

Re: Health Check up Booking Confirmed Request(bobE34914),Package Code-PKG10000238, Beneficiary Code-16119

1 message

anurag sri <anurag.idc@gmail.com> To: Mediwheel <wellness@mediwheel.in>, "idc. ashiyana" <idcashiyana@gmail.com> Cc: customercare@mediwheel.in Sat, Mar 25, 2023 at 5:27 PM

Confirmed

Pack Code 2613

On Sat, Mar 25, 2023 at 4:28 PM Mediwheel <wellness@mediwheel.in> wrote:

Mediwhee

CO 011-41195959 Email:wellness@mediwheel.in

Diagnos

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Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :M-214/215 Sec G LDA Colony Near Power House Chauraha Kanpur road, City:Lucknow

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000238

Beneficiary Name : MR. SRIVASTAVA ARPIT KUMAR

Member Age : 30

Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : MOTIGARPUR, Uttar Pradesh-228132

Contact Details : 9454324033

Booking Date : 21-03-2023

Appointment Date: 26-03-2023

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.

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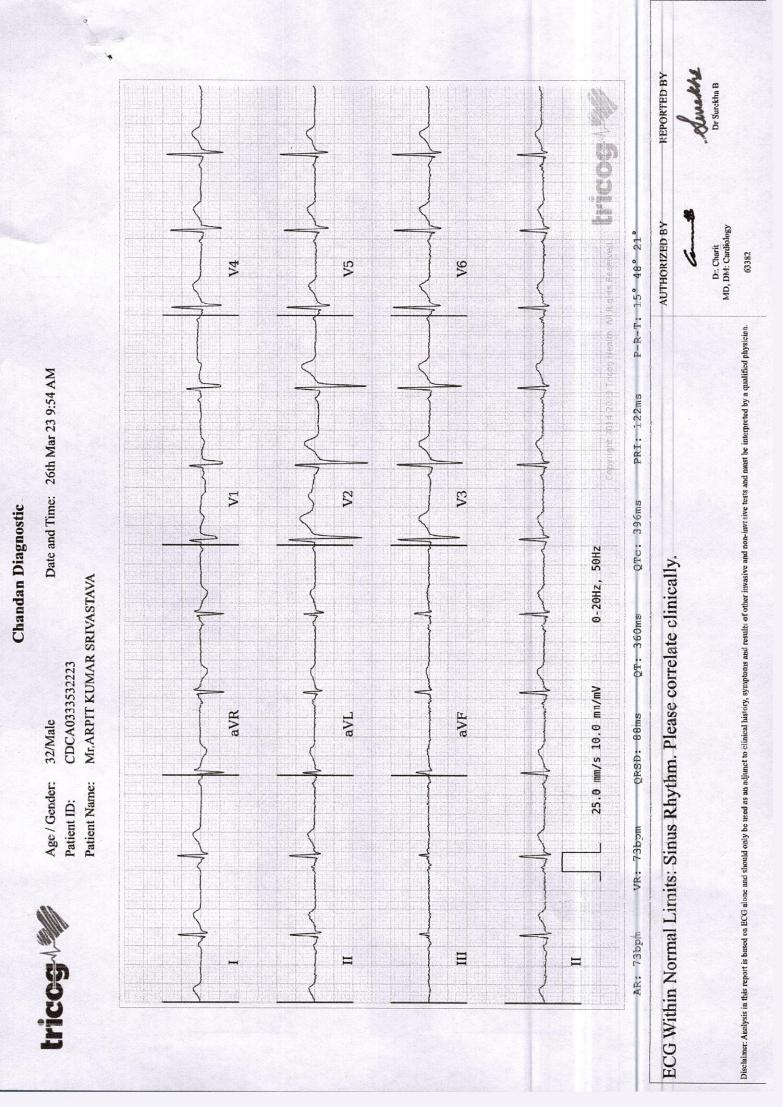


GPS Map Camera

jagno



Lucknow, Uttar Pradesh, India M/217, Parag Rd, Sector G, LDA Colony, Lucknow, Uttar Pradesh 226012, India Lat 26.787473° Long 80.908453° 26/03/23 09:35 AM GMT +05:30



Chandan
Since 1991

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mr.ARPIT KUMAR SRIVASTAVA	Registered On	: 26/Mar/2023 09:00:10
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 26/Mar/2023 09:18:55
UHID/MR NO	: CDCA.0000104385	Received	: 26/Mar/2023 09:59:28
Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 13:42:05
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
Blood Group (ABO & Rh typing) * , B	Blood			
Blood Group	В			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , who	le Blood			
Haemoglobin	14.60	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/d	
			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/d	
			12-18 Yr 13.0-16.0	
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/c	IL
TLC (WBC)	3,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	40.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	53.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	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	8.00	Mm for 1st hr.	. < 9	
PCV (HCT)	45.00	%	40-54	
Platelet count				
Platelet Count	1.0	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)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.13	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	20.00		0.0 12.0	
RBC Count	4.80	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
NDC Count	-1.00			





