



# CHANDAN DIAGNOSTIC CENTRE

TO CEIVIRE
Name of Company: - Modiculal
Name of Executive: - Shushi pruble Cyopta'
Date of Birth: 12,11,1979
Sex: Male / Remale
Height: 1.5.0CMs
Weight:7. 0 KGs
BMI (Body Mass Index): 3   .
Chest (Expiration / Inspiration)
Abdomen:
Blood Pressure: .13.4///Hg
Pulse:
RR:l
Ident Mark: - Mocle on chaf were (Side)
Any Allergies: — No
Vertigo: - MO
Any Medications: — Mo
Any Surgical History: Aparelix sugery come 199
Habits of alcoholism/smoking/tobacco: ~ ~ ~ 0
Chief Complaints if any:
Lab Investigation Reports: — M b
Eye Check up vision & Color vision: - Name
Left eye: No wy
Right eye: Muy
Near vision:



Far vision:

Dental check up:





# CHANDAN DIAGNOSTIC CENTRE

Eye Checkup: - Mound .

Final impression

Certified that I examined Live Problem S/o or D/o sis presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization.

Snashi

Client Signature :-

Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS, MD)

Date ... 2.C./.... 12023, Place VARANASIS

,nandan Diagnostic Center 39,Shivaji Nagar,Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232







CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHASHI PRABHA GUPTA-PKG10000237 Registered On : 25/Feb/2023 08:10:36 Age/Gender Collected : 48 Y 0 M 0 D /F : 25/Feb/2023 08:43:31 UHID/MR NO : CVAR.0000035791 Received : 25/Feb/2023 09:22:14 Visit ID : CVAR0087412223 Reported : 25/Feb/2023 13:13:46

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

#### **DEPARTMENT OF HAEMATOLOGY**

#### **MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS**

Test Name Result Unit Bio. Ref. Interval Method

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

Blood Group A
Rh ( Anti-D) POSITIVE

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin

13.30

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

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)	4,900	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	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.	< 20	
PCV (HCT)	39.60	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	NR	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	- NR	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	NR	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.43	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



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#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	89.30	fl	80-100	CALCULATED PARAMETER
MCH	29.90	pg	28-35	CALCULATED PARAMETER
MCHC	33.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,940.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	98.00	/cu mm	40-440	

S.N. Sinha (MD Path)









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

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

# **GLUCOSE FASTING**, Plasma

**Glucose Fasting** 96.70 mg/dl < 100 Normal **GOD POD** 

100-125 Pre-diabetes ≥ 126 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.

Glucose PP 136.00 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 (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	97	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.









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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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
- 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.

BUN (Blood Urea Nitrogen) Sample:Serum	12.90	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.00	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	6.10	mg/dl	2.5-6.0	URICASE





<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 FEMALE ABOVE 40 YRS

Test Name	Result	U	Init Bio. Ref. Inte	rval Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	15.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	12.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.52		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	164.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) , Serum				
Cholesterol (Total)	266.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP igh
HDL Cholesterol (Good Cholesterol)	62.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	159	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline H	
·			160-189 High > 190 Very High	
VLDL	44.92	mg/dl	10-33	CALCULATED
Triglycerides	224.60	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High >500 Very High	GPO-PAP igh

S.N. Sinta

Dr.S.N. Sinha (MD Path)









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 Registered On
 : 25/Feb/2023 08:10:37

 Age/Gender
 : 48 Y 0 M 0 D /F
 Collected
 : 25/Feb/2023 12:16:24

 UHID/MR NO
 : CVAR.0000035791
 Received
 : 25/Feb/2023 12:16:43

 Visit ID
 : CVAR0087412223
 Reported
 : 25/Feb/2023 13:01:47

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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobi <mark>linogen</mark> (1:20 dilution)	ABSENT		Si a liverista	
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				<b>EXAMINATION</b>
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ADCENT			EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION * , Stool				
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Basic ( 8.0 )			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	1-2/h.p.f			
RBCs	ABSENT			









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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Took Name	Dogula	11	Die Def Internal	Mathad
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**

Sugar, PP Stage

**ABSENT** 

#### **Interpretation:**

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(+++++) > 2 gms%

S.N. Sinla

Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.SHASHI PRABHA GUPTA-PKG10000237 Registered On : 25/Feb/2023 08:10:37 Age/Gender Collected : 48 Y 0 M 0 D /F : 25/Feb/2023 08:43:31 UHID/MR NO : CVAR.0000035791 Received : 25/Feb/2023 16:13:34 Visit ID : CVAR0087412223 Reported : 25/Feb/2023 16:14:55 Ref Doctor : Dr. Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	101.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	3.52	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.89	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		*	-	
		0.3-4.5 μIU/1 0.5-4.6 μIU/1 0.8-5.2 μIU/1 0.5-8.9 μIU/1 0.7-27 μIU/1 2.3-13.2 μIU/1 1-39 μIU/1 1.7-9.1 μIU/1	mL Second Trim mL Third Trime mL Adults mL Premature mL Cord Blood mL Child(21 wk l/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.

