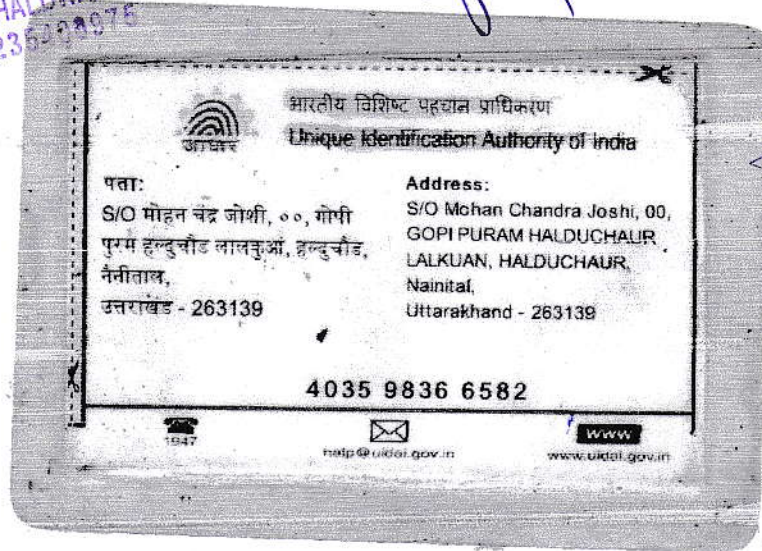


Chandan Diagnostic Centre  
Plot No.-1051, Near Chaudhary Kothi  
Nainital Road, HALDWANI  
Cont. No.- 9235228078

*(Handwritten signature)*



**GENERAL PHYSICAL EXAMINATION**

NAME OF COMPANY Bank of Baroda DATE 28/6/2021  
 CLIENT NAME GOKUL-CHANDRA s/o, d/o.....  
Joshi  
 DATE OF BIRTH 24-01-1994 AGE 27 YEARS.....  
 ADDRESS Singhal farm, Gopipuram, Haldwanchaur, Haldwani, UK  
 PHONE NO. 8126146192 OCCUPATION Banker

PHOTO ID..... NO.....

MARITAL STATUS cm married

MARK OF IDENTIFICATION.....

HEIGHT 165 cm WEIGHT 68 kg BMI 25  
 CHEST EXP 86 cm CHEST INS 92 cm ABDOMEN 79 cm  
 WAIST 91 cm HIP 97 cm  
 BLOOD PRESSURE 124/80 PULSE RATE 87 Regular  
 RESPIRATION RATE 99 14

FAILMY HISORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
FATHER	59		Healthier	
MOTHER	49		Healthier	
BROTHER	30		Healthier	
SISTER	26		Healthier	

WIFE/HUSBAND

DEFORMITIES NO

POLIO YES/NO  IF YES GIVE DETAILS

PARALYSIS YES/NO  IF YES GIVE DETAILS







# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CTN : U85110DL2003PLC308206



Patient Name	: Mr.GOKUL CHANDRA JOSHI BOBE1364	Registered On	: 28/Jun/2021 10:08:44
Age/Gender	: 27 Y 5 M 3 D /M	Collected	: 28/Jun/2021 10:21:06
UHID/MR NO	: CHLD.0000067716	Received	: 28/Jun/2021 10:40:00
Visit ID	: CHLD0026222122	Reported	: 28/Jun/2021 13:12:33
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	B
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	13.30	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,700.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

<b>DLC</b>				
Polymorphs (Neutrophils )	64.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	30.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	1.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	5.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

<b>ESR</b>				
Observed	8.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT)	41.00	cc %	40-54	

<b>Platelet count</b>				
Platelet Count	1.52	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION

<b>RBC Count</b>				
RBC Count	4.47	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	89.10	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER

*Dr Vinod Ojha*

MD Pathologist

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**1800-419-0002**





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400975

CTN : U85110DL2003PLC308206



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UHID/MR NO	: CHLD.0000067716	Received	: 28/Jun/2021 10:40:00
Visit ID	: CHLD0026222122	Reported	: 28/Jun/2021 13:46:33
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
<b>Glucose Fasting</b> Sample: Plasma	92.76	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> Sample: Plasma After Meal	135.58	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
--	--------	-------	--	---------

#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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

Glycosylated Haemoglobin (HbA1c)	5.38	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	35.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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 management.

