

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

#### Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY						
NAME	NIDHI SRIVASTAVA					
DATE OF BIRTH	01-04-1987					
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-01-2023					
BOOKING REFERENCE NO.	22M90044100035986S					
	SPOUSE DETAILS					
EMPLOYEE NAME	MR. NIKUNJ MAYANK					
EMPLOYEE EC NO.	90044					
EMPLOYEE DESIGNATION	COMPLIANCE					
EMPLOYEE PLACE OF WORK	AYODHYA,RO AYODHYA					
EMPLOYEE BIRTHDATE	04-03-1985					

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 07-01-2023 till 31-03-2023. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

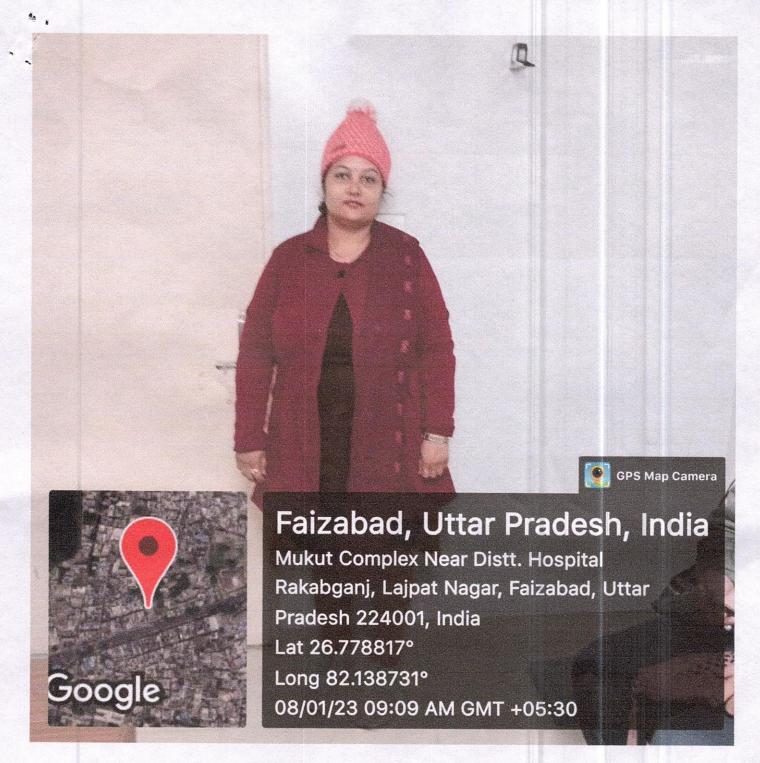
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda 8

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))









# भारत सरकार Government of India







निधि श्रीवास्तव Nidhi Srivastava जन्म तिथि/DOB: 01/04/1987 महिला/ FEMALE

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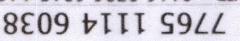
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आधार, मेरी पहचान



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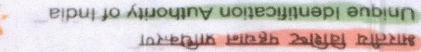
89+1 S129 9ZZO 9116: OIA





& Uttal Pradesh - 226028 Anaura Kalan, Lucknow, Lucknow, Ramswaroop Memorial Public School, 334 Apartment, Anaurakaian Lucknow, Near C/O: Mayank Mikunj, H-1202 Springh Green : SS91DDA

3209ZZ - 1320 342 विद्यातय के पास, 334 अनीश कता, तखनक, तखनक, डे अनीराकाली लरबनक, रामसवस्था ममीरियल पब्लिक , उमें में में के में प्रमा 2021-मृत किमा किम अपादिम ,







