



Chandan healthcare &lt;chandanhealthcare26@gmail.com&gt;

## Fwd: Health Check up Booking Request(bobE45956), Beneficiary Code-81940

1 message

anurag sri <anurag.idc@gmail.com>  
To: Chandan healthcare <chandanhealthcare26@gmail.com>

Thu, Sep 7, 2023 at 12:19 PM

PAck Code: 2613

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>  
Date: Wed, Sep 6, 2023 at 6:21 PM  
Subject: Health Check up Booking Request(bobE45956), Beneficiary Code-81940  
To: <anurag.idc@gmail.com>  
Cc: <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **Chandan Healthcare Limited**,

City : Lucknow . Address : B1/2 Sec-J, Aliganj, Lucknow,

We have received the confirmation for the following booking .

**Name** : MR. DWIVEDI ABHIRAM  
**Age** : 33  
**Gender** : Male  
**Package Name** : Full Body Health Checkup Male Below 40  
**Contact Details** : 8147725314  
**Booking Date** : 06-09-2023  
**Appointment Date** : 10-09-2023



Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. DWIVEDI ABHIRAM	33	Male	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Package Name** : Full Body Health Checkup Male Below 40 - Includes (37)Tests

**Tests included in this Package** : Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. DWIVEDI ABHIRAM
क.कू.संख्या	171673
पदनाम	BRANCH HEAD
कार्य का स्थान	PUKHRAYAN
जन्म की तारीख	25-10-1987
स्वास्थ्य जांच की प्रस्तावित तारीख	22-08-2023
बुकिंग संदर्भ सं.	23S171673100067010E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-08-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा



(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)





भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No. : 1058/32585/00386

To  
ABHIRAM DWIVEDI  
अभिराम दिववेदी  
S/O: Surya Mani Dwivedi  
SHRE PUR  
Fatehpur Manikpur  
Fatehpur, Ambedkar Nagar  
Uttar Pradesh - 224149  
9027622829

15/08/2013



KL457419515FT

45741951



आपका आधार क्रमांक / Your Aadhaar No. :

**8345 3153 7850**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

अभिराम दिववेदी  
ABHIRAM DWIVEDI  
पिता : सुर्य मणि दिववेदी  
Father : SURYA MANI DWIVEDI

