

भारत सरकार  
GOVERNMENT OF INDIA

मोहित बडोनी  
MOHIT BADONI  
जन्म तिथि/ DOB: 30/07/1994  
पुरुष / MALE

6028 3888 4416

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
सत्य नारायण बडोनी, 86,  
ब्लॉक मार्ग, शिव मंदिर  
मोहल्ला, हदम मल्ला,  
दिहरी गढ़वाल,  
उत्तराखण्ड - 249145

Address:  
S/O. Satya Narayan Badoni, 86,  
Block Road, Shiv Mandir  
Mohalla, Hadam Malla, Tehri  
Garhwal,  
Uttarakhand - 249145

6028 3888 4416

MEERA AADHAAR, MERI PEHACHAN

*Vineet Modi*  
Dr. VINEET MODI  
MBBS  
Reg.: UMC - 9575  
Chandan Diagnostic Centre, Haldwani

*Satya*



Since 1991



### GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY Bank of Baroda DATE 24-07-2021  
 CLIENT NAME Mrs Mohit Badoni s/o, d/o Satya Narayan Badoni  
 DATE OF BIRTH 30/7/1994 AGE 26 YEARS  
 ADDRESS S/o Satya Narayan Badoni, Mohalla Hadam Malla, Tehri Ghawal, 249145  
 PHONE NO. 8445023724 OCCUPATION Banker  
 PHOTO ID AADHAR CARD NO. 6028 3888 4416

MARITAL STATUS Unmarried  
 MARK OF IDENTIFICATION Barm mark on

HEIGHT 165 cm WEIGHT 67 kg BMI 24.6  
 CHEST EXP 90 cm CHEST INS 94 cm ABDOMEN 85 cm  
 WAIST 83 cm HIP 90 cm  
 BLOOD PRESSURE 122/80 PULSE RATE 88 regular  
 RESPIRATION RATE 99

FAILMY HISORY	AGE OF LIVING	AGE AT DEATH	STATUS	YEAR
FATHER	58		Healthy	
MOTHER	58		Healthy	
BROTHER	24		Healthy	
SISTER				

WIFE/HUSBAND  
 DEFORMITIES No  
 POLIO YES/NO  IF YES GIVE DETAILS  
 PARALYSIS YES/NO  IF YES GIVE DETAILS





Since 1991

**HISTORY OF CLIENT**

**IF YES , GIVE DETAILS**

TAKING MEDICINE

YES/NO ✓

EYE VISION

DENTAL CHECKUP

YES/NO ✓

BLOOD PRESSURE

YES/NO ✓

DIABETES

YES/NO ✓

THYROID

**SURGERY**

YES/NO ✓

GALL BLADDER

YES/NO ✓

APPENDIX

YES/NO ✓

HARNIA

YES/NO ✓

HYDROCLE

YES/NO ✓

CATRACT

YES/NO ✓

OPEN HEART SURGERY

YES/NO ✓

BY PASS SURGERY

YES/NO ✓

ANGIOGRAPHY

YES/NO ✓

PILES

YES/NO ✓

FISTULA

YES/NO ✓

ACCIDENT

YES/NO ✓

UTERUS

YES/NO ✓

**HABITS**

**IF YES, GIVE DETAILS**

SMOKING

YES/NO ✓

ALCOHOL

YES/NO ✓

PAN MASALA

YES/NO ✓

NUMBER OF CHILD..... DATE OF BIRTH OF LAST BABY.....

I am giving my blood sample empty stomach ✓ YES/NO

URINE sample ✓ YES/NO

ECG ✓ YES/NO

**FINAL IMPRESSION:**

Certified that I examined that MOHIT... BADONI...s/o... SATYA NARAYAN BISHNOY presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is **fit / unfit** to join any organization.

*[Signature]*  
Client Signature

*Vineet Modi*  
**Dr. VINEET MODI**  
MBBS  
Reg.: UMC.- 9575  
Chandan Diagnostic Centre, Haldwani

Signature of Medical Examiner  
Name & Qualification of the medical examiner



Home Sample Collection  
1800-419-0002



# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: 9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:24
Age/Gender	: 26 Y 11 M 24 D /M	Collected	: 24/Jul/2021 11:07:00
UHID/MR NO	: CHLD.0000068783	Received	: 24/Jul/2021 11:09:20
Visit ID	: CHLD0037382122	Reported	: 24/Jul/2021 15:53:26
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	A
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	16.00	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	6,850.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

#### DLC

Polymorphs (Neutrophils)	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

#### ESR

Observed	14.00	Mm for 1st hr.
Corrected	NR	Mm for 1st hr. < 9
PCV (HCT)	50.00	cc % 40-54

