

Fwd: Health Check up Booking Confirmed Request(bobE45968),Package Code-PKG1000238, Beneficiary Code-31345

anurag sri <anurag.idc@gmail.com>
To: cdc faizabad1 <cdcfaizabad1@gmail.com>

7 September 2023 at 17:55

Pack Code: 2613

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>
Date: Thu, Sep 7, 2023 at 1:09 PM
Subject: Health Check up Booking Confirmed Request(bobE45968),Package Code-PKG1000238, Beneficiary Code-31345
To: <anurag.idc@gmail.com>
Cc: <customercare@mediwheel.in>

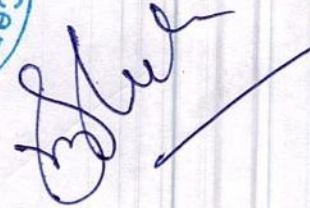
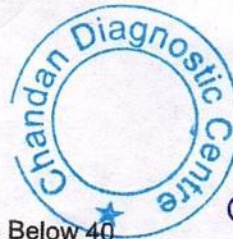


011-41195959

Email:wellness@mediwheel.in

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

Beneficiary Name : PKG1000238
Beneficiary Name : MR. SHUKLA MANEESH
Member Age : 25
Member Gender : Male
Member Relation : Employee
Package Name : Full Body Health Checkup Male Below 40
Location : GOSAIGANJ_FAIZABAD,Uttar Pradesh-224141
Contact Details : 7275914445
Booking Date : 06-09-2023
Appointment Date : 09-09-2023

**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 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.



Chandan Diagnostic Centre

Handwritten signature



GPS Map Camera

Faizabad, Uttar Pradesh, India
Mukut Complex Near Distt. Hospital Rakabganj, Lajpat Nagar,
Faizabad, Uttar Pradesh 224001, India
Lat 26.778755°
Long 82.138784°
09/09/23 09:38 AM GMT +05:30





भारत सरकार
Government of India

Issue Date: 03/09/2014



मनीष शुक्ला
 Maneesh Shukla
 जन्म तिथि / DOB : 05/03/1995
 पुरुष / MALE



8682 3018 7141

8682 3018 7141

मेरा **आधार**, मेरी पहचान

Shukla



1947 

www.uidai.gov.in 
help@uidai.gov.in 

8682 3018 7141



Pinc Deba 04112020
 224132
 Address S/O Ram Krishna Shukla, Deba
 Ambedkar Nagar, Umar Pradesh
 224132

