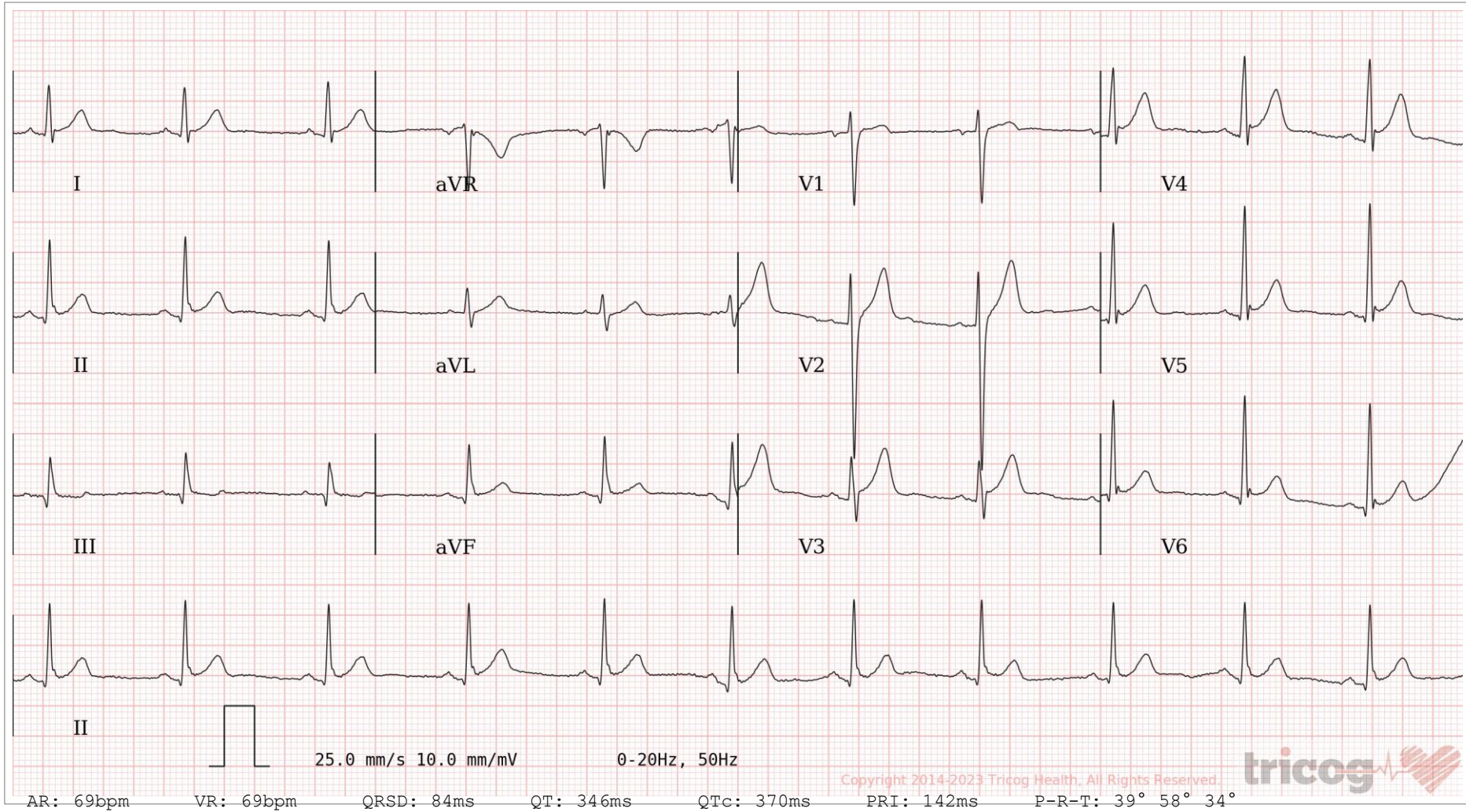
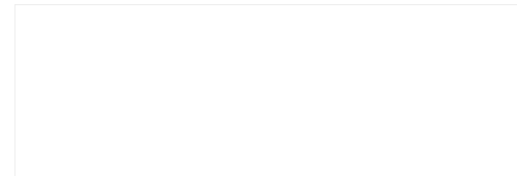


# Chandan Diagnostic



Age / Gender: 31/Male  
Patient ID: CVAR0092522223  
Patient Name: Mr. Anand Singh -Bobe33889

Date and Time: 17th Mar 23 11:41 AM



Sinus Rhythm. Baseline artefacts. Baseline wandering. LVH Criteria noted. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr. Prema S Shettar

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.

63382



बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम आनन्द सिंह  
Name Anand Singh



कर्मचारी कूट संख्या  
E C Number 181590

जारीकर्ता प्राधिकारी  
Issuing Authority

Anand Singh

धारक के हस्ताक्षर  
Holder's Signature



भारत सरकार

Government of India



आनंद सिंह  
Anand Singh

जन्म तिथि / DOB : 23/04/1991  
पुरुष / Male



2019 0255 9672

आधार - आम आदमी का अधिकार





Since 1991



# CHANDAN DIAGNOSTIC CENTRE

Name of Company: medicareef  
Name of Executive: MR / MRS. Anand Singh.

