



Government of India

अलको भौगी Adka Maurya जन्म तिथि / DOB : 02/02/1993 महिला / Fensala

6822 3549 4059 विकास अधिकाः आधार - आम आदमी का अधिकाः

Chandan Diagnostic



Age / Gender:31/FemaleDate and Time:18th Mar 24 11:02 AMPatient ID:CVAR0129362324Patient Name:Mrs.ALKA SINGH -BOBS15379





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

Latitude 25.3053714°

Local 10:11:34 AM GMT 04:41:34 AM Longitude 82.9790357°

Altitude 84 meters Monday, 18.03.2024





Name of Company: Mediwheel Name of Executive: Alka Singh Sex: Male / Female BMI (Body Mass Index): 7 1.5 Chest (Expiration / Inspiration) 89. / 92. CMs Ident Mark: Manle on fourhead Any Allergies: No Vertigo : No Any Medications: NO Any Surgical History: No Habits of alcoholism/smoking/tobacco: NO Chief Complaints if any: No Lab Investigation Reports: NO " Normal & Power Grass - Mean Power Not Confirm by Client Eye Check up vision & Color vision: Noumal Left eye: Right eye: Nonmal







Near vision: N16 E hlaps Far vision: N16 Dental check up: Normal ENT Check up: Normal

Normal

Eye Checkup:

Final impression

Certified		_	examined	All	69	5	ingt	<u> </u>		S/o	or	D/o
cardio-res	spirato	ry/	communicable	ailment,	_he/she	is	fit	/-U	əfit	to	join	any
organiza												

Client Signature :-

Dr. R.C. ROI MBBS, ND IRadio Magness Reg No -26919

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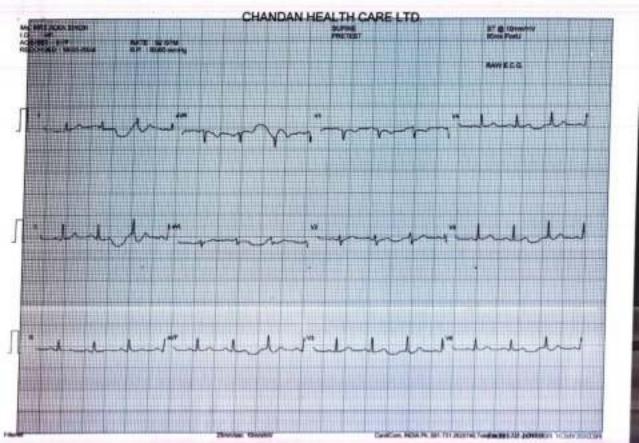
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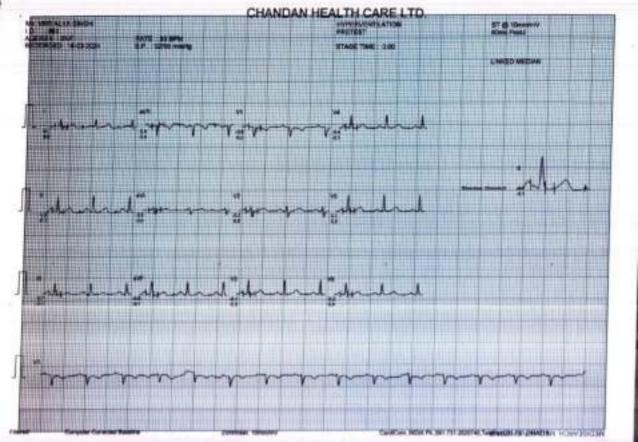
Signature of Medical Examiner



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	S.ALKA SINGH -BOBS15379		Registered O Collected	n : 18/Mar/2024 09 : 18/Mar/2024 11	
-	Y 1 M 14 D /F AR.0000048854		Received	: 18/Mar/2024 11 : 18/Mar/2024 11	
Visit ID : CV	AR0129362324		Reported	: 18/Mar/2024 13	
Ref Doctor : Dr.	MEDIWHEEL VNS -		Status	: Final Report	
T	MEDIWHEEL BAI				NA 11 1
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & F Blood Group	Rhtyping) *, <i>Blood</i>	A			ERYTHROCYTE MAGNETIZED
Rh (Anti-D)	P	DSITIVE			TECHNOLOGY / TUBE AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Coun	t (CBC) * , Whole Blood				
Haemoglobin	11	.50	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) <u>DLC</u>	5,10	0.00	/Cu mm	Female- 12.0-15.5 g/dl 4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutroph	ils) 60	.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	,	.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.	00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.	00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.	00	%	<1	ELECTRONIC IMPEDANCE
Observed	20	.00 N	Лm for 1st hr.		
Corrected	10	.00 N	/Im for 1st hr.	< 20	
PCV (HCT) Platelet count	34	.30	%	40-54	
Platelet Count	1.	50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribut	ion width) 16	.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Ce	ell Ratio) r	nr	%	35-60	ELECTRONIC IMPEDANCE