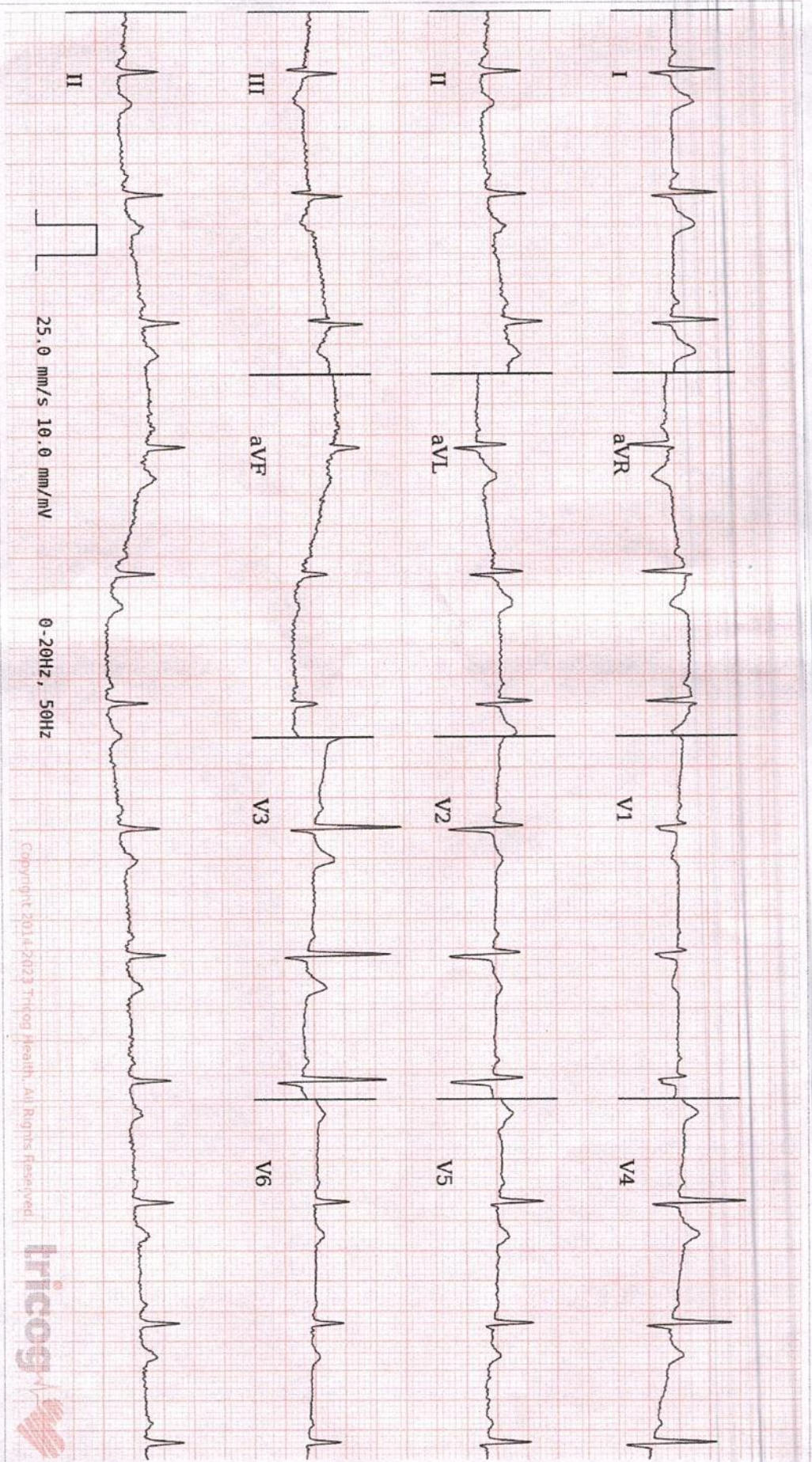




Unique Identification Authority of India
सिद्धि एंडिडिग्नोस्टिक सेंटर

Age / Gender: 28/Male
Patient ID: CHF0308752324
Patient Name: MR.MANEESH SHUKLA

Date and Time: 9th Sep 23 10:39 AM



ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Baseline wandering. Please correlate clinically.

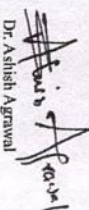
AUTHORIZED BY



Dr. Chanti
MD, DM: Cardiology

63382

REPORTED BY



Dr. Ashish Agrawal

2007051721



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.MANEESH SHUKLA	Registered On	: 09/Sep/2023 09:44:58
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: 09/Sep/2023 09:58:39
UHID/MR NO	: CHFD.0000261594	Received	: 09/Sep/2023 10:34:41
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 13:38:56
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	13.80	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)	5,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
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
<u>ESR</u>				
Observed	16.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	<9	
PCV (HCT)	40.90	%	40-54	
Platelet count				
Platelet Count	1.92	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.70	%	35-60	ELECTRONIC IMPEDANCE





CHANDAN DIAGNOSTIC CENTRE

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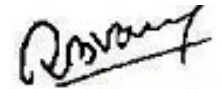


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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.28	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	95.60	fL	80-100	CALCULATED PARAMETER
MCH	30.10	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	14.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	51.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,420.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	114.00	/cu mm	40-440	


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





CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANEESH SHUKLA	Registered On	: 09/Sep/2023 09:44:59
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: 09/Sep/2023 09:58:39
UHID/MR NO	: CHFD.0000261594	Received	: 09/Sep/2023 10:36:50
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 11:17:30
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING, Plasma

Glucose Fasting	100.13	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal

109.23	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HbA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	27.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	85	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 management.





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 VARIANT II TURBO 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	7.26	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.90	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	6.28	mg/dl	3.4-7.0	URICASE





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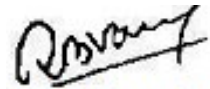
DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.44	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	26.69	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.42	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.56	gm/dl	6.2-8.0	BIURET
Albumin	4.49	gm/dl	3.4-5.4	B.C.G.
Globulin	2.07	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.17		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	95.33	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.44	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.58	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.86	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	147.58	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.63	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	65	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	35.92	mg/dl	10-33	CALCULATED
Triglycerides	179.62	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP


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





CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANEESH SHUKLA	Registered On	: 09/Sep/2023 09:44:59
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: 09/Sep/2023 15:43:00
UHID/MR NO	: CHFD.0000261594	Received	: 09/Sep/2023 15:46:55
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 19:39:34
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	CLEAR			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC 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





CHANDAN DIAGNOSTIC CENTRE

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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:

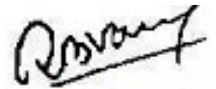
- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE* , Urine

Sugar, PP Stage ABSENT

Interpretation:

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


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





CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 28 Y 6 M 5 D /M	Collected	: 09/Sep/2023 09:58:39
UHID/MR NO	: CHFD.0000261594	Received	: 09/Sep/2023 11:04:08
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 11:51:59
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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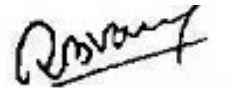
THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	93.80	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.300	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
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. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MANEESH SHUKLA	Registered On	: 09/Sep/2023 09:45:00
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: N/A
UHID/MR NO	: CHFD.0000261594	Received	: N/A
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 12:24:12
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(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.

Adv: clinico-pathological correlation and further evaluation.

Manvendra Singh
MD Radiodiagnosis





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CHFD.0000261594	Received	: N/A
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 10:30:57
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -	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

- *Liver is borderline in size 15.18 cm and shows diffuse increase in echogenecity s/o fatty liver grade-I. No obvious 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. GB Wall thicknes is normal.

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.





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.MANEESH SHUKLA	Registered On	: 09/Sep/2023 09:45:00
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: N/A
UHID/MR NO	: CHFD.0000261594	Received	: N/A
Visit ID	: CHFD0308752324	Reported	: 09/Sep/2023 10:30:57
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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.
- The vesico - ureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal.

PROSTATE

- The Prostate gland is normal in size.

FINAL IMPRESSION:-

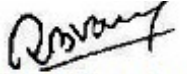
- **BORDERLINE HEPATOMEGALY WITH GRADE-I FATTY LIVER.**
- **GAS FILLED BOWEL LOOPS.**

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

Result/s to Follow:
ECG/EKG




Dr. R. B. Varshney
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 Conduction 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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Mar. 2018