

Health Check up Booking Confirmed Request(bobS35956),Package Code-PKG10000237, Beneficiary Code-2274

1 message

Mediwheel <wellness@mediwheel.in> To: anurag.idc@gmail.com Cc: customercare@mediwheel.in

Wed, Apr 5, 2023 at 1:17 PM

Mediwheel 011-41195959 Your wellness partner Email:wellness@mediwheel.in Hi Chandan Healthcare Limited. Siagnosticiriospital Location indradeep Contiex, Sanjay Ganditi Puram, City Lucknow We have received the confirmation for the following booking . Beneficiary Name : PKG10000237 Beneficiary Name : shafiya Member Age : 48 Member Gender : Female 8/4/23 PC-2640 Member Relation : Spouse Package Name : Medi-Wheel Full Body Health Checkup Female Above 40 : LUCKNOW, Uttar Pradesh-226010 Location Contact Details : 9414940505 **Booking Date** : 27-03-2023 Appointment Date: 08-04-2023 Instructions to undergo Health Check: 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check. 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. agnos 3. Bring urine sample in a container if possible (containers are available at the Health Check centre). 4. Please bring all your medical prescriptions and previous health medical records with you. 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems. For Women: 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test. 2. It is advisable not to undergo any Health Check during menstrual cycle. We request you to facilitate the employee on priority. © 2021-2022, Arcofemi Healthcare Limited.



Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644 CIN : U85196UP1992PLC014075



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.SHAFIYA CHAUDHA : 47 Y 3 M 6 D /F : IDCD.0000098782 : IDCD0012282324 : Dr.Mediwheel - Arcofem		Registered C Collected Received Reported Status	On : 08/Apr/2023 0 : 08/Apr/2023 0 : 08/Apr/2023 0 : 08/Apr/2023 1 : 68/Apr/2023 1 : Final Report	8:35:42 9:10:52
		DEPARTMENT C	OF HAEMATO	LOGY	
	MEDIWHE	EL BANK OF BAI	RODA FEMAL	E ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Blood				
Blood Group		AB			
Rh (Anti-D)		POSITIVE			
Complete Blood	d Count (CBC) * , Whole Blo	ood			
Haemoglobin TLC (WBC) DLC Polymorphs (Ne Lymphocytes Monocytes Eosinophils Basophils	utrophils)	11.40 6,100.00 57.00 34.00 4.00 5.00 0.00	g/dl /Cu mm % % % %	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 4000-10000 55-70 25-40 3-5 1-6 < 1	
ESR Observed Corrected PCV (HCT) Platelet count Platelet Count			Mm for 1st hr. Mm for 1st hr. % LACS/cu mm	< 20 40-54	ELECTRONIC IMPEDANCE/MICROSCOPI
	stribution width)	15.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La		22.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her MPV (Mean Plat RBC Count		0.25 9.30	% fL	0.108-0.282 6.5-12.0	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
5566					

RBC Count

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ELECTRONIC IMPEDANCE



Mill./cu mm 3.7-5.0

4.76





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Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 08:35:42
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 09:10:52
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 12:00:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	73.60	fl	80-100	CALCULATED PARAMETER
MCH	23.40	pg	28-35	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	16.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,477.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	305.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Patient Name	: Mrs.SHAFIYA CHAUDHARY-10000236	Registered On	: 08/Apr/2023 08:26:46
Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 14:33:16
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 15:22:13
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 16:03:13
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , Plasma Glucose Fasting	85.70	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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.

Glucose PP Sample:Plasma After Meal	98.90	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.

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Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 08:35:42
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 11:36:03
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 13:54:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC		

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

111

 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)	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 G8 90 SL TOSOH 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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test NameResultUnitBio. Ref. IntervalMethod	
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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.

Dr. Anupam Singh (MBBS MD Pathology)

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DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS				
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report	
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 11:50:40	
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 10:04:43	
Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 08:35:42	
Patient Name	: Mrs.SHAFIYA CHAUDHARY-10000236	Registered On	: 08/Apr/2023 08:26:47	

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 1RS					
Test Name	Result	Unit	Bio. Ref. Interval	Method	
BUN (Blood Urea Nitrogen) Sample:Serum	7.02	mg/dL	7.0-23.0	CALCULATED	
Creatinine Sample:Serum	0.86	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES	
Uric Acid Sample:Serum	4.73	mg/dl	2.5-6.0	URICASE	
LFT (WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) , Serum Cholesterol (Total)	27.70 29.70 26.30 6.20 3.82 2.38 1.61 68.67 0.45 0.45 0.18 0.27	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF	
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	66.90 147 17.00 85.00	mg/dl mg/dl mg/dl mg/dl	 > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High 	DIRECT ENZYMATIC CALCULATED CALCULATED GPO-PAP	