Date of Birth: 23/04/1991

Sex: Male / Female

Height: 168 CMs

Weight: 73 KGs

BMI (Body Mass Index): 25.9

Chest (Expiration / Inspiration) 91/98 CMs

Abdomen: 82 CMs

Blood Pressure: 118/76 mm/Hg

Pulse: 76 BPM - Regular / Irregular

Respiration Rate: 18 Resp/Min

Ident. Mark: Mole on left ear

Any Allergies: No

Vertigo: No

Any Medications: (I) No

Any Surgical History: (I) No  
(II)

Habits of alcoholism/smoking/tobacco: (I) No  
(II)

Chief Complaints if any: No

Lab Investigation Reports: Yes Att

Eye Check up - vision & Color vision: Normal

Left eye: Normal

Right eye: Normal





Since 1991



# CHANDAN DIAGNOSTIC CENTRE

Near vision: MIG

Far vision: 616

Dental check up: permal c filling in lower jaw

ENT Check up: pus

Eye Checkup: pus

## Final impression

Certified that I examined Arvind Singh  
S/O D/O W/O ..... is presently in good health  
and free from any cardio-respiratory / communicable ailment,  
he/she is fit / Unfit to join any organization.

Arvind Singh

Client Signature: -

Arvind Singh

.....  
**Signature of Medical Examiner**

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

**Date** - 17/03 / 2023,

**Place** - VARANASI

**Dr. R.C. ROY**  
MBBS, MD. (Radio Diagnosis)  
Reg. No.-26918

Dr. R.C. ROY  
MBBS, MD. (Radio Diagnosis)  
Reg. No.-26918 (U.P.)  
1800-419-0002





# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ANAND SINGH -BOBE33889	Registered On	: 17/Mar/2023 11:19:56
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 17/Mar/2023 12:16:58
UHID/MR NO	: CVAR.0000036269	Received	: 17/Mar/2023 12:21:23
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 13:14:27
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	B
Rh ( Anti-D)	NEGATIVE

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

Haemoglobin	14.40	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)	5,800	/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	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	40.60	%	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
<u>RBCCount</u>				
RBC Count	4.45	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





# CHANDAN DIAGNOSTIC CENTRE

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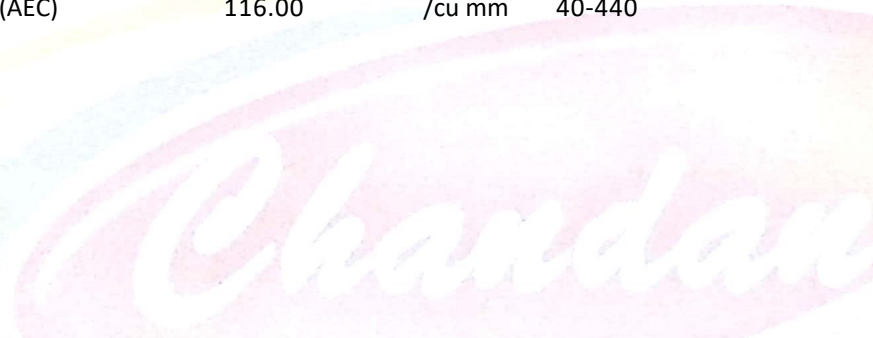


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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.20	fl	80-100	CALCULATED PARAMETER
MCH	32.50	pg	28-35	CALCULATED PARAMETER
MCHC	35.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,480.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	116.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-3500227  
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UHID/MR NO	: CVAR.0000036269	Received	: 17/Mar/2023 12:21:23
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 13:16:20
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	100.00	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

#### Glucose PP Sample: Plasma After Meal

Glucose PP	136.00	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 = Impared Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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.







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-3500227  
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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 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	9.20	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	1.00	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	7.00	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)	24.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.60	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.00	gm/dl	6.2-8.0	BIRUET
Albumin	5.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.50		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	100.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	214.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	131	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	33.40	mg/dl	10-33	CALCULATED
Triglycerides	167.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANAND SINGH -BOBE33889	Registered On	: 17/Mar/2023 11:19:57
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 17/Mar/2023 14:57:51
UHID/MR NO	: CVAR.0000036269	Received	: 17/Mar/2023 14:58:28
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 15:00:12
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	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.5 )			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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC 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





# 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%

S.N. Sinha

Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 17/Mar/2023 12:16:57
UHID/MR NO	: CVAR.0000036269	Received	: 17/Mar/2023 12:41:42
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 13:37:02
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)	99.60	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.45	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.56	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.

S.N. Sinha

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ANAND SINGH -BOBE33889	Registered On	: 17/Mar/2023 11:19:58
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000036269	Received	: N/A
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 12:29:27
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 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)





# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000036269	Received	: N/A
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 12:46:41
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) \*

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

#### LIVER

- The liver is normal in size **12.9 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 ( **10.3 mm**) at the porta.
- Porta hepatis is normal.

#### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal ( **4.8 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 ( **9.2 x 4.1 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 ( **9.8 x 5.0 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







# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.ANAND SINGH -BOBE33889	Registered On	: 17/Mar/2023 11:19:58
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000036269	Received	: N/A
Visit ID	: CVAR0092522223	Reported	: 17/Mar/2023 12:46:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The spleen is normal in size (**9.5 cm**), and has a homogenous echotexture.

### ILIAC FOSSA

- Scan over the iliac fossa does not reveal any fluid collection or mass.

### URINARY BLADDER

- Urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is - 9 cc.**

### PROSTATE

- The prostate gland is normal in texture and size ( **33 x 30 x 29 mm / 16 grams**).

### IMPRESSION

- **No significant sonological abnormality is seen on this study.**

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

Result/s to Follow:  
ECG/EKG



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 \*  
365 Days Open \*Facilities Available at Select Location





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

Latitude

25.305426°

Longitude

82.979035°

LOCAL 12:11:25

GMT 06:41:25

FRIDAY 03.17.2023

ALTITUDE 42 METER