



N16 Near vision:

616 Far vision :

Dental check up : Noumo

Noumal ENT Check up :

Eye Checkup:

#### **Final impression**

Certified that I examined	ninudo	the sir	34	<u>k</u>			S/o	or	D/o
	is	presently	in	good	health	and	free	from	any
cardio-respiratory/communicable	ailment,	he/she	is	fit	1 U	afit	to	join	any
organization.		-							

Ander **Client Signature :-**

Signature of Medical Examiner

Place - VARANASI

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. No.-26918

080693666

Name & Qualification - Dr. R. C. Roy (MBBS,MD) Date 20 1.10 /2023

> .handan Diagnostic Cente 99, Shivaji Nagar, Mahmoorgan; Varanasi-221010 (U.P.) Phone No.:0542-2223232





## भारत सरकार Government of India



Aniruddh Singh DOB : 24/06/1986 Male



# 4645 2217 4962

आधार - आम आदमी का अधिकार

D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305362°

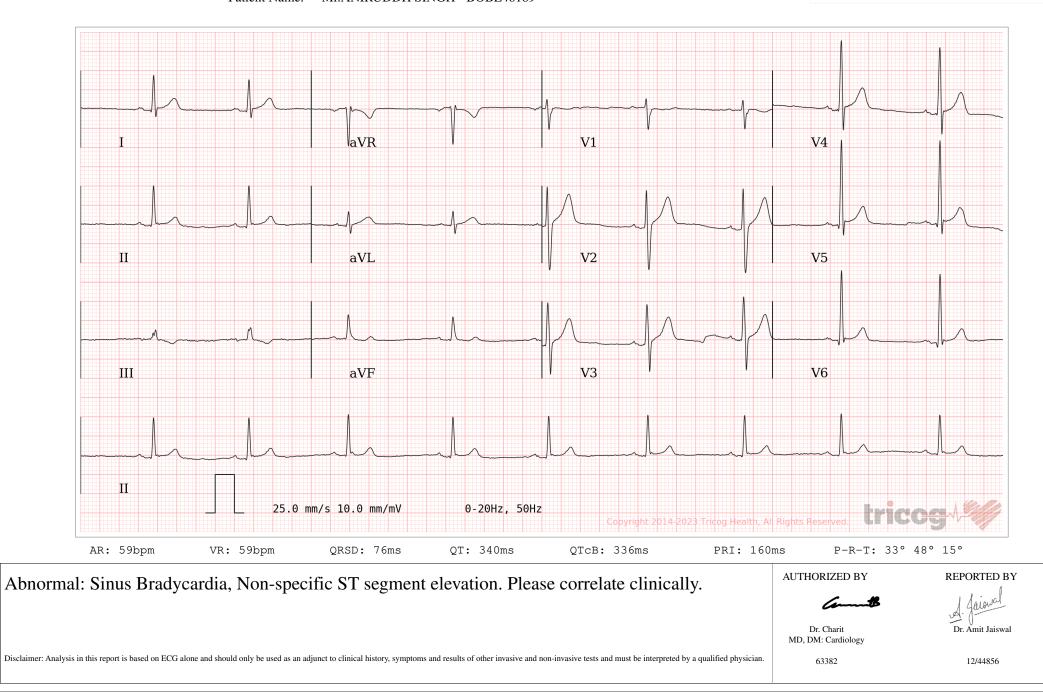
LOCAL 09:08:24 GMT 03:38:24 Longitude 82.978987°

SATURDAY 28.10.2023 ALTITUDE 37 METER

#### **Chandan Diagnostic**



Age / Gender:37/MaleDate and Time:28th Oct 23 9:18 AMPatient ID:CVAR0070082324Patient Name:Mr.ANIRUDDH SINGH - BOBE46189



Chandan Since 1991				ſRE	YEARS Ince Light
Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.ANIRUDDH SINGH : 37 Y 0 M 0 D /M : CVAR.0000043237 : CVAR0070082324 : Dr.MEDIWHEEL VNS -	- BOBE46189	Registered C Collected Received Reported Status	On : 28/Oct/2023 08 : 28/Oct/2023 10 : 28/Oct/2023 10 : 28/Oct/2023 11 : Final Report	):08:22 ):17:55
		DEPARTM ENT	OFHAEMATC	DLOGY	
	MEDIWHEEL	BANK OF BAROD	DA MALE & FE	MALE BELOW 40 YRS	5
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (AB	O&Rhtyping)*, <i>₿₀₀</i>	d			
Blood Group		A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)		POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood (	Count (CBC) * , Whole E	Pland			
Haemoglobin		13.80	g/dl	1 Day- 14.5-22.5 g/dl	
naemogiobin		13.80	g/u	1 Wk- 13.5-19.5 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>	6	4,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neut	crophils )	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed		10.00	Mm for 1st hr.		
Corrected		6.00	Mm for 1st hr.		
PCV (HCT) Platelet count		41.50	%	40-54	
Platelet Count		1.5	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Dis		nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La	rge Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:45
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 28/Oct/2023 10:08:22
UHID/MR NO	: CVAR.0000043237	Received	: 28/Oct/2023 10:17:55
Visit ID	: CVAR0070082324	Reported	: 28/Oct/2023 11:24:12
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF HAEM ATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.54	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	91.30	۶ſ	80-100	CALCULATED PARAMETER
MCH	30.40	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,970.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	90.00	/cu mm	40-440	

