

Fwd: Health Check up Booking Confirmed Request(bobS7984),Package Code-PKG10000239, Beneficiary Code-17148

1 message

anurag sri <anurag.idc@gmail.com> To: "idc. ashiyana" <idcashiyana@gmail.com> Mon, Feb 14, 2022 at 5:25 PM

From: Mediwheel <santosh@policywheel.com> Date: Mon, Feb 14, 2022 at 5:04 PM Subject: Health Check up Booking Confirmed Request(bobS7984),Package Code-PKG10000239, Beneficiary Code-17148 To: anurag.idc@gmail.com <anurag.idc@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>

Mediwheel

(v) 011-41195959

Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

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	:	PKG10000239
Beneficiary Name	:	Pragati Tripathi
Member Age	:	33
Member Gender	:	Female
Member Relation	:	Spouse
Package Name	:	Full Body Health Checkup Female Below 40
Location	•••	LUCKNOW, Uttar Pradesh-226012
Contact Details	:	9935907360
Booking Date	:	11-02-2022
Appointment Date	:	15-02-2022

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:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.



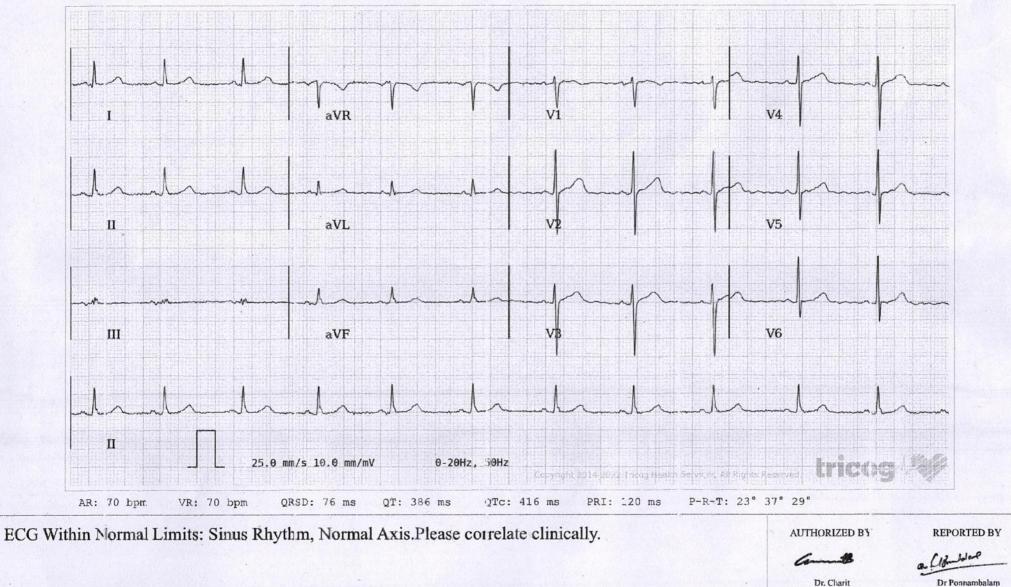
Indra Diagnostic Centre Alambagh, Lucknow



Age / Gender:33/FemalePatient ID:CDCA0289732122Patient Name:Mrs.PRAGATI TRIPATHI

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an ad unct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qual field physician.

Date and Time: 15th Feb 22 9:50 AM



MD, DM: Cardiology 63382

47596

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Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:30
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 09:29:31
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 10:10:05
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 13:14:38
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) * , Bloo	od			
Blood Group	А			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Blood				
Haemoglobin	10.40	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	42.00	Mm for 1st hr.		
Corrected	14.00	Mm for 1st hr.	< 20	
PCV (HCT)	32.00	cc %	40-54	
Platelet count				
Platelet Count	1.5	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.00	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)		-		
MCV	80.00	fl	80-100	CALCULATED PARAMETER
MCH	26.00	pg	28-35	CALCULATED PARAMETER
Tank 2008	32.50	%	30-38	
	13.00	%	11-16	
	39.10	fL	35-60	ELECTRON Dr. R.K. Khanna
utrophils Count	4,012.00	/cu mm	3000-7000	(MBBS,DCP)
sinophils Count (AEC)	118.00	/cu mm	40-440	





Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:30
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 14:34:54
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 15:24:59
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 16:04:25
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	102.77	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 *	115.23	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. 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	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:31
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 09:29:31
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 16:09:21
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 16:56:24
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	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	5 50	% NGSP			

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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. **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

Method

Bio. Ref. Interval

<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

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.



