

Harsh

Navneet  
Dr. NAVNEET KUMAR  
M.B.B.S.  
Reg.- UMC-7523  
Chandan Diagnostic Centre, Haldwani



### GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY..... MEDIWHEEL ..... DATE 03/10/21

CLIENT NAME. Karish Kumar Thapa, s/o, d/o, MAHESH CHANDRA THAPA

DATE OF BIRTH 05/01/1992 AGE 24 YEARS

ADDRESS. MELDHAM, CONDUY, DAHARUA, MURNANJ NALDWANI

PHONE NO. 9106972119 OCCUPATION P.S.B.

PHOTO ID. ADHAR CARD NO. 9962 9766 9071

MARITAL STATUS. No.

MARK OF IDENTIFICATION. Male in Right Hand

HEIGHT 187 cm WEIGHT 90 kg BMI 25.7

CHEST EXP. 98 cm CHEST INS. 99 cm ABDOMEN 102 cm

WAIST 106 cm HIP 113 cm

BLOOD PRESSURE 120/80 PULSE RATE 74/m Regular

RESPIRATION RATE 17/m

FAILMY HISORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
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FATHER 59

Healthy,

MOTHER 47

Healthy.

BROTHER

SISTER 27

Healthy,

WIFE/HUSBAND

DEFORMITIES

POLIO YES/NO  IF YES GIVE DETAILS

PARALYSIS YES/NO  IF YES GIVE DETAILS



### HISTORY OF CLIENT

TAKING MEDICINE

IF YES , GIVE DETAILS

YES/NO

EYE VISION

YES/NO

DENTAL CHECKUP

YES/NO

BLOOD PRESSURE

YES/NO

DIABETES

YES/NO

THYROID

YES/NO

### SURGERY

GALL BLADDER

YES/NO

APPENDIX

YES/NO

HARNIA

YES/NO

HYDROCLE

YES/NO

CATRACT

YES/NO

OPEN HEART SURGERY

YES/NO

BY PASS SURGERY

YES/NO

ANGIOGRAPHY

YES/NO

PILES

YES/NO

FISTULA

YES/NO

ACCIDENT

YES/NO

UTERUS

YES/NO

### HABITS

IF YES, GIVE DETAILS

SMOKING

YES/NO

ALCOHOL

YES/NO

PAN MASALA

YES/NO

NUMBER OF CHILD.....N/2.....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 Harsh Kumar s/o Makesh Chandan Tewar 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.

Navneet  
Dr. NAVNEET KUMAR

M.B.B.S.

Reg.- UMC-7523

Chandan Diagnostic Centre, Haldwani

Client Signature Harsh

Signature of Medical Examiner  
Name & Qualification of the medical examiner





Since 1991

**CHANDAN DIAGNOSTIC CENTRE**

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

Ph: 7705023379,-

CTN : U85110DL2003PLC308206



Patient Name	: Mr.HARSH KUMAR TEWARI PKG10000238	Registered On	: 03/Oct/2021 09:05:23
Age/Gender	: 24 Y 8 M 27 D /M	Collected	: 03/Oct/2021 09:17:28
UHID/MR NO	: CHL2.0000088402	Received	: 03/Oct/2021 11:29:17
Visit ID	: CHL20176332122	Reported	: 03/Oct/2021 15:44:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

**DEPARTMENT OF HAEMATOLOGY****MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS**

Test Name	Result	Unit	Bio. Ref. Interval	Method

**Blood Group (ABO & Rh typing) \*\* , Blood**

Blood Group	B
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	16.50	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	9,710.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

**DLC**

Polymorphs (Neutrophils )	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

**ESR**

Observed	6.00	Mm for 1st hr.	
Corrected	NR	Mm for 1st hr. < 9	
PCV (HCT)	51.00	cc %	40-54

**Platelet count**

Platelet Count	2.58	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
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PDW (Platelet Distribution width)	15.70	fL	9-17	ELECTRONIC IMPEDANCE
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P-LCR (Platelet Large Cell Ratio)	21.50	%	35-60	ELECTRONIC IMPEDANCE
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PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
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MPV (Mean Platelet Volume)	9.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
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**RBC Count**

RBC Count	5.05	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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PP-AUG-2021

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## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	94.30	fL	80-100	CALCULATED PARAMETER
MCH	32.70	pg	28-35	CALCULATED PARAMETER
MCHC	34.70	%	30-38	CALCULATED PARAMETER
RDW-CV	11.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	37.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,214.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	388.00	/cu mm	40-440	



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S. Garg  
Dr. Sakshi Garg Tayal (MBBS, MD  
Pathology PDCC Oncopathology)



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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting ** Sample:Plasma	93.18	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	118.23	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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**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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## 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) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	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 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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## DEPARTMENT OF BIOCHEMISTRY

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

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 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:
- \*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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Dr. Anupam Singh  
 M.B.B.S,M.D.(Pathology)

