Indira Diagnostic Centre Kanpur

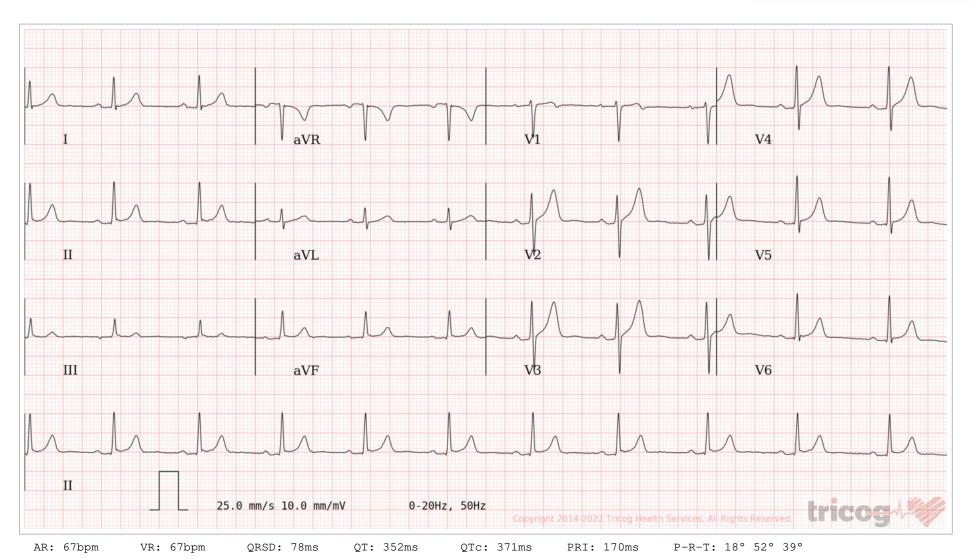


Age / Gender: 33/Male

Date and Time: 4th Sep 22 1:09 PM

Patient ID: IKNP0038342223

Patient Name: Mr.RITURAJ SINGH



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

Dr. Charit MD, DM: Cardiology

AUTHORIZED BY

63382

REPORTED BY

hyporde Cem

Dr. Priyanka Kumari

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.

78253



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH RITURAJ
EC NO.	104007
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	PUKHRAYAN
BIRTHDATE	11-12-1988
PROPOSED DATE OF HEALTH CHECKUP	17-07-2022
BOOKING REFERENCE NO.	22S104007100021918E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 15-07-2022 till 31-03-2023 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



help@uidai.gov.in

4116 0367

4734

dentification Author

209312

8423761975

4116 0367 4734

जन्म तिथि। DOB : 01/01/1988

रितुराज सिंह Rituraj Singh

पुरुष / Male

आधार - आम आदमी का अधिकार





Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name : Mr.RITURAJ SINGH Registered On : 04/Sep/2022 12:36:28 Age/Gender Collected : 04/Sep/2022 13:17:53 : 33 Y 8 M 24 D /M UHID/MR NO Received : 04/Sep/2022 18:10:58 : IKNP.0000021042 Visit ID : IKNP0038342223 Reported : 05/Sep/2022 14:31:18 Ref Doctor : Dr.MediWheel Knp Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

est Name	Result	Unit	Bio. Ref. Interval	Method	
----------	--------	------	--------------------	--------	--

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

Blood Group

Α

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	14.00	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	5 g/dl
TLC (WBC)	6,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	47.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	39.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	10.00	%	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.	< 9	
PCV (HCT)	44.00	cc %	40-54	
Platelet count				
Platelet Count	1.49	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	57.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.63	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









