

**Health Check up Booking Confirmed Request(bobS47183),Package Code-PKG10000239, Beneficiary Code-60606**

1 message

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

Fri, Sep 29, 2023 at 5:58 PM



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited**,  
Diagnostic/Hospital Location :**Mukut Complex,Rekabganj, City:Faizabad**  
We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000239  
**Beneficiary Name** : Alka Gautam  
**Member Age** : 36  
**Member Gender** : Female  
**Member Relation** : Spouse  
**Package Name** : Full Body Health Checkup Female Below 40  
**Location** : TEKARIDANDU,Uttar Pradesh-229310  
**Contact Details** : 8736086200  
**Booking Date** : 28-09-2023  
**Appointment Date** : 01-10-2023

**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.
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.





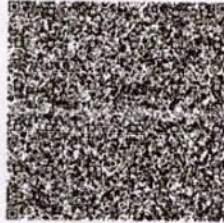
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Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2017/93037/02429

To  
अलका गौतम  
Alka Gautam  
D/O: Ram Sajeevan  
M G 8/7  
K D A COLONY  
JAJMAU  
Shiwans Tenray  
Kanpur Nagar Uttar Pradesh - 208010  
9935177724

Signature Box Verified  
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Date: 2023.07.18 09:10:59  
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

XXXX XXXX 2854  
VID : 9140 8250 5533 5053

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



अलका गौतम  
Alka Gautam  
जन्म तिथि/DOB: 02/07/1985  
महिला/ FEMALE



XXXX XXXX 2854  
VID : 9140 8250 5533 5053

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

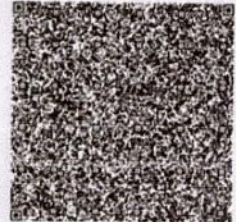


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
संबोधित: राम सजीवन, एम जी 8/7, के डी ए कलोनी,  
जाजमऊ, शिवांस टेनराय, कानपुर नगर,  
उत्तर प्रदेश - 208010

Address:  
D/O: Ram Sajeevan, M G 8/7, K D A  
COLONY, JAJMAU, Shiwans Tenray, Kanpur  
Nagar,  
Uttar Pradesh - 208010



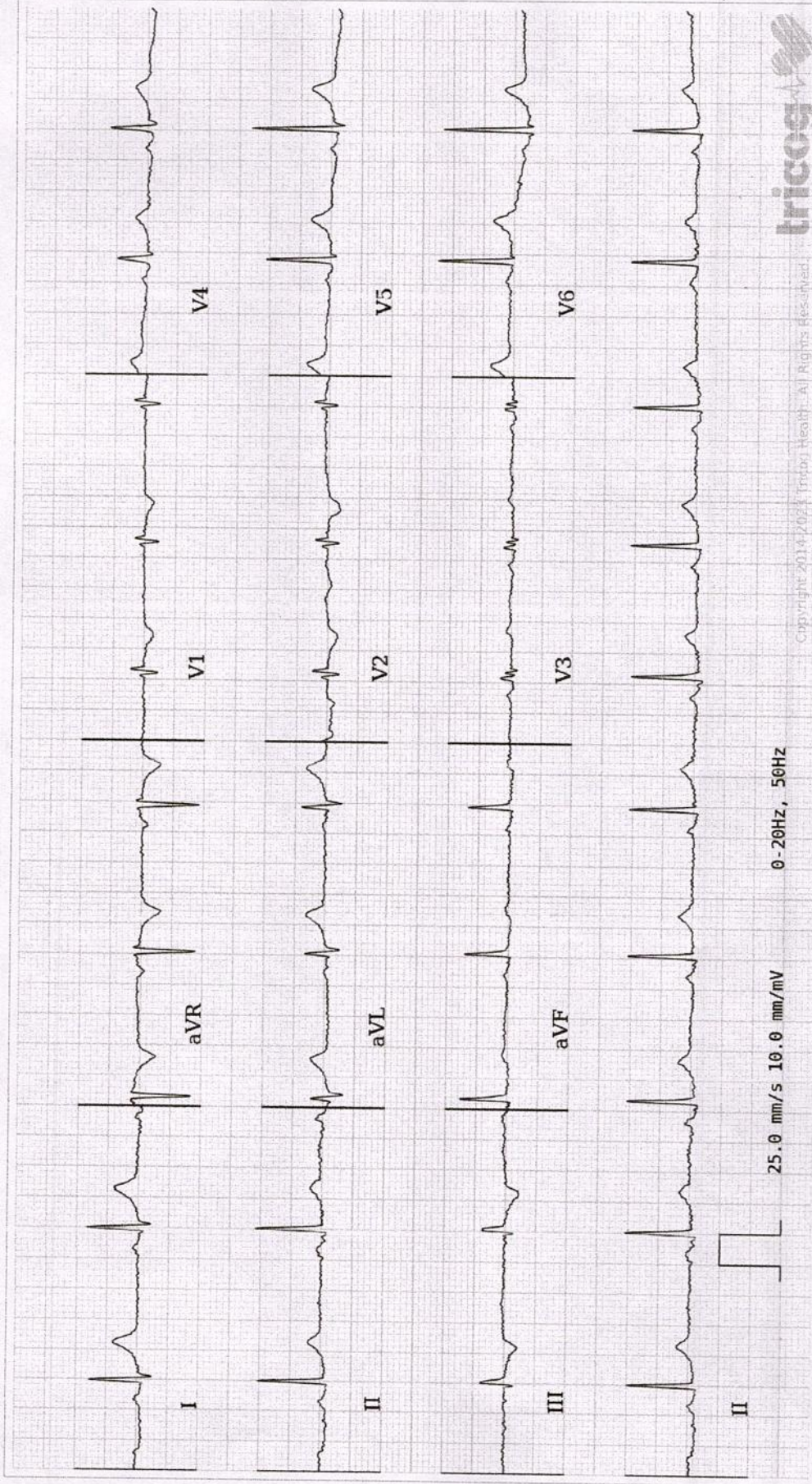
XXXX XXXX 2854  
VID : 9140 8250 5533 5053