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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) **</b> <i>Sample: Serum</i>	10.93	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine **</b> <i>Sample: Serum</i>	1.05	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate) **</b> <i>Sample: Serum</i>	92.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid **</b> <i>Sample: Serum</i>	6.64	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) ** , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	28.69	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	27.25	U/L	< 40	IFCC WITHOUT PSP
Gamma GT (GGT)	44.34	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.14	gm/dl	6.2-8.0	BIRUET
Albumin	4.64	gm/dl	3.8-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.86		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	65.36	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.18	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.62	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) ** , Serum</b>				
Cholesterol (Total)	158.82	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	75	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	43.85	mg/dl	10-33	CALCULATED
Triglycerides	219.25	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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**DEPARTMENT OF CLINICAL PATHOLOGY****MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS**

Test Name	Result	Unit	Bio. Ref. Interval	Method

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

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC EXAMINATION
Others	NIL			

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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High  
>500 Very High



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## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method

#### 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
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



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## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
SUGAR, FASTING STAGE ** , Urine	ABSENT	gms%		

#### SUGAR, FASTING STAGE \*\* , Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

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Patient Name	: Mr.HARSH KUMAR TEWARI PKG10000238	Registered On	: 03/Oct/2021 09:05:23
Age/Gender	: 24 Y 8 M 27 D /M	Collected	: 03/Oct/2021 14:32:21
UHID/MR NO	: CHL2.0000088402	Received	: 03/Oct/2021 15:22:03
Visit ID	: CHL20176332122	Reported	: 04/Oct/2021 10:09:06
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

**DEPARTMENT OF CLINICAL PATHOLOGY****MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS**

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 Cont. No.+91935400975

  
**Dr Vinod Ojha**  
 MD Pathologist

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# CHANDAN DIAGNOSTIC CENTRE

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Since 1991

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Patient Name	: Mr.HARSH KUMAR TEWARI PKG10000238	Registered On	: 03/Oct/2021 09:05:24
Age/Gender	: 24 Y 8 M 27 D /M	Collected	: 03/Oct/2021 09:17:28
UHID/MR NO	: CHL2.0000088402	Received	: 03/Oct/2021 11:29:17
Visit ID	: CHL20176332122	Reported	: 03/Oct/2021 17:08:14
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method

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

T3, Total (tri-iodothyronine)	141.20	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.81	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.63	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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Dr. Vinod Ojha  
MD Pathologist



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# CHANDAN DIAGNOSTIC CENTRE

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Ph: 7705023379,-

CIN : U85110DL2003PLC308206



Patient Name	: Mr.HARSH KUMAR TEWARI PKG10000238	Registered On	: 03/Oct/2021 09:05:25
Age/Gender	: 24 Y 8 M 27 D /M	Collected	: N/A
UHID/MR NO	: CHL2.0000088402	Received	: N/A
Visit ID	: CHL20176332122	Reported	: 03/Oct/2021 12:41:29
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 \*

*(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).

Chandan Diagnostic Centre  
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Nainital Road, HALDWANI  
Cont. No. - 9235403876

Dr. Navneet Kumar (MD Radiodiagnosis.)



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# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.HARSH KUMAR TEWARI PKG10000238	Registered On	: 03/Oct/2021 09:05:25
Age/Gender	: 24 Y 8 M 27 D /M	Collected	: N/A
UHID/MR NO	: CHL2.0000088402	Received	: N/A
Visit ID	: CHL20176332122	Reported	: 03/Oct/2021 11:59:16
Ref Doctor	: Dr. Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

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

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

**Clinical Information: No operative history. No complaints**

#### LIVER

- The liver is normal in size (~ 13.4 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 portal channels are normal.
- The intra-hepatic biliary radicles are normal.

#### PORTO-BILIARY SYSTEM

- Portal vein is not dilated measuring approx 9.3 mm in maximum diameter
- Common bile duct is not dilated measuring approx 3.6 mm in maximum diameter
- 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 ~ 10.9 x 4.5 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 ~ 10.4 x 5.1 cms
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

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# CHANDAN DIAGNOSTIC CENTRE

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Ph: 7705023379,-  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.HARSH KUMAR TEWARI PKG10000238	Registered On	: 03/Oct/2021 09:05:25
Age/Gender	: 24 Y 8 M 27 D /M	Collected	: N/A
UHID/MR NO	: CHL2.0000088402	Received	: N/A
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## DEPARTMENT OF ULTRASOUND

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

#### SPLEEN

- The spleen is normal in size (~10.1 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 seen in peritoneal cavity.

#### URINARY BLADDER

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

#### PROSTATE

- The prostate gland is normal in size, texture with smooth outline, its measuring ~2.2 x 4.1 x 2.1 cms and approx 18 cc in vol.

