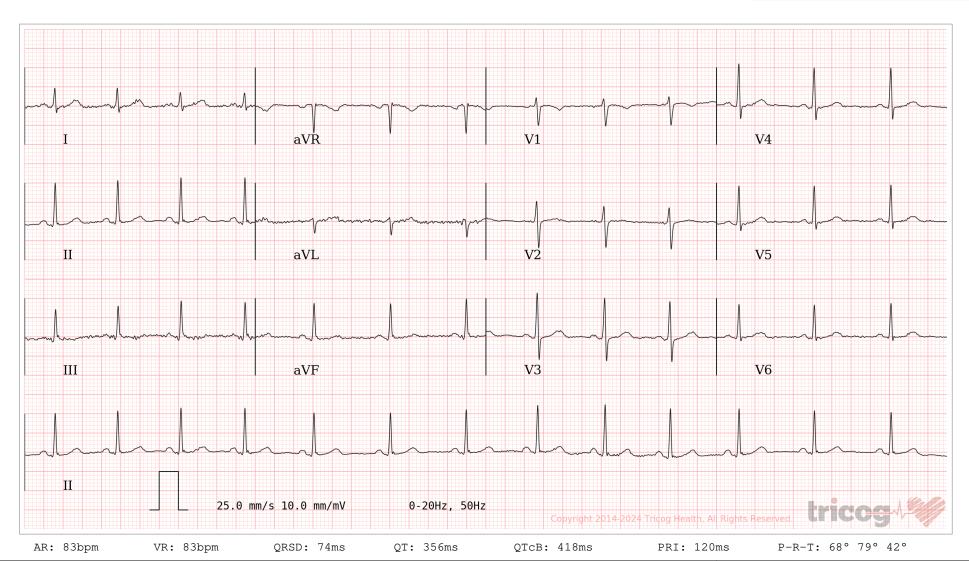
Chandan Diagnostic



Age / Gender: 36/Female Date and Time: 24th Feb 24 11:44 AM

Patient ID: CVAR0116232324

Patient Name: Mrs.MONIKA RANI - BOBE10162



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

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology

Dr. Abhisek Tikmani

63382

DMC 39412

REPORTED BY

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.



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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:53 Age/Gender : 36 Y 0 M 0 D /F Collected : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 19/Feb/2024 15:22:30 Visit ID : CVAR0116232324 Reported : 20/Feb/2024 11:50:29 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
TEST NATITE	nesuit	Utill	Dio. Hel. Iliterval	IVIGUIOU
Blood Group (ABO & Rh typing) *,	Blood			
Blood Group	А			ERYTHROCYTE
·				MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	*		ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE AGGLUTINA
				Addiomina
Complete Blood Count (CBC) * , we	nole Blood			
Haemoglobin	13.00	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl	
		1 11 1	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) <u>DLC</u>	6,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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 ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	39.70	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE











CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:53 Age/Gender : 36 Y 0 M 0 D /F Collected : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 19/Feb/2024 15:22:30 Visit ID : CVAR0116232324 Reported : 20/Feb/2024 11:50:29 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTM ENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.61	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
MCV	86.10	fΙ	80-100	CALCULATED PARAMETER
MCH	28.10	pg	28-35	CALCULATED PARAMETER
MCHC	32.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,080.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	136.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 : 19/Feb/2024 11:32:54 Registered On Age/Gender : 36 Y 0 M 0 D /F Collected : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 19/Feb/2024 15:22:06 Visit ID : CVAR0116232324 Reported : 19/Feb/2024 16:43:36 Ref Doctor : Dr.MEDIWHEEL VNS -

Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING, Plasma					
Glucose Fasting	77.20	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	122.00	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.

S.N. Sinta Dr.S.N. Sinha (MD Path)

Page 3 of 12









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 : 19/Feb/2024 11:32:55 Registered On Collected Age/Gender : 36 Y 0 M 0 D /F : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 20/Feb/2024 11:40:12 Visit ID : CVAR0116232324 Reported : 20/Feb/2024 12:57:37 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLYCOSYLATED HAEM OGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	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 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





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





CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162

Registered On

: 19/Feb/2024 11:32:55

Age/Gender

: 36 Y 0 M 0 D /F

Collected

: 19/Feb/2024 14:29:49 : 20/Feb/2024 11:40:12

UHID/MR NO Visit ID : CVAR.0000047608 : CVAR0116232324 Received Reported

: 20/Feb/2024 12:57:37

Ref Doctor

: Dr.MEDIWHEEL VNS -

Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)







^{*}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.



Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:55 Age/Gender : 36 Y 0 M 0 D /F Collected : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 19/Feb/2024 15:22:30 Visit ID : CVAR0116232324 Reported : 19/Feb/2024 16:46:48 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	7.10	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	4.50	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	21.30	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	33.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIURET
Albumin	3.90	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.63		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	69.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	183.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	81.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	79	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
			160-189 High	
			> 190 Very High	
VLDL	22.56	mg/dl	10-33	CALCU
Triglycerides	112.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:54 Age/Gender : 36 Y 0 M 0 D /F Collected : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 19/Feb/2024 15:22:30 Visit ID : CVAR0116232324 Reported : 20/Feb/2024 11:33:03

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE*, U	rine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.5)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
, rotein	71552111	1116 70	10-40 (+)	Dir official
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		1 1 1	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	2-4/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:









CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162

Registered On

: 19/Feb/2024 11:32:54

Age/Gender

: 36 Y 0 M 0 D /F

Collected

: 19/Feb/2024 14:29:49 : 19/Feb/2024 15:22:30

UHID/MR NO Visit ID

: CVAR.0000047608 : CVAR0116232324

Received Reported

Ref Doctor

: Dr.MEDIWHEEL VNS -

: 20/Feb/2024 11:33:03

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

< 0.5 (+)

0.5 - 1.0(++)

(+++)1-2

(++++) > 2



S.N. Sinta

Dr.S.N. Sinha (MD Path)









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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 : 19/Feb/2024 11:32:55 Registered On Age/Gender : 36 Y 0 M 0 D /F Collected : 19/Feb/2024 14:29:49 UHID/MR NO : CVAR.0000047608 Received : 19/Feb/2024 15:22:30 Visit ID : CVAR0116232324 Reported : 19/Feb/2024 17:38:19 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	84.60	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.000	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
interpretation.		0.3-4.5 μIU/1	mL First Trimes	ter
		0.5-4.6 μIU/1		
		0.8-5.2 μIU/r		ster
		0.5-8.9 μIU/r	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		$2.3-13.2 \mu IU/r$	nL Cord Blood	> 37Week
		0.7-64 µIU/r	mL Child(21 wk	- 20 Yrs.)
		1-39 μIU	J/mL Child	0-4 Days
		1.7-9.1 μIU/ı	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. Sinta

Dr.S.N. Sinha (MD Path)





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CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:58

 Age/Gender
 : 36 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000047608
 Received
 : N/A

Visit ID : CVAR0116232324 Reported : 24/Feb/2024 17:10:04

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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)

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:58

 Age/Gender
 : 36 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000047608
 Received
 : N/A

Visit ID : CVAR0116232324 Reported : 24/Feb/2024 12:04:19

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (13.1 cm in midclavicular line) and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (9.6 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (4.6 mm in caliber) not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney:-
 - Right kidney is normal in size, measuring ~ 11.8 x 3.9 cms.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

• Left kidney:-

- Left kidney is normal in size, measuring ~ 10.3 x 4.0 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~ 8.3 cm in its long axis) and has a normal homogenous echo-



Home Sample Collection 1800-419-0002





CIN: U85110DL2003PLC308206



Patient Name : Mrs.MONIKA RANI - BOBE10162 Registered On : 19/Feb/2024 11:32:58

 Age/Gender
 : 36 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000047608
 Received
 : N/A

Visit ID : CVAR0116232324 Reported : 24/Feb/2024 12:04:19

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

texture.

ILIAC FOSSAE & PERITONEUM

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

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is **adequately filled**. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 127 cc.

UTERUS & CERVIX

- The uterus is anteverted and normal in size (~ 96 x 41 x 37 mm / 77 cc) & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 5.2mm).
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both ovaries are normal in size and texture.

FINAL IMPRESSION:-

• No significant sonological abnormality noted.

Adv: Clinico-pathological-correlation / further evaluation & Follow up

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR C

De Breede Standard (MD Bad)

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