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**Chandan Diagnostic**

Age / Gender: 38/Female Date and Time: 1st Oct 23 10:01 AM  
Patient ID: CHFD0354222324  
Patient Name: Mrs.ALKA GAUTAM



AR: 66bpm VR: 66bpm  
25.0 mm/s 10.0 mm/mV  
0-20Hz, 50Hz  
QT: 386ms  
QTcB: 404ms  
PRI: 144ms  
P-R-T: 38° 55° 11°

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tricog

**ECG Within Normal Limits: Sinus Rhythm. rsr' Pattern in V1,V2. Baseline artefacts. Please correlate clinically.**

AUTHORIZED BY  
  
Dr. Charit  
MD, DM: Cardiology  
63382

REPORTED BY  
  
Dr. Ashish Agrawal

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.



# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.ALKA GAUTAM	Registered On	: 01/Oct/2023 08:49:20
Age/Gender	: 38 Y 3 M 0 D /F	Collected	: 01/Oct/2023 09:11:19
UHID/MR NO	: CHFD.0000265048	Received	: 01/Oct/2023 10:09:02
Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 13:03:59
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	'A'			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	12.40	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)	6,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	18.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	<20	
PCV (HCT)	37.40	%	40-54	
Platelet count				
Platelet Count	1.62	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.60	%	35-60	ELECTRONIC IMPEDANCE





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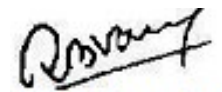


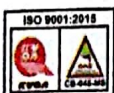
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Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 13:03:59
Ref Doctor	: Dr. MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.08	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.70	fL	80-100	CALCULATED PARAMETER
MCH	30.50	pg	28-35	CALCULATED PARAMETER
MCHC	33.20	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,000.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	180.00	/cu mm	40-440	

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





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CIN : U85110DL2003PLC308206



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UHID/MR NO	: CHFD.0000265048	Received	: 01/Oct/2023 09:51:07
Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 11:03:34
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
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#### GLUCOSE FASTING, Plasma

Glucose Fasting	100.11	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 = Impaired Glucose Tolerance.

#### Glucose PP Sample: Plasma After Meal

118.60	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 = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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.





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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	10.45	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.74	mg/dl	0.5-1.30 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	2.51	mg/dl	2.5-6.0	URICASE





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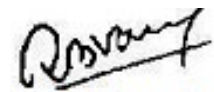
## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	18.46	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	20.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.44	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.24	gm/dl	6.2-8.0	BIURET
Albumin	4.41	gm/dl	3.4-5.4	B.C.G.
Globulin	1.83	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.41		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	75.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.51	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF

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

Cholesterol (Total)	104.88	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.46	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	57	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.26	mg/dl	10-33	CALCULATED
Triglycerides	61.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

  
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CIN : U85110DL2003PLC308206



Patient Name	: Mrs. ALKA GAUTAM	Registered On	: 01/Oct/2023 08:49:22
Age/Gender	: 38 Y 3 M 0 D /F	Collected	: 01/Oct/2023 15:24:55
UHID/MR NO	: CHFD.0000265048	Received	: 01/Oct/2023 15:28:10
Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 16:12:31
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





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## DEPARTMENT OF CLINICAL PATHOLOGY

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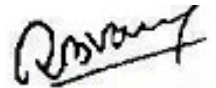
#### SUGAR, PP STAGE\* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

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



  
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Patient Name	: Mrs. ALKA GAUTAM	Registered On	: 01/Oct/2023 08:49:22
Age/Gender	: 38 Y 3 M 0 D /F	Collected	: 01/Oct/2023 09:11:19
UHID/MR NO	: CHFD.0000265048	Received	: 01/Oct/2023 10:13:08
Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 12:03:13
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
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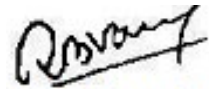
#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	114.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.300	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. ALKA GAUTAM	Registered On	: 01/Oct/2023 08:49:23
Age/Gender	: 38 Y 3 M 0 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000265048	Received	: N/A
Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 19:05:38
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

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



Patient Name	: Mrs.ALKA GAUTAM	Registered On	: 01/Oct/2023 08:49:23
Age/Gender	: 38 Y 3 M 0 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000265048	Received	: N/A
Visit ID	: CHFD0354222324	Reported	: 01/Oct/2023 09:39:11
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.





# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs. ALKA GAUTAM	Registered On	: 01/Oct/2023 08:49:23
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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.
- 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.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

#### ADNEXA & OVARIES

- Bilateral Adnexa and ovaries are normal.

#### FINAL IMPRESSION:-

- No significant abnormality is seen in present study.

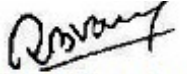
***Adv: Clinico-pathological correlation and follow-up.***

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

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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Home Sample Collection  
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Mar. 2018