

Patient Name

Age/Gender

# **INDRA DIAGNOSTIC CENTRE**

Add: Kamla Nehru Road, Old Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

: Mr.NITESH KUMAR MISHRA - PKG1000023

: 31 Y 6 M 5 D /M



UHID/MR NO Visit ID Ref Doctor	: ALDP.0000089791 : ALDP0304882122 : Dr.Mediwheel - Arco	femi Health Care Ltd.	Received Reported Status	: 05/Feb/2022 2 : 05/Feb/2022 2 : Final Report	
				DLOGY MALE BELOW 40 YRS	
Test Name	WEDIWHEE	Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	NBO & Rh typing) * , Bid	ood			
Blood Group		0			
Rh ( Anti-D)		NEGATIVE			
COMPLETE BLO	OD COUNT (CBC) * , BI	lood			
Haemoglobin		15.30	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>		4,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Ne	autrophils)	59.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed		4.00	Mm for 1st hr.		
Corrected			Mm for 1st hr.		
PCV (HCT)		39.00	cc %	40-54	
Platelet count					
Platelet Count		1.61	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet D	istribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet L		45.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet He	-	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plat		12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC</b> Count	···· <b>,</b>				
RBC Count		4.97	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
	MCV, MCH, MCHC)				
MCV		78.50	fl	80-100	CALCULATED PARAMETER
MCH		30.80	pg	28-35	CALCULATED PARAMETER
		39.30	%	30-38	
		12.10	%	11-16	
		46.00	fL	35-60	Kankong
es ji ja se		0.004.00	,	0000 7000	

Registered On

Collected

: 05/Feb/2022 10:53:16

: 05/Feb/2022 11:09:07

utrophils Count sinophils Count (AEC)

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Dr. Akanksha Singh (MD Pathology)



/cu mm

/cu mm

40-440

3000-7000

2,891.00

98.00

**Home Sample Collection** Mar. 2018 1800-419-0002



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Patient Name	: Mr.NITESH KUMAR MISHRA - PKG1000023	Registered On	: 05/Feb/2022 10:53:17
Age/Gender	: 31 Y 6 M 5 D /M	Collected	: 05/Feb/2022 13:39:23
UHID/MR NO	: ALDP.0000089791	Received	: 05/Feb/2022 13:46:26
Visit ID	: ALDP0304882122	Reported	: 05/Feb/2022 14:15:33
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	83.00	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	118.30	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.



Dr. Akanksha Singh (MD Pathology)

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Age/Gender	: 31 Y 6 M 5 D /M	Collected	: 05/Feb/2022 11:09:07
UHID/MR NO	: ALDP.0000089791	Received	: 06/Feb/2022 10:10:17
Visit ID	: ALDP0304882122	Reported	: 06/Feb/2022 11:44:46
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)	5.40	% NGSP		HPLC (NGSP)

mmol/mol/IFCC

mg/dl

#### Interpretation:

#### NOTE:-

Glycosylated Haemoglobin (Hb-A1c)

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.

36.00

108

• 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

\*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.







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# DEPARTMENT OF BIOCHEMISTRY

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

Test Name

Result

Unit

Method

**Bio.** Ref. Interval

#### **<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

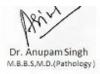
c. Alcohol toxicity d. Lead toxicity

\*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.









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Visit ID	: ALDP0304882122		Reported	: 05/Feb/2022 14:07	:52
Ref Doctor	: Dr.Mediwheel - Arcofemi H	lealth Care Ltd.	Status	: Final Report	
			OF BIOCHEMIST		
T	MEDIWHEEL BAN			LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Sample:Serum	Nitrogen) *	7.00	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum		0.70	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Rate) * Sample:Serum	Glomerular Filtration	126.00	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid *		4.54	mg/dl	3.4-7.0	URICASE
Sample:Serum					
L.F.T.(WITH <mark>G</mark> A	MMA GT) * , Serum				
SGOT / Aspartat	e Aminotransferase (AST)	21.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine A	Aminotransferase (ALT)	30.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GG1		18.10	/ /IU/L	11-50	<b>OPTIMIZED SZAZING</b>
Protein		6.80	gm/dl	6.2-8.0	BIRUET
Albumin		3.90	gm/dl	3.8-5.4	B.C.G.
Globulin		2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.34		1.1-2.0	CALCULATED
Alkaline Phosph	atase (Total)	148.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indired		0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (	(MINI)*, Serum				
Cholesterol (Tot	al)	188.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDI Cholesterol	(Good Cholesterol)	50.00	mg/dl	30-70	DIRECT ENZYMATIC
	(Bad Cholesterol)	119	mg/dl	< 100 Optimal	CALCULATED
		,	ing/ di	100-129 Nr.	
				Optimal/Above Optimal	
				130-159 Borderline High	1
			,	160-189 High	
				> 190 Very High	
VLDL		18.70	mg/dl	10-33	CALCULATED
Triglycerides		93.50	mg/dl	< 150 Normal	GPO-PAP
				150-199 Borderline High	1







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Visit ID	: ALDP0304882122	Reported	: 05/Feb/2022 14:07:52
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

200-499 High >500 Very High



Dr. Akanksha Singh (MD Pathology)

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UHID/MR NO	: ALDP.0000089791	Received	: 05/Feb/2022 13:46:26
Visit ID	: ALDP0304882122	Reported	: 05/Feb/2022 14:21:08
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
URINE EXAMINATION, ROUTINE * , U	Irine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Sugar	ADCENT	ama 0/	> 500 (++++)	DIPSTICK
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 state of the	
Epithelial cells	0-2/h.p.f			MICROSCOPIC
	e Trubu			EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC
	·			EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

#### Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5\text{-}1.0 \\ (+++) & 1\text{-}2 \\ (++++) & > 2 \end{array}$ 

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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

### 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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Aar. 2016



Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



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Age/Gender	: 31 Y 6 M 5 D /M	Collected	: 05/Feb/2022 11:09:07
UHID/MR NO	: ALDP.0000089791	Received	: 06/Feb/2022 09:30:00
Visit ID	: ALDP0304882122	Reported	: 06/Feb/2022 11:46:56
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. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	121.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.67	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.12	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.

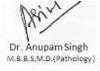
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

**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.





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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 \*

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

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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

# DEPARTMENT OF CARDIAC

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG \*

1. Machnism, Rhythm	Sinus, Regular	
2. Atrial Rate	58	/mt
3. Ventricular Rate	58	/mt
4. P - Wave	Normal	
5. P R Interval	Normal	
6. Q R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
7. Q T c Interval	Normal	
8. S - T Segment	Normal	
9. T – Wave <u>FINAL IMPRESSION</u>	Normal	

ECG Within Normal Limits: Sinus Bradycardia.Please correlate clinically





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**Home Sample Collection** 

1800-419-0002



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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) \*

**LIVER**: - Normal in size (12.1 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER** :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD** :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (9.4 cm), shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (9.4 x 5.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (9.8 x 4.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE :-** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

#### **IMPRESSION :** No significant abnormality seen.

#### **Please correlate clinically**

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

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



Nidhika

Dr Nidhikant (MBBS, DMRD, DNB)

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

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