



CIN: U85110DL2003PLC308206



 Patient Name
 : Mr.RAJEEV RANJAN TRIPATHI -170709
 Registered On
 : 23/Mar/2024 09: 33: 51

 Age/Gender
 : 37 Y 0 M 13 D /M
 Collected
 : 23/Mar/2024 10: 08: 15

 UHID/MR NO
 : ALDP.0000137222
 Received
 : 23/Mar/2024 11: 13: 33

Visit ID : ALDP0407952324 Reported : 23/Mar/2024 13:13:57

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report CARE LTD -

DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , BIG	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	- control		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
Haemoglobin	14.10	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	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	2.00	Mm for 1st hr.		
Corrected	45	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	42.00	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE











CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709 Registered On : 23/Mar/2024 09:33:51 : 37 Y O M 13 D /M Age/Gender Collected : 23/Mar/2024 10:08:15 UHID/MR NO : ALDP.0000137222 Received : 23/Mar/2024 11:13:33 Visit ID : ALDP0407952324 Reported : 23/Mar/2024 13:13:57

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.65	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.00	fl	80-100	CALCULATED PARAMETER
MCH	30.40	pg	28-35	CALCULATED PARAMETER
MCHC	33.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,864.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	207.00	/cu mm	40-440	

Dr.Akanksha Singh (MD Pathology)









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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709

Registered On

: 23/Mar/2024 09:33:53

Age/Gender

: 37 Y O M 13 D /M

Collected

: 23/Mar/2024 10:08:14 : 23/Mar/2024 11:13:33

UHID/MR NO Visit ID : ALDP.0000137222 : ALDP0407952324

CARE LTD -

Received Reported

: 23/Mar/2024 12:35:01

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

Status

: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit Bio. Ref. Ir	nterval Method	
GLUCOSE FASTING * , Plasma				
Glucose Fasting	96.40	mg/dl < 100 Normal	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 *	107.30	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal		and the state of t	140-199 Pre-diabetes	

>200 Diabetes

100-125 Pre-diabetes ≥ 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.10	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	94	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.



Home Sample Collection 1800-419-0002





CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709 Registered On : 23/Mar/2024 09:33:53 Age/Gender : 37 Y O M 13 D /M Collected : 23/Mar/2024 10:08:14 UHID/MR NO : ALDP.0000137222 Received : 23/Mar/2024 11:13:33 Visit ID : ALDP0407952324 Reported : 23/Mar/2024 12:35:01 : Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor

Status : Final Report CARE LTD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

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 nondiabetic 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	10.65	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.00	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	7.29	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) *, Serum





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

CHANDAN DIAGNOSTIC CENTRE



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709 Registered On : 23/Mar/2024 09:33:53 Age/Gender Collected : 37 Y O M 13 D /M : 23/Mar/2024 10:08:14 UHID/MR NO : ALDP.0000137222 Received : 23/Mar/2024 11:13:33 Visit ID : ALDP0407952324 Reported : 23/Mar/2024 12:35:01 : Dr. MEDIWHEEL-ARCOFEMI HEALTH

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report CARE LTD -

38.50

192.50

DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method SGOT / Aspartate Aminotransferase (AST) 36.10 U/L < 35 IFCC WITHOUT P5P SGPT / Alanine Aminotransferase (ALT) 87.60 U/L < 40 **IFCC WITHOUT P5P** Gamma GT (GGT) 36.70 IU/L 11-50 **OPTIMIZED SZAZING** Protein 8.20 gm/dl 6.2-8.0 **BIURET** B.C.G. Albumin 4.50 gm/dl 3.4-5.4 Globulin 3.70 qm/dl 1.8-3.6 **CALCULATED** A:G Ratio 1.1-2.0 1.22 **CALCULATED** Alkaline Phosphatase (Total) U/L 42.0-165.0 95.10 IFCC METHOD Bilirubin (Total) 0.3-1.2 1.40 mg/dl JENDRASSIK & GROF Bilirubin (Direct) 0.50 mg/dl < 0.30 JENDRASSIK & GROF JENDRASSIK & GROF Bilirubin (Indirect) 0.90 mg/dl < 0.8 LIPID PROFILE (MINI) *, Serum Cholesterol (Total) 249.00 <200 Desirable CHOD-PAP mg/dl 200-239 Borderline High > 240 High HDL Cholesterol (Good Cholesterol) 70.00 mg/dl 30-70 **DIRECT ENZYMATIC** LDL Cholesterol (Bad Cholesterol) < 100 Optimal **CALCULATED** 140 mg/dl 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High

mg/dl

mg/dl

> 190 Very High

< 150 Normal

200-499 High >500 Very High

150-199 Borderline High

10-33

Dr. Akanksha Singh (MD Pathology)

CALCULATED

GPO-PAP



VLDL

Triglycerides







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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709

