

भारत सरकार
Government of India

मनीष तिवारी
Manish Tiwari
जन्म तिथि / DOB : 15/11/1980
पुरुष / Male

7211 4078 8730

आधार - आम आदमी का अधिकार



98377744 28



Health Check up Booking Request(bobE27459), Beneficiary Code-32324

1 message

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

Tue, Jan 31, 2023 at 1:11 PM



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **Indra Diagnostic Centre,**
City : Lucknow . **Address :** Indradeep Comlex, Sanjay Gandhi Puram,
We have received the confirmation for the following booking .

Name : MR. TIWARI MANISH
Age : 40
Gender : Male
Package Name : Medi-Wheel Full Body Health Checkup Male Above 40
Contact Details : 9120244428
Booking Date : 31-01-2023
Appointment Date : 01-02-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. TIWARI MANISH	40	Male	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 : Medi-Wheel Full Body Health Checkup Male Above 40 - Includes (37) Tests

Tests included in this Package

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, 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



Handwritten signature and number: 91039774428

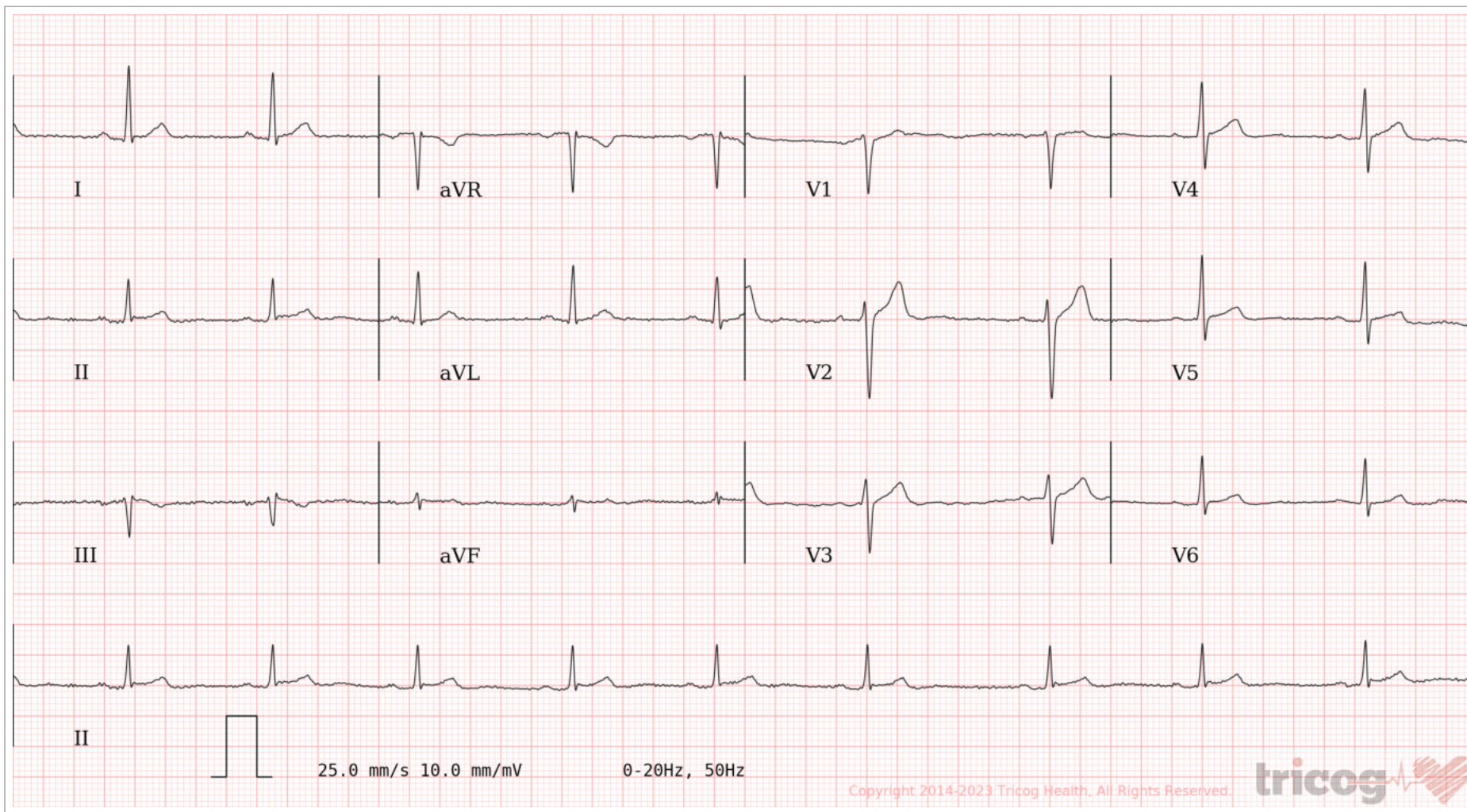
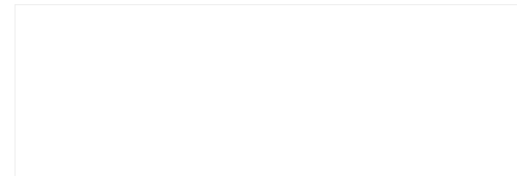
Handwritten notes: 1/2/23, Mediwheel, PC-2639

