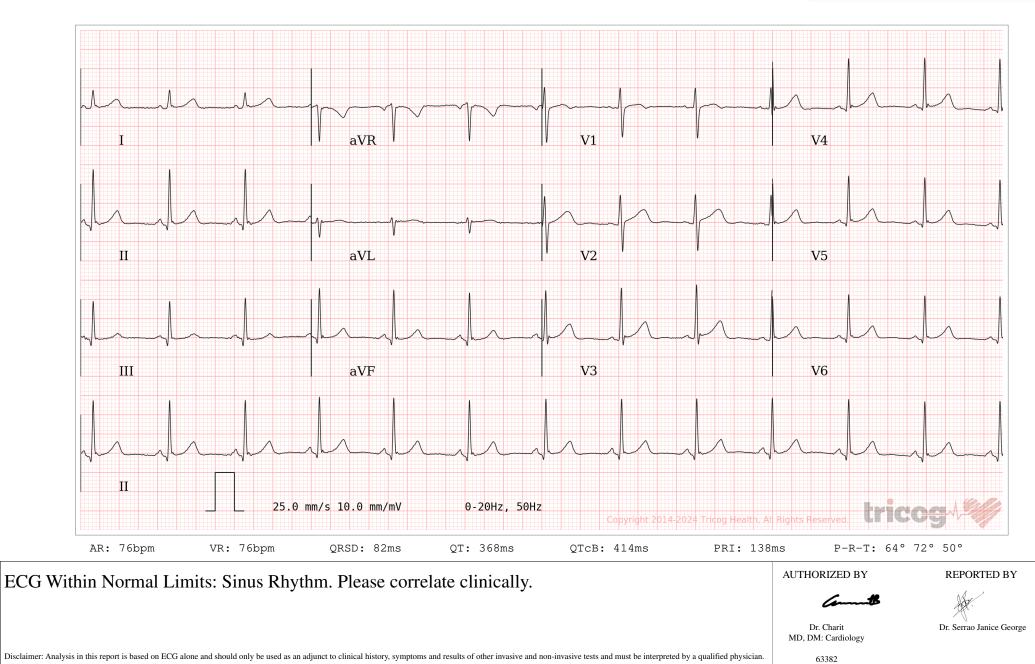
# **Chandan Diagnostic**



Age / Gender:39/FemaleDate and Time:28th Feb 24 12:28 PMPatient ID:CVAR0119062324Patient Name:Mrs.POONAM KUMARI-108970



	CHANDAN I	DIAGNOS	TIC CENT	<b>TRE</b>	
Chaudau	Add: 99, Shivaji Nagar Ma				30
Commune	Ph: 9235447795,0542-350				YEARS
Since 1991	CIN : U85110DL2003PL0	2308206			Canal
Patient Name :	Mrs.POONAM KUMARI-10	8970	Registered O	n : 24/Feb/2024 10	):23:38
Age/Gender :	39 Y 1 M 22 D /F		Collected	: 24/Feb/2024 11	
- , -	CVAR.0000047876		Received	: 24/Feb/2024 13	
	CVAR0119062324		Reported	: 25/Feb/2024 10	):04:22
Ref Doctor :	Dr.MEDIWHEEL VNS -		Status	: Final Report	
			OF HAEMATC	ILOGY VIALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO	& Rhtyping) * , Blood				
Blood Group		В			ERYTHROCYTE
					MAGNETIZED
					TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)		POSITIVE	,		ERYTHROCYTE
					MAGNETIZED
					TECHNOLOGY / TUBE
					AGGLUTINA
Complete Blood Co	unt (CBC) * , Whole Bloo	d			
			( 11		
Haemoglobin		13.30	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	
		8 600 00	/Cu mm	Female- 12.0-15.5 g/dl 4000-10000	
TLC (WBC) <u>DLC</u>		8,600.00	/cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutro	phils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	[······· ]	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		3.00	%	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.	< 20	
PCV (HCT)		37.80	%	40-54	
Platelet count					
Platelet Count		2.29	LACS/cu mm	1.5-4.0	ELECTRONIC
					IMPEDANCE/MICROSCOPIC
PDW (Platelet Distri		16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large	e Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE









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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:38
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: 24/Feb/2024 11:58:30
UHID/MR NO	: CVAR.0000047876	Received	: 24/Feb/2024 13:20:10
Visit ID	: CVAR0119062324	Reported	: 25/Feb/2024 10:04:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

