SURYA



Super Speciality Hospital (A unit of G.V. Meditech Pvt. Ltd.)

Age: 34 Yrs.

761362 :ON III8

Gender: Male

UHID: 72514

Name: Mr atul raghuvanshi

Lab No:

M9 64.8 :9miT

Date: 20/08/2021

Ref By: Self

X-RAY CHEST PA VIEW

Soft tissues & bones in view are normal.

Trachea and mediastinum are central.

Heart is normal in size.

B/L lung fields are normal seen.

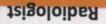
B/L costophrenic angles are clear.

Both domes of diaphragms are normally seen.

Thoracic cage appears normal.

IMPRESSION: Normal study.

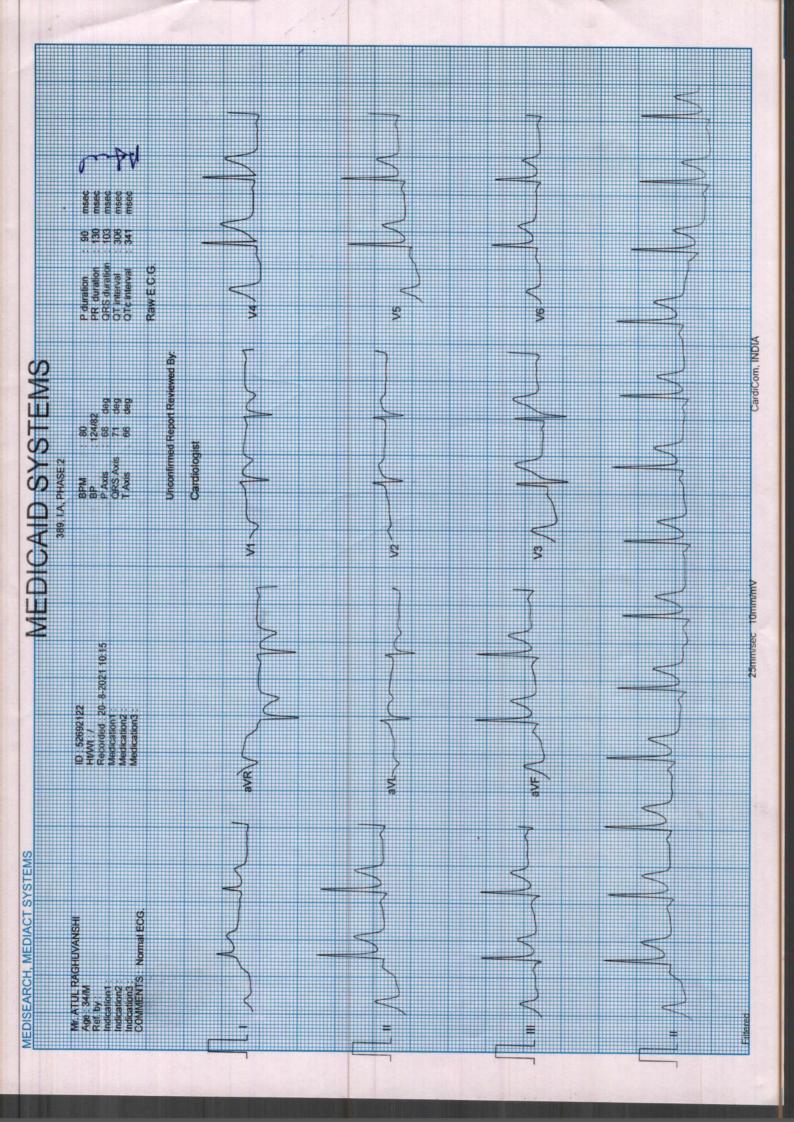
Please correlate clinically.



O245-2220111

D-63/6-K, Tulsipur (Near Akashwani), Mahmoorganj, Varanasi - 221010 Phone: +91-542-2220770, 2220771, 2222416 E-mail: info.suryahealthgroup@gmail.com | Website: www.suryahealthcare.in









CHANDAN DIAGNOSTIC CENTRE

Name of Company: Medin Los

Name of Executive: Atul Rocyhuvans him

1994 of Birth: 0 1-0 7-1937

Sex: Mall

Hoight: (68 Cm

Weight: 35 H

BMI (Body Mass Index) : 2 & . 6

Chest (Expiration | Inspiration | 99 | 9 4

Abdomen: 83 C

Blood Pressure: 118176

was st and

Ident Mark: Cut Aug. K an Rt e Chow. BE: 21 feeplain.

