

Fwd: Health Check up Booking Request(bobS43959), Beneficiary Code-28399

1 message

anurag sri <anurag.idc@gmail.com>
To: cdc faizabad1 <cdcfaizabad1@gmail.com>

11 August 2023 at 10:06

Pack Code: 2613

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Thu, Aug 10, 2023 at 6:49 PM
Subject: Health Check up Booking Request(bobS43959), Beneficiary Code-28399
To: <anurag.idc@gmail.com>
Cc: <customercare@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Dear **Chandan Healthcare Limited**,**City** : Faizabad . **Address** : Mukut Complex,Rekabganj,

We have received the confirmation for the following booking .

Name : Pratima Dwivedi
Age : 27
Gender : Male
Package Name : Full Body Health Checkup Female Below 40
Contact Details : 9569114428
Booking Date : 10-08-2023
Appointment Date : 09-09-2023



Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Pratima Dwivedi	25	Female	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 Female Below 40 - Includes (38)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, Eye Consultation

Pratima



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

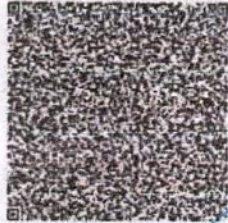
नामांकन क्रम/ Enrolment No.: 0648/01638/70580

Download Date: 07/06/2021

To
प्रतिमा द्विवेदी
Pratima Dwivedi
C/O: Shivakant
chandrikaganj
gangatara
Gangatara
Chandrikaganj
Faizabad Uttar Pradesh - 224141
9670020641

Pratima

Issue Date: 27/03/2021



आपका आधार क्रमांक / Your Aadhaar No.

5767 7914 7311

VID : 9137 9727 1987 1007

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 07/06/2021



प्रतिमा द्विवेदी
Pratima Dwivedi
जन्म तिथि/DOB: 05/06/1995
महिला/ FEMALE

Issue Date: 27/03/2021

5767 7914 7311

VID : 9137 9727 1987 1007

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

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- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
शिवकान्त, गंगतारा, चन्द्रिकागंज, गंगतारा,
फाजिबाद,
उत्तर प्रदेश - 224141

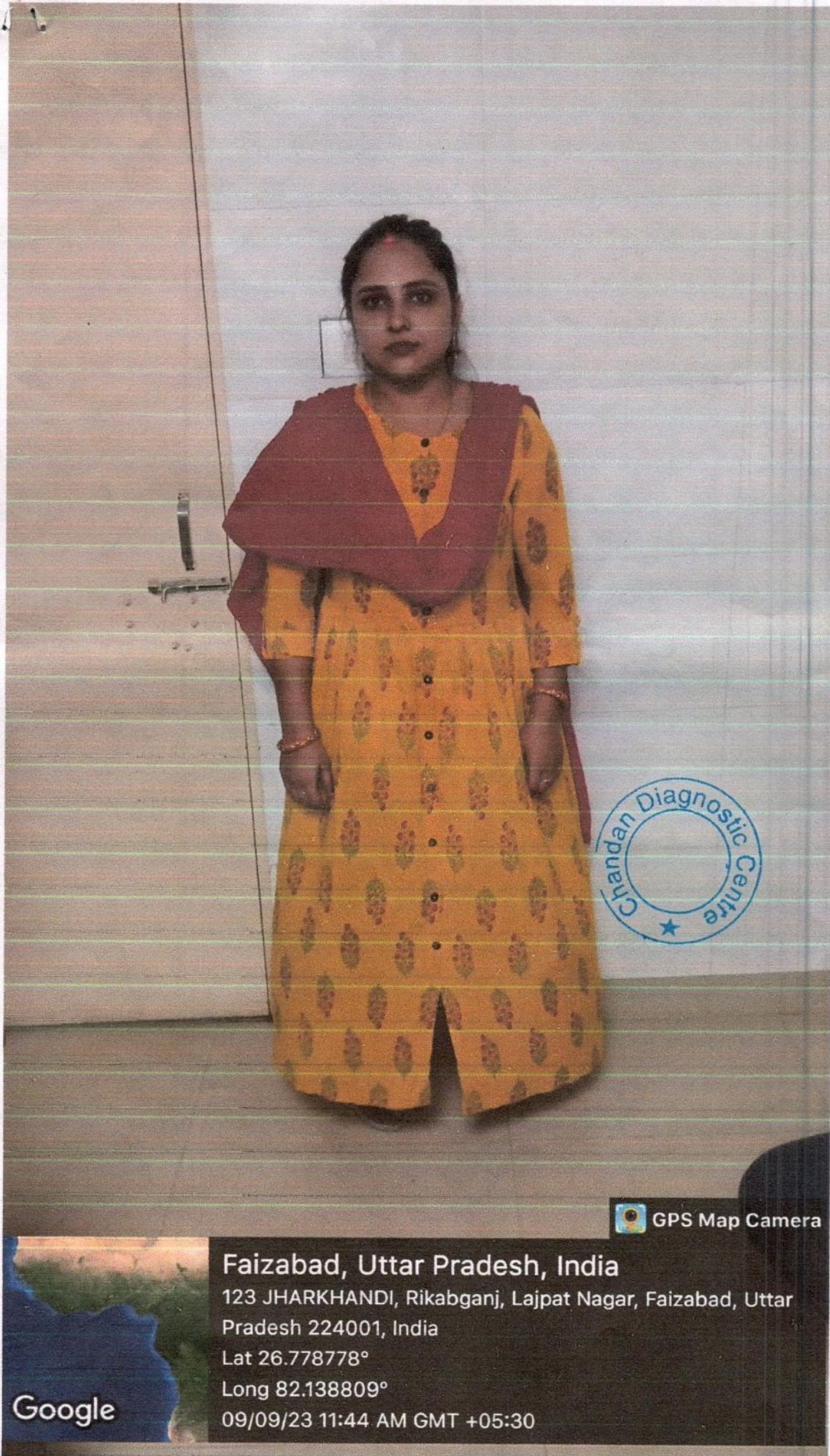
Address:
C/O: Shivakant, gangatara, chandrikaganj,
Gangatara, Faizabad,
Uttar Pradesh - 224141



