

011-41195959

Andreauta

Email:wellness@mediwheel.in

Fwd: Health Check up Booking Confirmed Request(bobS15696),Package Code-PKG10000239, Beneficiary Code-60550

1 message

anurag sri <anurag.idc@gmail.com> To: cdc faizabad1 <cdcfaizabad1@gmail.com> 3 September 2022 at 11:20

------ Forwarded message ------From: Mediwheel <customercare@policywheel.com> Date: Sat, Sep 3, 2022 at 11:12 AM Subject: Health Check up Booking Confirmed Request(bobS15696),Package Code-PKG10000239, Beneficiary Code-60550 To: anurag.idc@gmail.com <anurag.idc@gmail.com> Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>

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

Beneficiary Name: PKG10000239

Hi Chandan Healthcare Limited,

/lediwhee

Beneficiary Name: aanchal gupta

Member Age : 32

Member Gender : Female

Member Relation : Spouse

Package Name : Full Body Health Checkup Female Below 40

Location : AYODHYA, Uttar Pradesh-NULL

Contact Details : 9554313461

Booking Date : 31-08-2022

Appointment Date: 04-09-2022

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

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.

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.



٠, REPORTED BY KMC129110 Dr. Adithya F 10.30 AUTHORIZED BY Dr. Charit MD, DM: Cardiology 1 P-R-T: 31° 52° 7° 63382 V5 V6 V4 ECG Within Normal Limits: Sinus Rhythm, Normal Axis.T wave inversions in anterior chest leads is Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to elinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. Date and Time: 4th Sep 22 10:17 AM PRI: 114ms 22 23 N QTc: 438ms 0-20Hz, 50Hz QRSD: 64ms QT: 342ms MIS.ANCHAL GUPTA CHFD0278182223 a normal variant in females. Please correlate clinically. 25.0 mm/s 10.0 mm/mV 31/Female aVR aVF aVL Age / Gender: Patient Name: Patient ID: VR: 99bpm AR: 99bpm tricco Ш Π II -

Chandan Health care Ltd:-8 Faizabad



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



Patient Name	: Mrs.ANCHAL GUPTA	Registered On	n : 04/Sep/2022 09:2	6:07
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 11:3	4:43
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 11:4	1:17
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 18:4	7:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Lto	l. Status	: Final Report	
	DEPARTMENT	OF HAEMATOL	.OGY	
	MEDIWHEEL BANK OF BAROD	A MALE & FEN	ALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Blood			
Blood Group	0			
Rh (Anti-D)	POSITIVE			
Complete Blood	d Count (CBC) * , Whole Blood			
Haemoglobin	12.10	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	

•	Lomplete Blood Count (CBC) * , whole B	1000			
	Haemoglobin	12.10	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/c	It
			218	12-18 Yr 13.0-16.0 g/dl	
				Male- 13.5-17.5 g/dl	
				Female- 12.0-15.5 g/c	11
	TLC (WBC)	10,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
	DLC				
	Polymorphs (Neutrophils)	61.00	%	55-70	ELECTRONIC IMPEDANCE
	Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
	Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
	Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
	Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
	ESR				
	Observed	16.00	Mm for 1st hr.		
	Corrected	8.00	Mm for 1st hr.	. < 20	
	PCV (HCT)	38.40	cc %	40-54	
	Platelet count				
	Platelet Count	0.80	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
	PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
	P-LCR (Platelet Large Cell Ratio)	65.50	%	35-60	ELECTRONIC IMPEDANCE
	PCT (Platelet Hematocrit)	0.11	%	0.108-0.282	ELECTRONIC IMPEDANCE
	MPV (Mean Platelet Volume)	15.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
	RBC Count				
	RBC Count	4.34	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:07
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 11:34:43
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 11:41:17
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 18:47:39
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	88.60	fl	80-100	CALCULATED PARAMETER
MCH	27.90	pg	28-35	CALCULATED PARAMETER
MCHC	31.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,344.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	104.00	/cu mm	40-440	



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

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Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:07
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 13:46:35
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 14:42:29
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 15:04:58
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	83.38	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	112.92	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.
c) I.G.T = Impared Glucose Tolerance.