Any Allergies: No

Vertigo: Wertigo

Any Medications: No

Any Surgical History.

Habite of alcoholism/smoking/tobacco:

Chief Complaints if any:

belsett 227 troops noingiteeval dal

Eye Check up vision & Color vision:

Left eye: No mod

Right eve North

Mear vision: None







CHANDAN DIAGNOSTIC CENTRE

Per vision: noisiv 187

ENT consultation: Nonet

Dental Checkup: World

Eye Checkup: Non

Final impression-

Certified that I examined the from any cardio-respiratory/communication silment, he/she is Fit / Unfit to join any organization.

Mers., Mp. (Radio Diagnosis)
Reg. No. 26918

Signature of Medical Examiner

Mame & Qualification Ly Day, Made, MA

Date. 2 - 8 - 2 . L. Place... VARANASI

Client Signature

· why



SHEID ASPINE

INCOME TAX DEPARTMENT

ATUL RAGHUVANSHI

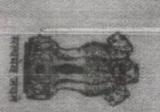
VIJENDRA PRATAP SINGH

01/07/1987

Permanent Account Number

ANDPR2823C

And fund



GOVT. OF INDIA



04032008





CIN: U85110DL2003PLC308206



: 20/Aug/2021 08:29:52 Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 10:42:44 UHID/MR NO : CVAR.0000021236 : 20/Aug/2021 10:54:20 Received Visit ID : CVAR0052692122 Reported : 20/Aug/2021 13:15:52

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 |
|--|----------|--------------------|--------------------|-------------------------|
| | | | | |
| Pland Croup (ABO 9 Bh tuning) * our | . d | | | |
| Blood Group (ABO & Rh typing) * , Bloo | | | | |
| Blood Group | A | | | |
| Rh (Anti-D) | POSITIVE | | | |
| COMPLETE BLOOD COUNT (CBC) * , Blo | od | | | |
| Haemoglobin | 14.90 | g/dl | 13.5-17.5 | PHOTOMETRIC |
| TLC (WBC) | 5,400 | /Cu mm | 4000-10000 | ELECTRONIC |
| | | | | IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 60.00 | % | 55-70 | ELECTRONIC |
| | | | | IMPEDANCE |
| Lymphocytes | 30.00 | % | 25-40 | ELECTRONIC |
| | 4.00 | 0/ | 25/1 | IMPEDANCE |
| Monocytes | 4.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 6.00 | % | 1-6 | ELECTRONIC |
| Losinopinis | 0.00 | 70 | 1.0 | IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC |
| The Call of the Ca | | | | IMPEDANCE |
| ESR | | | | |
| Observed | 10.00 | Mm for 1st hr. | | |
| Corrected | 6.00 | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 42.30 | cc % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.30 | LACS/cu mm | 1.5-4.0 | ELECTRONIC |
| | | | | IMPEDANCE |
| PDW (Platelet Distribution width) | 16.50 | fL | 9-17 | ELECTRONIC |
| | | | | IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | nr | % | 35-60 | ELECTRONIC |
| DOT (DL . L | 44 | 0/ | 0.400.0.000 | IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.13 | % | 0.108-0.282 | ELECTRONIC |
| MPV (Mean Platelet Volume) | 14.40 | fL | 6.5-12.0 | IMPEDANCE ELECTRONIC |
| ivii v (ivicali riatciet volullie) | 14.40 | IL. | 0.5-12.0 | IMPEDANCE |
| RBC Count | | | | = 2 = 2 |
| RBC Count | 4.51 | Mill./cu mm | <i>4 2-</i> 5 5 | ELECTRONIC |
| NDC COUNT | 4.51 | iviiii./ cu iiiiii | 7.2 3.3 | LLLCTROINIC |





IMPEDANCE





CIN: U85110DL2003PLC308206



Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 : 20/Aug/2021 08:29:52 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 10:42:44 UHID/MR NO : CVAR.0000021236 Received : 20/Aug/2021 10:54:20 Visit ID : CVAR0052692122 Reported : 20/Aug/2021 13:15:52 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