5767 7914 7311

VID : 9137 9727 1987 1007

1947 | help@uidai.gov.in | www.uidai.gov.in



Pratima

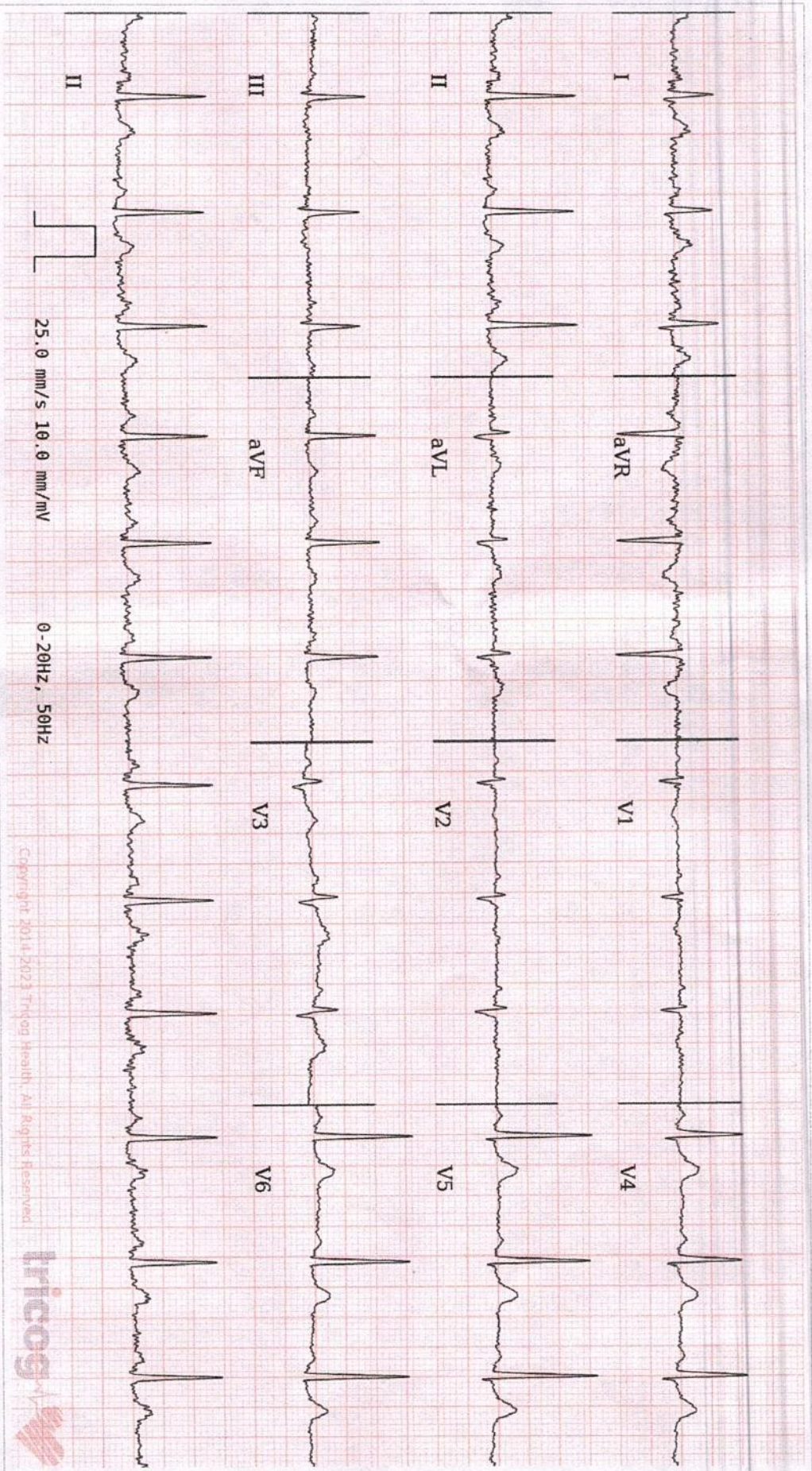
GPS Map Camera

Faizabad, Uttar Pradesh, India
123 JHARKHANDI, Rikabganj, Lajpat Nagar, Faizabad, Uttar
Pradesh 224001, India
Lat 26.778778°
Long 82.138809°
09/09/23 11:44 AM GMT +05:30