### DEPARTMENT OF HAEM ATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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)	4.15	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
MCV	90.90	fl	80-100	CALCULATED PARAMETER
MCH	32.00	pg	28-35	CALCULATED PARAMETER
MCHC	35.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,590.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	172.00	/cu mm	40-440	

S.n. Sinta

Dr.S.N. Sinha (MD Path)





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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:38
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: 24/Feb/2024 11:58:29
UHID/MR NO	: CVAR.0000047876	Received	: 24/Feb/2024 13:20:11
Visit ID	: CVAR0119062324	Reported	: 24/Feb/2024 16:04:08
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

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

GLUCOSE FASTING, Plasma	Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING , Plasma						
Glucose Fasting 100.00 mg/dl < 100 Normal GOD POD 100-125 Pre-diabetes ≥ 126 Diabetes		100.00	mg/dl	100-125 Pre-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.

S.n. Sinta

Dr.S.N. Sinha (MD Path)





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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:39	
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: 28/Feb/2024 13:50:14	
UHID/MR NO	: CVAR.0000047876	Received	: 28/Feb/2024 13:50:31	
Visit ID	: CVAR0119062324	Reported	: 28/Feb/2024 14:04:06	
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
Glucose PP Sample:Plasma After Meal	132.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.



Dr.S.N. Sinha (MD Path)





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



Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:39
39 Y 1 M 22 D /F	Collected	: 24/Feb/2024 11:58:29
CVAR.0000047876	Received	: 25/Feb/2024 12:35:31
CVAR0119062324	Reported	: 25/Feb/2024 15:06:15
Dr.MEDIWHEEL VNS -	Status	: Final Report
	39 Y 1 M 22 D /F CVAR.0000047876 CVAR0119062324	39 Y 1 M 22 D /FCollectedCVAR.0000047876ReceivedCVAR0119062324Reported

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEM OGLOBIN (HBA1C)	**,EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		

mg/dl

#### Interpretation:

#### NOTE:-

Estimated Average Glucose (eAG)

- 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.

105

• 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)	<b>Degree of Glucose Control Unit</b>
> 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 VARIANT II TURBO 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

Page 5 of 13





	CHANDAN DIAGNUSTIC CENTRE
1	Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
ulan -	Ph: 9235447795 0542-3500227

Since 1991

Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



•

AN DIACNOSTIC CENTRE

#### 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 6 of 13







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



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.POONAM KUMARI-108 : 39 Y 1 M 22 D /F : CVAR.0000047876 : CVAR0119062324 : Dr.MEDIWHEEL VNS -	3970	Registered On Collected Received Reported Status	: 24/Feb/2024 10:23 : 24/Feb/2024 11:58 : 24/Feb/2024 13:20 : 24/Feb/2024 16:10 : Final Report	:29 :10
			OF BIOCHEM IST		
	MEDIWHEEL BAN			ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Sample:Serum	Nitrogen)	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		0.80	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum		5.80	∕ mg/dl	2.5-6.0	URICASE
LFT (WITH GAM	MAGT) * , <i>Serum</i>				
SGPT / Alanine A Gamma GT (GGT Protein Albumin Globulin	e Aminotransferase (AST) Aminotransferase (ALT) )	23.60 13.40 36.00 6.60 3.90 2.70	U/L U/L IU/L gm/dl gm/dl gm/dl	<35 <40 11-50 6.2-8.0 3.4-5.4 1.8-3.6	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED
A:G Ratio Alkaline Phosph Bilirubin (Total) Bilirubin (Direct		1.44 51.80 1.10 0.40	U/L mg/dl mg/dl	1.1-2.0 42.0-165.0 0.3-1.2 < 0.30	CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Indire	ct)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (	MINI), Serum				
Cholesterol (Tot	al)	163.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
	(Good Cholesterol) (Bad Cholesterol)	65.60 60	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
				160-189 High > 190 Very High	
VLDL		37.04	mg/dl	10-33	CALCU
Triglycerides		185.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S. N. Sinha (MD Par

