



Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.GOPI RAJ-PKG10000238 Registered On : 08/Jul/2023 11:45:58 Age/Gender Collected : 26 Y 10 M 26 D /M : 08/Jul/2023 12:01:32 UHID/MR NO : CDCL.0000209838 Received : 08/Jul/2023 12:16:59 Visit ID : CDCL0149162324 Reported : 08/Jul/2023 13:30:01

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) *, Bl	ood			
Blood Group	0			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole	e Blood			
Haemoglobin	14.10	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	
		The state of the s	Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	7,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	2.00	Mm for 1st hr.	< 9	
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	1.15	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)	67.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	10.40	IL	U.J-1Z.U	LLLOTNOINIG HVIF LUAINGE
RBC Count	5.14	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
•				









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Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	83.70	fl	80-100	CALCULATED PARAMETER
MCH	27.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,256.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	228.00	/cu mm	40-440	

Dr Mahendra Kumar MBBS,MD(PATHOLOGY)







CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur

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Patient Name : Mr.GOPI RAJ-PKG10000238 : 08/Jul/2023 11:46:00 Registered On Age/Gender : 26 Y 10 M 26 D /M Collected : 08/Jul/2023 13:11:46 UHID/MR NO : CDCL.0000209838 Received : 08/Jul/2023 13:45:16 Visit ID : CDCL0149162324 Reported : 08/Jul/2023 14:40:39

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	92.40	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 *	152.08	mg/dl	<140 Normal	GOD POD
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.

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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)	5.70	% NGSP	HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	117	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 VARIANT II TURBO 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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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002

^{*}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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Patient Name : Mr.GOPI RAJ-PKG10000238 Registered On : 08/Jul/2023 11:46:02 Age/Gender Collected : 26 Y 10 M 26 D /M : 08/Jul/2023 12:01:32 UHID/MR NO : CDCL.0000209838 Received : 08/Jul/2023 12:21:36 Visit ID Reported : 08/Jul/2023 13:45:38 : CDCL0149162324

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
BUN (Blood Urea Nitrogen) * Sample:Serum	7.45	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	6.06	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	50.08 108.40 119.78 6.92 4.26 2.66	U/L U/L IU/L gm/dl gm/dl gm/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED
A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)	1.60 124.45 1.32 0.65 0.67	U/L mg/dl mg/dl mg/dl	1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	177.34	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	57.50 22	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High	
VLDL Triglycerides	97.58 487.90	mg/dl mg/dl	> 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP









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Age/Gender UHID/MR NO

Received

: 08/Jul/2023 12:01:32 : 08/Jul/2023 12:21:36

Visit ID

: CDCL.0000209838 : CDCL0149162324

Reported

: 08/Jul/2023 13:45:38

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



Dr Mahendra Kumar MBBS,MD(PATHOLOGY)

Wahenda Beine









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CIN: U85110DL2003PLC308206



Patient Name : Mr.GOPI RAJ-PKG10000238 Registered On : 08/Jul/2023 11:46:01 Age/Gender Collected : 08/Jul/2023 13:28:08 : 26 Y 10 M 26 D /M UHID/MR NO : CDCL.0000209838 Received : 08/Jul/2023 13:38:42 Visit ID : CDCL0149162324 Reported : 08/Jul/2023 15:42:38

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
URINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Neutral (7.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Curan	ADCENT	200000	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
The state of the s				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
0.11	ADOENT			EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	BROWNISH			
Consistency	SOLID			
Reaction (PH)	Neutral (7.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	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	Result	Unit	Bio. Ref. Interval	Method
Ovo	0 1/b n f			
Ova	0-1/h.p.f			
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:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr Mahendra Kumar MBBS,MD(PATHOLOGY)









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Patient Name : Mr.GOPI RAJ-PKG10000238 Registered On : 08/Jul/2023 11:46:01 Age/Gender : 26 Y 10 M 26 D /M Collected : 08/Jul/2023 12:01:32 UHID/MR NO : CDCL.0000209838 Received : 08/Jul/2023 12:20:17 Visit ID : CDCL0149162324 Reported : 08/Jul/2023 16:53:23

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)	139.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.97	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.36	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/ı	nL First Trimes	ter
		0.5-4.6 μIU/1		nester
		0.8-5.2 μIU/1	nL Third Trimes	ster
		0.5-8.9 μIU/1	nL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/ı	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1		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 Mahendra Kumar MBBS,MD(PATHOLOGY)

Jahenda Beine









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Patient Name : Mr.GOPI RAJ-PKG10000238 Registered On : 08/Jul/2023 11:46:03

 Age/Gender
 : 26 Y 10 M 26 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCL.0000209838
 Received
 : N/A

Visit ID : CDCL0149162324 Reported : 08/Jul/2023 15:58:05

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 *

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.













Ph: 9235400943,

CIN: U85110DL2003PLC308206



Patient Name : Mr.GOPI RAJ-PKG10000238 Registered On : 08/Jul/2023 11:46:04

 Age/Gender
 : 26 Y 10 M 26 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCL.0000209838
 Received
 : N/A

Visit ID : CDCL0149162324 Reported : 08/Jul/2023 12:24:16

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

LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen. *Its measuring approximately14.3 cm in craniocaudal length*.
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

GALL BLADDER

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct is normal in size, shape and echotexture.

PANCREAS

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

RIGHT KIDNEY

Right kidney is normal in size, shape and cortical echotexture. Corticomedullary demarcation
maintained. Pelvi-calyceal system, vesico uretric juction & ureter is not dilated. Kidney measuring
approx 10.8 x 4.3 cm.

LEFT KIDNEY

• Left kidney is normal in size, shape and cortical echotexture. Corticomedullary demarcation maintaned. Pelvi-calyceal system, vesico uretric juction & ureter is not dilated. *Kidney measuring approx 11.1 x* 5.0 cm.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture. *Its measuring approximately 10.7 cm in long axis*.

URINARY BLADDER

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

PROSTATE

• The prostate gland is normal in texture with smooth outline. *Its measuring approximately 3.6 x 3.4 x 2.7 cm and volume 17 gram* .







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: 08/Jul/2023 11:46:04

: N/A : N/A

: 08/Jul/2023 12:24:16

: Final Report

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Collected

Received

Status

FINAL IMPRESSION

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG





Dr Mohd, Akbar Khan(MD Radiologist)

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





