

Fwd: Health Check up Booking Re Schedule Request(bobE12730), Package Code-PKG10000238, Beneficiary Code-58640

1 message

anurag sri <anurag.idc@gmail.com>

To: Chandan healthcare <chandanhealthcare26@gmail.com>

Tue, Jun 21, 2022 at 10:41 AM

Forwarded message --

From: Mediwheel <customercare@policywheel.com>

Date: Tue, Jun 21, 2022 at 10:39 AM

Subject: Health Check up Booking Re Schedule Request(bobE12730), Package Code-PKG10000238, Beneficiary

Code-58640

To: anurag.idc@gmail.com <anurag.idc@gmail.com>

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



011-41195959

Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,

Diagnostic/Hospital Location :B1/2 Sec-J, Aliganj, Lucknow, City: Lucknow

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

Booking Code

: bobE12730

Appointment Date : 25-06-2022

Appointment Time: 9:00am-12:00pm

Beneficiary Name : MR. PRAJAPATI HARI PRASAD

Member Age

: 30

Member Relation

: Employee

Member Gender

: Male

Diagnostic/Hospital: B1/2 Sec-J, Aliganj, Lucknow

City

: Lucknow

State

: Uttar Pradesh

Pincode

: 226024

Contact Details

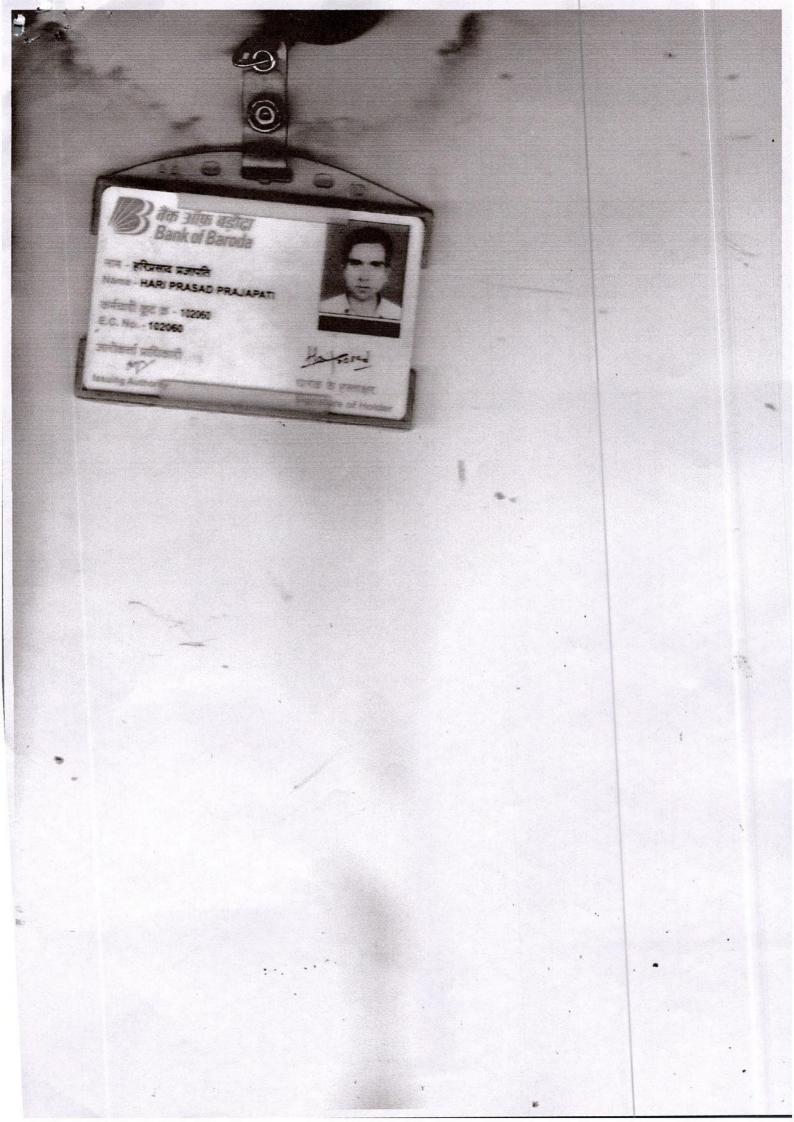
: 9918101664

Email

: anurag.idc@gmail.com

Please login to your account to confirm the same. Also you mail us for confirmation.