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.



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Patient Name	: Mr.GOKUL CHANDRA JOSHI BOBE1364	Registered On	: 28/Jun/2021 10:08:45
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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
-----------	--------	------	--------------------	--------

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 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.

**BUN (Blood Urea Nitrogen) \*** 9.01 mg/dL 7.0-23.0 CALCULATED

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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

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
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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

Sample:Serum

**Creatinine** 1.16 mg/dl 0.7-1.3 MODIFIED JAFFES

Sample:Serum

**e-GFR (Estimated Glomerular Filtration Rate)** 80.00 ml/min/1.73m<sup>2</sup> - 90-120 Normal  
- 60-89 Near Normal CALCULATED

Sample:Serum

**Uric Acid** 6.42 mg/dl 3.4-7.0 URICASE

Sample:Serum

#### L.F.T.(WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	34.81	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	41.91	U/L	< 40	IFCC WITHOUT PSP
Gamma GT (GGT)	25.54	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.23	gm/dl	6.2-8.0	BIRJET
Albumin	4.32	gm/dl	3.8-5.4	B.C.G.
Globulin	2.91	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.48		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	52.08	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	2.28	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.96	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	1.32	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	162.49	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	34.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	86	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	41.62	mg/dl	10-33	CALCULATED
Triglycerides	208.12	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr Vinod Ojha  
MD Pathologist

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PPP: May 2021





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CTN : U85110DL2003PLC308206



Patient Name	: Mr.GOKUL CHANDRA JOSHI BOBE1364	Registered On	: 28/Jun/2021 10:08:45
Age/Gender	: 27 Y 5 M 3 D /M	Collected	: 28/Jun/2021 17:40:56
UHID/MR NO	: CHLD.0000067716	Received	: 28/Jun/2021 17:43:11
Visit ID	: CHLD0026222122	Reported	: 28/Jun/2021 18:46:34
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 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	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
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
----------------------	--------	------

#### Interpretation:

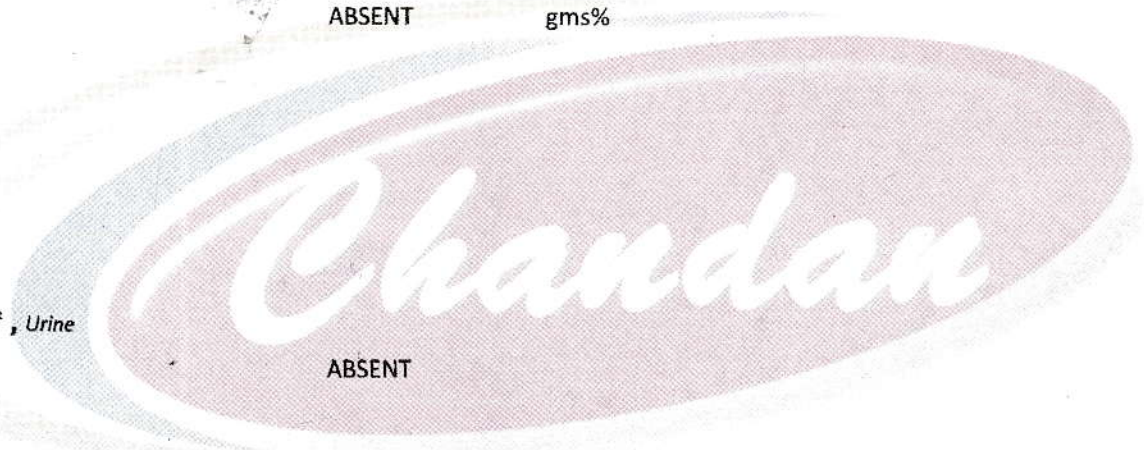
- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
-----------------	--------

