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

Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:43
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000103418	Received	: N/A
Visit ID	: ALDP0162552223	Reported	: 24/Sep/2022 17:30:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm	Sinus, Regular	
2. Atrial Rate	72	/mt
3. Ventricular Rate	72	/mt
4. P - Wave	Normal	
5. P R Interval	Normal	
6. Q R S		
Axis :	Normal	
R/S Ratio :	Normal	
Configuration :	Normal	
7. Q T c Interval	Normal	
8. S - T Segment	Normal	
9. T – Wave	Normal	

FINAL IMPRESSION

ECG Within Normal Limits: Sinus Rhythm, Normal Axis.Please correlate clinically.





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

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Miss.VARTIKA UPADHYA : 29 Y 5 M 28 D /F : ALDP.0000103418 : ALDP0162552223 : Dr.Mediwheel - Arcofem		Registered C Collected Received Reported Status	On : 24/Sep/2022 1 : 24/Sep/2022 1 : 24/Sep/2022 1 : 24/Sep/2022 1 : Final Report	1: 11: 05 1: 20: 21
		DEPARTMENT (OF HAEMATO	LOGY	
	MEDIWHEEL B	ANK OF BAROD	A MALE & FEI	MALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Blood				
Blood Group		В			
Rh (Anti-D)		NEGATIVE			
Complete Blood	d Count (CBC) * , Whole Blo	ood			
Haemoglobin		13.20	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) <u>DLC</u>		7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Ne	utrophils)	59.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed		8.00	Mm for 1st hr.		
Corrected		-	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count		35.00	%	40-54	
Platelet Count		1.5	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Di	istribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La		61.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her	•	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plat RBC Count	,	15.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count		4.43	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

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

Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:42
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: 24/Sep/2022 11:11:05
UHID/MR NO	: ALDP.0000103418	Received	: 24/Sep/2022 11:20:21
Visit ID	: ALDP0162552223	Reported	: 24/Sep/2022 13:14:29
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	80.90	fl	80-100	CALCULATED PARAMETER
MCH	29.80	pg	28-35	CALCULATED PARAMETER
MCHC	36.80	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,307.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	146.00	/cu mm	40-440	



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Dr. Akanksha Singh (MD Pathology)

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

Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:42
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: 24/Sep/2022 15:23:39
UHID/MR NO	: ALDP.0000103418	Received	: 24/Sep/2022 16:29:36
Visit ID	: ALDP0162552223	Reported	: 24/Sep/2022 16:54:30
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	77.20	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	88.80	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)

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

Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:42
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: 24/Sep/2022 11:11:05
UHID/MR NO	: ALDP.0000103418	Received	: 25/Sep/2022 11:12:21
Visit ID	: ALDP0162552223	Reported	: 25/Sep/2022 12:57:09
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) Glycosylated Haemoglobin (HbA1c)	5.20 33.00	% NGSP mmol/mol/IFCC		HPLC (NGSP)

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.

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• 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 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.

<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

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Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:42
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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

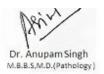
c. Alcohol toxicity d. Lead toxicity

*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.





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

Patient Name	: Miss.VARTIKA UPADHYAY	- 182807	Registered On	: 24/Sep/2022 10:	
Age/Gender UHID/MR NO	: 29 Y 5 M 28 D /F : ALDP.0000103418		Collected Received	: 24/Sep/2022 11:	
Visit ID	: ALDP.0000103418 : ALDP0162552223		Reported	: 24/Sep/2022 11: : 24/Sep/2022 13:	
Ref Doctor	: Dr.Mediwheel - Arcofemi	Health Care Ltd.		: Final Report	07.52
	[DEPARTMENT (OF BIOCHEMIST	-	
	MEDIWHEEL BA	NK OF BAROD	A MALE & FEMA	ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea N Sample:Serum	litrogen) *	7.30	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum		1.00	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum		3.64	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMI	MAGT) * , Serum				
SGOT / Aspartate	Aminotransferase (AST)	20.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Ar	minotransferase (ALT)	12.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)		17.80	IU/L	11-50	OPTIMIZED SZAZING
Protein		5.40	gm/dl	6.2-8.0	BIRUET
Albumin		3.60	gm/dl	3.8-5.4	B.C.G.
Globulin		1.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		2.00	11/1	1.1-2.0	CALCULATED
Alkaline Phospha	tase (Total)	98.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Direct) Bilirubin (Indirect))	0.20 0.40	mg/dl	< 0.30 < 0.8	JENDRASSIK & GROF
)	0.40	mg/dl	< 0.8	JEINDRASSIK & GRUP
LIPID PROFILE (1	•				
Cholesterol (Tota	()	143.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP igh
HDL Cholesterol (Good Cholesterol)	59.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (E		66	mg/dl	< 100 Optimal	CALCULATED
			-	100-129 Nr. Optimal/Above Optim 130-159 Borderline H 160-189 High > 190 Very High	
		16.88	mg/dl	10-33	
		84.40	mg/dl	< 150 Normal 150-199 Borderline 200-499 High >500 Very High	Kankohg Akanksha Singh (MD Pathology)

