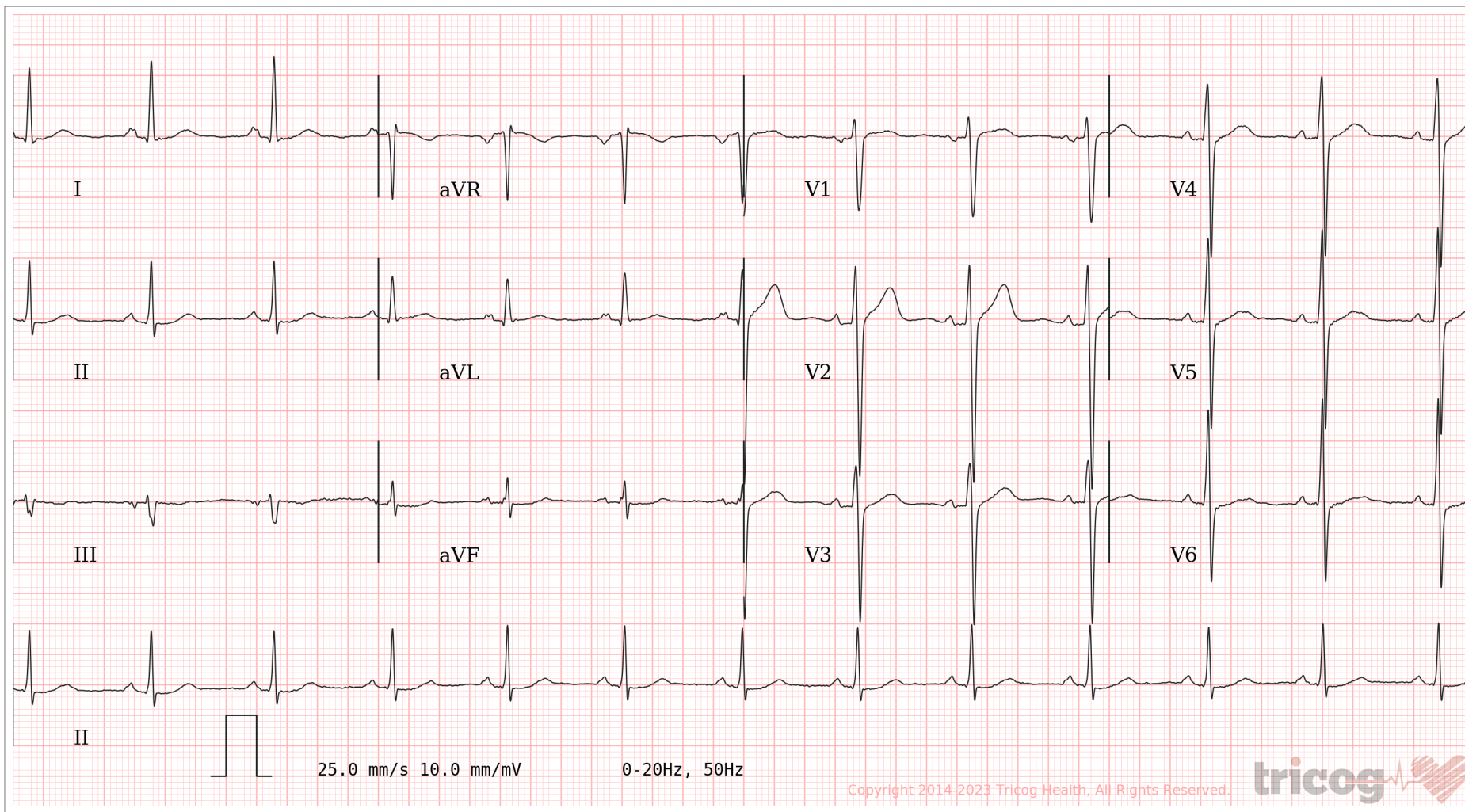


# Chandan Diagnostic



Age / Gender: 32/Male  
Patient ID: ALDP0100612324  
Patient Name: Mr.PANKAJ KUMAR

Date and Time: 8th Jul 23 10:28 AM



AR: 78bpm    VR: 78bpm    QRSD: 100ms    QT: 366ms    QTcB: 417ms    PRI: 140ms    P-R-T: 14° 16° 19°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Vishwanath. A

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.



# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:14
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 10:34:46
UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 11:39:20
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 15:29:16
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
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	AB
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	14.20	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) DLC	8,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	2.08	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.29	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.09	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257

CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:14
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 10:34:46
UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 11:39:20
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 15:29:16
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
MCV	75.00	fl	80-100	CALCULATED PARAMETER
MCH	27.90	pg	28-35	CALCULATED PARAMETER
MCHC	37.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,676.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	344.00	/cu mm	40-440	



AS

Dr.Akanksha Singh (MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:15
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 13:30:24
UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 14:07:38
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 14:38:46
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
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#### GLUCOSE FASTING \* , Plasma

Glucose Fasting	97.00	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP* Sample:Plasma After Meal	126.70	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

AS

Dr.Akanksha Singh (MD Pathology)







# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:16
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 10:34:46
UHID/MR NO	: ALDP.0000121547	Received	: 09/Jul/2023 10:56:09
Visit ID	: ALDP0100612324	Reported	: 09/Jul/2023 13:02:28
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
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#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	99	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.

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 1diabetics. 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





# 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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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.



**Dr. Anupam Singh (MBBS MD Pathology)**





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:16
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 10:34:46
UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 11:39:20
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 13:00:36
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
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	7.60	mg/dL	7.0-23.0	CALCULATED
Creatinine * <i>Sample:Serum</i>	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid * <i>Sample:Serum</i>	5.43	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	55.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	88.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	69.10	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.60	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	122.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	266.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	70.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	152	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	44.20	mg/dl	10-33	CALCULATED
Triglycerides	221.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257

CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:16
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 10:34:46
UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 11:39:20
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 13:00:36
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
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AS

Dr.Akanksha Singh (MD Pathology)







# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:16
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: 08/Jul/2023 13:30:24
UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 14:07:40
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 14:30:42
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
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	TRACE	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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Neutral ( 7.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



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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
Pus cells	ABSENT			
RBCs	ABSENT			
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%

AS

Dr.Akanksha Singh (MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: ALDP.0000121547	Received	: 08/Jul/2023 11:39:20
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 14:28:17
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
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	186.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.80	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.

AS

Dr.Akanksha Singh (MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:17
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000121547	Received	: N/A
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 14:14:35
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 \*

### X-RAY REPORT

**(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)**  
**CHEST P-A VIEW**

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.

DR K N SINGH (MBBS,DMRE)







# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-2548257  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PANKAJ KUMAR	Registered On	: 08/Jul/2023 10:05:17
Age/Gender	: 32 Y 11 M 28 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000121547	Received	: N/A
Visit ID	: ALDP0100612324	Reported	: 08/Jul/2023 11:29:03
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) \*

**LIVER:** - Normal in size (13.9 cm), shape and shows diffuse increase in the liver parenchymal echogenicity with patchy attenuation of portal venous walls, suggestive of grade II fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER :-** Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD :-** Normal in calibre at porta.

**PORTAL VEIN:** - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN:** - Normal in size, shape and echogenicity.

**RIGHT KIDNEY:** - Normal in size (9.5 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY:** - Normal in size (9.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE :-** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION : Grade II fatty liver.**

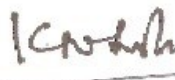
**Please correlate clinically**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:



  
DR K N SINGH (MBBS,DMRE)

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





Health Check up Booking Request(bobE41760), Beneficiary Code-56833

1 message

Mediwheel <wellness@mediwheel.in>  
To: idc.allahabad.corporate@gmail.com  
Cc: customercare@mediwheel.in

Thu, Jul 6, 2023 at 12:41 PM



Mediwheel  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,  
City : Allahabad . Address : 55/23/1 Kamla Nehru Road, Old Katra,  
We have received the confirmation for the following booking .

Name : MR. KUMAR PANKAJ  
Age : 30  
Gender : Male  
Package Name : Full Body Health Checkup Male Below 40  
Contact Details : 8853754582  
Booking Date : 06-07-2023  
Appointment Date : 08-07-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. KUMAR PANKAJ	30	Male	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Full Body Health Checkup Male Below 40 - Includes (37)Tests

Tests included in this Package

Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

