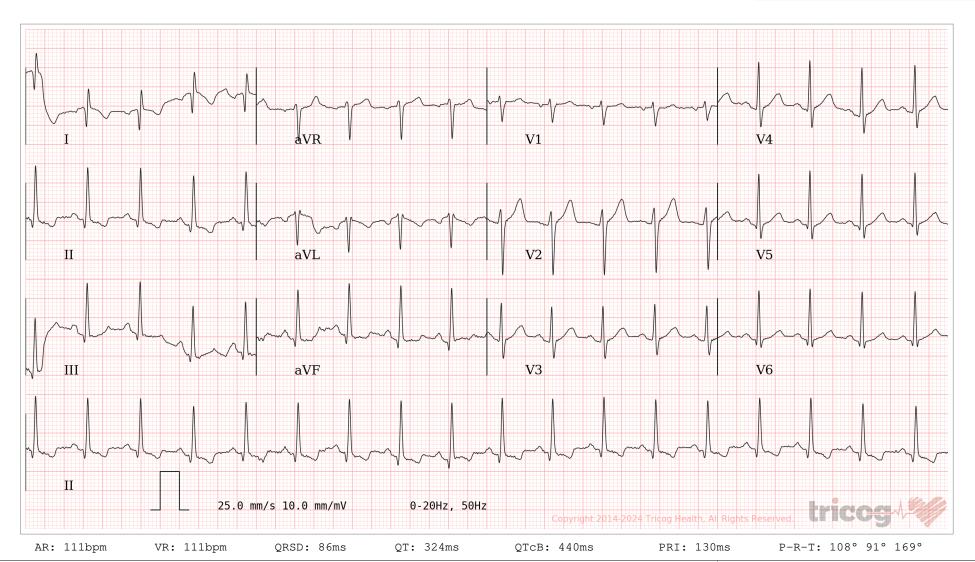
Chandan Diagnostic



Age / Gender: 33/Male Date and Time: 24th Feb 24 12:02 PM

Patient ID: CVAR0118792324

Mr.RANJEET KUMAR-BOBE8706 Patient Name:



Abnormal: Limb Lead Reversal Suspected, Sinus Tachycardia. Please repeat ECG with the same ID. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



Dr. Charit MD, DM: Cardiology

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





CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:21 Age/Gender Collected : 24/Feb/2024 10:31:48 : 33 Y 0 M 23 D /M UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 10:36:18 Visit ID : CVAR0118792324 Reported : 25/Feb/2024 11:06:52

Ref Doctor : Dr.MEDIWHEEL VNS - 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) *, Blood

Blood Group B

MAGNETIZED

ERYTHROCYTE

TECHNOLOGY / TUBE AGGLUTINA

Rh (Anti-D) POSITIVE ERYTHROCYTE

MAGNETIZED

TECHNOLOGY / TUBE

AGGLUTINA

S. M. Sinda Dr.S.N. Sinha (MD Path)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:21 Age/Gender Collected : 24/Feb/2024 10:31:48 : 33 Y 0 M 23 D /M UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 10:36:17 Visit ID : CVAR0118792324 Reported : 24/Feb/2024 17:02:54

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|----------|--------------------|---|---|
| | | | | |
| Complete Blood Count (CBC) * , Whole | e Blood | | | |
| Haemoglobin | 16.10 | 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 | |
| TLC (WBC) | 7,300.00 | /Cu mm | Female- 12.0-15.5 g/dl 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | 7,300.00 | , ca min | 1000 10000 | ELECTROTTIC IVII EDITITE |
| 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 |
| ESR | | | | |
| Observed | 10.00 | Mm for 1st hr. | | |
| Corrected | 6.00 | Mm for 1st hr. | <9 | |
| PCV (HCT) | 46.40 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.75 | 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) | nr | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) MPV (Mean Platelet Volume) | nr | % fL | 0.108-0.282 6.5-12.0 | ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE |
| RBC Count | nr | IL | 0.5-12.0 | ELECTRONIC IIVIPEDANCE |
| RBC Count | 5.39 | Mill./cu mm | 1255 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | J.35 | iviiii./cu illilli | 4.2-3.3 | LLLCTRONIC IIVIFLDANCE |
| MCV | 86.00 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 29.80 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 34.60 | рв % | 30-38 | CALCULATED PARAMETER |
| ****** | 0 | , - | | |