Registered On Collected : 37 Y O M 13 D /M

: 23/Mar/2024 15:07:55

: 23/Mar/2024 09:33:53

Age/Gender UHID/MR NO Visit ID

: ALDP.0000137222 : ALDP0407952324

Received : 23/Mar/2024 15:40:57 Reported : 23/Mar/2024 19:29:39

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

CARE LTD -

Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	, Urine			
Color	DARK YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	mg/ui	0.1-3.0	DIOCHLIVIISTICI
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIFSTICK
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
	ADSEIVI			DIPSTICK
Microscopic Examination:	0.0 //			
Epithelial cells	0-2/h.p.f			MICROSCOPIC
December 11	0.0/1 f			EXAMINATION
Pus cells	0-2/h.p.f			MICDOCCODIC
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Coat	ADCENT			EXAMINATION
Cast	ABSENT			MICDOCCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			LAAMINATION
Urine Microscopy is done on centrifuge	ed urine sediment.			
17				
SLICAD EASTING STAGE * //mino				
SUGAR, FASTING STAGE * , Urine				

Page 6 of 12



Sugar, Fasting stage



ABSENT

gms%

CHANDAN DIAGNOSTIC CENTRE



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709

Age/Gender : 37 Y 0 M 13 D /M

: ALDP.0000137222

: ALDP0407952324

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Registered On

Collected

: 23/Mar/2024 09:33:53

: 23/Mar/2024 15:07:55

Received : 23/Mar/2024 15:40:57 Reported : 23/Mar/2024 19:29:39

Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Result Unit Bio. Ref. Interval Method

Interpretation:

UHID/MR NO

Ref Doctor

Test Name

Visit ID

(+) < 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%

Dr.Akanksha Singh (MD Pathology)

Page 7 of 12









CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709

Registered On

: 23/Mar/2024 09:33:55

Age/Gender

: 37 Y O M 13 D /M

Collected

: 23/Mar/2024 10:08:14 : 24/Mar/2024 09:59:07

UHID/MR NO Visit ID : ALDP.0000137222 : ALDP0407952324

CARE LTD -

Received Reported

: 24/Mar/2024 11:39:54

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

THEALTH Sta

Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
	2.17	, ,		0114	
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.17	ng/mL	<4.1	CLIA	

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Bring

Dr. Anupam Singh (MBBS MD Pathology)

Page 8 of 12









CIN: U85110DL2003PLC308206

CARE LTD -



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709 : 23/Mar/2024 09:33:53 Registered On Age/Gender Collected : 37 Y O M 13 D /M : 23/Mar/2024 10:08:14 UHID/MR NO : ALDP.0000137222 Received : 23/Mar/2024 11:13:33 Visit ID : ALDP0407952324 Reported : 23/Mar/2024 14:52:02 : Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	l Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	166.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.000	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
, P		0.3-4.5 μIU/n	nL First Trimes	eter
		0.5-4.6 μIU/n		nester
		0.8-5.2 μIU/n	nL Third Trime	ster
		0.5-8.9 μIU/n	nL Adults	55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/n	nL Cord Blood	> 37Week
		0.7-64 μIU/n	nL Child(21 wk	z - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μÎU/r		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. Akanksha Singh (MD Pathology)

Page 9 of 12









CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709

: 37 Y O M 13 D /M

Collected

Registered On

: 23/Mar/2024 09:33:55

Age/Gender UHID/MR NO

: ALDP.0000137222

Received

: N/A

Visit ID

: ALDP0407952324

Reported

: 23/Mar/2024 13:55:52

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

: N/A

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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 correlare clinically.

DR K N SINGH (MBBS, DMRE)











CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJEEV RANJAN TRIPATHI -170709 Registered On : 23/Mar/2024 09:33:55

 Age/Gender
 : 37 Y 0 M 13 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000137222
 Received
 : N/A

Visit ID : ALDP0407952324 Reported : 23/Mar/2024 12:02:09

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (13.6 cm), shape and shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I 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 (10.0 cm), shape and echogenicity. **Few tiny concretions are seen**. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (8.5 cm), shape and echogenicity. **One calculus measuring ~ 10.0 mm is seen in middle**. 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 I fatty liver.
- Right renal tiny concretions.
- Left renal calculus.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)





Page 11 of 12





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

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name

: Mr.RAJEEV RANJAN TRIPATHI -170709

Registered On

: 23/Mar/2024 09:33:55

Age/Gender

: 37 Y O M 13 D /M

Collected

· N/A

UHID/MR NO Visit ID : ALDP.0000137222 : ALDP0407952324

CARE LTD -

Received Reported

: 23/Mar/2024 12:02:09

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

Status

: Final Report

: N/A

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS





1 Crowth

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 *

*Facilities Available at Select Location

Page 12 of 12



