

idc. ashiyana <idcashiyana@gmail.com>

# Fwd: Health Check up Booking Confirmed Request(bobE16107), Package Code-PKG10000238, Beneficiary Code-23479

1 message

anurag sri <anurag.idc@gmail.com>

To: "idc. ashiyana" <idcashiyana@gmail.com>

Fri, Sep 9, 2022 at 5:59 PM

Forwarded message ---

From: Mediwheel <customercare@policywheel.com>

Date: Fri, Sep 9, 2022 at 5:59 PM

Subject: Health Check up Booking Confirmed Request(bobE16107), Package Code-PKG10000238,

Beneficiary Code-23479

To: anurag.idc@gmail.com <anurag.idc@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC

<mediwheelwellness@gmail.com>



011-41195959

Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location : M-214/215 Sec G LDA Colony Near Power House Chauraha

Kanpur road, City: Lucknow

We have received the confirmation for the following booking .

Beneficiary Name: PKG10000238

Beneficiary Name: MR. YADAV SHIV SHANKAR

Member Age : 25

Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : ALIGANJ, Uttar Pradesh-227805

Contact Details : 7007478573 **Booking Date** 

: 07-09-2022 Appointment Date: 11-09-2022

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

HIM / Name THE WAR AND SOLVE THE OF MEWA LAL YADAV SHIV SHANKAR YADAV UNION OF INDIA Driving Licence UP44 20150013053 Die of Birth 01/04/1995 27/07/2045 Oute of Issue @ 26/07/2035 AMPRICATIONS Blood Group Inter rede (N) (NT)

# Indra Diagnostic Centre Alambagh, Lucknow

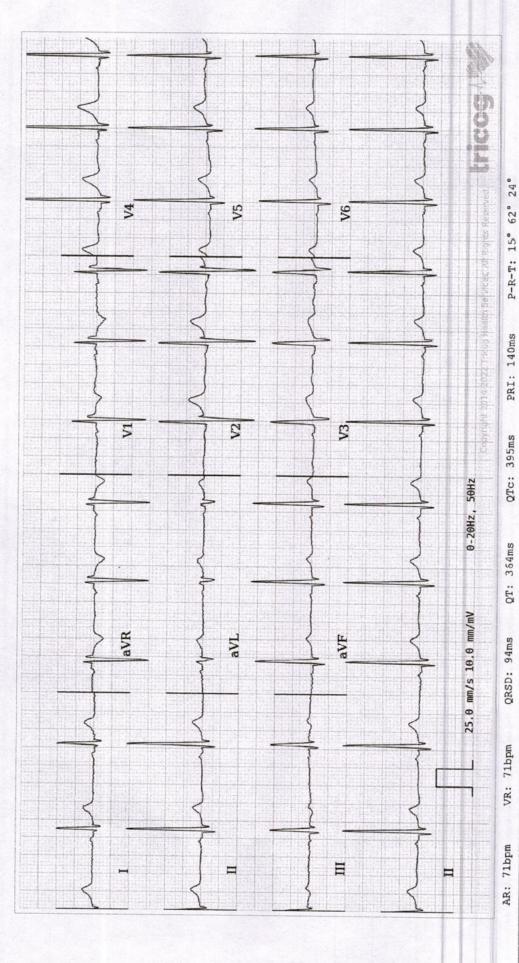
Date and Time: 11th Sep 22 10:16 AM

tricog /

Age / Gender:

CDCA0130492223 Patient ID:

Mr.SHIV SHANKAR YADAV Patient Name:



AUTHORIZED BY Sinus Rhythm, Normal Axis, with Sinus Arrhythmia.rsr' Pattern in V1,V2. LVH criteria noted.Please correlate clinically.

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.