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



Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:55
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: 18/Mar/2024 11:04:44
UHID/MR NO	: CVAR.0000048854	Received	: 18/Mar/2024 11:09:40
Visit ID	: CVAR0129362324	Reported	: 18/Mar/2024 13:55:47
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.68	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.10	fl	80-100	CALCULATED PARAMETER
MCH	31.30	pg	28-35	CALCULATED PARAMETER
МСНС	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,060.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	255.00	/cu mm	40-440	

S.N. Sinduk Dr.S.N. Sinna (MD Path)





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



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.ALKA SINGH -BOBS1537 : 31 Y 1 M 14 D /F : CVAR.0000048854 : CVAR0129362324 : Dr.MEDIWHEEL VNS -	9	Registered On Collected Received Reported Status	: 18/Mar/2024 09:50 : 18/Mar/2024 14:31 : 18/Mar/2024 14:32 : 18/Mar/2024 15:44 : Final Report	1:33 2:24
	M EDIWHEEL B	SANK OF BAI	RODA FEMALE A	ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTI	ING, Plasma				
Glucose Fasting		70.70	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 diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal	122.00	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.

> S. N. Sinka Dr.S.N. Sinha (MD Path)

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



Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:57
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: 18/Mar/2024 11:04:44
UHID/MR NO	: CVAR.0000048854	Received	: 19/Mar/2024 13:46:39
Visit ID	: CVAR0129362324	Reported	: 19/Mar/2024 15:05:02
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEM OGLOBIN (HBA1C) *	*, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	26.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	82	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. **Some danger of hypoglycemic reaction in Type 1diabetics. 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

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi



Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206

CHANDAN DIAGNOSTIC CENTRE



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Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:57				
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: 18/Mar/2024 11:04:44				
UHID/MR NO	: CVAR.0000048854	Received	: 19/Mar/2024 13:46:39				
Visit ID	: CVAR0129362324	Reported	: 19/Mar/2024 15:05:02				
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report				
DEPARTMENT OF BIOCHEMISTRY							

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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)

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



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.ALKA SINGH -BOBS15 : 31 Y 1 M 14 D /F : CVAR.0000048854 : CVAR0129362324 : Dr.MEDIWHEEL VNS -	379	Registered On Collected Received Reported Status	: 18/Mar/2024 09:50 : 18/Mar/2024 11:04 : 18/Mar/2024 11:09 : 18/Mar/2024 12:54 : Final Report	:44 :40
			OF BIOCHEMIST		
T . N	MEDIWHEEL		ARODA FEMALE A		
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nit <i>Sample:Serum</i>	trogen)	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		0.90	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum		3.60	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMM	A GT) * , <i>s</i> erum				
SGOT / Aspartate A	Aminotransferase (AST)	13.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Am	inotransferase (ALT)	11.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)		20.00	IU/L	11-50	OPTIMIZED SZAZING
Protein		6.90	gm/dl	6.2-8.0	BIURET
Albumin		4.00	gm/dl	3.4-5.4	B.C.G.
Globulin		2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.38		1.1-2.0	CALCULATED
Alkaline Phosphata	ase (Total)	72.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)		0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (M	IINI), Serum				
Cholesterol (Total)		95.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (G	iood Cholesterol)	33.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (B	ad Cholesterol)	54	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
				160-189 High > 190 Very High	
VLDL		20.00	mg/dl	10-33	CALCU
Triglycerides		100.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S-N Sinba Dr.S.N. Sinha (MD Path

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Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206

