



Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KOMAL JAISWAL -117241 Registered On : 03/Jan/2022 10:47:56 Age/Gender : 26 Y 4 M 16 D /F Collected : 03/Jan/2022 10:59:07 UHID/MR NO : ALDP.0000087926 Received : 03/Jan/2022 11:05:22 Visit ID Reported : ALDP0278692122 : 03/Jan/2022 13:21:32

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 Rh (Anti-D) Ο

**POSITIVE** 

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

OCIVII LETE BEOOD GOOINT (ODG)	noou			
Haemoglobin	11.10	g/dl_	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/d	I
TLC (WBC)	6,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	0<1	ELECTRONIC IMPEDANCE
ESR				
Observed	22.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	. < 20	
PCV (HCT)	30.00	cc %	40-54	
Platelet count				
Platelet Count	1.59	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)	62.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.14	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	73.20	fl	80-100	CALCULATED PARAMETER
MCH	26.90	pg	28-35	CALCULATED PARAMETER
	36.70	%	30-38	
	13.20	%	11-16	1 listes
0000000	45.30	fL	35-60	Kantons
utrophils Count	3,906.00	/cu mm	3000-7000	De Alesdaha Cirah (MD Deil 1
sinonhils Count (AFC)	126.00	/cu mm	40-440	Dr. Akanksha Singh (MD Pathology)

/cu mm

40-440



sinophils Count (AEC)



126.00



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Patient Name : Mrs.KOMAL JAISWAL -117241 : 03/Jan/2022 10:47:57 Registered On Age/Gender : 26 Y 4 M 16 D /F Collected : 03/Jan/2022 17:50:19 UHID/MR NO : ALDP.0000087926 Received : 03/Jan/2022 17:51:34 Visit ID : ALDP0278692122 Reported : 03/Jan/2022 18:15:42

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	105.60	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.



Dr. Akanksha Singh (MD Pathology)







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Patient Name : Mrs.KOMAL JAISWAL -117241 : 03/Jan/2022 10:47:58 Registered On Age/Gender : 26 Y 4 M 16 D /F Collected : 03/Jan/2022 10:59:07 UHID/MR NO : ALDP.0000087926 Received : 04/Jan/2022 09:58:47 Visit ID : ALDP0278692122 Reported : 04/Jan/2022 11:39:04 Ref Doctor

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

#### **DEPARTMENT OF BIOCHEMISTRY**

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

	rest name	Result	Unit	Bio. Ref. Interval	ivietnoa
(	GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , E	EDTA BLOOD			
	Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
	Glycosylated Haemoglobin (Hb-A1c)	32.00	mmol/mol/IFCC	,	
	Estimated Average Glucose (eAG)	99	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)	<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

<sup>\*</sup>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.





<sup>\*\*</sup>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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: 03/Jan/2022 10:47:58

Age/Gender

: 26 Y 4 M 16 D /F : ALDP.0000087926 Collected Received : 03/Jan/2022 10:59:07 : 04/Jan/2022 09:58:47

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#### **DEPARTMENT OF BIOCHEMISTRY**

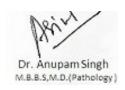
#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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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# **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	10.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	88.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	4.53	mg/dl	2.5-6.0	URICASE
L.F.T.(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)	18.40 13.70 12.60 6.10 3.70 2.40 1.54 99.00 0.30 0.20 0.10	U/L U/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	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	102.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	33.60 61	mg/dl mg/dl	30-70 < 100 Optimal	DIRECT ENZYMATIC CALCULATED
			100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	1
VLDL	12.00	mg/dl	10-33	CALCULATED
Triglycerides	60.00	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







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# **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High





Dr. Akanksha Singh (MD Pathology)









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: 03/Jan/2022 10:47:58

: 03/Jan/2022 17:50:19

: 03/Jan/2022 17:55:41

Registered On

Collected

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
 Acidic (6.0)
 DIPSTICK

 Protein
 ABSENT
 mg %
 < 10 Absent</td>
 DIPSTICK

 10-40 (+)
 40-200 (++)
 10 Absent
 DIPSTICK

200-500 (+++) > 500 (++++)