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Indra Diagnostic Centre aliganj, Lucknow



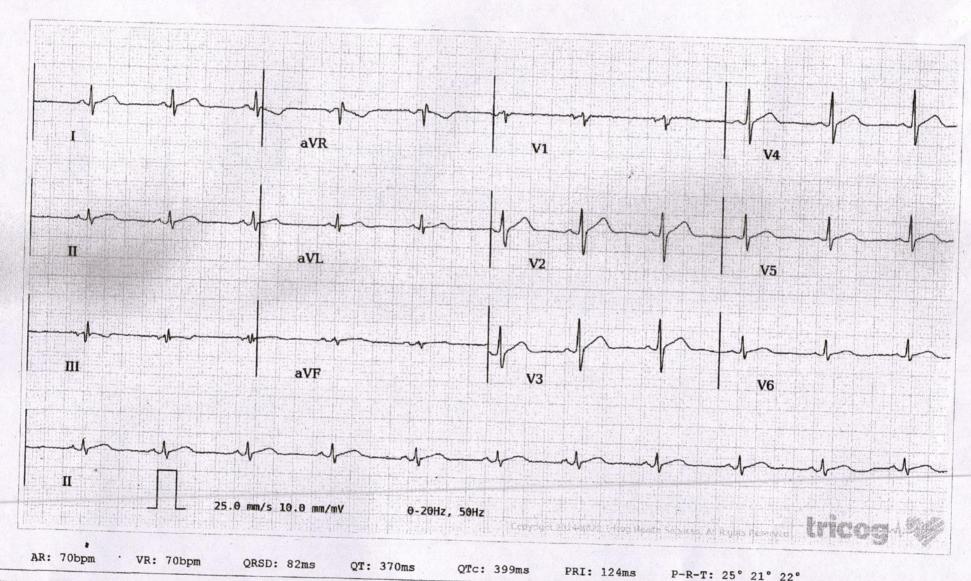
MR.HARI PRASAD PRAJAPATI

Age /30 Gender: M

Patient ID:

CALI0031762223

Date and Time: 25th Jun 22 11:00 AM



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please mention age of the patient. Please mention gender of the patient. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



Dr. Charit

Kenja . A. A. i



Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:41 Age/Gender Collected : 30 Y 0 M 0 D /M : 25/Jun/2022 10:29:00 UHID/MR NO : CALI.0000035230 Received : 25/Jun/2022 14:30:27 Visit ID Reported : 25/Jun/2022 17:38:22 : CALI0031762223

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

0

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin 15.50 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

Male- 13.5-17.5 g/dl

Female- 12.0-15.5 g/dl

8,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
55.00	%	55-70	ELECTRONIC IMPEDANCE
35.00	%	25-40	ELECTRONIC IMPEDANCE
5.00	%	3-5	ELECTRONIC IMPEDANCE
5.00	%	1-6	ELECTRONIC IMPEDANCE
0.00	%	< 1	ELECTRONIC IMPEDANCE
6.00	Mm for 1st hr.		
0.00	Mm for 1st hr.	< 9	
47.00	cc %	40-54	
2.0	LACS/cu mm	1.5-4.0	ELECTRONIC
			IMPEDANCE/MICROSCOPIC
23.30	fL ,	9-17	ELECTRONIC IMPEDANCE
65.60	%	35-60	ELECTRONIC IMPEDANCE
0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
13.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
5.41	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
	55.00 35.00 5.00 5.00 0.00 6.00 0.00 47.00 2.0 23.30 65.60 0.22 13.70	55.00 % 35.00 % 5.00 % 5.00 % 0.00 % 6.00 Mm for 1st hr. 0.00 Mm for 1st hr. 47.00 cc % 2.0 LACS/cu mm 23.30 fL 65.60 % 0.22 % 13.70 fL	55.00 % 55-70 35.00 % 25-40 5.00 % 3-5 5.00 % 1-6 0.00 % <1 6.00 Mm for 1st hr. 0.00 Mm for 1st hr. <9 47.00 cc % 40-54 2.0 LACS/cu mm 1.5-4.0 23.30 fL 9-17 65.60 % 35-60 0.22 % 0.108-0.282 13.70 fL 6.5-12.0







 $\label{eq:Add:B1/2} Add: B\ 1/2, Sector\ J, Near\ Sangam\ Chauraha, Lda\ Stadium\ Road, Aliganj\ Ph:\ 9235432681,$

CIN: U85110DL2003PLC308206



Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:41 Age/Gender : 30 Y 0 M 0 D /M Collected : 25/Jun/2022 10:29:00 UHID/MR NO : CALI.0000035230 Received : 25/Jun/2022 14:30:27 Visit ID : CALI0031762223 Reported : 25/Jun/2022 17:38:22

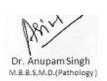
Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	88.70	fl	80-100	CALCULATED PARAMETER
MCH	28.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,785.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	435.00	/cu mm	40-440	











 $Add: B\ 1/2, Sector\ J,\ Near\ Sangam\ Chauraha,\ Lda\ Stadium\ Road, Aliganj$

Ph: 9235432681,

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Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:41 Age/Gender : 30 Y 0 M 0 D /M Collected : 25/Jun/2022 10:28:59 UHID/MR NO : CALI.0000035230 Received : 25/Jun/2022 15:16:13 Visit ID : CALI0031762223 Reported : 25/Jun/2022 17:49:12

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 80.50 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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.

Glucose PP ** 103.00 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

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.







