



# CHANDAN DIAGNOSTIC CENTRE

Medil heel. Name of Company:

Name of Executive: Babita Kyman

Date of Birth: 25-03-1984

Sex: Female

Height: 148 kg.

Weight: 72 Kg

BMI (Body Mass Index): 32.9.

Chest (Expiration / Inspiration) 107 111 C-

Abdomen: 105 Cm

Blood Pressure: 134 86

Pulse: 86 BP M.

19 ferfinish.

Ident Mark: Mo (e or chin,

Any Allergies:

Vertigo: No

Any Medications: Wo

Any Surgical History.

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any: Spondolysis - (Necle) - 249

Lab Investigation Reports: New AU

Eye Check up vision & Color vision:

Lefteye: Nornal

Right eye: North

Near vision:







# CHANDAN DIAGNOSTIC CENTRE

Farvision: Workel

Dental check up : Formed

ENT Check up: Normal

Eye Checkup: pornd

## Final impression

Certified that I examined Sabite ....S/o or D/o ..... is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization.

Client Signature:

Dr. R.C. ROY
MBBS.,MD. (Radio Diagnosis)
Reg No.-26918

Signature of Medical Examiner Shive Nagar, Mahmoorgani

Date 25/05/21 Place Varany





D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305408°

Longitude 82.979088°

LOCAL 12:08:24 GMT 06:38:24 SATURDAY 09.25.2021 ALTITUDE 19 METER



# GOVERNMENT OF INDIA



बबीता कुमारी Babita Kumari

जन्म वर्ष / Year of Birth : 1984 महिला / Female



8324 1981 3503

जानमी का अधिकार

# Chandan Diagnostic Centre, Varanasi



Age / Gender:

37/Female

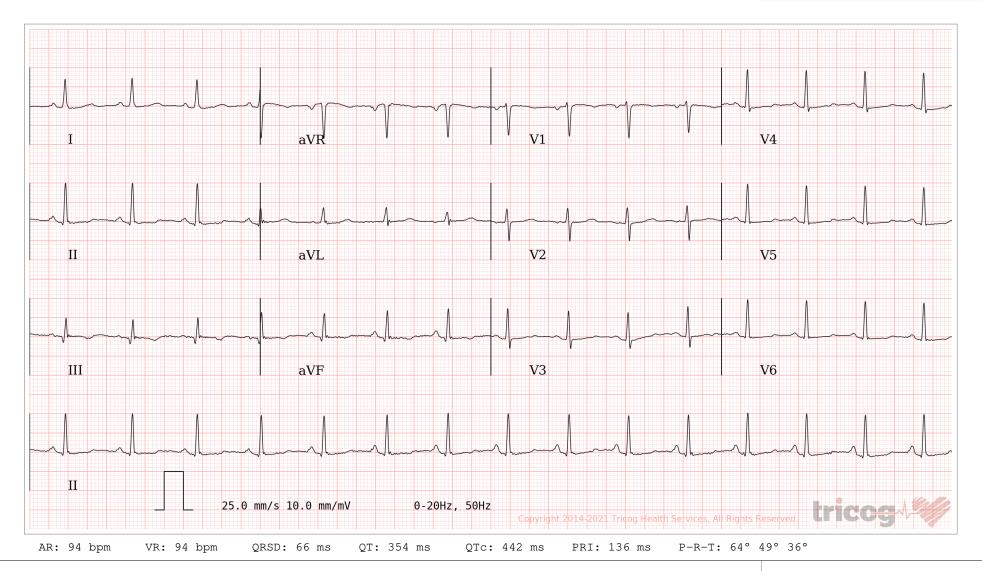
Date and Time: 25th Sep 21 1:13 PM

Patient ID:

CVAR0063922122

Patient Name:

Mrs.BABITA KUMARI-PKG10000239



Sinus Rhythm, Normal Axis, Nonspecific ST Abnormality. Please correlate clinically.