S.N. Sinton Dr.S.N. Sinha (MD Path)





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:45
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 28/Oct/2023 10:08:21
UHID/MR NO	: CVAR.0000043237	Received	: 28/Oct/2023 10:17:55
Visit ID	: CVAR0070082324	Reported	: 28/Oct/2023 11:35:57
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	85.60	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.



Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:46	-
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 28/Oct/2023 10:08:21	
UHID/MR NO	: CVAR.0000043237	Received	: 29/Oct/2023 11:12:59	
Visit ID	: CVAR0070082324	Reported	: 29/Oct/2023 12:21:26	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
	<b>.</b>			
GLYCOSYLATED HAEM OGLOBIN (HBA1C) *	*, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC		

mg/dl

#### Interpretation:

#### NOTE:-

Estimated Average Glucose (eAG)

- 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.

102

• eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*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 VARIANT II TURBO HPLC Analyser.

#### **<u>Clinical Implications:</u>**

\*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

ISO 9001:2015

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Chauda Since 1991	Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206			30 VEARS SINCE 1951
Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:46	
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 28/Oct/2023 10:08:21	
UHID/MR NO	: CVAR.0000043237	Received	: 29/Oct/2023 11:12:59	
Visit ID	: CVAR0070082324	Reported	: 29/Oct/2023 12:21:26	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTMENT	OF BIOCHEM IST	RY	

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

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

c. Alcohol toxicity d. Lead toxicity

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

CHANDAN DIAGNOSTIC CENTRE

\*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.

#### Dr. Anupam Singh (MBBS MD Pathology)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Age/Gender UHID/MR NO Visit ID	: Mr.ANIRUDDH SINGH - : 37 Y 0 M 0 D /M : CVAR.0000043237 : CVAR0070082324 : Dr.MEDIWHEEL VNS -	BOBE46189	Registered On Collected Received Reported Status	: 28/Oct/2023 08:29 : 28/Oct/2023 10:08 : 28/Oct/2023 10:17 : 28/Oct/2023 11:35 : Final Report	21 55
			OF BIOCHEMIST		
	M EDIWHEEL E			LE BELOW 40 YRS	•• ·· ·
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nit Sample:Serum	rogen)	10.60	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		1.20	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum		5.90	∽ mg/dl	3.4-7.0	URICASE
LFT (WITH GAMM	AGT) *, <u>serum</u>				
-	minotransferase (AST) inotransferase (ALT)	30.60 43.60	U/L U/L	< 35 < 40	IFCC WITHOUT P5P
Gamma GT (GGT)		17.70	IU/L	11-50	OPTIMIZED SZAZING
Protein		7.10	gm/dl	6.2-8.0	BIURET
Albumin		4.20	gm/dl	3.4-5.4	B.C.G.
Globulin		2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.45		1.1-2.0	CALCULATED
Alkaline Phosphata	ise (Total)	116.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)		0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (M	INI), Serum				
Cholesterol (Total)		181.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (G	ood Cholesterol)	55.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Ba	ad Cholesterol)	111	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
				160-189 High > 190 Very High	
VLDL		14.96	mg/dl	10-33	CALCU' ***
Triglycerides		74.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P



