

Re: Health Check up Booking Confirmed Request(bobE27747), Package Code-PKG10000238, Beneficiary Code-54921

1 message

anurag sri <anurag.idc@gmail.com>

Sat, Feb 25, 2023 at 3:19 PM

To: Mediwheel <wellness@mediwheel.in>, "idc. ashiyana" <idcashiyana@gmail.com> Cc: mediwheelwellness@gmail.com

confirmed

pack code 2613

On Sat, Feb 25, 2023 at 12:53 PM Mediwheel <wellness@mediwheel.in> wrote:



011-41195959 Email:wellness@mediwheel.in

Hi Indra Diagnostic Centre,

Diagnostic/Hospital Location :M-214/215 Sec G LDA Colony Near Power House Chauraha Kanpur road,City:Lucknow

We have received the confirmation for the following booking.

Beneficiary Name: PKG10000238

Beneficiary Name: MR. SINGH NEERAJ

Member Age : 36

Member Gender

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : NEW DELHI, Delhi-110059

Contact Details : 9811410764 **Booking Date** : 02-02-2023

Appointment Date: 26-02-2023

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:

- 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.

We request you to facilitate the employee on priority.

Securing Austronity CM (8), 20, NO. E. C. No. T. 78910 Sank of Baroda NEERAJ SINGH hrtolhilbb Signature of Holds

GOVERNMENT OF IN भारत सरकार

नीरज सिंह Neeraj Singh जन्म वर्ष / Year of Birth : 19& पुरुष / Male असीप

4731 3505 9777



- आम आदमी का आधिकार LE TO

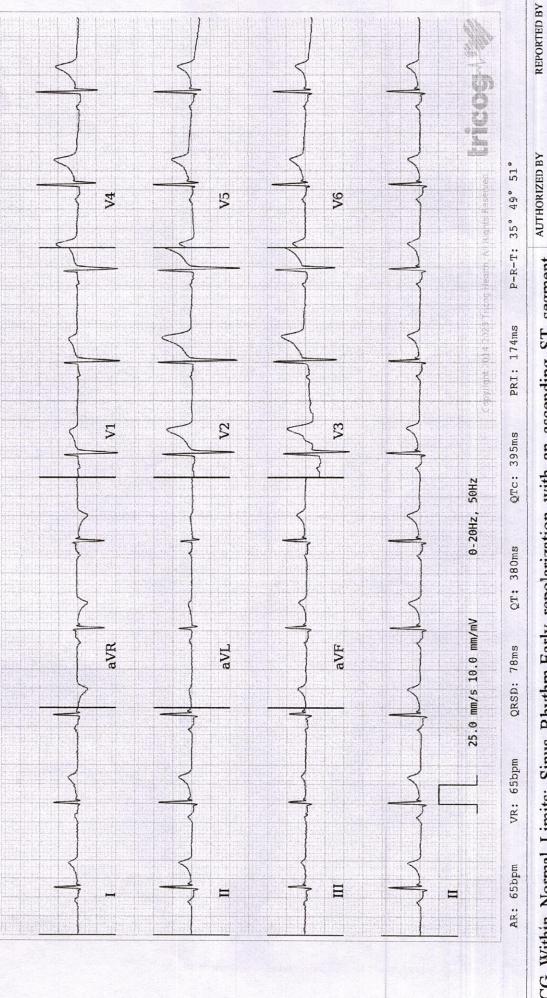
GPS Map Camera Lucknow, Uttar Pradesh, India M/218, Parag Rd, Sector G, LDA Colony, Lucknow, Uttar Pradesh 226012, India Lat 26.78747° Long 80.908467° Google 26/02/23 09:58 AM GMT +05:30

Chandan Diagnostic

CDCA0301722223 38/Male Age / Gender: Patient ID:

Mr.NEERAJ SINGH Patient Name:

Date and Time: 26th Feb 23 10:11 AM



ECG Within Normal Limits: Sinus Rhythm, Early repolarization with an ascending ST segment. Please correlate clinically.

