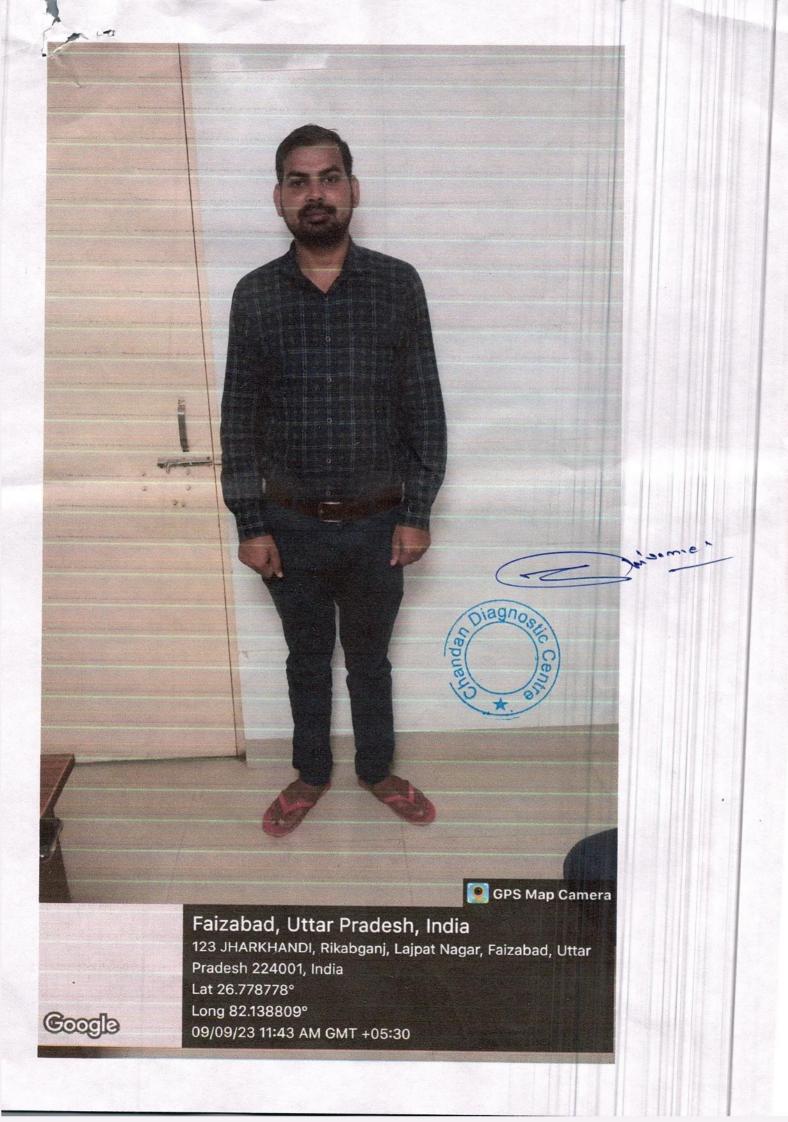
S/O: Rajkumar Dubey, Pali Achalpur, Village - Ganga Tara, Post - Chandrikaganj, Achal Pul Faizabad, Goshaiganj, Uttar Pradesh, 224141

9412 1757 0385











Age / Gender: 30/Male

Patient ID: CHFD0309652324
Patient Name: Mr.SHIVAKANT

Date and Time: 9th Sep 23 12:23 PM

H п aVF aVL aVR V2 V3 V1 ν6 V5 V4

V3. Baseline artefacts. Please correlate clinically. ECG Within Normal Limits: Sinus Rhythm. Hyperacute T waves along with J point elevation in leads

AR: 75bpm

VR: 75bpm

QRSD: 94ms

QT: 360ms

QTcB: 402ms

PRI: 134ms

P-R-T: 42° 51° 24°

25.0 mm/s 10.0 mm/mV

0-20Hz, 50Hz

II

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology 63382

REPORTED BY

Sunakke Dr Surekha B





Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIVAKANT Registered On : 09/Sep/2023 12:33:49 Age/Gender Collected : 09/Sep/2023 12:48:18 : 30 Y 3 M 21 D /M UHID/MR NO : CHFD.0000261664 Received : 09/Sep/2023 15:43:52 Visit ID : CHFD0309652324 Reported : 09/Sep/2023 19:30:11

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 | '0' | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| | | | | |
| Complete Blood Count (CBC) * , Whole Blo | od | | | |
| Haemoglobin | 13.80 | 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) <u>DLC</u> | 9,800.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| Polymorphs (Neutrophils) | 62.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 32.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 1.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 5.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils ESR | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| Observed | 18.00 | Mm for 1st hr. | | |
| Corrected | 10.00 | Mm for 1st hr. | <9 | |
| PCV (HCT) | 42.20 | % | 40-54 | |
| Platelet count | | | - | |
| Platelet Count | 2.42 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.40 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 37.40 | % | 35-60 | ELECTRONIC IMPEDANCE |