Sugar ABSENT gms% < 0.5 (+) DIPSTICK

0.5-1.0 (++) 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 1-3/h.p.f MICROSCOPIC EXAMINATION

Pus cells

0-2/h.p.f

EXAMINATION

MICROSCOPIC

EXAMINATION

RBCs

3-5/h.p.f

MICROSCOPIC

Cast ABSENT

Crystals ABSENT MICROSCOPIC EXAMINATION

Others ABSENT

Urine Microscopy is done on centrifuged urine sediment.

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

Sugar, Fasting stage ABSENT gms%

**Interpretation:** 

(+) < 0.5

(++) 0.5-1.0





**EXAMINATION** 



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Reported

: 03/Jan/2022 18:38:22

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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

(+++) 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. Akanksha Singh (MD Pathology)







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# **DEPARTMENT OF IMMUNOLOGY**

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

Result	Unit	Bio. Ref. Interval	Method
132.65	ng/dl	84.61-201.7	CLIA
9.36	ug/dl	3.2-12.6	CLIA
2.92	μlŪ/mL	0.27 - 5.5	CLIA
	9		
	•		
			55-87 Years
			28-36 Week
	- ·		
		//	
			0-4 Days
	1.7-9.1 μIU/1	mL Child	2-20 Week
	132.65 9.36	132.65 ng/dl 9.36 ug/dl 2.92 μIU/mL 0.3-4.5 μIU/n 0.5-4.6 μIU/n 0.8-5.2 μIU/n 0.5-8.9 μIU/n 0.7-27 μIU/n 2.3-13.2 μIU/n 0.7-64 μIU/n 1-39 μIU/n	132.65 ng/dl 84.61–201.7 9.36 ug/dl 3.2-12.6 2.92 μIU/mL 0.27 - 5.5  0.3-4.5 μIU/mL First Trimes 0.5-4.6 μIU/mL Second Trin 0.8-5.2 μIU/mL Third Trime 0.5-8.9 μIU/mL Adults 0.7-27 μIU/mL Premature 2.3-13.2 μIU/mL Cord Blood 0.7-64 μIU/mL Child(21 wk) 1-39 μIU/mL Child

- 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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Collected Received

Status

: N/A : N/A

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: 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**

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.



Widhirant (MBBS,DMRD,DNB)







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# **DEPARTMENT OF CARDIAC**

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

#### ECG / EKG \*

**1. Machnism, Rhythm** Sinus, Regular

2. Atrial Rate 77 /mt

3. Ventricular Rate 77 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

**FINAL IMPRESSION** 

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.











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 Age/Gender
 : 26 Y 4 M 16 D /F
 Collected
 : N/A

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#### **DEPARTMENT OF ULTRASOUND**

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

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

The liver is normal in size (13.4 cm), shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended and is normal.

Portal vein and CBD are not dilated.

Pancreas is normal in size, shape and echogenecity.

Spleen is normal in size (8.5 cm), shape and echogenecity.

Right kidney is normal in size, shape and echogenecity. **Non obstructive calculus mesaruing 3.3 mm.** Right pelvicalyceal system is not dilated.

Left kidney is normal in size, shape and echogenecity. **Few tiny concretions are seen**. Left pelvicalyceal system is not dilated.

Urinary bladder is suboptimally distended.

Uterus is anteverted, and is normal in size 6.8 x 2.9. No focal myometrial lesion seen. Endometrium is thin in thickness (4 mm).

No free fluid is seen in the abdomen/pelvis.

Visualised bowel loops appear normal in calibre and echogenicity.

#### **IMPRESSION:**

- Non obstructive right renal calculus.
- Left renal tiny concretions.

# Please correlate clinically.

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION



Widhirant.

Dr Nidhikant (MBBS, DMRD, DNB)

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