#### Platelet count

Platelet Count	3.30	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	20.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	8.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	5.20	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	87.20	fl	80-100	CALCULATED PARAMETER
MCH	30.70	pg	28-35	CALCULATED PARAMETER
MCHC	35.20	%	30-38	CALCULATED PARAMETER
RDW-CV	14.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,521.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	68.00	/cu mm	40-440	



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Dr. Sakshi Garg Tayal (MBBS, MD)  
Pathology PDCC Oncopathology





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:25
Age/Gender	: 26 Y 11 M 24 D /M	Collected	: 24/Jul/2021 13:45:05
UHID/MR NO	: CHLD.0000068783	Received	: 24/Jul/2021 13:50:58
Visit ID	: CHLD0037382122	Reported	: 24/Jul/2021 15:48:41
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
<b>Glucose Fasting</b> Sample: Plasma	88.96	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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> Sample: Plasma After Meal	104.17	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.



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**Dr Vinod Ojha**  
MD Pathologist





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Age/Gender	: 26 Y 11 M 24 D /M	Collected	: 24/Jul/2021 11:07:00
UHID/MR NO	: CHLD.0000068783	Received	: 25/Jul/2021 11:49:59
Visit ID	: CHLD0037382122	Reported	: 25/Jul/2021 13:43:30
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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#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	32.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	99	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 management.

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.

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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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#### 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.



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*Asim*  
 Dr. Anupam Singh  
 M.B.B.S,M.D.(Pathology)







Since 1991

# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:25
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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> Sample:Serum	8.86	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	1.01	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> Sample:Serum	95.00	ml/min/1.73m <sup>2</sup>	90-120 Normal 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	9.67	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	34.24	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	33.99	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	40.55	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.34	gm/dl	6.2-8.0	BIRUET
Albumin	4.45	gm/dl	3.8-5.4	B.C.G.
Globulin	2.89	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.54		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	83.75	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.62	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.31	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.31	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	171.86	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	31.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	89	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	51.56	mg/dl	10-33	CALCULATED
Triglycerides	257.81	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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PPF: May 2021



# CHANDAN DIAGNOSTIC CENTRE

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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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200-499 High  
>500 Very High



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Cont. No.- 9235409975

Dr Vinod Ojha  
MD Pathologist





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:25
Age/Gender	: 26 Y 11 M 24 D /M	Collected	: 24/Jul/2021 13:47:46
UHID/MR NO	: CHLD.0000068783	Received	: 24/Jul/2021 13:50:58
Visit ID	: CHLD0037382122	Reported	: 24/Jul/2021 14:31:37
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	1.015			
Reaction PH	Acidic ( 5.0 )			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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	nil			
Crystals	nil			MICROSCOPIC EXAMINATION
Others	nil			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2

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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
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
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#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Pathology PDCC Oncopathology





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UHID/MR NO	: CHLD.0000068783	Received	: 24/Jul/2021 11:09:20
Visit ID	: CHLD0037382122	Reported	: 24/Jul/2021 17:35:52
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)	136.20	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.11	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.50	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

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.



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 MD Pathologist





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Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:25
Age/Gender	: 26 Y 11 M 24 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000068783	Received	: N/A
Visit ID	: CHLD0037382122	Reported	: 27/Jul/2021 14:02:17
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 \*\*

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

#### **DIGITAL CHEST P-A VIEW:-**

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

#### **IMPRESSION:-**

**NORMAL SKIAGRAM IN PRESENT SCAN.**



**Chandan Diagnostic Centre**  
Plot No.-1051, Near Chaudhary Kothi  
Nainital Road, HALDWANI  
Cont. No.- 9235400975

*Mohit*  
Dr.Mohit Tayal (Md Radiodiagnosis)  
(PDCC Interventional Radiology)  
Formerly at : ANMS RISHIKESH,  
SMH DENRADUN,  
5TH HALDWANI





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:26
Age/Gender	: 26 Y 11 M 24 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000068783	Received	: N/A
Visit ID	: CHLD0037382122	Reported	: 26/Jul/2021 11:35:03
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) \*\*

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

- The liver is normal in size and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is 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 ~10.6x3.7 cm.
  - 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 ~11.2x5.0 cm.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

##### SPLEEN

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Patient Name	: Mr.MOHIT BADONI 1945	Registered On	: 24/Jul/2021 10:49:26
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## DEPARTMENT OF ULTRASOUND

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

- The spleen is normal in size (~9.0 cms) and has a normal homogenous echo-texture.

### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is seen in peritoneal cavity.

### URETERS

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

### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

### PROSTATE

- The prostate gland is normal in size, texture with smooth outline, its measuring ~2.3x3.9x2.8 cm & 14 cc in vol.