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Toct	Name
IESU	Name

Result

Unit

Bio. Ref. Interval Method

>500 Very High

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Patient Name	: Mrs.SHAFIYA CHAUDHARY-10000236	Registered On	: 08/Apr/2023 08:26:46
Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 10:19:01
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 10:44:58
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 11:25:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE *	, Urine			
Color	CLEAR			
Specific Gravity	1.005			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Current	ADCENT		> 500 (++++)	DIDCTICK
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 Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second second	
Epithelial cells	ABSENT			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Home Sample Collection

1800-419-0002



Mar. 2016



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Patient Name	: Mrs.SHAFIYA CHAUDHARY-10000236	Registered On	: 08/Apr/2023 08:26:46
Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 14:29:12
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 16:25:16
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 17:37:00
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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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
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

Dr. Surbhi Lahoti (M.D. Pathology)

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Patient Name	: Mrs.SHAFIYA CHAUDHARY-10000236	Registered On	: 08/Apr/2023 08:26:46
Age/Gender	: 47 Y 3 M 6 D /F	Collected	: 08/Apr/2023 14:42:52
UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 14:49:48
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 15:05:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

111201111				
Test Name	Result	Unit	Bio. Ref. Interval	Method
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			
		and the second		
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%			and the second	
(+++) 1-2 gms%				
(++++) > 2 gms%				

Dr. Shoaib Irfan (MBBS, MD, PDCC)









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UHID/MR NO	: IDCD.0000098782	Received	: 08/Apr/2023 11:17:58
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 12:12:13
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL ** , Serum					
T3, Total (tri-iodothyronine)	134.52	ng/dl	84.61-201.7	CLIA	
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.94	μIU/mL	0.27 - 5.5	CLIA	
Interpretation:					

0.3-4.5

0.5-4.6

0.8-5.2

0.5-8.9

0.7-27

0.7 - 64

1-39

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

First Trimester Second Trimester

Third Trimester

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

28-36 Week

> 37Week

Adults

Child

Premature

Cord Blood

	1.7-	9.1 μ IU/mL Child	2-20 Week
1) Patients having low T3 and T4 levels but l	high TSH levels suffer from	primary hypothyroidisn	n, cretinism, juvenile myxedema or
autoimmune disorders.		and the second second	

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)







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Age/Gender	: 47 Y 3 M 6 D /F	Collected	: N/A
UHID/MR NO	: IDCD.0000098782	Received	: N/A
Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 11:07:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA * (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL 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: NORMAL SKIAGRAM

Dr. Anil Kumar Verma (MBBS.DMRD)







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Visit ID	: IDCD0012282324	Reported	: 08/Apr/2023 10:35:09
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~ 129 mm) with grade-I fatty changes with few areas of focal fat sparing.
- The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- Gall bladder is partially distended. Lumen is apparently echo lucent. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

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

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Cortico-medullary demarcation is clear on both sides.
- Bilateral minimal to mild splitting of pelvicalyceal system with minimally to mildly prominent upper ureter. (Adv: Urine routine microscopy to rule out UTI).

SPLEEN

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

LYMPH NODES

• No significant lymph node noted.

URINARY BLADDER

- Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.
- Pre void urine volume is ~ 200 cc.
- Post void residual urine volume is ~ 10 cc.

UTERUS & CERVIX

- Uterus shows peri menopausal status & is bulky in size and measures ~ 101 x 53 x 38 mm, volume ~ 104.8 cc with slight heterogenous myometrial echotexture.
- A heterogeneously hypoechoic SOL ~ approx 20 x 18 mm seen along posterior wall of myometrium. Another SOL ~ approx 11 x 10 mm seen along anterior wall of myometrium. Another similar SOL ~ approx 18 x 17 mm seen along fundo posterior wall of





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

myometrium.....fibroids.

- Endometrium measures ~ 5.6 mm.
- Cervix appear mildly bulky in size & measures ~ 46 x 29 mm. Multiple atleast five nabothian cysts seen in cervix, largest ~ approx 19 x 17 mm. Cervico vesical interface appears normal on USG. (Adv:- PAP smear/ LBC correlation if clinically indicated)

ADNEXA & OVARIES

- Adnexa appear normal.
- Right ovary is normal in size and echotexture.
- Simple follicular cyst ~ approx 28 x 21 mm seen within left ovary.

IMPRESSION

- Grade-I fatty changes in liver.
- Bilateral minimal to mild splitting of pelvicalyceal system with minimally to mildly prominent upper ureter with post void residual urine volume of ~ 10 cc. (Adv: Urine routine microscopy to rule out UTI).
- Bulky uterus with slight heterogenous myometrial echotexture with uterine fibroids with mild bulky cervix with multiple atleast five nabothian cysts seen in cervix. (Adv:- PAP smear/ LBC correlation if clinically indicated)
- Left ovarian simple follicular cyst

Typed by- shanaya

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG / EKG, Tread Mill Test (TMT)

Dr. Anil Kumar Verma (MBBS.DMRD)

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*

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