Chauda Since 1991	CHANDAN 1 Add: 99, Shivaji Nagar M Ph: 9235447795,0542-35 CIN : U85110DL2003PL	lahmoorganj,Varanasi 500227	TIC CENTR	E	VEARS INCE 1991
Patient Name	: Mr.ANIRUDDH SINGH - E	3OBE46189	Registered On	: 28/Oct/2023 08	
Age/Gender	: 37 Y 0 M 0 D /M		Collected	: 28/Oct/2023 10	
UHID/MR NO Visit ID	: CVAR.0000043237 : CVAR0070082324		Received	: 28/Oct/2023 10 : 28/Oct/2023 14	
Ref Doctor	: Dr.MEDIWHEEL VNS -		Reported Status	: Final Report	.01.22
		PARTMENT OF (			
				LEBELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Color	ATION, ROUTINE* , Urine	PALE YELLOW			
Specific Gravity		1.030			
Reaction PH		Acidic (6.5)			DIPSTICK
Protein		ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK
				200-500 (+++)	
				> 500 (++++)	
Sugar		ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone		ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts		ABSENT	1 0 0		
Bile Pigments		ABSENT			
Urobilinogen(1: Microscopic Exa		ABSENT		and a start of the	
Epithelial cells		2-3/h.p.f			MICROSCOPIC
Pus cells		1 2 /b -= f			EXAMINATION
RBCs		1-2/h.p.f ABSENT			MICROSCOPIC
RBCS		ABSENT			EXAMINATION
Cast		ABSENT			LANIMATION
Crystals		ABSENT			MICROSCOPIC
Crystals		Absent			EXAMINATION
Others		ABSENT			-
SUGAR, FASTIN	G STAGE*, Urine				
Sugar, Fasting st	age	ABSENT	gms%		
• . · ·					
Interpretation:					
(+) < 0.5					S.N. Sinto
(++) 0.5-1.0	1				7.41.71W

Dr.S.N. Sinha (MD Path)

(+++) 1-2

(++++) > 2



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CHANDAN DIAGNOSTIC CENTRE Add: 99, Shivaji Nagar Mahmoorganj,Varanasi



Add: 99, Shivaji Nagar Mahmoorganj, Varana Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:46
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 28/Oct/2023 10:08:21
UHID/MR NO	: CVAR.0000043237	Received	: 28/Oct/2023 18:48:34
Visit ID	: CVAR0070082324	Reported	: 28/Oct/2023 18:51:55
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL * , Serum					
T3, Total (tri-iodothyronine)	123.00	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	8.87	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	3.210	µIU/mL	0.27 - 5.5	CLIA	
		5			
Interpretation:					
	0.3-4.5 µIU/mL First Trimester				

0.5-4.6

0.8-5.2

0.5-8.9

0.7-27

0.7-64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

Second Trimester

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

Third Trimester

Adults

Child

Child

Premature

Cord Blood

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema autoimmune disorders.	or
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.S.N. Sinha (MD Path)





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:49
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000043237	Received	: N/A
Visit ID	: CVAR0070082324	Reported	: 28/Oct/2023 10:59:56
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

## X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

## **IMPRESSION**

## **\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANIRUDDH SINGH - BOBE46189	Registered On	: 28/Oct/2023 08:29:49
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000043237	Received	: N/A
Visit ID	: CVAR0070082324	Reported	: 28/Oct/2023 10:42:25
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) \*

## WHOLE ABDOM EN ULTRASONOGRAPHY REPORT

## LIVER

• The liver is normal in size (11.3 cm in midclavicular line) and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

## PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.9 mm in caliber) not dilated.
- Porta hepatis is normal.

## BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (2.6 mm in caliber) not dilated.
- 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 ~ 9.8 x 3.4 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 4.1 cms.
  - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.





Home Sample Collection 1800-419-0002



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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Age/Gender	: 37 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000043237	Received	: N/A
Visit ID	: CVAR0070082324	Reported	: 28/Oct/2023 10:42:25
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

#### DEPARTMENT OF ULTRASOUND

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

## SPLEEN

• The spleen is normal in size (~ 8.1 cm in its long axis) and has a normal homogenous echo-texture.

## ILIAC FOSSAE & PERITONEUM

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

## URINARY BLADDER

- The urinary bladder is adequately filled. Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 76 cc.
- Bilateral vesicoureteric junctions are normal.

#### PROSTATE

• The prostate gland is normal in size (~ 37 x 26 x 23 mm / 13 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

## FINAL IM PRESSION:-

No significant sonological abnormality noted.

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

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

Result/s to Follow:

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

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

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

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180693666

## CHANDAN DIAGNOSTIC CENTRE

Bor . Name of Company: Name of Executive: Mr. Aniruddh Sigh Date of Birth: 24.106. 1.1986 Sex: Wate / Female Height: 168 CMs Weight: 68 KGs BMI (Body Mass Index) : 24.) Chest (Expiration / Inspiration) 9.5 / 10.0 CMs Abdomen 75 CMs Blood Pressure: 12.6. 1.94 mm/Ha Pulse: 18 BPM - Regular / Irregular Ident Mark: Cut may be on upper Side Nose Any Allergies: No No Vertigo : Any Medications: No Any Surgical History: NO Habits of alcoholism/smoking/tobacco: NB NO Chief Complaints if any: NO Lab Investigation Reports: Eye Check up vision & Color vision: NOH Mal Left eve: Normal Right eye: Nosmal