# **Chandan Diagnostic**

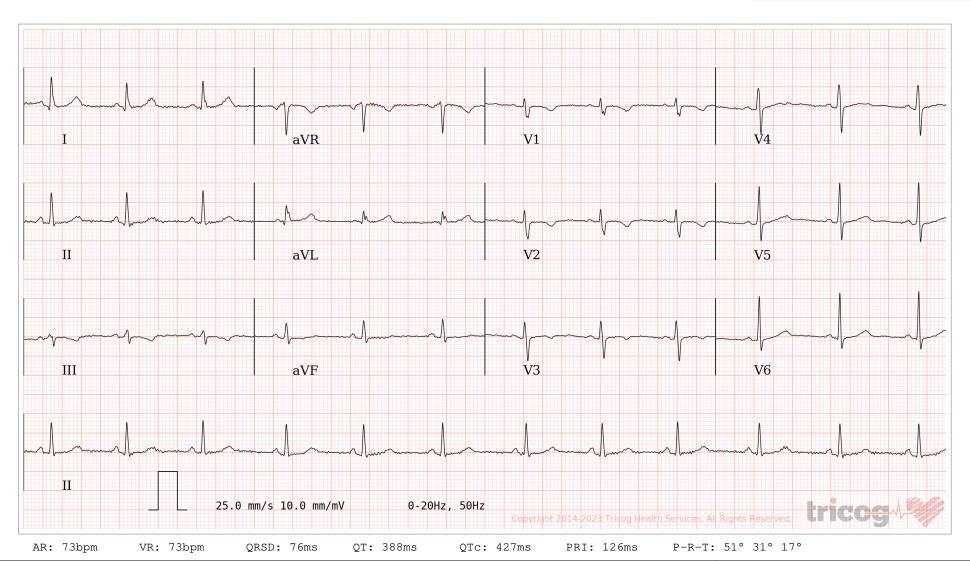


Age / Gender: 35/Female

Date and Time: 8th Jan 23 9:44 AM

Patient ID: CHFD0499622223

Patient Name: Mrs.NIDHI SRIVASTAVA



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

AUTHORIZED BY

amt B

Dr. Charit MD, DM: Cardiology

63382

REPORTED BY



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.





Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:45 Age/Gender : 35 Y 9 M 8 D /F Collected : 08/Jan/2023 09:47:14 UHID/MR NO : CHFD.0000227819 Received : 08/Jan/2023 09:55:22 Visit ID : CHFD0499622223 Reported : 08/Jan/2023 14:13:31

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** 

В

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin 12.20 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)	10,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	72.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	12.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT)	41.20	%	40-54	
Platelet count				
Platelet Count	2.09	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fĹ	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.60	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE









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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	89.40	fl	80-100	CALCULATED PARAMETER
MCH	26.40	pg	28-35	CALCULATED PARAMETER
MCHC	29.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	7,704.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	214.00	/cu mm	40-440	







Since 1991

# CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:46 Age/Gender : 35 Y 9 M 8 D /F Collected : 08/Jan/2023 09:47:14 UHID/MR NO : CHFD.0000227819 Received : 08/Jan/2023 10:16:39 : 08/Jan/2023 11:04:10 Visit ID : CHFD0499622223 Reported

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	115.72	mg/dl	< 100 Normal	GOD POD	

≥ 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.







Since 1991

# CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:46 Age/Gender : 35 Y 9 M 8 D /F Collected : 09/Jan/2023 08:54:52 UHID/MR NO : CHFD.0000227819 Received : 09/Jan/2023 10:22:18 Visit ID : CHFD0499622223 Reported : 09/Jan/2023 11:03:35

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 PP Sample:Plasma After Meal	153.87	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.









 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$ 

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA : 08/Jan/2023 09:11:46 Registered On Age/Gender : 35 Y 9 M 8 D /F Collected : 08/Jan/2023 09:47:14 UHID/MR NO : CHFD.0000227819 Received : 08/Jan/2023 18:40:03 Visit ID : CHFD0499622223 Reported : 08/Jan/2023 19:19:50

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)	6.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	45.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	134	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.

#### **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





<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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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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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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	7.89	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.78	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid	5.41	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	30.56	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.79	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	33.61	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.32	gm/dl	6.2-8.0	BIRUET
Albumin	3.96	gm/dl	3.8-5.4	B.C.G.
Globulin	2.36	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.68		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	135.49	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.45	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.17	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	173.34	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	46.92	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	101	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	25.51	mg/dl	10-33	CALCULATED
Triglycerides	127.54	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP n









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Ph: 9235400973,

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Patient Name : Mrs.NIDHI SRIVASTAVA

: 35 Y 9 M 8 D /F

Registered On Collected

: 08/Jan/2023 09:11:46 : 08/Jan/2023 09:47:14

Age/Gender UHID/MR NO

: CHFD.0000227819

Received

: 08/Jan/2023 10:16:27

Visit ID

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: 08/Jan/2023 11:06:36

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

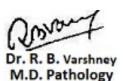
: Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