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Dr Vinod Ojha  
 MD Pathologist







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UHID/MR NO	: CHLD.0000067716	Received	: 28/Jun/2021 10:40:00
Visit ID	: CHLD0026222122	Reported	: 28/Jun/2021 18:53:01
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)	167.21	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.25	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.31	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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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Dr Vinod Ojha  
 MD Pathologist







# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400975

CTN : U85110DL2003PLC308206



Patient Name	: Mr.GOKUL CHANDRA JOSHI BOBE1364	Registered On	: 28/Jun/2021 10:08:46
Age/Gender	: 27 Y 5 M 3 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000067716	Received	: N/A
Visit ID	: CHLD0026222122	Reported	: 29/Jun/2021 15:05:13
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:-**

- Trachea is central in position
- Bilateral hilar shadows are normal
- Bilateral lung fields appear grossly unremarkable.
- Pulmonary vascularity & distribution are normal.
- Cardiac size & contours are normal.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Bony cage is normal.
- Soft tissue shadow appears normal.

**IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN.**

Chandan Diagnostic Centre  
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Dr. Mohit Taysi (Md Radiodiagnosis)  
(PDCC Interventional Radiology)  
Formerly at : AHMS RISHIKESH,  
SMH DEHRADUN,  
STH HALDWANI



Customer Care No.: +91-9918300637 E-mail: [customercare.diagnostic@chandan.co.in](mailto:customercare.diagnostic@chandan.co.in) Web.: [www.chandandiagnostic.com](http://www.chandandiagnostic.com)

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UHID/MR NO	: CHLD.0000067716	Received	: N/A
Visit ID	: CHLD0026222122	Reported	: 28/Jun/2021 14:45:05
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 (~ 13.3 cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

##### PORTAL SYSTEM

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

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile 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:-

- Right kidney is normal in size, measuring ~10.2 x 4.2 cms
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

###### • Left kidney:-

- Left kidney is normal in size, measuring ~ 10.4 x 5.0 cms
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

Chandan Diagnostic Centre  
Plot No.-1051, Near Chaudhary Kothi  
Nainital Road, HALDWANI  
Cont. No.- 9235400975



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandandiagnostic.com

Home Sample Collection  
1800-419-0002





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: 9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.GOKUL CHANDRA JOSHI BOBE1364	Registered On	: 28/Jun/2021 10:08:46
Age/Gender	: 27 Y 5 M 3 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000067716	Received	: N/A
Visit ID	: CHLD0026222122	Reported	: 28/Jun/2021 14:45:05
Ref Doctor	: Dr,Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

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

#### SPLEEN

- The spleen is normal in size (~10.4 cms) and has a normal homogenous echo-texture.

#### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is seen in peritoneal cavity.

#### URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

#### URINARY BLADDER

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

#### PROSTATE

- The prostate gland is normal in size, texture with smooth outline, its measuring ~2.2 x 2.2 x 3.4 cms and approx 9.2 cc in vol.

#### FINAL IMPRESSION:-

**NO SIGNIFICANT SONOLOGICAL ABNORMALITY SEEN**

Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

(\* ) Test not done under NABL accredited Scope, (\*\* ) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:  
ECG/EKG

Chandan Diagnostic Centre  
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Nainital Road, HALDWANI  
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Dr.Mohit Tyagi (Md Radiodiagnosis)  
(PDCC Interventional Radiology)  
Formerly at : AHMS RISHKESH,  
SMIN DEHRADUN,  
5TH HALDWANI

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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