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 | 93.80 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 33.10 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 35.30 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.50 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 43.30 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count Absolute Eosinophils Count (AEC) | 3,240.00 324.00 | /cu mm /cu mm | 3000-7000 40-440 | |



S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 : 20/Aug/2021 08:29:54 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 10:42:44 UHID/MR NO : CVAR.0000021236 Received : 20/Aug/2021 10:54:20 Visit ID : CVAR0052692122 Reported : 20/Aug/2021 14:22:13 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report

DEPARTMENT OF BIOCHEMISTRY

Status

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|--------|-------|--|---------|
| Glucose Fasting Sample:Plasma | 73.60 | 100-1 | Normal (.25 Pre-diabetes 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 | 120.00 | 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

| Glycosylated Haemoglobin (HbA1c) | 5.10 | % NGSP | HPLC (NGSP) |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (Hb-A1c) | 32.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 100 | 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.





CHANDAN DIAGNOSTIC CENTRE



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 : 20/Aug/2021 08:29:54 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 10:42:44 UHID/MR NO : CVAR.0000021236 Received : 20/Aug/2021 10:54:20 Visit ID : CVAR0052692122 Reported : 20/Aug/2021 14:22:13 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name Result | Unit Bio. Ref. Interval Method |
|------------------|--------------------------------|
|------------------|--------------------------------|

| 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.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

BUN (Blood Urea Nitrogen) *

8.00

mg/dL

7.0-23.0

CALCULATED





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



: 20/Aug/2021 08:29:54 Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 10:42:44 UHID/MR NO : CVAR.0000021236 : 20/Aug/2021 10:54:20 Received Visit ID : CVAR0052692122 Reported : 20/Aug/2021 14:22:13

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 | U | Init Bio. Ref. Inter | val Method |
|---|-----------------------|------------------------|---|---|
| | | | | |
| Sample:Serum | | | | |
| Creatinine Sample:Serum | 1.00 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum | 102.00 | ml/min/1.73r | m2 - 90-120 Normal - 60-89 Near Normal | CALCULATED |
| Uric Acid Sample:Serum | 4.20 | mg/dl | 3.4-7.0 | URICASE |
| L.F.T.(WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) | 30.00 36.00 | U/L U/L | < 35 < 40 | IFCC WITHOUT P5P IFCC WITHOUT P5P |
| Gamma GT (GGT) Protein Albumin | 36.70 6.50 4.20 | IU/L gm/dl gm/dl | 11-50 6.2-8.0 3.8-5.4 | OPTIMIZED SZAZING BIRUET B.C.G. |
| Globulin A:G Ratio | 2.30 1.83 | gm/dl | 1.8-3.6 1.1-2.0 | CALCULATED CALCULATED |
| Alkalin <mark>e Phosphatase (Total)</mark> Bilirubin (Total) | 68.00 0.80 | U/L mg/dl | 42.0-165.0 0.3-1.2 | IFCC METHOD JENDRASSIK & GROF |
| Bilirubin (Direct) Bilirubin (Indirect) | 0.30 0.50 | mg/dl mg/dl | < 0.30 < 0.8 | JENDRASSIK & GROF JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 136.00 | mg/dl | <200 Desirable 200-239 Borderline Hi > 240 High | CHOD-PAP gh |
| HDL Cholesterol (Good Cholesterol) | 36.00 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 73 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hi 160-189 High > 190 Very High | |
| VLDL | 26.52 | mg/dl | 10-33 | CALCULATED |
| Triglycerides Triglycerides | 132.60 | mg/dl | < 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High | GPO-PAP gh S. N. Sinha Dr.S.N. Sinha (MD P |









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



: 20/Aug/2021 08:29:53 Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 14:25:31 UHID/MR NO : CVAR.0000021236 Received : 20/Aug/2021 14:26:27 Visit ID : CVAR0052692122 Reported : 20/Aug/2021 14:27:25