Ph: 9235400973,

CIN: U85110DL2003PLC308206



: 09/Sep/2023 12:33:49 Patient Name : Mr.SHIVAKANT Registered On Age/Gender : 30 Y 3 M 21 D /M Collected : 09/Sep/2023 12:48:18 UHID/MR NO : CHFD.0000261664 Received : 09/Sep/2023 15:43:52 Visit ID : CHFD0309652324 Reported : 09/Sep/2023 19:30:11

DEPARTMENT OF HAEM ATOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|----------|-------------|--------------------|----------------------|
| | | | | |
| PCT (Platelet Hematocrit) | 0.28 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.60 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.56 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 92.50 | fΙ | 80-100 | CALCULATED PARAMETER |
| MCH | 30.30 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.80 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.50 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 43.50 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 6,076.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 490.00 | /cu mm | 40-440 | |

Dr. R. B. Varshney M.D. Pathology







 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



 Patient Name
 : Mr.SHIVAKANT
 Registered On
 : 09/Sep/2023 12:33:51

 Age/Gender
 : 30 Y 3 M 21 D /M
 Collected
 : 09/Sep/2023 12:48:17

 UHID/MR NO
 : CHFD.0000261664
 Received
 : 09/Sep/2023 13:10:16

Visit ID : CHFD0309652324 Reported : 09/Sep/2023 13:29:40

Ref Doctor : Dr.MEDIWHEEL ACROFEMI Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Tool Hallo | Jnit Bio. Het | i. IIIL e i vai iv | retriod |
|------------|---------------|-------------------------------|---------|
| | | | |

GLUCOSE FASTING, Plasma

Glucose Fasting 91.96 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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.

Glucose PP 126.41 mg/dl <140 Normal GOD POD Sample:Plasma After Meal 140-199 Pre-diabetes

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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

| Glycosylated Haemoglobin (HbA1c) | 5.30 | % NGSP | HPLC (NGSP) |
|----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 34.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 105 | 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.









Ph: 9235400973,

HEALTHCARE LTD FZD

CIN: U85110DL2003PLC308206



Patient Name : 09/Sep/2023 12:33:51 : Mr.SHIVAKANT Registered On Age/Gender : 30 Y 3 M 21 D /M Collected : 09/Sep/2023 12:48:17 UHID/MR NO : CHFD.0000261664 Received : 09/Sep/2023 13:10:16 Visit ID : CHFD0309652324 Reported : 09/Sep/2023 13:29:40 Dr.MEDIWHEEL ACROFEMI Ref Doctor Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

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.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

^{*}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) Sample:Serum | 7.35 | mg/dL | 7.0-23.0 | CALCULATED |
|-------------------------------------------|------|-------|-------------------------------------------------------|--------------------------|
| Oreatinine Sample:Serum | 0.99 | mg/dl | Serum 0.7-1.3 Spot Urine-Male- 20 Female-20-320 | MODIFIED JAFFES 0-275 |
| Uric Acid | 6.31 | mg/dl | 3.4-7.0 | URICASE |





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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:



Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIVAKANT Registered On : 09/Sep/2023 12:33:51 Age/Gender Collected : 09/Sep/2023 12:48:17 : 30 Y 3 M 21 D /M UHID/MR NO : CHFD.0000261664 Received : 09/Sep/2023 13:10:16 Visit ID : CHFD0309652324 Reported : 09/Sep/2023 13:29:40

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | | Unit | Bio. Ref. Interva | al Method |
|-----------------------------------------|--------|-------|----------------|-----------------------------------------------------------------|-------------------|
| | | | | | |
| LFT (WITH GAMMA GT) * , Serum | | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 17.85 | U/L | < 35 | | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 32.18 | U/L | < 40 | | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 34.12 | IU/L | 11-50 |) | OPTIMIZED SZAZING |
| Protein | 6.48 | gm/dl | 6.2-8 | .0 | BIURET |
| Albumin | 4.37 | gm/dl | 3.4-5 | 4 | B.C.G. |
| Globulin | 2.11 | gm/dl | 1.8-3 | .6 | CALCULATED |
| A:G Ratio | 2.07 | | 1.1-2 | .0 | CALCULATED |
| Alkaline Phosphatase (Total) | 175.49 | U/L | 42.0- | 165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.39 | mg/dl | 0.3-1 | 2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.16 | mg/dl | < 0.30 |) | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.23 | mg/dl | < 0.8 | | JENDRASSIK & GROF |
| LIPID PROFILE (MINI)*, Serum | | | | | |
| Cholesterol (Total) | 158.69 | mg/dl | | Desirabl <mark>e</mark> 39 Borderline High High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 47.58 | mg/dl | 30-70 | | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 79 | mg/dl | 100-1 | Optimal 29 Nr. | CALCULATED |
| | | | 130-1 160-1 | nal/Above Optimal 59 Borderline High 89 High Very High | |
| VLDL | 32.03 | mg/dl | 10-33 | | CALCULATED |
| Triglycerides | 160.16 | mg/dl | 150-1 200-4 | Normal .99 Borderline High 99 High Very High | GPO-PAP |