जन्म तिथि/DOB: 25/10/1987  
पुरुष / Male

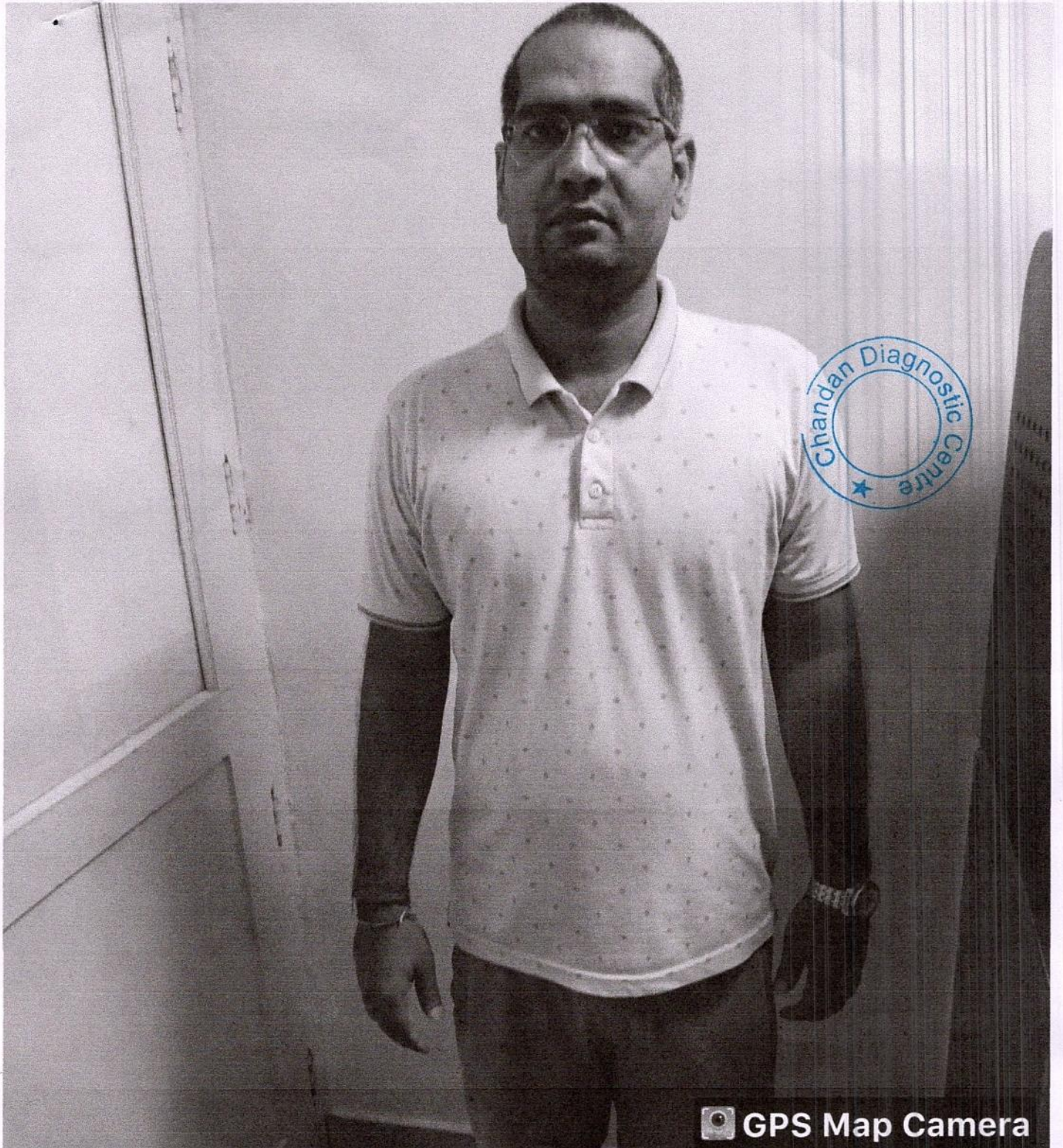



8345 3153 7850



आधार - आम आदमी का अधिकार





 **GPS Map Camera**



Google

**Lucknow, Uttar Pradesh, India**

B-1, B-1/2, 2nd St, Sector B, Sector-A, Sector L, Aliganj,  
Lucknow, Uttar Pradesh 226024, India