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

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Miss.VARTIKA UPADHYAY : 29 Y 5 M 28 D /F : ALDP.0000103418 : ALDP0162552223 : Dr.Mediwheel - Arcofem		Registered On Collected Received Reported Status	: 24/Sep/2022 10 : 24/Sep/2022 15 : 24/Sep/2022 17 : 24/Sep/2022 18 : Final Report	: 37: 13 : 30: 30
	DE	PARTMENT OF (CLINICAL PATHO	DLOGY	
	MEDIWHEEL BA	ANK OF BAROD	A MALE & FEMA	LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINA	TION, ROUTINE * , Urine				
Color		LIGHT YELLOW			
Specific Gravity Reaction PH		1.015			
Protein		Acidic (6.0) ABSENT	mg %	< 10 Absent	DIPSTICK DIPSTICK
FIOLEIII		ADSENT	nių z	<pre>10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (+++)</pre>	DIFSTICK
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 Microscopic Exam		ABSENT			
Epithelial cells		1-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells		1-3/h.p.f			
RBCs		ABSENT			MICROSCOPIC EXAMINATION
Cast		ABSENT			
Crystals		ABSENT			MICROSCOPIC EXAMINATION
Others		ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Neutral (7.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT

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Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:42
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: 24/Sep/2022 15:37:13
UHID/MR NO	: ALDP.0000103418	Received	: 24/Sep/2022 17:30:30
Visit ID	: ALDP0162552223	Reported	: 24/Sep/2022 18:00:10
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	
Pus cells	ABSENT				
RBCs	ABSENT				
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					
SUGAR, PP STAGE * , Urine					
Sugar, PP Stage	ABSENT				

Interpretation:

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





Dr. Akanksha Singh (MD Pathology)

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

Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:42
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: 24/Sep/2022 11:11:05
UHID/MR NO	: ALDP.0000103418	Received	: 25/Sep/2022 10:39:18
Visit ID	: ALDP0162552223	Reported	: 25/Sep/2022 12:14:15
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)	130.34	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.91	μlŪ/mL	0.27 - 5.5	CLIA
Interpretation:		0.3-4.5 μIU/n 0.5-4.6 μIU/n 0.8-5.2 μIU/n 0.5-8.9 μIU/n 0.7-27 μIU/n 2.3-13.2 μIU/n 0.7-64 μIU/n 1-39 μIU/ 1.7-9.1 μIU/n	L Second Trimes L Third Trimes L Adults L Premature L Cord Blood L Child(21 wk mL Child	nester ster 55-87 Years 28-36 Week > 37Week

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.

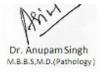
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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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Patient Name	: Miss.VARTIKA UPADHYAY - 182807	Registered On	: 24/Sep/2022 10:35:43
Age/Gender	: 29 Y 5 M 28 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000103418	Received	: N/A
Visit ID	: ALDP0162552223	Reported	: 24/Sep/2022 16:40:14
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.





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Visit ID	: ALDP0162552223	Reported	: 25/Sep/2022 11:56:29
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, 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, shape and echogenicity.

RIGHT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.

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

UTERUS :- Anteverted, and is normal in size. No focal myometrial lesion seen. Endometrium is normal in thickness.

OVARIES :- Bilateral ovaries are normal in size, shape and echogenicity.

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.



*** End Of Report ***

Nichikant.

(**) Test Performed at Chandan Speciality Lab.

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