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
rest Name	Result	Unit	Bio. Ref. Interval	ivietnoa

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 G8 90 SL TOSOH 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
- 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.





^{**}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	Un	it Bio. Ref. Interv	al Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	12.80	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	1.22	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	69.70	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	7.20	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 A:G Ratio Alkaline Phosphatase (Total)	35.38 38.00 23.80 7.16 4.10 3.06 1.34 116.00	U/L U/L IU/L gm/dl gm/dl gm/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	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD
Bilirubin (Total) Bilirubin (Direct)	0.81 0.30	mg/dl mg/dl	0.3-1.2 < 0.30	JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Indirect)	0.51	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	199.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	48.20 131	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
	19.96 99.80	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP Dr. Anupam Singh M.B.B.S,M.D.(Pathology)







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Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:41 Age/Gender : 30 Y 0 M 0 D /M Collected : 25/Jun/2022 14:54:46 UHID/MR NO : CALI.0000035230 Received : 25/Jun/2022 17:28:53 Visit ID : CALI0031762223 Reported : 25/Jun/2022 19:19:46

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	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+) 40-200 (++)	
			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			
Urobi <mark>linogen(1:20 dilution)</mark>	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
Cont	ADCENT			EXAMINATION
Cast	ABSENT			MICDOCCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			EXAMINATION
STOOL, ROUTINE EXAMINATION	** , Stool			
Color	YELLOWISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.5)	1		
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			







Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:41 Age/Gender : 30 Y 0 M 0 D /M Collected : 25/Jun/2022 14:54:46 UHID/MR NO : CALI.0000035230 Received : 25/Jun/2022 17:28:53 Visit ID : CALI0031762223 Reported : 25/Jun/2022 19:19:46

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

			Method
ABSENT			
	ABSENT ABSENT	ABSENT ABSENT	ABSENT ABSENT

Sugar, Fasting stage

ABSENT gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE **, Urine

Sugar, PP Stage

ABSENT

Interpretation:

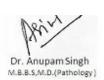
< 0.5 gms% (+)

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%









1800-419-0002



Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.HARI PRASAD PRAJAPATI : 25/Jun/2022 10:14:41 Registered On Age/Gender : 30 Y 0 M 0 D /M Collected : 25/Jun/2022 10:28:59 UHID/MR NO : CALI.0000035230 Received : 25/Jun/2022 14:24:38 Visit ID : CALI0031762223 Reported : 25/Jun/2022 16:13:15 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

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DEPARTMENT OF IMMUNOLOGY

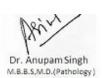
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Die Def Interval

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	124.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.27	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
· ·		0.3-4.5 μIU/	mL First Trimes	ster
		0.5-4.6 μIU/	mL Second Trin	nester
		0.8-5.2 μIU/	mL Third Trime	ester
		0.5-8.9 μIU/	mL Adults	55-87 Years
		0.7-27 μIU/	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/	mL Child(21 wk	c - 20 Yrs.)
		1-39 μΙΙ	J/mL Child	0-4 Days
		1.7-9.1 μIU/		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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CIN: U85110DL2003PLC308206



Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:42

 Age/Gender
 : 30 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000035230
 Received
 : N/A

Visit ID : CALI0031762223 Reported : 25/Jun/2022 15:11:39

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

- Prominent interstitial markings are seen in bilateral lung fields.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: PROMINENT INTERSTITIAL MARKINGS ARE SEEN IN BILATERAL LUNG FIELDS.



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)









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CIN: U85110DL2003PLC308206



Patient Name : Mr.HARI PRASAD PRAJAPATI Registered On : 25/Jun/2022 10:14:42

 Age/Gender
 : 30 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000035230
 Received
 : N/A

Visit ID : CALI0031762223 Reported : 25/Jun/2022 12:17:40

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 13.1 cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- · Common duct is 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 is normal in size 10.5 x 4.2 cm position and cortical echotexture. Corticomedullary demarcation is maintained.
- Left kidney is normal in size 10.2 x 3.7 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

 The spleen is borderline enlarged in size 12.3 and has a normal homogenous echotexture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.
- Mild circumferential wall thickening of ceacum is seen (thickness 7.7 mm).No collection seen.

URINARY BLADDER

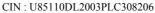
• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is







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Patient Name : 25/Jun/2022 10:14:42 : Mr.HARI PRASAD PRAJAPATI Registered On

Age/Gender : 30 Y 0 M 0 D /M Collected : N/A UHID/MR NO : CALI.0000035230 Received : N/A

Visit ID : CALI0031762223 Reported : 25/Jun/2022 12:17:40

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

seen.

PROSTATE

• The prostate gland is normal in size 2.9 x 3.5 x 3.3 cm (Volume 18.1 gms) with smooth outline.

FINAL IMPRESSION

- MILD CEACUM WALL THICKENING.(? INFECTIVE/?? INFLAMMATORY ETIOLOGY.)
- BORDERLINE SPLENOMEGALY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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 365 Days Open