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 | 1.030 | | | |
| Reaction PH | Acidic (6.0) | | | 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 (+++) > 2 (++++) | |
| Ketone | ABSENT | | > 2 (++++) | DIPSTICK |
| Bile Salts | ABSENT | | | DIFSTICK |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | ADJENT | | | |
| | 2.2/b = f | | | MICDOCCODIC |
| Epithelial cells | 2-3/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 0-2/h.p.f | | | MICROSCOPIC |
| i us cens | 0-2/11.p.1 | | | EXAMINATION |
| RBCs | ABSENT | | | MICROSCOPIC |
| - 1 | | | | EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC |
| , | | | | EXAMINATION |
| Others | ABSENT | | | |
| STOOL, ROUTINE EXAMINATION st , | Stool | | | |
| Color | BROWNISH | | | |
| Consistency | SEMI SOLID | | | |
| Reaction (PH) | Basic (8.0) | * | | |
| Mucus | ABSENT | | | |
| Blood | ABSENT | | | |
| Worm | ABSENT | | | |
| Pus cells | 0-2/h.p.f | | | |









CIN: U85110DL2003PLC308206



: 20/Aug/2021 08:29:53 Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 14:25:31 UHID/MR NO : CVAR.0000021236 Received : 20/Aug/2021 14:26:27 Visit ID : CVAR0052692122 Reported : 20/Aug/2021 14:27:25

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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 |
|--------------------------------|--------|------|--------------------|--------|
| | | | | |
| RBCs | ABSENT | | | |
| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |
| SUGAR, FASTING STAGE * , Urine | | | | |

gms%

Interpretation:

Sugar, Fasting stage

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE *, Urine

Sugar, PP Stage

ABSENT

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



S.N. Sinha (MD Path)











CIN: U85110DL2003PLC308206



Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 : 20/Aug/2021 08:29:53 Registered On Age/Gender : 34 Y 0 M 0 D /M Collected : 20/Aug/2021 10:42:44 UHID/MR NO : CVAR.0000021236 Received : 20/Aug/2021 14:32:09 Visit ID : 20/Aug/2021 14:39:56 : CVAR0052692122 Reported 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. Interva | l Method |
|-----------------------------------|--------|----------|-------|-------------------|--------------|
| | | | | | |
| THYROID PROFILE - TOTAL *, Serum | | | | | |
| T3, Total (tri-iodothyronine) | 98.00 | ng, | /dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 6.40 | ug, | /dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.14 | μIU, | /mL | 0.27 - 5.5 | CLIA |
| | | | | | |
| Interpretation: | | 10 | | | |
| - | | 0.3-4.5 | μIU/m | L First Trimes | ster |
| | | 0.4-4.2 | μIU/m | L Adults | 21-54 Years |
| | | 0.5-4.6 | μIU/m | L Second Trir | nester |
| | | 0.5-8.9 | μIU/m | L Adults | 55-87 Years |
| | | 0.7-64 | μIU/m | L Child(21 wk | c - 20 Yrs.) |
| | | 0.7-27 | μIU/m | L Premature | 28-36 Week |
| | | 0.8-5.2 | μIU/m | L Third Trime | ester |
| | | 1-39 | μIU/m | L Child | 0-4 Days |
| | | 1.7-9.1 | μIU/m | L Child | 2-20 Week |
| | | 2.3-13.2 | μIU/m | | > 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.



S.M. Sinta

Dr.S.N. Sinha (MD Path)







Since 1991

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 Registered On : 20/Aug/2021 08:29:54

 Age/Gender
 : 34 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000021236
 Received
 : N/A

Visit ID : CVAR0052692122 Reported : 20/Aug/2021 12:07:30

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 80 /mt

3. Ventricular Rate 80 /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

E.C.G. is within normal limits.



DR AP YADAV MD (CARDIOLOGIST)









CIN: U85110DL2003PLC308206



Patient Name : Mr.ATUL RAGHUVANSHI-BOBE2198 Registered On : 20/Aug/2021 08:29:54

 Age/Gender
 : 34 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000021236
 Received
 : N/A

Visit ID : CVAR0052692122 Reported : 20/Aug/2021 09:37:26

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) *

- The liver measures 12.2 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 11.1 mm in caliber. CBD measures 4.4 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (9.9 cm in its long axis), shape and echogenecity.
- Right kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.Right kidney measures: 10.2 x 4.6 cm.
- Left kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures: 10.7 x 4.5 cm.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 92 cc.
- The prostate is normal in size (34 x 36 x 28 mm / 18gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

Result/s to Follow:

X-RAY DIGITAL CHEST PA



Ry

Dr. Raveesh Chandra Roy (MD-Radio)

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