CIN: U85110DL2003PLC308206



Patient Name

: Mr.RANJEET KUMAR- BOBE8706

Registered On

: 24/Feb/2024 09:12:21

Age/Gender

: 33 Y 0 M 23 D /M

Collected

: 24/Feb/2024 10:31:48 : 24/Feb/2024 10:36:17

UHID/MR NO Visit ID

: CVAR.0000047850 : CVAR0118792324

Received

Ref Doctor

: Dr.MEDIWHEEL VNS -

Reported

: 24/Feb/2024 17:02:54

Status

: Final Report

DEPARTM ENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|----------|--------|--------------------|----------------------|
| | | | | |
| RDW-SD | 47.20 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,380.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 146.00 | /cu mm | 40-440 | |



S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 : 24/Feb/2024 09:12:22 Registered On Age/Gender : 33 Y 0 M 23 D /M Collected : 24/Feb/2024 15:54:35 UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 15:58:33 Visit ID : CVAR0118792324 Reported : 24/Feb/2024 17:47:52 Ref Doctor : Dr.MEDIWHEEL VNS -

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 94.70 **GOD POD** Glucose Fasting mg/dl < 100 Normal 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.

Glucose PP <140 Normal **GOD POD** 111.90 mg/dl 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)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : 24/Feb/2024 09:12:23 : Mr.RANJEET KUMAR- BOBE8706 Registered On Collected : 24/Feb/2024 10:31:48 Age/Gender : 33 Y 0 M 23 D /M UHID/MR NO : CVAR.0000047850 Received : 25/Feb/2024 12:28:32 Visit ID : CVAR0118792324 Reported : 25/Feb/2024 13:53:52 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

GLYCOSYLATED HABMOGLOBIN (HBA1C) **, EDTA BLOOD

| Glycosylated Haemoglobin (HbA1c) | 5.60 | % NGSP | HPLC (NGSP) |
|----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 38.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 114 | 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 : Mr.RANJEET KUMAR- BOBE8706 Age/Gender : 33 Y 0 M 23 D /M Registered On Collected : 24/Feb/2024 09:12:23 : 24/Feb/2024 10:31:48

UHID/MR NO : CVAR.0000047850 Visit ID : CVAR0118792324

Received Reported : 25/Feb/2024 12:28:32 : 25/Feb/2024 13:53:52

Ref Doctor : Dr.MEDIWHEEL VNS -

Status : Final Report

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



Dr. Anupam Singh (MBBS MD Pathology)

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^{*}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 : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:23 Age/Gender Collected : 24/Feb/2024 10:31:48 : 33 Y 0 M 23 D /M UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 10:36:18 Visit ID : CVAR0118792324 Reported : 24/Feb/2024 14:40:06 Ref Doctor : Dr.MEDIWHEEL VNS -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 | 10.80 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.80 | mg/dl | 0.6-1.30 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | 6.30 | 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) | 115.80 286.40 39.50 7.90 4.40 3.50 1.26 80.00 0.70 0.30 0.40 | U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl | <35 <40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 <0.30 <0.8 <200 Desirable 200-239 Borderline High | IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF |
| HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) | 88.80 63 | mg/dl mg/dl | > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High | |
| VLDL Triglycerides | 53.52 267.60 | mg/dl mg/dl | 10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | CALCU GPO-P S.N. Sinha (MD Path) |











Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:22 Age/Gender Collected : 24/Feb/2024 10:31:48 : 33 Y 0 M 23 D /M UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 10:36:18 Visit ID : CVAR0118792324 Reported : 24/Feb/2024 16:28:53

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--------------------------------------|---------------|-------|-----------------------|-------------------------|
| | | | | |
| URINE EXAMINATION, ROUTINE*, Urine | | | | |
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.030 | | | |
| Reaction PH | Acidic (6.5) | | | 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 (+++) | |
| Ketone | ABSENT | ma/dl | > 2 (++++) 0.1-3.0 | BIOCHEMISTRY |
| Bile Salts | ABSENT | mg/dl | 0.1-3.0 | BIOCHEIVIISTRY |
| | ABSENT | | | |
| Bile Pigments Bilirubin | ABSENT | | 100 | DIPSTICK |
| | ABSENT | | | DIPSTICK |
| Leucocyte Esterase | ABSENT | | | DIPSTICK |
| Urobilinogen(1:20 dilution) Nitrite | ABSENT | | | DIPSTICK |
| Blood | | | | |
| | ABSENT | | | DIPSTICK |
| Microscopic Examination: | 4 | | | |
| Epithelial cells | 2-3/h.p.f | | | MICROSCOPIC |
| D | 2.4/1.5 | | | EXAMINATION |
| Pus cells | 2-4/h.p.f | | | MUCDOCOODIO |
| RBCs | ABSENT | | | MICROSCOPIC |
| Cook | ADCENT | | | EXAMINATION |
| Countries | ABSENT | | | MICDOSCODIC |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | LAAMINATION |
| STOOL, ROUTINE EXAMINATION *, Stool | | | | |
| | VELLOVAUCLI | | | |
| Color | YELLOWISH | | | |
| Consistency | SEMI SOLID | | | |
| Reaction (PH) | Basic (8.0) | | | |