Lat 26.896263°

Long 80.945368°

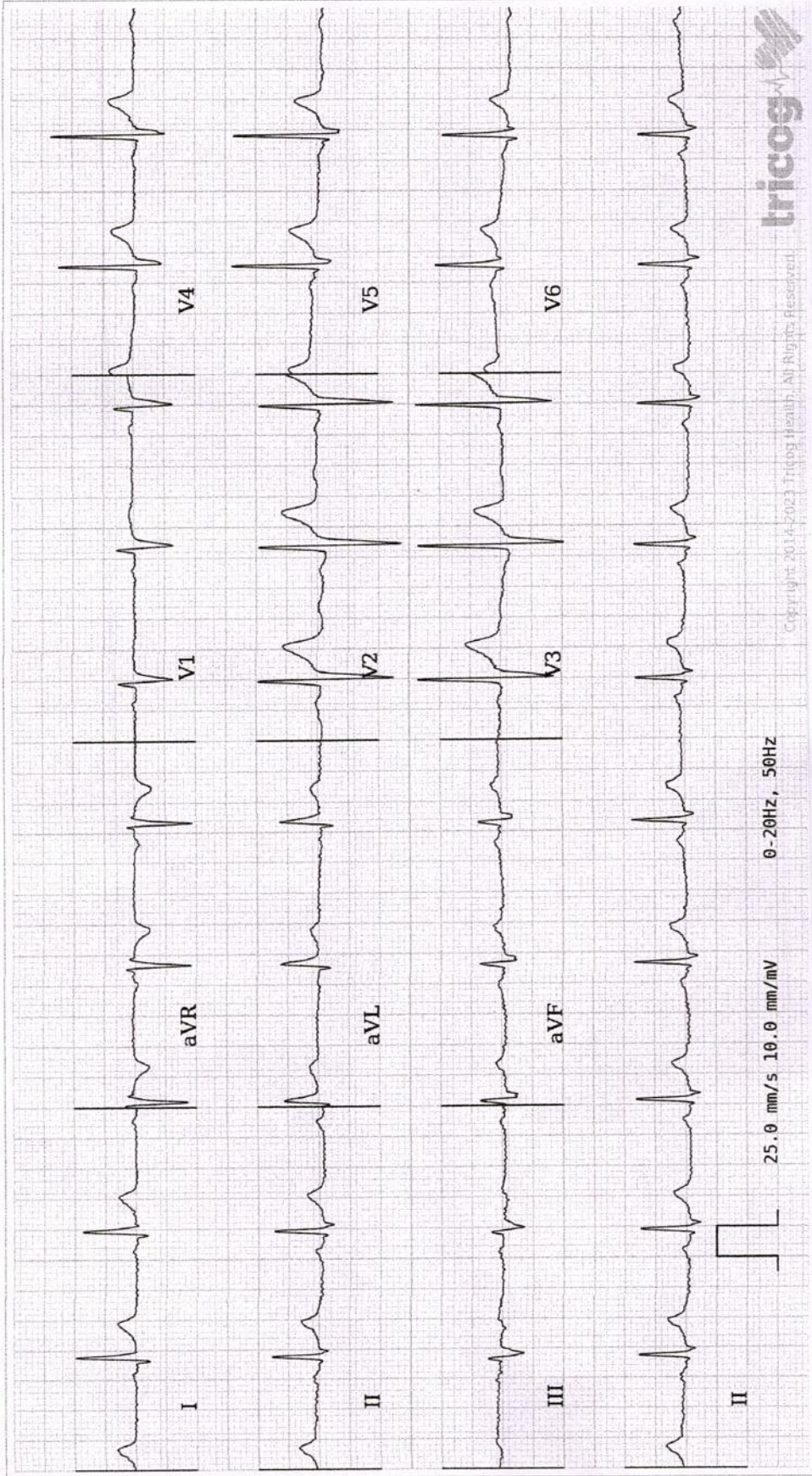
10/09/23 09:27 AM GMT +05:30





**Chandan Diagnostic**

Age / Gender: 35/Male  
Date and Time: 10th Sep 23 9:25 AM  
Patient ID: CAL10109702324  
Patient Name: Mr.ABHIRAM DWIVEDI



AR: 68bpm    VR: 68bpm    QRSD: 98ms    QT: 352ms    QTcB: 374ms    PRI: 158ms    P-R-T: 61° 17° 25°

<b>ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.</b>	<b>AUTHORIZED BY</b> 	<b>REPORTED BY</b> N.
	Dr. Charit MD, DM: Cardiology 63382	Dr. Divya N 95602

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





# CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj  
Ph: 9235432681,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ABHIRAM DWIVEDI	Registered On	: 10/Sep/2023 08:09:52
Age/Gender	: 35 Y 10 M 15 D /M	Collected	: 10/Sep/2023 08:23:08
UHID/MR NO	: CALI.0000047265	Received	: 10/Sep/2023 11:29:32
Visit ID	: CALI0109702324	Reported	: 10/Sep/2023 15:51:35
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
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#### Blood Group (ABO & Rh typing) \*\* , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \*\* , Whole Blood

Haemoglobin	13.30	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	
TLC (WBC)	5,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	48.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	16.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT)	41.00	%	40-54	
Platelet count				
Platelet Count	1.53	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	21.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	51.70	%	35-60	ELECTRONIC IMPEDANCE





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## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.35	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	95.90	fl	80-100	CALCULATED PARAMETER
MCH	30.60	pg	28-35	CALCULATED PARAMETER
MCHC	31.90	%	30-38	CALCULATED PARAMETER
RDW-CV	14.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,592.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	270.00	/cu mm	40-440	

*Slahoti.*

Dr. Surbhi Lahoti (M.D. Pathology)





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Ph: 9235432681,  
CIN : U85110DL2003PLC308206



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UHID/MR NO	: CALI.0000047265	Received	: 10/Sep/2023 11:32:52
Visit ID	: CALI0109702324	Reported	: 10/Sep/2023 13:13:14
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
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#### GLUCOSE FASTING \*\* , Plasma

Glucose Fasting	88.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impared Glucose Tolerance.

