Re: Health Check up Booking Confirmed Request(bobS25217), Package Code-PKG10000239, Beneficiary



anurag sri

to Mediwheel, me, mediwheelwellness

CONFIRMED

PACK CODE 2613

On Wed, Jan 11, 2023 at 6:22 PM Mediwheel <wellness@mediwheel.in> wrote:



Wed, 11 Jan, 18:25 (3 days ago)

agnostic

CYS

41195959 Email; wellness@mediwheel.in

Hi Chandan Diagnostic Centre,

Diagnostic/Hospital Location: Mukut Complex, Rekabganj, City: Faizabad We have received the confirmation for the following booking .

Beneficiary Name

: PKG10000239

Beneficiary

Name

: Rina singh

Member Age : 31

Member

Gender

: Female

Member Relation

: Spouse

Package Name: Full Body Health Checkup Female Below 40

Location

: BELAGUR, Karnataka-573114

Contact

Details

: 7895638562

Booking Date : 11-01-2023

Appointment

: 14-01-2023

Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the moming.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray
- 2. It is advisable not to undergo any Health Check during menstrual cycle. We request you to facilitate the employee on priority.

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Good Day

Please find the attachment

Thanks & Regards : -

Anurag Srivastava

Business Development Executive - Corporate Business Indra Diagnostic Centre (A Unit of Chandan Healthcare Ltd) Lucknow. Mb. 9918101664

Rina Singh



भारत सरकार Government of India



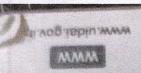
रीना सिंह Rina Singh जन्म तिथि। DOB 10/04/1991 महिला। Female



5125 7933 9620

आधार - आम आदमी का अधिकार

Rina Singh



nl.vog.labiu @ qiari



LV61 OUT OURS

5125 7933 9620

Address: D/O: Bhupendra Kumar Singh, 348, Sahaspura, Pachewara, Mirzapur, Uttar Pradesh, 231305

पता: D/O: अपेंद्र कुमार मिह, 348, महसपुरा, पचेवारा, पचेवारा, मिज़ीपुर, उत्तर प्रदेश, 231305

आस्तीय विशिष्ट पहचान आधिकरण Unique Identification Authority of India





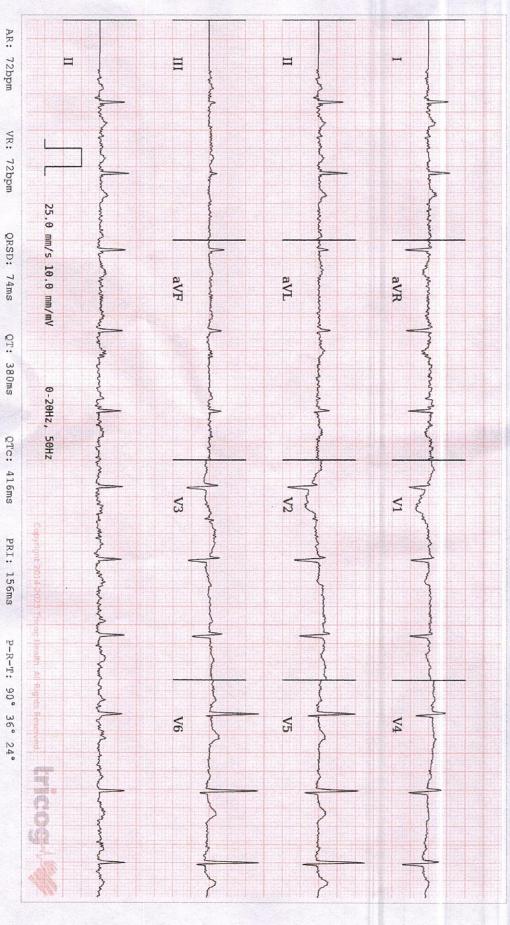
Chandan Diagnostic

Date and Time: 14th Jan 23 9:56 AM



Patient ID: Age / Gender: 31/Female

Patient Name: Mrs.RINA SINGH CHFD0507062223



AUTHORIZED BY

REPORTED BY

Dr. Charit MD, DM: Cardiology

63382

Dr Kavitha Girish

clinically. ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Baseline wandering. Please correlate

Disclaimer: Analysis in this report is based on BCG 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.





Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:30 Age/Gender Collected : 14/Jan/2023 09:26:33 : 31 Y 9 M 5 D /F UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 09:37:53 Visit ID : CHFD0507062223 Reported : 14/Jan/2023 13:43:15

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

0

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 12.40 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

Female- 12.0-15.5 g/dl

TLC (WBC)	8,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	72.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	38.50	%	40-54	
Platelet count				
Platelet Count	1.92	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	44.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.10	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE









CIN: U85110DL2003PLC308206



Patient Name : 14/Jan/2023 08:50:30 : Mrs.RINA SINGH Registered On Age/Gender : 31 Y 9 M 5 D /F Collected : 14/Jan/2023 09:26:33 UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 09:37:53 Visit ID : CHFD0507062223 Reported : 14/Jan/2023 13:43:15

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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	95.70	fl	80-100	CALCULATED PARAMETER
MCH	30.90	pg	28-35	CALCULATED PARAMETER
MCHC	31.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,976.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	83.00	/cu mm	40-440	









111. 9233400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:30 Age/Gender : 31 Y 9 M 5 D /F Collected : 14/Jan/2023 14:54:29 UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 16:22:17 Visit ID : CHFD0507062223 Reported : 14/Jan/2023 16:47:59

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
GLUCOSE FASTING , Plasma				
Glucose Fasting	96.91	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	117.55	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.