Since 1991



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.ALKA SINGH -BOB : 31 Y 1 M 14 D /F : CVAR.0000048854 : CVAR0129362324 : Dr.MEDIWHEEL VNS -	S15379	Registered On Collected Received Reported Status	: 18/Mar/2024 09: : 18/Mar/2024 11: : 18/Mar/2024 11: : 18/Mar/2024 15: : Final Report	04:44 09:40
		EPARTMENT OF C			
	MEDIWH	IEEL BANK OF BAF	RODAFEMALE	ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMIN	ATION, ROUTINE* , Urin	e			
Color	,, ,	PALE 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			U	0.5-1.0 (++)	
				1-2 (+++)	
<i></i>		ABOSHT	(>2 (++++)	
Ketone		ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts		ABSENT ABSENT			
Bile Pigments Bilirubin		ABSENT		1.00	DIPSTICK
Leucocyte Estera		ABSENT			DIPSTICK
Urobilinogen(1:2		ABSENT			Dir Strek
Nitrite		ABSENT			DIPSTICK
Blood		ABSENT			DIPSTICK
Microscopic Exa	mination:				
Epithelial cells		OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells		ABSENT			
RBCs		ABSENT			MICROSCOPIC EXAMINATION
Cast		ABSENT			
Crystals		ABSENT			MICROSCOPIC
					EXAMINATION
Others		ABSENT			
SUGAR, FASTIN	G STAGE*, Urine				
Sugar, Fasting st	age	ABSENT	gms%		

Interpretation:

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

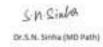


Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:57
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: 18/Mar/2024 11:04:44
UHID/MR NO	: CVAR.0000048854	Received	: 18/Mar/2024 11:09:40
Visit ID	: CVAR0129362324	Reported	: 18/Mar/2024 15:13:51
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2 (++++) > 2				
(++++) > 2				



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



Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:57	
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: 18/Mar/2024 11:04:44	
UHID/MR NO	: CVAR.0000048854	Received	: 18/Mar/2024 11:09:40	
Visit ID	: CVAR0129362324	Reported	: 18/Mar/2024 15:39:18	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	

DEPARIMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio	o. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum					
T3, Total (tri-iodothyronine)	115.00	ng/dl	l 84.0	61–201.7	CLIA
T4, Total (Thyroxine)	5.80	ug/dl	l 3.2 [.]	-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.900	μlU/m	nL 0.2	7 - 5.5	CLIA
Interpretation:					
		0.3-4.5 µ	ıIU/mL	First Trimester	
		0.5-4.6 μ	ıIU/mL	Second Trimester	
		0.8-5.2 μ	ıIU/mL	Third Trimester	
		0.5-8.9 μ	ıIU/mL	Adults 55-8	7 Years
		0.7-27 μ	ıIU/mL	Premature 28-	-36 Week
		2.3-13.2 μ	ıIU/mL	Cord Blood >	37Week
		0.7-64 μ	ıIU/mL	Child(21 wk - 20 Y	rs.)
		1-39	µIU/mL	Child 0-4	Days
		1.7 - 9.1 μ	ıIU/mL	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. Sinta

Dr.S.N. Sinha (MD Path)

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



Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:58
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000048854	Received	: N/A
Visit ID	: CVAR0129362324	Reported	: 18/Mar/2024 10:38:56
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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)

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



Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:59
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000048854	Received	: N/A
Visit ID	: CVAR0129362324	Reported	: 18/Mar/2024 10:15:59
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (**13.3 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 (9.9 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 ~ 9.5 x 3.2 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 ~ 10.3 x 4.5 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 (~ 9.6 cm in its long axis) and has a normal homogenous echo-

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



Patient Name	: Mrs.ALKA SINGH -BOBS15379	Registered On	: 18/Mar/2024 09:50:59
Age/Gender	: 31 Y 1 M 14 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000048854	Received	: N/A
Visit ID	: CVAR0129362324	Reported	: 18/Mar/2024 10:15:59
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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 partially filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 40 cc.

UTERUS & CERVIX

- The uterus is retroflexed and normal in size (~ 55 x 35 x 26 mm / 26 cc) & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 3.5 mm).
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both ovaries are normal in size and texture.

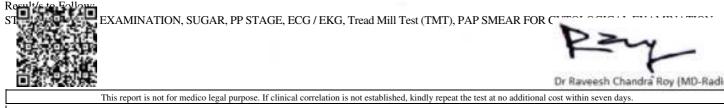
FINAL IMPRESSION:-

• No significant sonological abnormality noted.