Age / Gender: 28/Female
 Patient ID: CHFDD0309632324
 Patient Name: Mrs. PRATIMA DWIVEDI

Date and Time: 9th Sep 23 12:28 PM



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

AUTHORIZED BY

REPORTED BY

Dr. Charit
 MD, DM: Cardiology

Dr. Pragna Jinsachandran Jain



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRATIMA DWIVEDI	Registered On	: 09/Sep/2023 12:31:44
Age/Gender	: 28 Y 3 M 5 D /F	Collected	: 09/Sep/2023 12:47:13
UHID/MR NO	: CHFD.0000261662	Received	: 09/Sep/2023 15:43:52
Visit ID	: CHFD0309632324	Reported	: 09/Sep/2023 19:34:55
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	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	'AB'			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	12.50	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	
TLC (WBC)	4,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	22.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	<20	
PCV (HCT)	38.90	%	40-54	
Platelet count				
Platelet Count	2.73	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.10	%	35-60	ELECTRONIC IMPEDANCE





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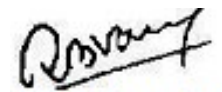


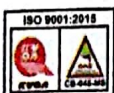
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.32	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.48	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	86.80	fL	80-100	CALCULATED PARAMETER
MCH	27.90	pg	28-35	CALCULATED PARAMETER
MCHC	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,820.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	94.00	/cu mm	40-440	


Dr. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

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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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GLUCOSE FASTING, Plasma

Glucose Fasting	92.30	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

97.11	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 1 diabetics. 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	10.74	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.66	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	4.15	mg/dl	2.5-6.0	URICASE





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

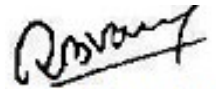
Test Name	Result	Unit	Bio. Ref. Interval	Method
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LFT (WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	24.82	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	13.72	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.11	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.89	gm/dl	6.2-8.0	BIURET
Albumin	4.70	gm/dl	3.4-5.4	B.C.G.
Globulin	2.19	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.15		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	106.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.52	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.31	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	158.74	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.42	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	85	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	23.40	mg/dl	10-33	CALCULATED
Triglycerides	117.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP


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Age/Gender	: 28 Y 3 M 5 D /F	Collected	: 09/Sep/2023 16:12:02
UHID/MR NO	: CHFD.0000261662	Received	: 09/Sep/2023 17:27:58
Visit ID	: CHFD0309632324	Reported	: 09/Sep/2023 19:43:26
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	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	1.015			
Reaction PH	Acidic (5.0)			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	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

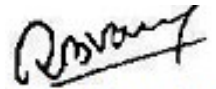
Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE* , Urine

Sugar, PP Stage ABSENT

Interpretation:

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


Dr. R. B. Varshney
M.D. Pathology





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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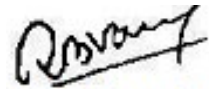
THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	87.70	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.400	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. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRATIMA DWIVEDI	Registered On	: 09/Sep/2023 12:31:50
Age/Gender	: 28 Y 3 M 5 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000261662	Received	: N/A
Visit ID	: CHFD0309632324	Reported	: 09/Sep/2023 14:16:14
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 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.

Adv: clinico-pathological correlation and further evaluation.

Mamanda Singh
MD Radiodiagnosis





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400973,
CIN : U85110DL2003PLC308206



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UHID/MR NO	: CHFD.0000261662	Received	: N/A
Visit ID	: CHFD0309632324	Reported	: 09/Sep/2023 13:08:35
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	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 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.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- The vesico - 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 69 x 48 x 47 mm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline 7.0 mm.
- Cervix is normal.

ADNEXA & OVARIES

- Bilateral ovaries show few antral follicles less than 25 and central echogenic stroma. Adv: LH/FSH ratio and T3 T4 TSH on 2nd day of menstrual cycle to rule out PCOM.
- Right ovary measuring 39 x 30 mm.
- Left ovary measuring 37 x 28 mm.

FINAL IMPRESSION:-

- Bilateral ovaries show few antral follicles less than 25 and central echogenic stroma. Adv: LH/FSH ratio and T3 T4 TSH on 2nd day of menstrual cycle to rule out PCOM.

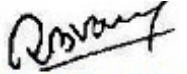
Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

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 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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Mar. 2018