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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:22 Age/Gender : 33 Y 0 M 23 D /M Collected : 24/Feb/2024 10:31:48 UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 10:36:18 Visit ID : CVAR0118792324 Reported : 24/Feb/2024 16:28:53 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|-----------|-------|--------------------|--------|
| | | | | |
| Mucus | ABSENT | | | |
| Blood | ABSENT | | | |
| Worm | ABSENT | | | |
| Pus cells | 1-2/h.p.f | | | |
| RBCs | ABSENT | | | |
| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |
| BUGAR, FASTING STAGE*, Urine | | | | |
| Sugar, Fasting stage | ABSENT | gms% | | |
| Interpretation: | | | | |
| (+) < 0.5 | | 1 1 X | | |

(++)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 : Mr.RANJEET KUMAR- BOBE8706 : 24/Feb/2024 09:12:23 Registered On Age/Gender : 33 Y 0 M 23 D /M Collected : 24/Feb/2024 10:31:47 UHID/MR NO : CVAR.0000047850 Received : 24/Feb/2024 10:36:18 Visit ID : CVAR0118792324 Reported : 24/Feb/2024 17:07:44 Ref Doctor : Dr.MEDIWHEEL VNS -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) | 173.00 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 10.50 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.600 | μlU/mL | 0.27 - 5.5 | CLIA |
| Interpretation: | | | | |
| . • | | 0.3-4.5 μIU/r | nL First Trimes | ter |
| | | 0.5-4.6 μIU/r | nL Second Trim | nester |
| | | 0.8-5.2 µIU/n | nL Third Trimes | ster |
| | | 0.5-8.9 µIU/r | nL Adults | 55-87 Years |
| | | 0.7-27 µIU/r | nL Premature | 28-36 Week |
| | | 2.3-13.2 $\mu IU/n$ | | > 37Week |
| | | 0.7-64 μIU/n | nL Child(21 wk | - 20 Yrs.) |
| | | 1-39 μIU | /mL Child | 0-4 Days |
| | | 1.7-9.1 μIU/r | nL 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. Sinla

Dr.S.N. Sinha (MD Path)











CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:24

 Age/Gender
 : 33 Y 0 M 23 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000047850
 Received
 : N/A

Visit ID : CVAR0118792324 Reported : 24/Feb/2024 16:28:15

Ref Doctor : Dr.MEDIWHEEL VNS - 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)









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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RANJEET KUMAR- BOBE8706 Registered On : 24/Feb/2024 09:12:24

 Age/Gender
 : 33 Y 0 M 23 D /M
 Collected
 : N/A

 UHID/MR NO
 : CVAR.0000047850
 Received
 : N/A

Visit ID : CVAR0118792324 Reported : 24/Feb/2024 11:52:34

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver measuring **14.4** cm in midclavicular line.Mild diffuse increase in liver echogenicity **noted.** No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (11.5 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.5 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 ~ 11.6 x 3.8 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 ~ 12.0 x 4.9 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 (~ 9.9 cm in its long axis) and has a normal homogenous echotexture.









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

CIN: U85110DL2003PLC308206



Patient Name : 24/Feb/2024 09:12:24 : Mr.RANJEET KUMAR- BOBE8706 Registered On

Age/Gender : 33 Y 0 M 23 D /M Collected : N/A UHID/MR NO : CVAR.0000047850 Received : N/A

Visit ID : CVAR0118792324 Reported : 24/Feb/2024 11:52:34

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

PROSTATE

• The prostate gland is normal in size (~ 30 x 26 x 24 mm / 10 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- FATTY LIVER GRADE I
- REST OF THE ABDOMINAL ORGANS ARE NORMAL.

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

SUGAR, PP STAGE, 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

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