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

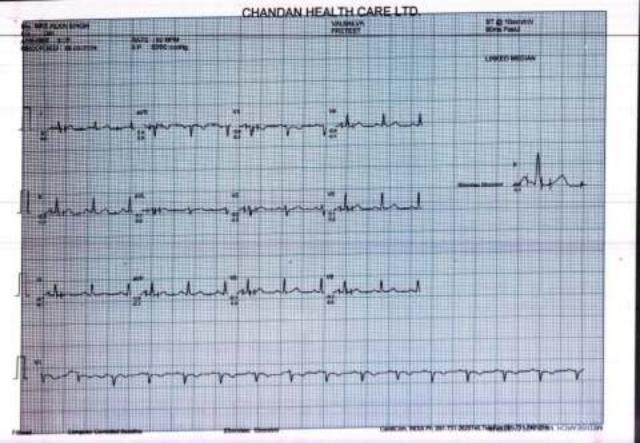


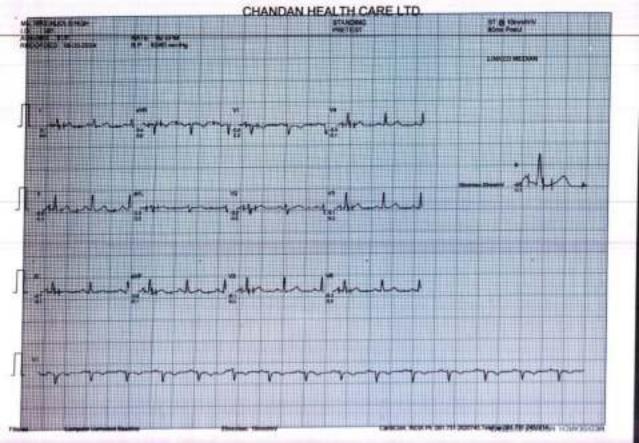
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, 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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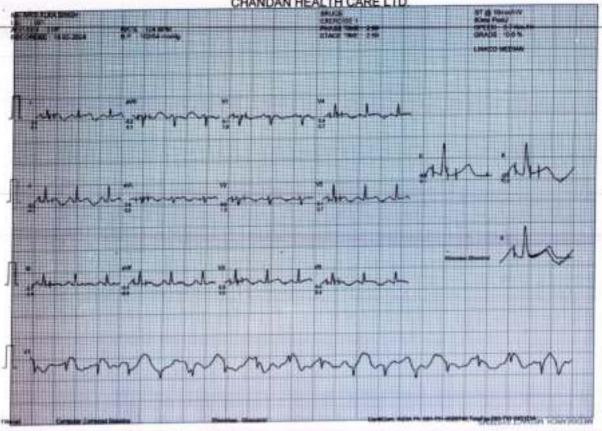