Page 7 of 13



Chaudan Since 1991	CHANDAN I Add: 99, Shivaji Nagar Ma Ph: 9235447795,0542-350 CIN : U85110DL2003PL	hmoorganj,Varanasi )0227	TIC CENTR	RE	VEARS INCE 191
Patient Name	: Mrs.POONAM KUMARI-10	)8970	Registered On	: 24/Feb/2024 10	
Age/Gender	: 39 Y 1 M 22 D /F		Collected	: 28/Feb/2024 13	
UHID/MR NO	: CVAR.0000047876		Received	: 28/Feb/2024 13	
Visit ID	: CVAR0119062324		Reported	: 28/Feb/2024 13	3:52:14
Ref Doctor	: Dr.MEDIWHEEL VNS -		Status	: Final Report	
	DEF	PARTMENT OF (	CLINICAL PATHO	DLOGY	
	MEDIWHEEL BA	NK OF BAROD	AMALE&FEM/	ALE BELOW 40 YRS	5
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINA Color Specific Gravity Reaction PH Appearance	TION, ROUTINE* , Urine	PALE YELLOW 1.030 Acidic ( 6.0 ) CLEAR			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	0.1-3.0	BIOCHEMISTRY
Bile Salts		ABSENT			
Bile Pigments		ABSENT		the state	

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	1-2/h.p.f	MICROSCOPIC
		EXAMINATION
Puscells	ABSENT	
RBCs	ABSENT	MICROSCOPIC
		EXAMINATION
Cast	ABSENT	
Crystals	ABSENT	MICROSCOPIC
		EXAMINATION
Others	ABSENT	
SUGAR, PP STAGE* , Urine		

## Interpretation:

Sugar, PP Stage

Page 8 of 13



ABSENT



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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:39
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: 28/Feb/2024 13:50:14
UHID/MR NO	: CVAR.0000047876	Received	: 28/Feb/2024 13:50:31
Visit ID	: CVAR0119062324	Reported	: 28/Feb/2024 13:52:14
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Ref. Interval

Method

Test Name	Result	Unit	Bio.

(+)	< 0.5 gms%
(++)	0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



S.n. Sinta

Dr.S.N. Sinha (MD Path)

Page 9 of 13





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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:39
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: 24/Feb/2024 11:58:29
UHID/MR NO	: CVAR.0000047876	Received	: 24/Feb/2024 13:20:10
Visit ID	: CVAR0119062324	Reported	: 24/Feb/2024 21:42:14
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)	129.00	ng/dl	84.61–201.7	CLIA		
T4, Total (Thyroxine)	8.10	ug/dl	3.2-12.6	CLIA		
TSH (Thyroid Stimulating Hormone)	11.900	µIU/mL	0.27 - 5.5	CLIA		
		<i>,</i>				
Interpretation:						
	0.3-4.5 µIU/mL First Trimester					

	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 autoimmune disorders.	r from prin	mary hypoth	yroidism, creti	inism, juvenile myxedema or

0.5-4.6

0.8-5.2

0.5-8.9

0.7-27

µIU/mL

µIU/mL

µIU/mL

µIU/mL

Second Trimester

55-87 Years

28-36 Week

Third Trimester

Adults

Premature

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)

Page 10 of 13





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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:41
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000047876	Received	: N/A
Visit ID	: CVAR0119062324	Reported	: 28/Feb/2024 12:35:59
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)

Page 11 of 13







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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:41
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000047876	Received	: N/A
Visit ID	: CVAR0119062324	Reported	: 28/Feb/2024 13:26:20
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 is normal in size (**13.7 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 (9.7 mm in caliber) not dilated.
- Porta hepatis is normal.

# **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common bile duct is ( **3.3 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**

# • <u>Right kidney:-</u>

- Right kidney is normal in size, measuring ~ 10.1 x 4.1 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 ~ 10.9 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 (~ 10.3 cm in its long axis) and has a normal homogenous echo-

ISO 9001:2018

Page 12 of 13



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



Patient Name	: Mrs.POONAM KUMARI-108970	Registered On	: 24/Feb/2024 10:23:41
Age/Gender	: 39 Y 1 M 22 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000047876	Received	: N/A
Visit ID	: CVAR0119062324	Reported	: 28/Feb/2024 13:26:20
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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 ~ 112 cc.

## **UTERUS & CERVIX**

- The uterus is indistinct in outline, normal to the extent visualized .Size ~ 71 x 41 x 27 mm / 42 cc.
- Cervix is normal.

# **ADNEXA & OVARIES**

- No adnexal mass seen.
- 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.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, FASTING 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

Page 13 of 13