Dr. R. B. Varshney

M.D. Pathology



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



Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:08
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 11:34:43
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 18:35:23
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 19:26:32
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 E	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	**			
GLICOSTLATED HALMOGLOBIN (HDATC)	, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC		

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 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.

<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	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:08
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 11:34:43
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 18:35:23
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 19:26:32
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

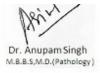
c. Alcohol toxicity d. Lead toxicity

*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.





2018

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Since 1991

Patient Name

CHANDAN DIAGNOSTIC CENTRE Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206

: Mrs.ANCHAL GUPTA



: 04/Sep/2022 09:26:08

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.ANCHAL GUPTA : 31 Y 3 M 0 D /F : CHFD.0000210995 : CHFD0278182223 : Dr.Mediwheel - Arcofemi	Health Care Ltd.	Registered On Collected Received Reported Status	: 04/Sep/2022 09:26 : 04/Sep/2022 11:34 : 04/Sep/2022 11:47 : 04/Sep/2022 13:10 : Final Report	:42 :32
			DF BIOCHEMIST		
T	MEDIWHEEL BA			ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Ni Sample:Serum	trogen)	7.12	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		0.68	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid Sample:Serum		4.35	∕ mg/dl	2.5-6.0	URICASE
LFT (WITH GAMM	A GT) * , Serum				
SGOT / Aspartate A	minotransferase (AST)	23.56	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Am	inotransferase (ALT)	28.25	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)		39.73	IU/L	11-50	OPTIMIZED SZAZING
Protein		7.15	gm/dl	6.2-8.0	BIRUET
Albumin		4.14	gm/dl	3.8-5.4	B.C.G.
Globulin		3.01	gm/dl	1.8-3.6	CALCULATED
A:G R <mark>atio</mark>		1.38		1.1-2.0	CALCULATED
Alkaline Phosphata	se (Total)	93.14	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.76	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.34	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)		0.42	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (M	IINI) * , Serum				
Cholesterol (Total)		199.48	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (G	ood Cholesterol)	54.68	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Ba	d Cholesterol)	117	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High	CALCULATED
				160-189 High > 190 Very High	
		28.18	mg/dl	10-33	
		140.89	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GP ON ON OF

Registered On

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Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:08
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 13:47:28
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 14:19:26
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 14:43:33
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
JRINE EXAMINATION, ROUTINE *	, Urine			
Color	CLEAR			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	and the second second		> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT		1 C m .0)	4
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second second	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	1 2/mp.			EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.0)			
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				
SUGAR, PP STAGE * , Urine		1.		
Sugar, PP Stage	ABSENT			
			and the second	
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%				
(+++) 1-2 gms%				
(++++) > 2 gms%				



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

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Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:08
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: 04/Sep/2022 11:34:42
UHID/MR NO	: CHFD.0000210995	Received	: 04/Sep/2022 18:18:59
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 19:06:56
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)	114.42	ng/dl	84.61-201.7	CLIA	
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	2.49	μIU/mL	0.27 - 5.5	CLIA	
Interpretation:					

0.3-4.5	µIU/mL	First Trimest	er	
0.5-4.6	µIU/mL	Second Trim	ester	
0.8-5.2	µIU/mL	Third Trimes	ter	
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. Anupam Singh M.B.B.S,M.D.(Pathology)

ISO 9001:2015

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Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:09
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000210995	Received	: N/A
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 19:10:59
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>

- 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.



Manvandra **MD** Radiodiagnosis





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Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:09
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000210995	Received	: N/A
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 10:48:25
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) *

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 and has regular walls. Lumen of the gall bladder is anechoic.

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.





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



Patient Name	: Mrs.ANCHAL GUPTA	Registered On	: 04/Sep/2022 09:26:09
Age/Gender	: 31 Y 3 M 0 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000210995	Received	: N/A
Visit ID	: CHFD0278182223	Reported	: 04/Sep/2022 10:48:25
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

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

<u>UTERUS</u>

- The uterus is anteverted and normal in size 76 x 46 x 34 mm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline 6.0 mm.
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size and texture.

FINAL IMPRESSION:-

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG

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 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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