Ph: 9235432757,

CIN: U85110DL2003LC308206

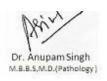


Patient Name : 04/Sep/2022 12:36:28 : Mr.RITURAJ SINGH Registered On Age/Gender : 33 Y 8 M 24 D /M Collected : 04/Sep/2022 13:17:53 UHID/MR NO : IKNP.0000021042 Received : 04/Sep/2022 18:10:58 Visit ID : IKNP0038342223 Reported : 05/Sep/2022 14:31:18 Ref Doctor : Dr.MediWheel Knp Status : Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	95.30	fl	80-100	CALCULATED PARAMETER
MCH	30.20	pg	28-35	CALCULATED PARAMETER
MCHC	31.70	%	30-38	CALCULATED PARAMETER
RDW-CV	14.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	51.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,149.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	670.00	/cu mm	40-440	











INDRA DIAGNOSTIC CENTRE

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur

Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name : Mr.RITURAJ SINGH Registered On : 04/Sep/2022 12:36:28 Age/Gender Collected : 04/Sep/2022 13:17:53 : 33 Y 8 M 24 D /M UHID/MR NO : 04/Sep/2022 18:31:29 : IKNP.0000021042 Received Visit ID : IKNP0038342223 Reported : 04/Sep/2022 19:16:50 Ref Doctor : Final Report : Dr.MediWheel Knp Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

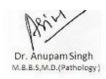
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING ** , Plasma				
Glucose Fasting	79.30	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD

≥ 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.











INDRA DIAGNOSTIC CENTRE

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur

Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name : Mr.RITURAJ SINGH Registered On : 04/Sep/2022 12:36:28 Age/Gender Collected : 04/Sep/2022 17:42:47 : 33 Y 8 M 24 D /M UHID/MR NO : 05/Sep/2022 11:09:03 : IKNP.0000021042 Received Visit ID : IKNP0038342223 Reported : 05/Sep/2022 11:58:49 Ref Doctor : Final Report : Dr.MediWheel Knp Status

DEPARTMENT OF BIOCHEMISTRY

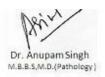
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
Glucose PP ** Sample:Plasma After Meal	116.20	mg/dl	<140 Normal 140-199 Pre-diabete	GOD POD	
·			>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.













Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name : Mr.RITURAJ SINGH : 04/Sep/2022 12:36:29 Registered On Collected Age/Gender : 33 Y 8 M 24 D /M : 04/Sep/2022 13:17:53 UHID/MR NO : IKNP.0000021042 Received : 04/Sep/2022 18:24:56 Visit ID : IKNP0038342223 Reported : 04/Sep/2022 19:51:55 Ref Doctor : Dr.MediWheel Knp 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)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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.

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:

- *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





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





Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name : Mr.RITURAJ SINGH Registered On : 04/Sep/2022 12:36:29 Age/Gender : 33 Y 8 M 24 D /M Collected : 04/Sep/2022 13:17:53 UHID/MR NO : IKNP.0000021042 Received : 04/Sep/2022 18:24:56 Visit ID : IKNP0038342223 Reported : 04/Sep/2022 19:51:55 Ref Doctor Status : Final Report : Dr.MediWheel Knp

DEPARTMENT OF BIOCHEMISTRY

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.

BUN (Blood Urea Nitrogen) ** Sample:Serum	7.00	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.75	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid ** Sample:Serum	5.70	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	40.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	53.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	38.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.61	gm/dl	6.2-8.0	BIRUET
Albumin	4.41	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	124.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	52.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	68	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	34.86	mg/dl	10-33	CALCULATED
Triglycerides	174.30	mg/dl	< 150 Normal	GPO-PAP







INDRA DIAGNOSTIC CENTRE

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur

Ph: 9235432757,

CIN: U85110DL2003LC308206



: 04/Sep/2022 12:36:29 Patient Name : Mr.RITURAJ SINGH Registered On Age/Gender : 33 Y 8 M 24 D /M Collected : 04/Sep/2022 13:17:53 UHID/MR NO : IKNP.0000021042 Received : 04/Sep/2022 18:24:56 Visit ID : IKNP0038342223 Reported : 04/Sep/2022 19:51:55 Ref Doctor Status : Final Report : Dr.MediWheel Knp