Dr. R. B. Varshney M.D. Pathology









Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIVAKANT Registered On : 09/Sep/2023 12:33:50 : 09/Sep/2023 16:07:26 Age/Gender Collected : 30 Y 3 M 21 D /M UHID/MR NO : CHFD.0000261664 Received : 09/Sep/2023 17:27:58 Visit ID : CHFD0309652324 Reported : 09/Sep/2023 19:44:33

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 | CLEAR | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic (5.0) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent | DIPSTICK |
| | | | 10-40 (+) | |
| | | | 40-200 (++) 200-500 (+++) | |
| | | | >500 (++++) | |
| Sugar | ABSENT | gms% | < 0.5 (+) | DIPSTICK |
| | | | 0.5-1.0 (++) | |
| | | | 1-2 (+++) | |
| | PATA | | > 2 (++++) | |
| Ketone | ABSENT | mg/dl | 0.1-3.0 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | 1.3 | |
| Microscopic Examination: | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC |
| Dun celle | ADCENIT | | | EXAMINATION |
| Pus cells | ABSENT | | | MICROSCORIC |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | EXAMINATION |
| Crystals | ABSENT | | | MICROSCOPIC |
| S. YSCA.S | 71552141 | | | EXAMINATION |
| Others | ABSENT | | | |
| 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 | | | |
| | | | | |









Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name Age/Gender

: Mr.SHIVAKANT : 30 Y 3 M 21 D /M Registered On Collected

: 09/Sep/2023 12:33:50 : 09/Sep/2023 16:07:26

UHID/MR NO

: CHFD.0000261664

Received : 09/Sep/2023 17:27:58

Visit ID

: CHFD0309652324

Reported

: 09/Sep/2023 19:44:33

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method | |
|------------------------------|--------|------|--------------------|--------|--|
| | | | | | |
| Ova | ABSENT | | | | |
| Cysts | ABSENT | | | | |
| Others | ABSENT | | | | |
| 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:

(++++) > 2 gms%

(+)

< 0.5 gms%

(++)

0.5-1.0 gms%

(+++) 1-2 gms%

Dr. R. B. Varshney M.D. Pathology



Home Sample Collection 1800-419-0002





Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIVAKANT Registered On : 09/Sep/2023 12:33:50 Age/Gender Collected : 30 Y 3 M 21 D /M : 09/Sep/2023 12:48:17 UHID/MR NO : CHFD.0000261664 Received : 09/Sep/2023 13:23:39 Visit ID : 09/Sep/2023 14:10:18 : CHFD0309652324 Reported

Ref Doctor : Dr.MEDIWHEEL ACROFEMI 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) | 88.00 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 3.50 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 1.200 | μIU/mL | 0.27 - 5.5 | CLIA |
| | | v | | |
| Interpretation: | | | | |
| | | 0.3-4.5 μ IU/m | | |
| | | 0.5-4.6 µIU/m | nL Second Trim | nester |
| | | 0.8-5.2 µIU/m | L Third Trimes | ster |
| | | 0.5-8.9 μIU/m | nL Adults | 55-87 Years |
| | | 0.7-27 μIU/m | nL Premature | 28-36 Week |
| | | 2.3-13.2 μIU/m | L Cord Blood | > 37Week |
| | | 0.7-64 μIU/m | | - 20 Yrs.) |
| | | 1-39 µIU/ | | 0-4 Days |
| | | 1.7-9.1 μÏU/m | | 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. R. B. Varshney M.D. Pathology







Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name

: Mr.SHIVAKANT

Registered On

: 09/Sep/2023 12:33:51

Age/Gender UHID/MR NO : 30 Y 3 M 21 D /M

Collected

: N/A : N/A

Visit ID

: CHFD.0000261664 : CHFD0309652324 Received Reported

: 09/Sep/2023 14:16:37

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status

: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(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.

Manufacture Sift







Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIVAKANT Registered On : 09/Sep/2023 12:33:52

 Age/Gender
 : 30 Y 3 M 21 D /M
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000261664
 Received
 : N/A

Visit ID : CHFD0309652324 Reported : 09/Sep/2023 12:57:10

Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• *The liver is borderline in size 15.77 cm in* longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thicknes is normal.

PANCREAS

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

GREAT VESSELS

• Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

• Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM

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



Home Sample Collection 1800-419-0002





Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SH

: Mr.SHIVAKANT

Registered On

: 09/Sep/2023 12:33:52

Age/Gender UHID/MR NO

: 30 Y 3 M 21 D /M

Collected Received

: N/A

Visit ID

: CHFD.0000261664 : CHFD0309652324

Reported

: 09/Sep/2023 12:57:10

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status

: Final Report

: N/A

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

• The urinary bladder is normal.

PROSTATE

• The Prostate gland is normal in size.

FINAL IMPRESSION:-

- Borderline hepatomegaly.
- Gas filled bowel loops.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

Result/s to Follow: ECG/EKG



Dr. R. B. Varshney Ultrasonologist

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