S.N. Sinta

Dr.S.N. Sinha (MD Path)









Patient Name

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227



: Mrs.SHASHI PRABHA GUPTA-PKG10000237 Registered On : 25/Feb/2023 08:10:38

Age/Gender Collected : 48 Y 0 M 0 D /F : N/A UHID/MR NO : CVAR.0000035791 Received : N/A

Visit ID : CVAR0087412223 Reported : 25/Feb/2023 12:15:01

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

#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

# X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

# **IMPRESSION**

\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN

Dr Raveesh Chandra Roy (MD-Radio)









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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

# <u>ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)</u>

#### **LIVER**

• The liver is normal in size **12.4 cm in longitudinal span** and has a normal homogenous echotexture. No focal lesion is seen.

#### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal (10.1 mm) at the porta.
- Porta hepatis is normal.

# **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal (2.9 mm) 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 (9.4 x 3.3 cm), 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 ( 8.5 x 4.2 cm), 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**



Home Sample Collection 1800-419-0002





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Age/Gender : 48 Y 0 M 0 D /F Collected : N/A UHID/MR NO : CVAR.0000035791 Received : N/A

Visit ID : CVAR0087412223 Reported : 25/Feb/2023 09:05:15

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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

• The spleen is normal in size (7.9 cm), 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.
- Pre-void urine volume is -195 cc.

#### **UTERUS**

- The uterus is anteverted and anteflexed position and is normal in size measures ( 60 x 33 x 27 mm/33 cc).
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline (thickness 3 mm)
- Cervix is normal.

## **UTERINE ADNEXA**

No adnexal mass

#### **CUL-DE-SAC**

• Pouch of Douglas is clear.

#### **IMPRESSION**

• No significant sonological abnormality is seen on this study.

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

Result/s to Follow:

ad Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION

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 365 Days Open







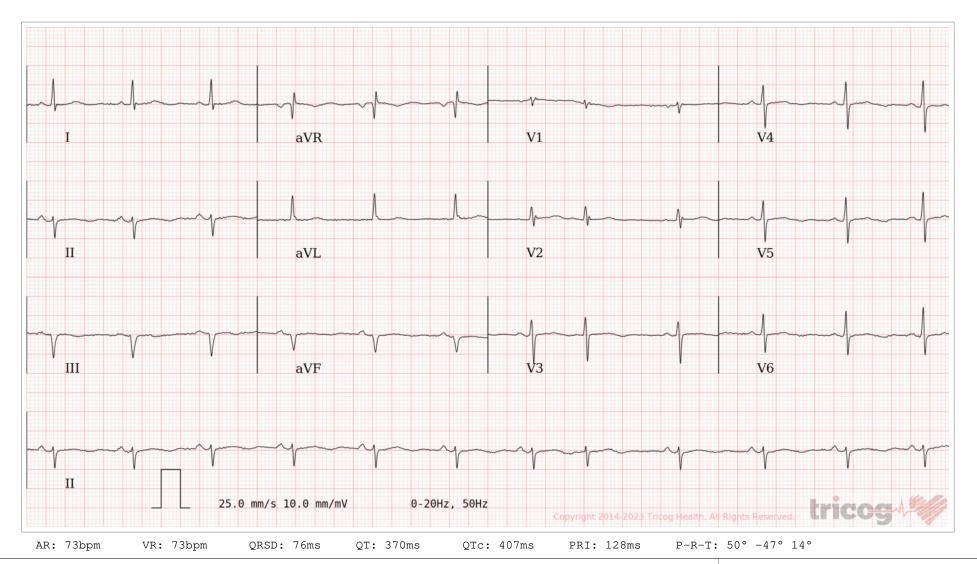
# **Chandan Diagnostic**



Age / Gender: 48/Female Date and Time: 25th Feb 23 10:00 AM

Patient ID: CVAR0087412223

Patient Name: Mrs.SHASHI PRABHA GUPTA-PKG10000237



Sinus Rhythm,Occasional PACs seen,Left Axis Deviation,Inferior Infarct, probably old,Non-specific ST/T wave abnormality. Please correlate clinically.

AUTHORIZED BY



Dr. Charit MD, DM: Cardiology

63382

REPORTED BY



ician

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.



D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude

25.305419°

LOCAL 10:06:54 GMT 04:36:54 Longitude

82.979024°

SATURDAY 02.25.2023 ALTITUDE 29 METER