365 Days Open

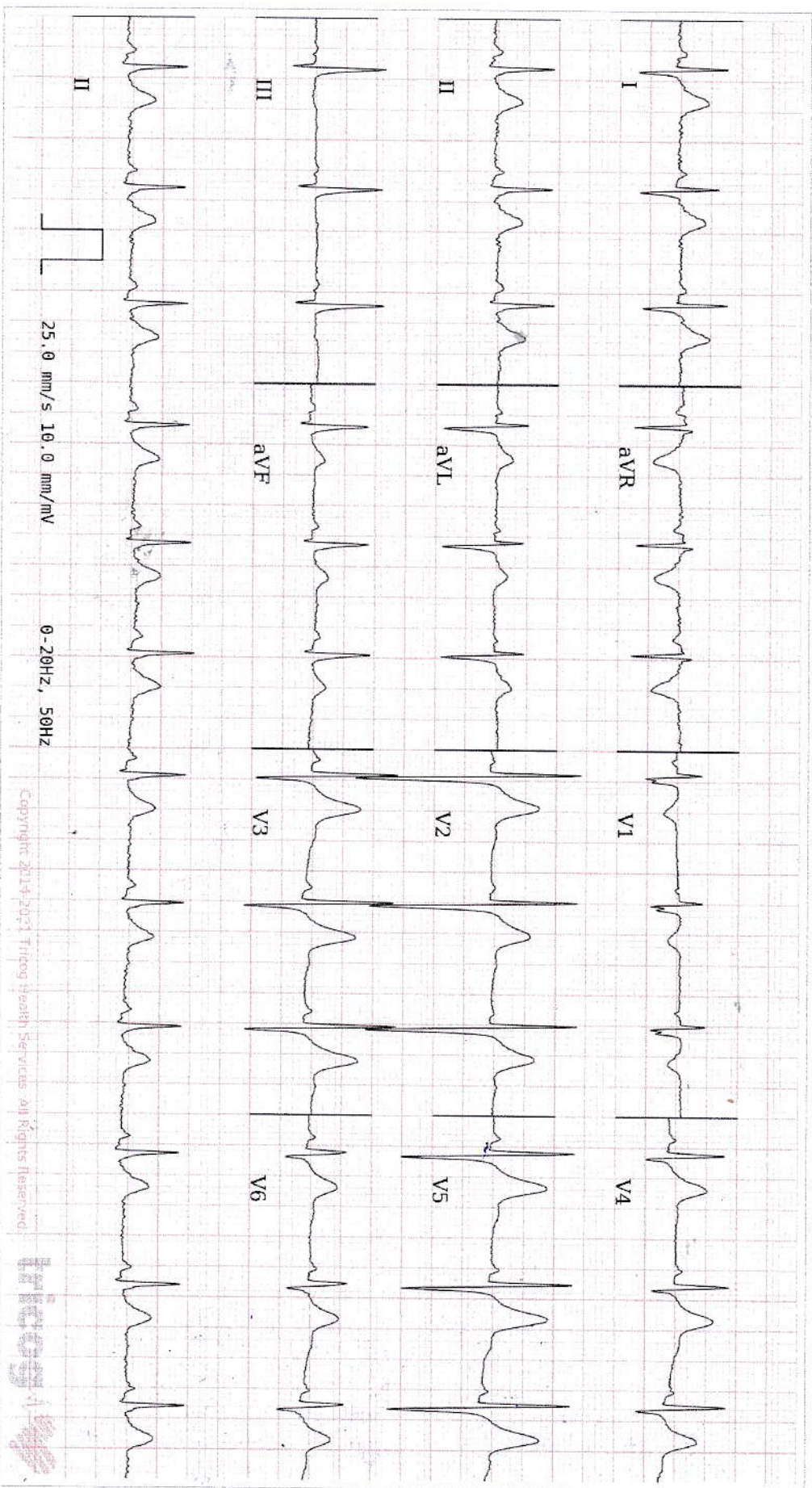


\*Facilities Available at Select Location

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1800-419-0002





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

**Chandan Diagnostic Centre**  
 Plot No.-1051, Near Chauchary Kothi  
 Mainital Road, HALDWMANI

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.

AUTHORIZED BY



Dr. Charit  
 MD, DM: Cardiology

REPORTED BY



Dr. Prathima S.K

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