Dr. Charit MD, DM: Cardiology 63382

Kishwarp Kalen. V

Dr. Aishwarya Yadav Venugopal

REPORTED BY

129058



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road

Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIV SHANKAR YADAV Registered On : 11/Sep/2022 09:23:18 Age/Gender : 27 Y 0 M 0 D /M Collected : 11/Sep/2022 09:32:13 UHID/MR NO : CDCA.0000092742 Received : 11/Sep/2022 09:48:52 Visit ID : CDCA0130492223 Reported : 11/Sep/2022 13:16:13

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

#### **DEPARTMENT OF HAEMATOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Blood Group (ABO & Rh typing) \*, Blood

**Blood Group** 

В

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

g/dl Haemoglobin 14.40 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)	6,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	1.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT)	43.00	cc %	40-54	
Platelet count				
Platelet Count	1.9	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.50	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE







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# **DEPARTMENT OF HAEMATOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Result	Unit	Bio. Ref. Interval	Method
95.55	fl	80-100	CALCULATED PARAMETER
32.00	pg	28-35	CALCULATED PARAMETER
33.48	%	30-38	CALCULATED PARAMETER
13.00	%	11-16	ELECTRONIC IMPEDANCE
47.00	fL	35-60	ELECTRONIC IMPEDANCE
3,660.00	/cu mm	3000-7000	
122.00	/cu mm	40-440	
	95.55 32.00 33.48 13.00 47.00 3,660.00	95.55 fl 32.00 pg 33.48 % 13.00 % 47.00 fL 3,660.00 /cu mm	95.55 fl 80-100 32.00 pg 28-35 33.48 % 30-38 13.00 % 11-16 47.00 fL 35-60 3,660.00 /cu mm 3000-7000



Dr. R.K. Khanna (MBBS,DCP)







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SHIV SHANKAR YADAV Registered On : 11/Sep/2022 09:23:18 Age/Gender : 27 Y 0 M 0 D /M Collected : 11/Sep/2022 13:47:06 UHID/MR NO : CDCA.0000092742 Received : 11/Sep/2022 14:12:43 Visit ID : CDCA0130492223 Reported : 11/Sep/2022 15:14:15

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. Ret. Interval	Method	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	103.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD s	

# **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 *	114.09	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.
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Patient Name : Mr.SHIV SHANKAR YADAV : 11/Sep/2022 09:23:19 Registered On Collected Age/Gender : 27 Y 0 M 0 D /M : 11/Sep/2022 09:32:13 UHID/MR NO : CDCA.0000092742 Received : 11/Sep/2022 16:01:01 Visit ID : CDCA0130492223 Reported : 11/Sep/2022 18:31:34

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#### **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)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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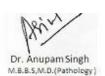
#### **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

- 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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#### **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	9.02	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.85	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.10	mg/dl	3.4-7.0	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)	19.10 17.00 29.20 7.95 4.66 3.29 1.42 87.48 0.85 0.23 0.62	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	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)	36.97 88 40.60 203.00	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline High > 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	CALC' " TTT GPO-
			200-499 High >500 Very High	(MBBS,DCP)







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Patient Name : Mr.SHIV SHANKAR YADAV Registered On : 11/Sep/2022 09:23:18 Age/Gender : 27 Y 0 M 0 D /M Collected : 11/Sep/2022 09:32:13 UHID/MR NO : CDCA.0000092742 Received : 11/Sep/2022 11:17:19 Visit ID : CDCA0130492223 Reported : 11/Sep/2022 14:03:23

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 * ,	Urine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		The Tarri	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
Pus cells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Other	ADCENT			EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION * ,	Stool			
Color	YELLOWISH			
Consistency	SEMI SOLID			
Reaction (PH)	Basic ( 8.0 )			
Mucus	ABSENT	*		
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			







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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
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

# **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2



Dr. R.K. Khanna (MBBS,DCP)







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

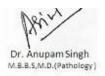
# **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.59	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.80	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimes	ter
		0.5-4.6 μIU/	mL Second Trin	nester
		0.8-5.2 μIU/	mL Third Trime	ster
		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 μΙΙ	J/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 \*

# (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.













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#### **DEPARTMENT OF ULTRASOUND**

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

# **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

# **LIVER**

• The liver is normal in size and has a normal homogenous echotexture. 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.
- 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.
- 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**







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#### **DEPARTMENT OF ULTRASOUND**

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

• The spleen is normal in size and has a homogenous echotexture.

# **ILIAC FOSSA**

• Scan over the iliac fossa does not reveal any fluid collection or mass.

#### **URINARY BLADDER**

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

# **PROSTATE**

• The prostate gland is normal in texture and size.

### **IMPRESSION**

No significant sonological abnormality is seen on this study.

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

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

Result/s to Follow: SUGAR, PP STAGE, ECG / EKG



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 \*

\*Facilities Available at Select Location