Dr. Serrao Janice George Dr. Charit MD, DM: Cardiology

63382

Disclaimer: Analysis in this report is based on ECG afone and should only be used as an adjunct to clinical history, symptons and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



Since 1991

CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NEERAJ SINGH Registered On : 26/Feb/2023 09:17:24 Age/Gender : 38 Y 5 M 24 D /M Collected : 26/Feb/2023 09:21:01 UHID/MR NO : CDCA.0000102618 Received : 26/Feb/2023 10:04:56 Visit ID Reported : 26/Feb/2023 14:07:13 : CDCA0301722223

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

DEPARTMENT OF HAEM ATOLOGY

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

В

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 14.70 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)	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	63.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	1.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	. <9	
PCV (HCT)	44.00	%	40-54	
Platelet count				
Platelet Count	2.2	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.80	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE







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DEPARTMENT OF HABMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.66	fl	80-100	CALCULATED PARAMETER
MCH	30.82	pg	28-35	CALCULATED PARAMETER
MCHC	33.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,347.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	276.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NEERAJ SINGH Registered On : 26/Feb/2023 09:17:25 Age/Gender : 38 Y 5 M 24 D /M Collected : 26/Feb/2023 14:22:17 UHID/MR NO : CDCA.0000102618 Received : 26/Feb/2023 15:39:07 Visit ID : CDCA0301722223 Reported : 26/Feb/2023 16:14:48

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	111.57	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 *	89.19	mg/dl	<140 Normal	GOD F
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.

Dr. R.K. Khanna (MBBS,DCP)

POD







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLYCOSYLATED HABMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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)	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 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





^{**}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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: Dr.Mediwheel - Arcofemi Health Care Ltd. Status



Patient Name : Mr.NEERAJ SINGH Age/Gender UHID/MR NO Visit ID

Ref Doctor

: 38 Y 5 M 24 D /M : CDCA.0000102618 : CDCA0301722223

Collected Received Reported

Registered On

: 26/Feb/2023 17:22:49 : 26/Feb/2023 19:42:29

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: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





^{*}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 & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	7.37	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	6.70	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) LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	27.20 45.00 36.26 6.84 4.11 2.73 1.51 93.12 0.61 0.20 0.41	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 < 200 Desirable 200-239 Borderline Hig	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL	54.02 105 21.92	mg/dl mg/dl mg/dl	 > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High > 190 Very High 10-33 	
Triglycerides	109.60	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High	GPO-PAP







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Patient Name Age/Gender : Mr.NEERAJ SINGH : 38 Y 5 M 24 D /M

Collected Received : 26/Feb/2023 09:17:25 : 26/Feb/2023 09:21:01

UHID/MR NO : CDCA.0000102618 Visit ID : CDCA0301722223

Reported

Registered On

: 26/Feb/2023 11:06:47 : 26/Feb/2023 11:54:40

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

tatus : 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



(MBBS,DCP)