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

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

>500 Very High











Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



: 08/Jan/2023 09:11:46 Patient Name : Mrs.NIDHI SRIVASTAVA Registered On Age/Gender : 35 Y 9 M 8 D /F Collected : 08/Jan/2023 18:58:43 UHID/MR NO : CHFD.0000227819 Received : 08/Jan/2023 19:20:29 Visit ID : CHFD0499622223 Reported : 08/Jan/2023 19:34:35

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
RINE EXAMINATION, ROUTINE * ,	Urine			
Color	CLEAR			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile P <mark>igmen</mark> ts	ABSENT			
Urobil <mark>inogen(1:20 dilution)</mark>	ABSENT			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC
				EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE *, Urine				
Sugar, Fasting stage	ABSENT	gms%		
•				
Interpretation:				

### **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2









Add: Mukut Complex, Rekabganj, Faizabad

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

Ph: 9235400973,

CIN: U85110DL2003PLC308206



 Patient Name
 : Mrs.NIDHI SRIVASTAVA
 Registered On
 : 08/Jan/2023 09:11:46

 Age/Gender
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 : 08/Jan/2023 18:58:43

 UHID/MR NO
 : CHFD.0000227819
 Received
 : 08/Jan/2023 19:20:29

Visit ID : CHFD0499622223 Reported : 08/Jan/2023 19:34:35

### **DEPARTMENT OF CLINICAL PATHOLOGY**

: Final Report

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

Test Name Result Unit Bio. Ref. Interval Method

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

Sugar, PP Stage

Ref Doctor

**ABSENT** 

**Interpretation:** 

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%









Add: Mukut Complex, Rekabganj, Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:46 Age/Gender : 35 Y 9 M 8 D /F Collected : 08/Jan/2023 09:47:14 UHID/MR NO : CHFD.0000227819 Received : 08/Jan/2023 18:13:15 Visit ID : 08/Jan/2023 19:04:34 : CHFD0499622223 Reported 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. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	117.96	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.29	μIU/mL	0.27 - 5.5	CLIA
T		,		
Interpretation:		0.3-4.5 μIU/1	mL First Trimes	itar
		$0.5-4.6$ $\mu IU/n$		
		0.8-5.2 µIU/1		
		0.5-8.9 µIU/1		55-87 Years
		0.7-27 µIU/1		28-36 Week
		2.3-13.2 $\mu IU/1$		
		$0.7-64 \mu IU/1$		( - 20 Yrs.)
		1-39 μΙ	J/mL Child	0-4 Days
		1.7-9.1 μIU/1	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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE



Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:47

Collected Age/Gender : 35 Y 9 M 8 D /F : N/A UHID/MR NO : CHFD.0000227819 : N/A Received

Visit ID : CHFD0499622223 Reported : 09/Jan/2023 14:12:03

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 \*

**CHEST P-A VIEW** 

# X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

- 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.

Adv: clinico-pathological correlation and further evaluation.

**MD Radiodiagnosis** 







# CHANDAN DIAGNOSTIC CENTRE



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CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:47

 Age/Gender
 : 35 Y 9 M 8 D /F
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 : N/A

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 : CHFD.0000227819
 Received
 : N/A

Visit ID : CHFD0499622223 Reported : 08/Jan/2023 10:22:30

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 13.49cm 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. GB Wall thickness is normal.

#### **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

#### GREAT VESSELS

• Great vessels are normal.

#### KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

# **SPLEEN**

• The spleen is normal in size and has a normal homogenous echo-texture.

#### LYMPH NODES

• No pre- or para - aortic lymph node mass is seen.

#### RETROPERITONEUM

• Retroperitoneum is free.

#### ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or mass.









Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.NIDHI SRIVASTAVA Registered On : 08/Jan/2023 09:11:47

 Age/Gender
 : 35 Y 9 M 8 D /F
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000227819
 Received
 : N/A

Visit ID : CHFD0499622223 Reported : 08/Jan/2023 10:22:30

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

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• No free fluid is noted in peritoneal cavity.

#### **URETERS**

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

#### URINARY BLADDER

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

#### **UTERUS**

- The uterus is anteverted and normal in size.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline-8.5mm.
- Cervix is normal.

## ADNEXA & OVARIES

• Bilateral Adnexa and ovaries are normal.

# FINAL IMPRESSION:-

• No significant abnormality is seen in present study.

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

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. R. B. Varshney Ultrasonologist

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