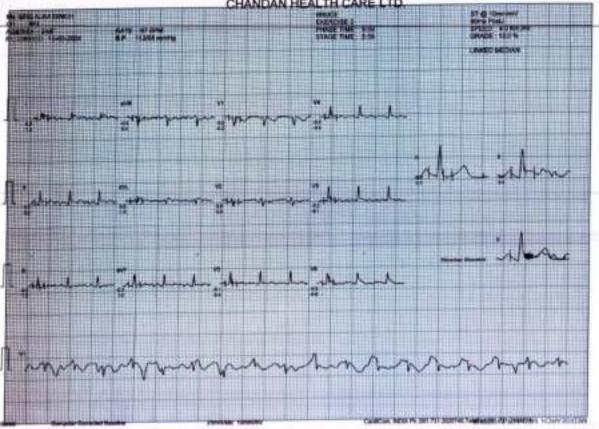


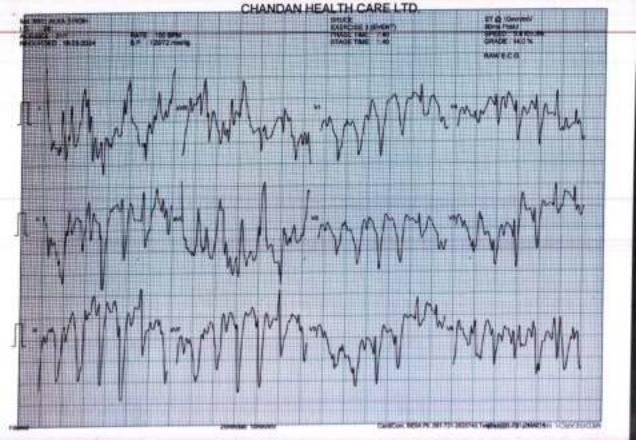




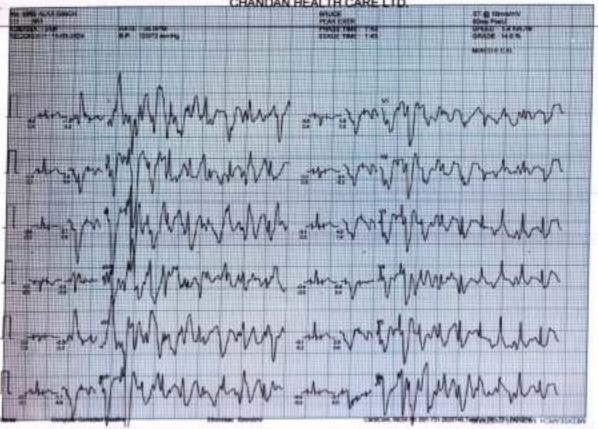


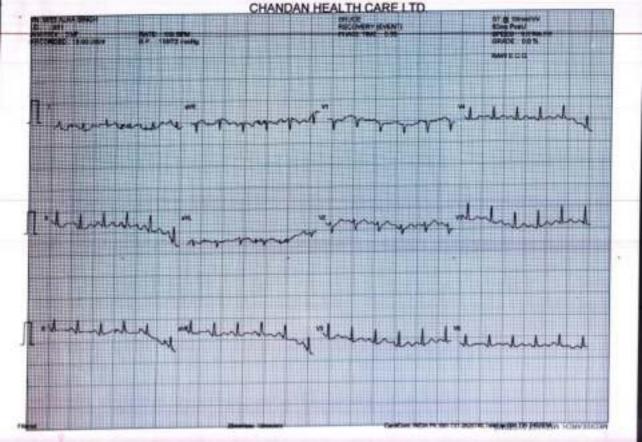


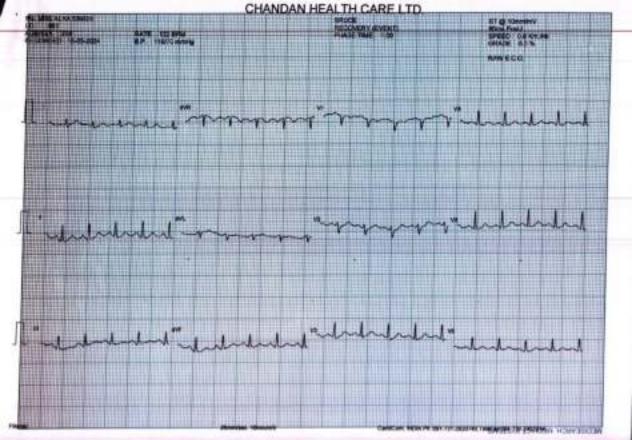




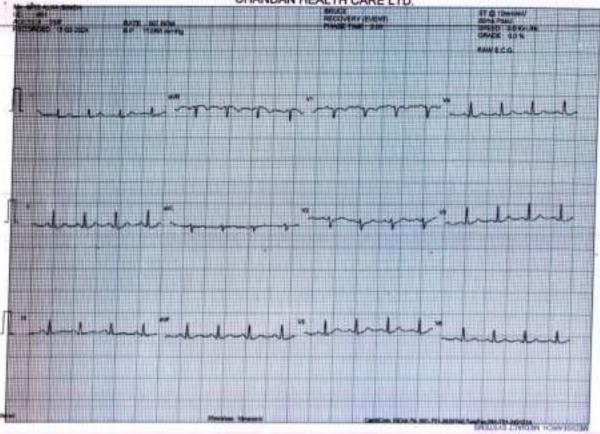


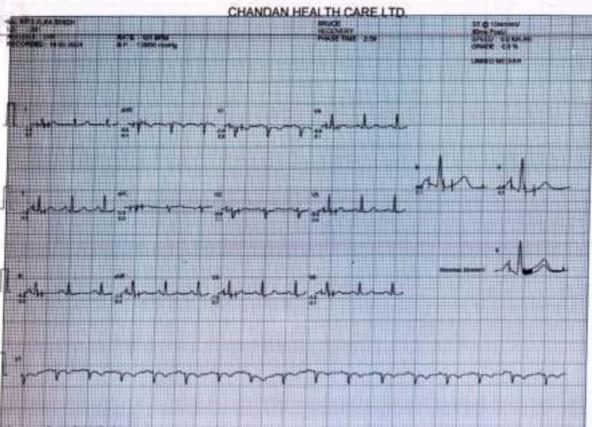












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