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

150-199 Borderline High 200-499 High >500 Very High













Ph: 9235432757,

CIN: U85110DL2003LC308206



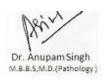
Patient Name : Mr.RITURAJ SINGH Registered On : 04/Sep/2022 12:36:28 Age/Gender Collected : 04/Sep/2022 13:17:53 : 33 Y 8 M 24 D /M UHID/MR NO : 04/Sep/2022 17:43:50 : IKNP.0000021042 Received Visit ID : IKNP0038342223 Reported : 04/Sep/2022 19:02:48

Ref Doctor : Dr.MediWheel Knp Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE ** , ι	Irine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+) 40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
		8676	0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile P <mark>igment</mark> s	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		-		













Ph: 9235432757,

CIN: U85110DL2003LC308206



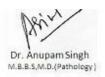
Patient Name : Mr.RITURAJ SINGH : 04/Sep/2022 12:36:28 Registered On Age/Gender : 33 Y 8 M 24 D /M Collected : 04/Sep/2022 13:17:53 UHID/MR NO : IKNP.0000021042 Received : 04/Sep/2022 18:24:56 Visit ID : 04/Sep/2022 19:19:41 : IKNP0038342223 Reported Ref Doctor : Dr.MediWheel Knp Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	120.45	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.78	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/1	mL First Trimes	ter
		0.5-4.6 μIU/1	mL Second Trin	nester
		0.8-5.2 μIU/1	mL Third Trime	ster
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/ı		- 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/1		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.













Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name : Mr.RITURAJ SINGH Registered On : 04/Sep/2022 12:36:29

Age/Gender : 33 Y 8 M 24 D /M Collected : N/A UHID/MR NO : IKNP.0000021042 Received : N/A

Visit ID : 05/Sep/2022 11:32:37 : IKNP0038342223 Reported

Ref Doctor Status : Final Report : Dr.MediWheel Knp

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Old united fracture of ribs on rt side seen.
- Cp angle normal.
- No lung lesion seen.
- Heart size normal.

IMPRESSION

* NO OBVIOUS DETECTABLE ABNORMALITY SEEN

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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







DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S. Ex Chief Medical Superintendent Senior Consultant

ASHMEE CARE

ULTRASOUND

CARDIO CENTRE

2D ECHO * COLOUR DOPPLER * ULTRASOUND * TMT * ECG

NAME OF PATIENT:MR.RITURAJ SINGH

AGE: 33 SEX: M

REF.BY: DR.I.D.C ********************

DATE: 04-092022

ULTRASOUND REPORT WHOLE ABDOMEN

LIVER

: LIVER IS NORMAL IN SIZE 129.2MM NO FOCAL LESION SEEN THE INTRA-

HEPATIC BILLIARY RADICALS ARE NORMAL. THE HEPATIC VEINS ARE NORMAL.

PORTAL VIEN

: NORMAL IN COURSE & CALIBER

GALL BLADDER : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN &

THERE IS NO EVIDENCE OF GALLSTONES

CBD

NORMAL IN COURSE & CALIBER

PANCREAS

NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN

COURSE & CALIBER. NO FOCAL LESION SEEN.

RT. KIDNEY

NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY

DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS

LESION SEEN.

LT. KIDNEY

NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY

DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS

LESION SEEN.

SPLEEN

SPLEEN IS NORMAL IN SIZE 121. 1MM .SPLENIC VEIN IS NORMAL IN

DIAMETER.

U. BLADDER

NORMAL IN SIZE SHAPE AND OUTLINE, ITS WALL THICKNESS IS NORMAL, NO

INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4

ML

PROSTATE

NORMAL IN SIZE & SHAPE WEIGHT 21.8 GMS. HOMOGENOUS ECHOTEXTURE

IMPRESSION

NORMAL SCAN WHOLE ABDOMEN

SONO

PNDT Registration No- PNDT/REG/94/2012

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician) PG Diploma in Clinical Cardiology

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 * M.: 9307775184

Note: This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

NOT FOR MEDICO LEGAL PURPOSE