 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH : 14/Jan/2023 08:50:30 Registered On : 14/Jan/2023 09:26:33 Age/Gender : 31 Y 9 M 5 D /F Collected UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 16:59:07 Visit ID : CHFD0507062223 Reported : 14/Jan/2023 18:05:50

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

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	22.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	73	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 G8 90 SL TOSOH 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.





UHID/MR NO

Visit ID

Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Age/Gender : 31 Y 9 M 5 D /F

> : CHFD.0000170536 Received : 14/Jan/2023 16:59:07 : CHFD0507062223 Reported : 14/Jan/2023 18:05:50

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

Registered On

Collected

: 14/Jan/2023 08:50:30

: 14/Jan/2023 09:26:33

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)





^{*}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.





CIN: U85110DL2003PLC308206



: 14/Jan/2023 08:50:31 Patient Name : Mrs.RINA SINGH Registered On Age/Gender : 31 Y 9 M 5 D /F Collected : 14/Jan/2023 09:26:33 UHID/MR NO : CHFD.0000170536 : 14/Jan/2023 10:23:11 Received Visit ID : CHFD0507062223 Reported : 14/Jan/2023 11:25:00

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
BUN (Blood Urea Nitrogen) Sample:Serum	9.22	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.78	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid	4.02	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	49.44	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	78.64	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	48.21	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.25	gm/dl	6.2-8.0	BIRUET
Albumin	3.88	gm/dl	3.8-5.4	B.C.G.
Globulin	2.37	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	127.89	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.56	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	121.69	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.46	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	69	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	15.66	mg/dl	10-33	CALCULATED
Triglycerides	78.30	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High	GPO-PAP 1









UHID/MR NO

Visit ID

Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Age/Gender : 31 Y 9 M 5 D /F

: CHFD.0000170536 : CHFD0507062223 Collected Received Reported

Registered On

: 14/Jan/2023 09:26:33 : 14/Jan/2023 10:23:11 : 14/Jan/2023 11:25:00

: 14/Jan/2023 08:50:31

Ref Doctor : Dr. Mediwheel - Arcofemi Health Care Ltd. Status

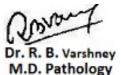
: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High











 ${\bf Add:}\ {\bf Mukut}\ {\bf Complex}, {\bf Rekabganj,} {\bf Faizabad}$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:30 Age/Gender : 31 Y 9 M 5 D /F Collected : 14/Jan/2023 10:35:28 UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 11:54:27 Visit ID : CHFD0507062223 Reported : 14/Jan/2023 14:43:57

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
URINE EXAMINATION, ROUTINE * ,	Urine			
Color	CLEAR			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile P <mark>igment</mark> s	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
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









Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:30 Age/Gender : 31 Y 9 M 5 D /F Collected : 14/Jan/2023 14:56:04 UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 16:33:53 Visit ID : CHFD0507062223 Reported : 15/Jan/2023 13:51:02

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%









CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:31 Age/Gender : 31 Y 9 M 5 D /F Collected : 14/Jan/2023 09:26:33 UHID/MR NO : CHFD.0000170536 Received : 14/Jan/2023 16:54:47 Visit ID : CHFD0507062223 Reported : 14/Jan/2023 17:34:18 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

The response

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)	116.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.28	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	nester
		0.8-5.2 μIU/1	mL Third Trime	ster
		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/r	mL Cord Blood	> 37Week
		0.7-64 μIU/ı	mL Child(21 wk	(- 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/ı		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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:31

Age/Gender Collected : 31 Y 9 M 5 D /F : N/A UHID/MR NO : CHFD.0000170536 : N/A Received

Visit ID : CHFD0507062223 Reported : 14/Jan/2023 15:25:04

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 *

CHEST P-A VIEW

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

- 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:

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.

Dr Raveesh Chandra Roy (MD-Radio)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:32

 Age/Gender
 : 31 Y 9 M 5 D /F
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000170536
 Received
 : N/A

Visit ID : CHFD0507062223 Reported : 14/Jan/2023 10:11:24

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 in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

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

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thickness is normal.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

GREAT VESSELS

• Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

• Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or mass.









Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RINA SINGH Registered On : 14/Jan/2023 08:50:32

 Age/Gender
 : 31 Y 9 M 5 D /F
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Visit ID : CHFD0507062223 Reported : 14/Jan/2023 10:11:24

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

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

UTERUS

- The uterus is anteverted and normal in size-69x 49 x 40 mm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline measuring 7.7 mm.
- Cervix is normal.

ADNEXA & OVARIES

• Bilateral Adnexa and ovaries are normal.

FINAL IMPRESSION:-

• No significant abnormality is seen in present study.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Onvoud Dr. R. B. Varshney Ultrasonologist

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