### FINAL IMPRESSION:-

**NO SIGNIFICANT SONOLOGICAL ABNORMALITY SEEN**

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

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

(\* ) Test not done under NABL accredited Scope, (\*\* ) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG

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Dr. Azim Ilyas (MBBS, MD Radiologist)



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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

\*Facilities Available at Select Location



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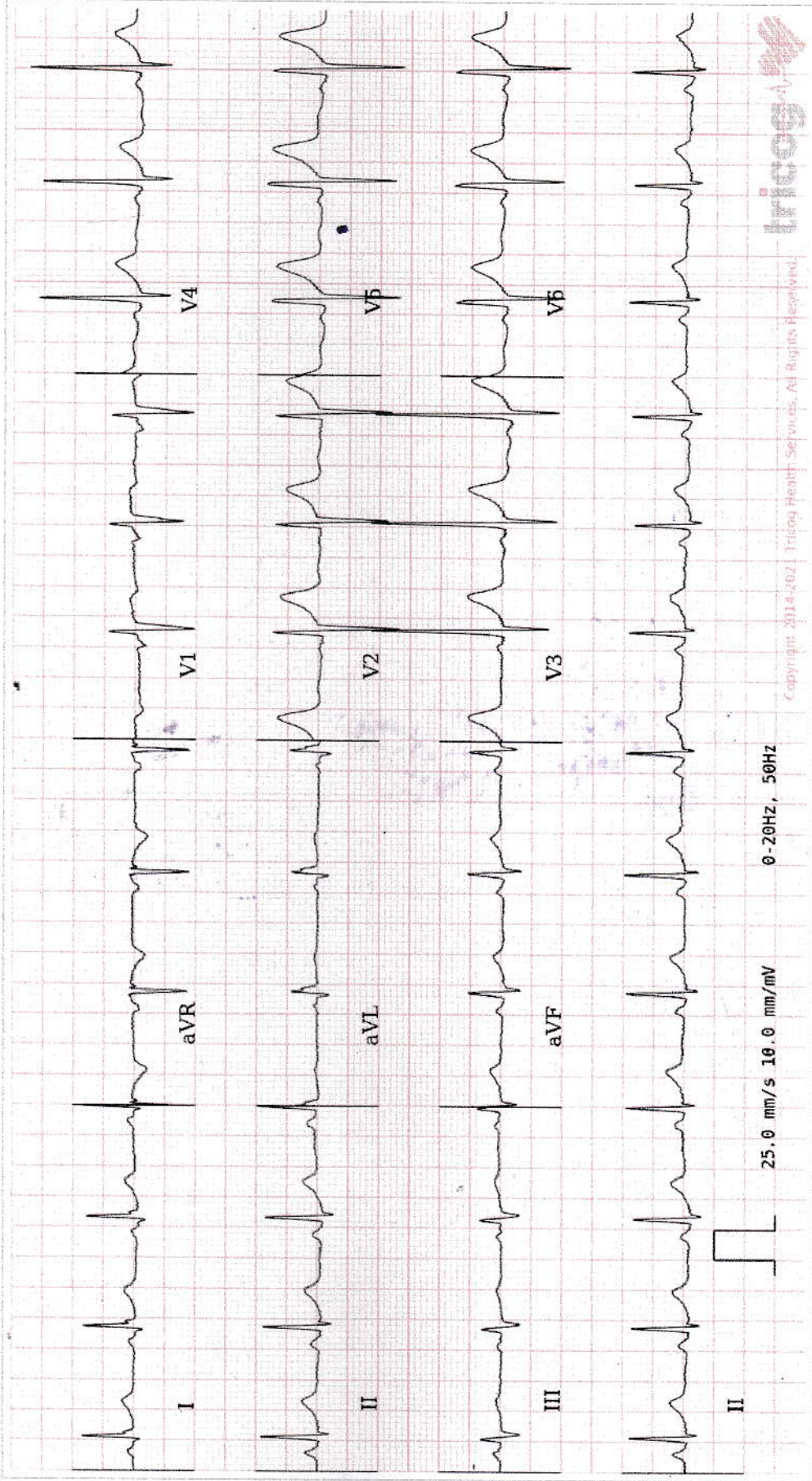
Home Sample Collection  
1800-419-0002





Chandan Diagnostic Centre, Haldwani - 1

Age / Gender: 26/Male Date and Time: 24th Jul 21 11:07 AM  
Patient ID: chld0037382122  
Patient Name: Mr.MOHIT BADONI 1945



AR: 80 bpm VR: 80 bpm QRS: 80 ms QT: 356 ms QTc: 410 ms PRI: 120 ms P-R-T: 60° 30° 44°

G Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Chandan Diagnostic Centre  
Plot No. -1051, Near Chaudhary Koffi  
Nainital Road, HALDWANI  
Cont. No. 9235400975

REPORTED BY

Dr. Charit  
MD, DM: Cardiology  
63382

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