Dr. Anupam Singh M.B.B.S,M.D.(Pathology)

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Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 09:29:31
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 10:45:21
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 12:19:07
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	11.62	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.83	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	79.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid *	3.10	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	16.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.71	gm/dl	6.2-8.0	BIRUET
Albumin	4.32	gm/dl	3.8-5.4	B.C.G.
Globulin	2.39	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.81		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	55.39	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.08	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.32	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.76	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	156.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.08	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	100	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal	
			130-159 Borderline High 160-189 High > 190 Very High	
VLDL	16.46	mg/dl	10-33	CALCULATED
Triglycerides	82.30	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

Result

Unit

Method

200-499 High >500 Very High

Bio. Ref. Interval









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Patient Name	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:30
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 09:29:31
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 12:09:57
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 13:40:13
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 *				
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	am c9/	< 0.5 (+)	DIPSTICK
Sugar	ABSEINT	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		Call Carlor	
Microscopic Examination:				
Epithelial cells	Large number			MICROSCOPIC
	Ū			EXAMINATION
Pus cells	3-4/h.p.f			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
		ana -0/		
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (+++) & 1-2 \\ (++++) & > 2 \end{array}$

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Patient Name	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:30
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 09:29:31
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 12:09:57
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 13:40:13
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	





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Patient Name	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:31
Age/Gender	: 33 Y 0 M 0 D /F	Collected	: 15/Feb/2022 09:29:31
UHID/MR NO	: CDCA.0000080327	Received	: 15/Feb/2022 15:58:54
Visit ID	: CDCA0289732122	Reported	: 15/Feb/2022 17:16:37
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				
		<i>.</i>	.	• ••••
T3, Total (tri-iodothyronine)	125.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.62	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.

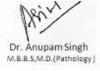
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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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Pa	atient Name	: Mrs.PRAGATI TRIPATHI	Registered On	: 15/Feb/2022 09:19:31
Ag	ge/Gender	: 33 Y 0 M 0 D /F	Collected	: N/A
U	HID/MR NO	: CDCA.0000080327	Received	: N/A
Vi	sit ID	: CDCA0289732122	Reported	: 15/Feb/2022 14:37:48
Re	ef 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)

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.



Dr. Vandana Gupta MBBS,DMRD,DNB





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Since 1991

Ph: 9235432707, CIN : U85110DL2003PLC308206

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

<u>LIVER</u>

• The liver is normal in size measuring 11.8 cm and has a normal homogenous echotexture. No focal lesion is seen.

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. (3.9 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.

<u>RIGHT KIDNEY (10.1 x 4.1 cm)</u>

- 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 (10.5 x 4.6 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.



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

<u>SPLEEN</u>

• The spleen is normal in size (9.4 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.

<u>UTERUS</u>

- The uterus is anteverted and anteflexed position and is normal in size measures 8.8 x 4.8 x 2.6 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. (9.4 mm)
- Cervix is normal.

UTERINE ADNEXA

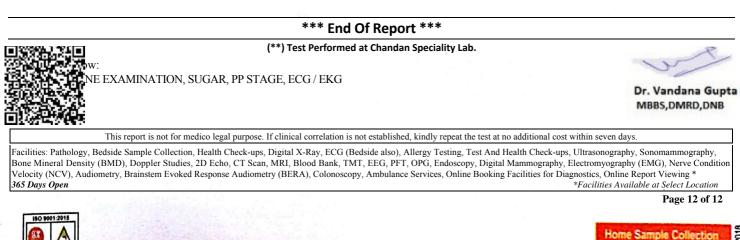
- Adnexa on both sides are normal.
- Right ovary measures 2.9 x 1.4 cm.
- Left ovary measures 2.8 x 1.4 cm.
- Both the ovaries are normal in size.

CUL-DE-SAC

• Pouch of Douglas is clear.

IMPRESSION

• No significant sonological abnormality is seen on this study.



1800-419-0002