Chandan Diagnostic



Age / Gender: 42/Male
Patient ID: IDCD0386192223
Patient Name: Mr.MANISH TIWARI

Date and Time: 1st Feb 23 10:25 AM



AR: 59bpm VR: 59bpm QRSD: 84ms QT: 340ms QTc: 336ms PRI: 164ms P-R-T: 4° 5° 12°

Sinus Bradycardia, Sinus Arrhythmia Seen. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Devendra Muralidhar Dhande

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.

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CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.MANISH TIWARI	Registered On	: 01/Feb/2023 09:03:01
Age/Gender	: 42 Y 2 M 17 D /M	Collected	: 01/Feb/2023 09:16:48
UHID/MR NO	: IDCD.0000100123	Received	: 01/Feb/2023 10:40:29
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 13:37:45
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole 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
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TLC (WBC)	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. <9
PCV (HCT)	43.00	% 40-54

Platelet count

Platelet Count	2.80	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	38.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.31	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	4.61	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	95.60	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,968.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	62.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Patient Name	: Mr.MANISH TIWARI	Registered On	: 01/Feb/2023 09:03:01
Age/Gender	: 42 Y 2 M 17 D /M	Collected	: 01/Feb/2023 12:48:15
UHID/MR NO	: IDCD.0000100123	Received	: 01/Feb/2023 14:31:25
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 15:06:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	107.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample:Plasma After Meal

109.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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UHID/MR NO	: IDCD.0000100123	Received	: 01/Feb/2023 11:21:32
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 13:14:54
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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.

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 1diabetics. 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.

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





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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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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Patient Name	: Mr.MANISH TIWARI	Registered On	: 01/Feb/2023 09:03:02
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UHID/MR NO	: IDCD.0000100123	Received	: 01/Feb/2023 11:11:33
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 13:24:13
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	9.76	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	1.58	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Result Rechecked				
Uric Acid <i>Sample:Serum</i>	7.66	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	28.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.23	gm/dl	6.2-8.0	BIRUET
Albumin	4.08	gm/dl	3.8-5.4	B.C.G.
Globulin	2.15	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.90		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	189.64	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.02	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.28	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.74	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	250.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	71.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	130	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	48.76	mg/dl	10-33	CALCULATED
Triglycerides	243.80	mg/dl	< 150 Normal	GPO-PAP





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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150-199 Borderline High
200-499 High
>500 Very High



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Patient Name	: Mr.MANISH TIWARI	Registered On	: 01/Feb/2023 09:03:02
Age/Gender	: 42 Y 2 M 17 D /M	Collected	: 01/Feb/2023 12:51:59
UHID/MR NO	: IDCD.0000100123	Received	: 01/Feb/2023 13:27:43
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 15:38:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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	Neutral (7.0)			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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
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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MEDIWHEEL BANK OF BARODA MALE ABOVE 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. Shoaib Irfan (MBBS, MD, PDCC)





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UHID/MR NO	: IDCD.0000100123	Received	: 01/Feb/2023 11:05:39
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 12:16:27
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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	1.000	ng/mL	< 2.0	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	130.25	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.59	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.





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE 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 : N O R M A L S K I A G R A M


Dr. Anoop Agarwal
MBBS,MD(Radiology)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.MANISH TIWARI	Registered On	: 01/Feb/2023 09:03:03
Age/Gender	: 42 Y 2 M 17 D /M	Collected	: N/A
UHID/MR NO	: IDCD.0000100123	Received	: N/A
Visit ID	: IDCD0386192223	Reported	: 01/Feb/2023 10:50:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Mild hepatomegaly present, measures 165.4 mm in cranio caudal extent, shows diffuse bright echoes with increased distal attenuation. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- Small cortical cyst seen involving upper pole, measures 7.0 x 8.3 mms approx.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- **Bright echoes (calculi) seen involving upper calyx, measures 12.4 mm & 11.2 mms approx.**
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN

- The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- Pre void urine volume is 160 ml.
- Post void residual urine volume is 10 ml.

PROSTATE

- Prostate gland is mildly enlarged in size & echotexture is homogenous & measures ~ 42.2 x 39.8 x 31.2 mms, weight is 27.42 grams.

IMPRESSION

- Mild hepatomegaly with grade- II fatty changes.
- Small cortical cyst right kidney (Bosniak type- I)
- Left renal calculi
- Grade- I prostatomegaly

Typed by- shanaya

*** End Of Report ***





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DEPARTMENT OF ULTRASOUND


MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)




Dr. Anoop Agarwal
MBBS,MD(Radiology)

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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Home Sample Collection
1800-419-0002

Mar. 2018