AUTHORIZED BY

annt B

Dr. Charit MD, DM: Cardiology REPORTED BY

Dr Sadath Uzma

63382





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



: 25/Sep/2021 10:42:28 Patient Name : Mrs.BABITA KUMARI-PKG10000239 Registered On : 37 Y 0 M 0 D /F Age/Gender Collected : 25/Sep/2021 12:02:01 UHID/MR NO : CVAR.0000022311 : 25/Sep/2021 12:05:48 Received Visit ID : CVAR0063922122 Reported : 25/Sep/2021 14:56:44

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	

# Blood Group (ABO & Rh typing) \*, Blood

Blood Group O
Rh ( Anti-D) POSITIVE

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

Haemoglobin	11.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	10,000	/Cu mm	4000-10000	ELECTRONIC
DLC				IMPEDANCE
	65.00	0/	55-70	ELECTRONIC
Polymorphs (Neutrophils )	05.00	%	55-70	IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC
				IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC
		d ded a		IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC
Pacophile	0.00	%	<1	IMPEDANCE ELECTRONIC
Basophils	0.00	70	< 1	IMPEDANCE
ESR				IIVII EBAUVEE
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	32.90	cc %	40-54	
Platelet count				
Platelet Count	3.31	LACS/cu mm	1.5-4.0	ELECTRONIC
PDW (Platelet Distribution width)	15.70	fL	9-17	IMPEDANCE ELECTRONIC
PDW (Flatelet Distribution width)	13.70	16	9-17	IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC
				IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC
				IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC
RBC Count				IMPEDANCE
RBC Count	4.09	Mill./cu mm	3.7-5.0	ELECTRONIC
nde count	4.03	wiiii./ cu iiiiii	3.7 3.0	IMPEDANCE
				IIVII EDANCE



Home Sample Collection 1800-419-0002





CIN: U85110DL2003PLC308206



Patient Name : Mrs.BABITA KUMARI-PKG10000239 : 25/Sep/2021 10:42:28 Registered On Age/Gender : 37 Y 0 M 0 D /F Collected : 25/Sep/2021 12:02:01 UHID/MR NO : CVAR.0000022311 Received : 25/Sep/2021 12:05:48 Visit ID : CVAR0063922122 Reported : 25/Sep/2021 14:56:44 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	80.50	fl	80-100	CALCULATED PARAMETER
MCH	27.50	pg	28-35	CALCULATED PARAMETER
MCHC	34.10	, %	30-38	CALCULATED PARAMETER
RDW-CV	15.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	6,500.00 200.00	/cu mm /cu mm	3000-7000 40-440	



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









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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. Interva	l	Method
Glucose Fasting Sample:Plasma	95.00 mg,	100-12	Normal 25 Pre-diabetes Diabetes	GOD PO	D

#### **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	120.00	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.

#### 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)	96	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.



Home Sample Collection 1800-419-0002

## CHANDAN DIAGNOSTIC CENTRE



Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



Patient Name : Mrs.BABITA KUMARI-PKG10000239 : 25/Sep/2021 10:42:29 Registered On Age/Gender : 37 Y 0 M 0 D /F Collected : 25/Sep/2021 12:02:01 UHID/MR NO : CVAR.0000022311 Received : 25/Sep/2021 12:05:48 Visit ID : CVAR0063922122 Reported : 25/Sep/2021 14:31:26 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval	Method
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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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### **Clinical Implications:**

**BUN (Blood Urea Nitrogen) \*** 

7.90

mg/dL

7.0-23.0

**CALCULATED** 





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Un	it Bio. Ref. Interv	val Method
Sample:Serum				
Creatinine Sample:Serum	0.60	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	101.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	5.70	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	<b>46.50</b> 34.10	U/L U/L	< 35 < 40	IFCC WITHOUT P5P IFCC WITHOUT P5P
Gamma GT (GGT) Protein	<b>65.60</b> 7.40	IU/L gm/dl	11-50 6.2-8.0	OPTIMIZED SZAZING BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin A:G Ratio	3.30 1.24	gm/dl	1.8-3.6 1.1-2.0	CALCULATED CALCULATED
Alkaline Phosphatase (Total)	128.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total) Bilirubin (Direct)	0.60 0.30	mg/dl mg/dl	0.3-1.2 < 0.30	JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	154.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP th
HDL Cholesterol (Good Cholesterol)	40.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	92	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	21.74	mg/dl	10-33	CALCULATED
Triglycerides	108.70	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	S.N. Sinta
				Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