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

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

DEPARTM ENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINE EXAMINATION, ROUTINE*, Unine Color Specific Gravity 1,010 Reaction PH Acidic (5.0) Protein ABSENT Mg % <10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	Test Name	Result	Unit	Bio. Ref. Interval	Method
Color					
Specific Gravity	URINE EXAMINATION, ROUTINE*, u	Irine			
Reaction PH	Color	CLEAR			
Protein	Specific Gravity	1.010			
10-40 (+) 40-200 (++) 40-200 (++) 40-200 (++) 200-500 (++++) > 500 (+++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (++++) > 500 (+++++) > 500 (++++) > 500 (+++++) > 500 (+++++) > 500 (++++++++++++++++++++++++++++++++++	Reaction PH	Acidic (5.0)			DIPSTICK
AD-200 (++)	Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Sugar					
Sugar					
Sugar ABSENT BILE ABSENT BILE B					
D.5-1.0 (++) 1-2 (+++) 1-2 (+++) 1-2 (+++) > 2 (+++++) > 2 (+++++) > 2 (+++++) > 2 (++++++++++++++++++++++++++++++++++	Sugar	ADCENT	amc%		DIDSTICK
Ketone Bile Salts ABSENT Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination: Epithelial cells ABSENT RBCs ABSENT Crystals ABSENT Crystals ABSENT Color BROWNISH Consistency SEMI SOLID Reaction (PH) Mucus BIOCHEMISTRY BIOCHE	Sugai	ADSLINI	g111370		DIFSTICK
Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY Bile Salts ABSENT Urobilinogen(1:20 dilution) ABSENT Microscopic Examination: Epithelial cells ABSENT RBCs ABSENT Crystals ABSENT Crystals ABSENT STOOL, POUTINE EXAMINATION*, \$cool Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic (5.0) Mucus ABSENT MICROSCOPIC EXAMINATION SOLID Reaction (PH) Microscopic Examination SEMI SOLID Reaction (PH) Mucus ABSENT MICROSCOPIC EXAMINATION ABSENT BIOOD ABSENT					
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Urobilinogen(1:20 dilution) Microscopic Examination: Epithelial cells ABSENT MICROSCOPIC EXAMINATION Pus cells RBCs ABSENT RBCs ABSENT ABSENT Crystals ABSENT Others ABSENT STOOL, POUTINE EXAMINATION*, Sool Color Consistency Reaction (PH) Acidic (5.0) Mucus ABSENT MICROSCOPIC EXAMINATION SEMI SOUID Reaction (PH) Acidic (5.0) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Bile Salts	ABSENT			
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Others ABSENT STOOL, ROUTINE EXAMINATION*, Sool Color BROWNISH Consistency SEMI SOLID Reaction (PH) Acidic (5.0) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Crystais	ADSLINI			
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Consistency SEMI SOLID Reaction (PH) Acidic (5.0) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	STOOL, ROUTINE EXAMINATION *, s	tool			
Consistency SEMI SOLID Reaction (PH) Acidic (5.0) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Color	BROWNISH			
Reaction (PH) Mucus ABSENT Blood ABSENT Worm ABSENT Pus cells ABSENT	Consistency				
Blood ABSENT Worm ABSENT Pus cells ABSENT					
Worm ABSENT Pus cells ABSENT	Mucus				
Pus cells ABSENT	Blood	ABSENT			
	Worm	ABSENT			
RBCs ABSENT	Pus cells	ABSENT			
	RBCs	ABSENT			







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Hesult	Unit	Bio. Het. Interval	Method	
Ova	ABSENT				
Cysts	ABSENT				
Others	ABSENT				
SUGAR, FASTING STAGE*, Urine					

COURT I ACTING CITAGE , Office

Sugar, Fasting stage ABSENT gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 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 & FEMALE BELOW 40 YRS

Deput Unit Die Def Interval

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.42	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.85	μIU/mL	0.27 - 5.5	CLIA
		,		
Interpretation:				
		0.3-4.5 $\mu IU/r$	mL First Trimeste	
		0.5-4.6 µIU/1	mL Second Trimes	ster
		0.8-5.2 μIU/1	mL Third Trimeste	er
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	nL Cord Blood	> 37Week
		0.7-64 μIU/1	mL Child(21 wk -	20 Yrs.)
		1-39 μΙ	J/mL Child	0-4 Days
		1.7-9.1 uIU/		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NEERAJ SINGH Registered On : 26/Feb/2023 09:17:26

 Age/Gender
 : 38 Y 5 M 24 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000102618
 Received
 : N/A

Visit ID : CDCA0301722223 Reported : 26/Feb/2023 14:49:33

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 *

(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.









Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



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 : N/A

Visit ID : CDCA0301722223 Reported : 26/Feb/2023 11:29:20

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 ABDOM EN (UPPER & LOWER) *

<u>LIVER</u>

• Liver is normal in size measuring 12.9 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (5.0 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

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

RIGHT KIDNEY (10.4 x 4.5 cm)

- Right kidney is normal in size 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 (11.2 x 5.4 cm)

- Left kidney is normal in size 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







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• The spleen is normal in size (11.0 cm) and has a homogenous echotexture.

ILIAC FOSSA

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

URINARY BLADDER

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

PROSTATE

• The prostate gland is normal in texture and size, measures 4.1 x 3.4 x 2.9 cm (vol- 22.6 cc).

IMPRESSION

Grade-I fatty infiltration of liver.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: 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 *

*Facilities Available at Select Location