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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	93.75	fl	80-100	CALCULATED PARAMETER
МСН	30.41	pg	28-35	CALCULATED PARAMETER
МСНС	32.44	%	30-38	CALCULATED PARAMETER
RDW-CV	11.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	1,520.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	76.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)

Mar. 2016

Home Sample Collection

1800-419-0002



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mr.ARPIT KUMAR SRIVASTAVA	Registered On	: 26/Mar/2023 09:00:11
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 26/Mar/2023 15:38:49
UHID/MR NO	: CDCA.0000104385	Received	: 26/Mar/2023 16:15:47
Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 17:03:19
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
GLUCOSE FASTING * , Plasma				
Glucose Fasting	216.21	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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 *	236.20	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.

Dr. R.K. Khanna (MBBS, DCP)



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Γ	Patient Name	: Mr.ARPIT KUMAR SRIVASTAVA	Registered On	: 26/Mar/2023 09:00:12
	Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 26/Mar/2023 09:18:55
I	JHID/MR NO	: CDCA.0000104385	Received	: 26/Mar/2023 16:07:48
١	Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 16:55:14
	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 B	io. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	13.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	123.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	338	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. **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 G8 90 SL TOSOH HPLC Analyser.

<u>Clinical Implications:</u>

*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

ISO 9001:2015

Page 4 of 12





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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.

Dr. Anupam Singh (MBBS MD Pathology)

Page 5 of 12







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Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 26/Mar/2023 09:18:55
UHID/MR NO	: CDCA.0000104385	Received	: 26/Mar/2023 10:36:11
Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 11:15:22
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) * Sample:Serum	14.32	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.30	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.00	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	40.27 58.98 18.82 6.09 4.23 1.86 2.27 121.55 0.31 0.07 0.24	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	65.05 105 17.12 85.60	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline High > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High	DIRECT ENZYMATIC CALCULATED CALCULATED GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval Method

>500 Very High





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Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 26/Mar/2023 09:18:55
UHID/MR NO	: CDCA.0000104385	Received	: 26/Mar/2023 13:57:34
Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 14:34:36
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
IRINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
		and the second sec	> 500 (++++)	
Sugar	PRESENT (+)	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	ing/ a	0.2 2.01	DIOCHEIMISTI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADJENT		and the second second	
	OCCASIONAL			MICROCCODIC
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			EXAMINATION
RBCs	ABSENT			MICROSCOPIC
NBCS	ADJLINI			EXAMINATION
Cast	ABSENT			EXAMINATION
Crystals	ABSENT			MICROSCOPIC
ciystais	ADJENT			EXAMINATION
Others	ABSENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	PRESENT (+)	gms%		
Interpretation:				R
(+) < 0.5				×.

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5\text{-}1.0 \\ (+++) & 1\text{-}2 \\ (++++) & > 2 \end{array}$







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UHID/MR NO	: CDCA.0000104385	Received	: 26/Mar/2023 15:47:22
Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 16:42:50
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	
THYROID PROFILE - TOTAL ** , Serum					
T3, Total (tri-iodothyronine)	135.62	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.56	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. Anupam Singh (MBBS MD Pathology)



Home Sample Collection



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CIN: U85110DL2003PLC308206



Patient Name	: Mr.ARPIT KUMAR SRIVASTAVA	Registered On	: 26/Mar/2023 09:00:13
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CDCA.0000104385	Received	: N/A
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(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.

Dr. Vandana Gupta MBBS,DMRD,DNB

Page 10 of 12





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UHID/MR NO	: CDCA.0000104385	Received	: N/A
Visit ID	: CDCA0333532223	Reported	: 26/Mar/2023 14:16:24
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) *

<u>LIVER</u>

• Liver is normal in size measuring 12.2 cm in longitudinal span & shows moderate diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

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

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (3.6 mm)
- 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.

<u>RIGHT KIDNEY (9.4 x 4.4 cm)</u>

- Right kidney is normal in size 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 (9.6 x 4.3 cm)

- Left kidney is normal in size 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.

<u>SPLEEN</u>



Page 11 of 12



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• The spleen is normal in size (9.6 cm) and has a homogenous echotexture.

ILIAC FOSSA

• Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

• The prostate gland is normal in texture and size, measures 3.3 x 2.8 x 2.6 cm (vol-13.1 cc).

IMPRESSION

Grade-II fatty liver.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG



Dr. Vandana Gupta MBBS,DMRD,DNB

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

Page 12 of 12