#### FINAL IMPRESSION:-

#### **NO SIGNIFICANT SONOLOGICAL ABNORMALITY SEEN**

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

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

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

Result/s to Follow:

ECG / EKG

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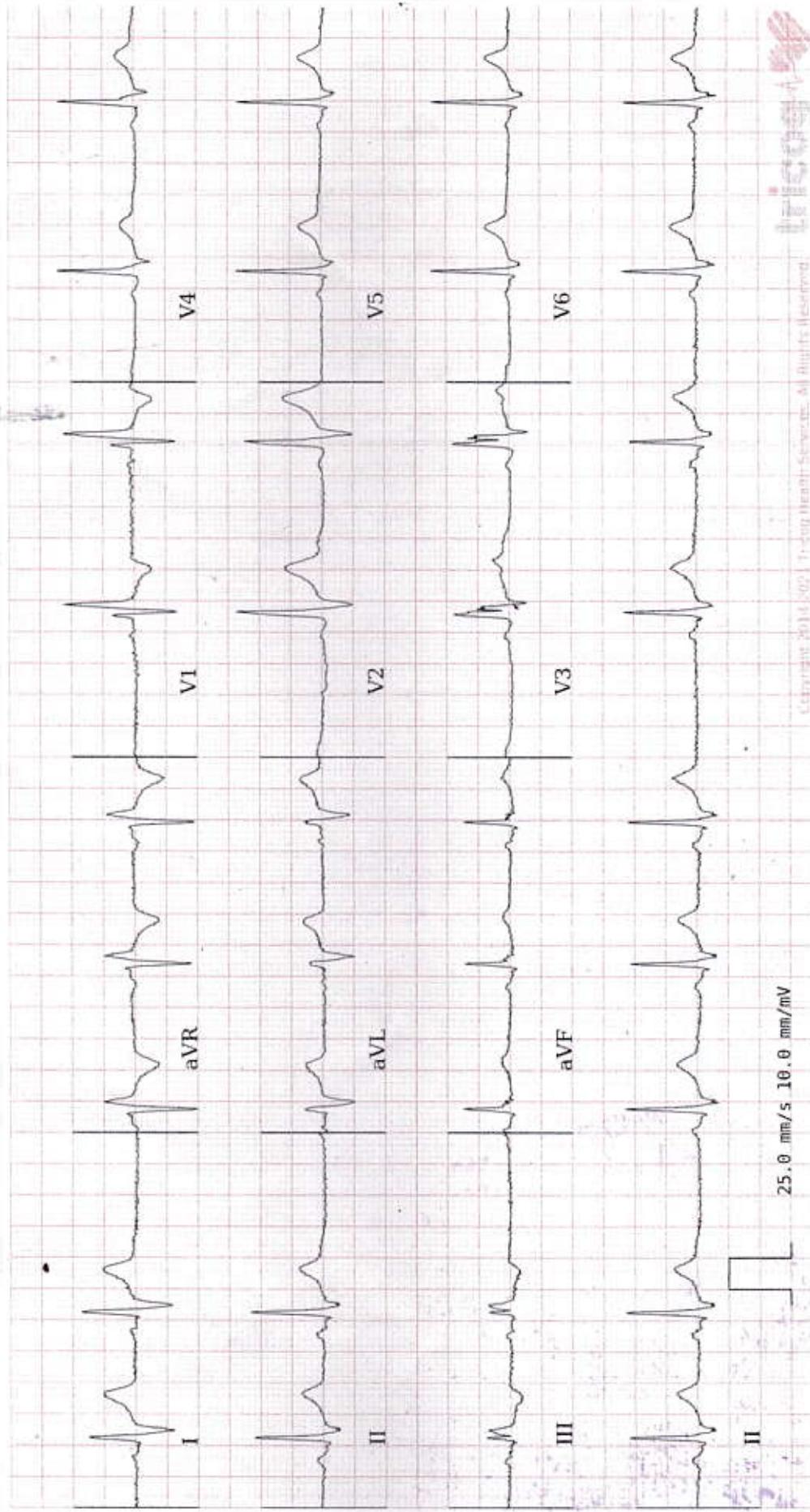
Dr. Mohin Toyal (MSc Radiodiagnosis)  
(PDUCC Interventional Radiology)  
Formerly at : AIIMS RISHIKESH,  
SIIM DEHRADUN,  
ETH HALDWANI

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 Available	Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonoelastography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electrolytes, Urine Analysis, Stool Analysis, Gastroscopy, Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Booking Facilities for Therapies.
Services	Home Sample Collection, 1800-419-0002
Customer Care No.	0522-6666600 E-mail: <a href="mailto:customerservice.diagnostic@chandan.co.in">customerservice.diagnostic@chandan.co.in</a> Web: <a href="http://www.chandan.co.in">www.chandan.co.in</a>



Chandan Diagnostic Centre, Heera Nagar, Haldwani- 2

Age / Gender: 24/Male Date and Time: 3rd Oct 21 9:56 AM  
Patient ID: CHL20176332122  
Patient Name: Mr.HARSH KUMAR TEWARI PKG10000238



AR: 56 bpm VR: 56 bpm QRS: 134 ms QT: 440 ms QTC: 424 ms PRI: 140 ms 2-3-7: 52° 62° 21°

us Bradycardia, with Marked Sinus Arrhythmia, Right Bundle Branch Block. Please correlate clinically.

AUTHORIZED BY

REPORT

**Chandan Diagnostic Centre**

Dr. Charan  
MD, DDM, Cardiology

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Opp. S.R. H.A. College  
Haldwani - 248001

ECG 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.

Dr. Arunkumar  
MD, DDM, Cardiology

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