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Patient Name : Mrs.BABITA KUMARI-PKG10000239 Registered On

: 25/Sep/2021 10:42:29

Age/Gender

: 37 Y 0 M 0 D /F

Collected

: 25/Sep/2021 15:09:08 : 25/Sep/2021 15:12:17

UHID/MR NO Visit ID

: CVAR.0000022311 : CVAR0063922122

Received Reported

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: 25/Sep/2021 15:30:29 : 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 * ,	<b>,</b> Urine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++) 200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++)	DIPSTICK
			> 2 (++++)	
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				

Sugar, Fasting stage	ABSENT	gms%

## **Interpretation:**

< 0.5 (+)

(++)0.5-1.0

(+++) 1-2

(++++) > 2









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Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mrs.BABITA KUMARI-PKG10000239 Registered On

: 25/Sep/2021 10:42:29

Age/Gender

: 37 Y 0 M 0 D /F

Collected

: 25/Sep/2021 15:09:08 : 25/Sep/2021 15:12:17

UHID/MR NO Visit ID

: CVAR.0000022311

Received

: CVAR0063922122

Reported

: 25/Sep/2021 15:30:29

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

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

Sugar, PP Stage

**ABSENT** 

**Interpretation:** 

(+)< 0.5 gms%

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



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









CIN: U85110DL2003PLC308206



Patient Name : Mrs.BABITA KUMARI-PKG10000239 : 25/Sep/2021 10:42:29 Registered On Age/Gender : 37 Y 0 M 0 D /F Collected : 25/Sep/2021 12:02:01 UHID/MR NO : CVAR.0000022311 Received : 26/Sep/2021 16:40:34 Visit ID : CVAR0063922122 Reported : 26/Sep/2021 17:30:54 : Dr.Mediwheel - Arcofemi Health Care Ltd. Ref Doctor : Final Report Status

#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	125.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.14	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 µIU/1	mL First Trimes	ster
		0.5-4.6 μIU/1	mL Second Trir	mester
		0.8-5.2 μIU/1	mL Third Trime	ester
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/ı	mL Child(21 wl	( - 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/1		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.













CIN: U85110DL2003PLC308206



Patient Name : Mrs.BABITA KUMARI-PKG10000239 Registered On : 25/Sep/2021 10:42:30

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

 UHID/MR NO
 : CVAR.0000022311
 Received
 : N/A

Visit ID : CVAR0063922122 Reported : 25/Sep/2021 15:44:20

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**

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM



Dr Raveesh Chandra Roy (MD-Radio)











CIN: U85110DL2003PLC308206



Patient Name : 25/Sep/2021 10:42:31 : Mrs.BABITA KUMARI-PKG10000239 Registered On

Age/Gender : 37 Y 0 M 0 D /F Collected : N/A UHID/MR NO : CVAR.0000022311 Received : N/A

Visit ID : CVAR0063922122 Reported : 25/Sep/2021 12:50:46

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) \***

- The liver measures (17.4 cm). It shows mild diffuse increase in echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein (8 mm) and CBD (2.5 mm) are not dilated.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (8.9 cm), shape and echogenecity.
- Right kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Right kidney measures: 10.1 x 3.3 cm
- Left kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Left kidney measures: 10.4 x 5.4 cm
- Urinary bladder is partially filled (75 cc).
- Uterus is anteverted, and is normal in size 66 x 41 x 32 mm/46cc. No focal myometrial lesion seen. Endometrium is normal in thickness.
- Bilateral ovaries are obscured.
- Bilateral adnexa are clear.
- No free fluid is seen in the abdomen/pelvis.

#### **IMPRESSION:**

- Fatty liver grade I
- Rest of the abdominl organs normal

#### Please correlate clinically.

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, 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 \* \*Facilities Available at Select Location 365 Days Open