#### Glucose PP \*\*

Sample: Plasma After Meal

87.20	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impared Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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
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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 1diabetics. 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.

#### 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.

BUN (Blood Urea Nitrogen) ** Sample:Serum	9.50	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	1.07	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.80	mg/dl	3.4-7.0	URICASE







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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LFT (WITH GAMMA GT) ** , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	25.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	23.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	20.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.35	gm/dl	6.2-8.0	BIURET
Albumin	4.44	gm/dl	3.4-5.4	B.C.G.
Globulin	1.91	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.32		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	97.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.68	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.38	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) ** , Serum</b>				
Cholesterol (Total)	165.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	49.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	98	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	18.04	mg/dl	10-33	CALCULATED
Triglycerides	90.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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







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Patient Name	: Mr.ABHIRAM DWIVEDI	Registered On	: 10/Sep/2023 08:09:53
Age/Gender	: 35 Y 10 M 15 D /M	Collected	: 10/Sep/2023 14:37:12
UHID/MR NO	: CALI.0000047265	Received	: 10/Sep/2023 16:18:02
Visit ID	: CALI0109702324	Reported	: 10/Sep/2023 18:04:01
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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#### URINE EXAMINATION, ROUTINE \*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
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			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \*\* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )
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
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

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

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

#### SUGAR, PP STAGE \*\* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)

*Slahoti.*

Dr. Surbhi Lahoti (M.D. Pathology)





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Ph: 9235432681,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ABHIRAM DWIVEDI	Registered On	: 10/Sep/2023 08:09:54
Age/Gender	: 35 Y 10 M 15 D /M	Collected	: 10/Sep/2023 08:23:08
UHID/MR NO	: CALI.0000047265	Received	: 10/Sep/2023 11:33:57
Visit ID	: CALI0109702324	Reported	: 10/Sep/2023 15:03:34
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
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	124.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.770	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.

Dr. Anupam Singh (MBBS MD Pathology)







# CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj  
Ph: 9235432681,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ABHIRAM DWIVEDI	Registered On	: 10/Sep/2023 08:09:56
Age/Gender	: 35 Y 10 M 15 D /M	Collected	: N/A
UHID/MR NO	: CALI.0000047265	Received	: N/A
Visit ID	: CALI0109702324	Reported	: 10/Sep/2023 13:59:33
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

- 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 DIAGNOSTIC ABNORMALITY SEEN.

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





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UHID/MR NO	: CALI.0000047265	Received	: N/A
Visit ID	: CALI0109702324	Reported	: 10/Sep/2023 11:38:49
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 ~ 13.8 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 ~ 10.8 x 3.7 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 10.9 x 3.9 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

##### SPLEEN

- The spleen is normal in size ~ 9.9 cm and has a normal homogenous echo-texture.

##### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.
- **Visualized bowel loops are gaseous and grossly appear normal in caliber, peristalsis and wall thickness.**

##### URINARY BLADDER

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







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Patient Name	: Mr.ABHIRAM DWIVEDI	Registered On	: 10/Sep/2023 08:09:56
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## DEPARTMENT OF ULTRASOUND

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

calculus is seen.

#### PROSTATE

- The prostate gland is normal in size with smooth outline. (volume ~ 13.2 cc).

#### FINAL IMPRESSION

- NO SIGNIFICANT ABNORMALITY SEEN IN PRESENT STUDY.

#### Adv: Clinico-pathological correlation and follow-up.

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

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

Result/s to Follow:  
ECG/EKG

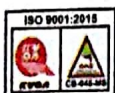


  
Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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 \*  
365 Days Open \*Facilities Available at Select Location

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Home Sample Collection  
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Mar. 2018