Chandan Diagnostic



Age / Gender: 35/Male

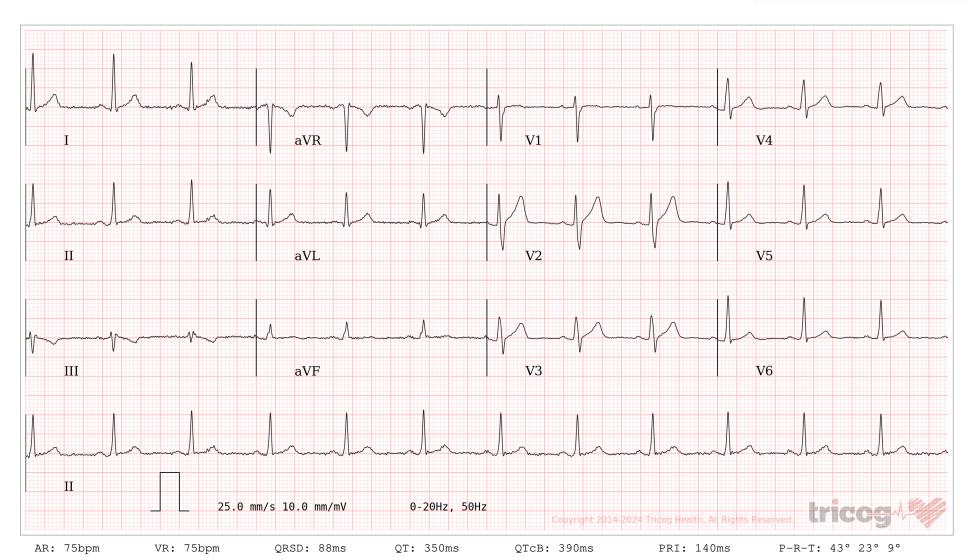
Date and Time: 27th Jan 24 10:27 AM

Patient ID:

cdca0332372324

Patient Name:

Mr.RAJESH KUMAR GUPTA



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



Dr. Charit MD, DM: Cardiology Dr. Serrao Janice George

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 be interpreted by a qualified physician.



CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:06 Age/Gender Collected : 35 Y 8 M 23 D /M : 27/Jan/2024 09:00:08 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 10:00:06 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 13:36:18

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

DEPARTM ENT OF HABMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Bl	ood			
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC) DLC Polymorphs (Neutrophils) Lymphocytes	10,500.00 55.00 38.00	g/dl /Cu mm % %	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/d 4000-10000	
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils Basophils ESR	3.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	. <9	
PCV (HCT) Platelet count	38.00	%	40-54	
Platelet Count	2.6	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	31.00	%	35-60	ELECTRONIC IMPEDANCE









Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:06 Age/Gender : 35 Y 8 M 23 D /M Collected : 27/Jan/2024 09:00:08 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 10:00:06 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 13:36:18

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

DEPARTMENT OF HAEMATOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.20	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	90.47	fΙ	80-100	CALCULATED PARAMETER
MCH	29.52	pg	28-35	CALCULATED PARAMETER
MCHC	32.63	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	32.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,775.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	315.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:07 Age/Gender : 35 Y 8 M 23 D /M Collected : 27/Jan/2024 12:13:32 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 13:55:37 Visit ID Reported : CDCA0332372324 : 27/Jan/2024 15:04:35

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	104.26	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*	110.00	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.

Dr. R.K. Khanna (MBBS,DCP)









Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : 27/Jan/2024 08:53:08 : Mr.RAJESH KUMAR GUPTA Registered On Age/Gender : 35 Y 8 M 23 D /M Collected : 27/Jan/2024 09:00:08 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 15:56:43 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 16:39:24

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 HAEM OGLOBIN (HBA1C) *	* , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC			
Estimated Average Glucose (eAG)	114	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 VARIANT II TURBO 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.



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CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Age/Gender : 35 Y 8 M 23 D /M

: CDCA.0000122354

Collected Received

Registered On

: 27/Jan/2024 09:00:08 : 27/Jan/2024 15:56:43 : 27/Jan/2024 16:39:24

: 27/Jan/2024 08:53:08

Visit ID : CDCA0332372324 Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Reported Status

: Final Report

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



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.



CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:08 Age/Gender Collected : 35 Y 8 M 23 D /M : 27/Jan/2024 09:00:08 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 09:57:24 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 12:20:11

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

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	14.20	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.18	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	6.30	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	37.63 43.73 27.13 6.84 4.16 2.68 1.55 57.22 0.63 0.15 0.48	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	<35 <40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 <0.30 <0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL	50.16 109 26.80	mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High 10-33	
Triglycerides	134.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO- WZ

Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in





Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:07 Age/Gender Collected : 35 Y 8 M 23 D /M : 27/Jan/2024 12:13:32 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 13:45:28 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 16:18:48

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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	ABSENT			DII STICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
, rotem	ABOLINI	1118 70	10-40 (+)	DII OTTON
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
Votano	ABSENT	ma/dl	> 2 (++++) 0.1-3.0	BIOCHEMISTRY
Ketone Bile Selte		mg/dl	0.1-3.0	BIOCHEIVIISTRY
Bile Salts	ABSENT			
Bile Pigments Bilirubin	ABSENT			DIPSTICK
	ABSENT			
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIDCTICK
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
Dua cella	OCCACIONIAL			EXAMINATION
Pus cells	OCCASIONAL			MICROCCORIC
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			LAAMINATION
Crystals	ABSENT			MICROSCOPIC
Ciystais	ADSENT			EXAMINATION
Others	ABSENT			270 11011011
STOOL, ROUTINE EXAMINATION * , ${\it Stool}$				
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Neutral (7.0)			







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

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Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:07 Age/Gender : 35 Y 8 M 23 D /M Collected : 27/Jan/2024 12:13:32 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 13:45:28 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 16:18:48

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
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT	,		
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				

Sugar, Fasting stage ABSENT gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE*, Urine

Sugar, PP Stage ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. R.K. Khanna (MBBS,DCP)

Page 8 of 12







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA : 27/Jan/2024 08:53:08 Registered On Age/Gender : 35 Y 8 M 23 D /M Collected : 27/Jan/2024 09:00:08 UHID/MR NO : CDCA.0000122354 Received : 27/Jan/2024 15:43:34 Visit ID : CDCA0332372324 Reported : 27/Jan/2024 16:53:15 : Dr.Mediwheel - Arcofemi Health Care Ltd. Ref Doctor 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)	115.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.140	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
		0.3-4.5 μIU/m	L First Trimes	ter
		0.5-4.6 μIU/m	L Second Trim	nester
		0.8-5.2 μIU/m	L Third Trimes	ster
		0.5-8.9 $\mu IU/m$	L Adults	55-87 Years
		0.7-27 μIU/m	L Premature	28-36 Week
		2.3-13.2 μIU/m	L Cord Blood	> 37Week
		0.7-64 μIU/m	L Child(21 wk	- 20 Yrs.)
		1-39 μIU/	mL Child	0-4 Days
		1.7-9.1 μIU/m	L 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.

Being

Dr. Anupam Singh (MBBS MD Pathology)









Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:09

 Age/Gender
 : 35 Y 8 M 23 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000122354
 Received
 : N/A

Visit ID : CDCA0332372324 Reported : 27/Jan/2024 11:49:09

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 *

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

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

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.













Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:09

 Age/Gender
 : 35 Y 8 M 23 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000122354
 Received
 : N/A

Visit ID : CDCA0332372324 Reported : 27/Jan/2024 11:00:55

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

DEPARTM ENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

<u>LIVER</u>

• Liver is mildly enlarged in size measuring 15.4 cm in longitudinal span & shows moderate diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is normal at the porta. (4.7 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (9.8 x 4.3 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (11.4 x 5.3 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- · Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.



Home Sample Collection 1800-419-0002



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR GUPTA Registered On : 27/Jan/2024 08:53:09

 Age/Gender
 : 35 Y 8 M 23 D /M
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Visit ID : CDCA0332372324 Reported : 27/Jan/2024 11:00:55

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

DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

<u>SPLEEN</u>

• The spleen is normal in size (10.2 cm) and has a homogenous echotexture.

ILIAC FOSSA

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

URINARY BLADDER

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

PROSTATE

• The prostate gland is normal in texture and size, measures 3.9 x 3.2 x 3.1 cm (vol-21.53 cc).

IMPRESSION

Mild hepatomegaly with grade-II fatty changes.

Recommended: clinicopathological correlation.

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG





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





