

CHANDAN DIAGNOSTIC CENTRE Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973, CIN : U85110DL2003PLC308206



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:03
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:02:53
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 10:16:49
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 13:52:39
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY					
MEDIWHEE	L BANK OF BARO	DA MALE & FE	MALE BELOW 40 YRS		
Test Name	Result	Unit	Bio. Ref. Interval	Method	
Blood Group (ABO & Rh typing) * , Bl	lood				
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA	
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA	
Complete Blood Count (CBC) * , Whole	e Blood				
Haemoglobin	14.30	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) DLC	6,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE	
Polymorphs (Neutrophils)	53.00	%	55-70	ELECTRONIC IMPEDANCE	
Lymphocytes	41.00	%	25-40	ELECTRONIC IMPEDANCE	
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE	
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE	
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE	
Observed	16.00	Mm for 1st hr.			
Corrected	8.00	Mm for 1st hr.			
PCV (HCT)	42.60	%	40-54		
Platelet count					
Platelet Count	1.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC	
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE	
P-LCR (Platelet Large Cell Ratio)	43.80	%	35-60	ELECTRONIC IMPEDANCE	





Since 1991

CHANDAN DIAGNOSTIC CENTRE Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:03
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:02:53
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 10:16:49
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 13:52:39
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
PCT (Platelet Hematocrit)	0.16	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.36	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	97.80	fl	80-100	CALCULATED PARAMETER
MCH	33.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,445.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	325.00	/cu mm	40-440	

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

Page 2 of 12







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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:04
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:02:53
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 10:32:03
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 11:14:36
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	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	109.18	mg/dl < 1	00 Normal G	GOD POD
Sideose rusting	107.10	100)-125 Pre-diabetes 26 Diabetes	
Interpretation:	lessonia accuta dura	, - 4	a and athen down interes	diana.
 a) Kindly correlate clinically with intake of hypog b) A negative test result only shows that the pers will never get diabetics in future, which is why an c) I.G.T = Impared Glucose Tolerance. 	on does not have dia	abetes at the time	of testing. It does not m	

Glucose PP		134.23	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)	4.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	21.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	71	mg/dl	

Interpretation:

<u>NOTE</u>:-

- 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.





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



			ſ
Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:04
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:02:53
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 10:32:03
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 11:14:36
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

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.

<u>Clinical Implications:</u>

*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	8.86	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.06	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	5.75	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum

150 9001:2015

Page 4 of 12





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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:04
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:02:53
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 10:32:03
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 11:14:36
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS						
Test Name	Result	U	nit Bio. Ref. Inte	erval Method		
SGOT / Aspartate Aminotransferase (AST)	24.14	U/L	< 35	IFCC WITHOUT P5P		
SGPT / Alanine Aminotransferase (ALT)	19.02	U/L	< 40	IFCC WITHOUT P5P		
Gamma GT (GGT)	14.78	IU/L	11-50	OPTIMIZED SZAZING		
Protein	6.44	gm/dl	6.2-8.0	BIURET		
Albumin	3.69	gm/dl	3.4-5.4	B.C.G.		
Globulin	2.75	gm/dl	1.8-3.6	CALCULATED		
A:G Ratio	1.34	,	1.1-2.0	CALCULATED		
Alkaline Phosphatase (Total)	63.77	U/L	42.0-165.0	IFCC METHOD		
Bilirubin (Total)	0.89	mg/dl	0.3-1.2	JENDRASSIK & GROF		
Bilirubin (Direct)	0.43	mg/dl	< 0.30	JENDRASSIK & GROF		
Bilirubin (Indirect)	0.46	mg/dl	< 0.8	JENDRASSIK & GROF		
LIPID PROFILE (MINI) * , Serum						
Cholesterol (Total)	183.37	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP ligh		
HDL Cholesterol (Good Cholesterol)	73.60	mg/dl	30-70	DIRECT ENZYMATIC		
LDL Cholesterol (Bad Cholesterol)	87	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Opti 130-159 Borderline H 160-189 High > 190 Very High			
v VLDL	23.00	mg/dl	10-33	CALCULATED		
Triglycerides	114.99	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High >500 Very High	GPO-PAP ligh		

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





CHANDAN DIAGNOSTIC CENTRE Add: Mukut Complex, Rekabganj,Faizabad

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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:03
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:34:34
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 11:21:56
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 14:14:49
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
URINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	[′] mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
10 m 10 m			0.5-1.0 (++)	
			1-2 (+++)	
		1 21 × 2	>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
•				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			

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

Page 6 of 12







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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:04
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:34:06
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 11:21:56
Visit ID	: CHFD0633622324	Reported	: 09/Mar/2024 16:37:46
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
SUGAR, FASTING STAGE * , <i>Urine</i> Sugar, Fasting stage	ABSENT	gms%		
Interpretation: (+) < 0.5				

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

Page 7 of 12







(+++) 1-2 gms% (++++) >2 gms% CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:04
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 16:04:24
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 16:08:54
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 17:52:17
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	
SUGAR, PP STAGE * , Urine					
Sugar, PP Stage	ABSENT				
Interpretation:					
(+) < 0.5 gms%					
(++) 0.5-1.0 gms%					

Dr. R. B. Varshney

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







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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:04
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: 08/Mar/2024 10:02:53
UHID/MR NO	: CHFD.0000285567	Received	: 08/Mar/2024 11:03:45
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 12:12:46
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	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)	130.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.400	µlU/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

Page 9 of 12







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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:05
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: N/A
UHID/MR NO	: CHFD.0000285567	Received	: N/A
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 12:34:13
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 *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- 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.

Manvandra **MD** Radiodiagnosis







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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:05
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: N/A
UHID/MR NO	: CHFD.0000285567	Received	: N/A
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 10:27:49
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 13.13 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. GB Wall thicknes 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.

Page 11 of 12







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



Patient Name	: Mr.HIMANSHU SRIVASTAVA	Registered On	: 08/Mar/2024 09:39:05
Age/Gender	: 34 Y 2 M 22 D /M	Collected	: N/A
UHID/MR NO	: CHFD.0000285567	Received	: N/A
Visit ID	: CHFD0633622324	Reported	: 08/Mar/2024 10:27:49
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

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.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

• The urinary bladder is normal.

PROSTATE

• The Prostate gland is normal in size.

FINAL IMPRESSION:-

• No significant abnormality is seen in present study.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG



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 *

 365 Days Open
 *Facilities Available at Select Location

Page 12 of 12



