



# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.RUPA SARBOBHOU- PKG10000237	Registered On	: 25/Jun/2022 09:59:58
Age/Gender	: 49 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000030005	Received	: N/A
Visit ID	: CVAR0025632223	Reported	: 25/Jun/2022 10:40:07
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CARDIOLOGY-2D-ECHO

### 2D ECHO \*

### 2D ECHO & COLOUR DOPPLER REPORT-

### AORTIC VALVES STUDY-

AO DIAMETER	2.3	Cms.
LA DIAMETER	3.1	Cms.
CUSP OPENING	1.2	Cms.

### LEFT VENTRICLE-

IVSd	1.0	cms
LVIDd	4.4	cms
LVPWd	1.0	cms
IVSs	1.6	cms
LVIDs	2.9	cms
LVPWs	1.2	cms
EDV	90	ml
ESV	32	ml

EJECTION FRACTION : 64 % ( 60 ± 7 % )  
SHORTENING FRACTION : 34 % ( 30 ± 5 % )

### RIGHT VENTRICLE-

RVIDd : 2.9 cm.

### DIMENSIONAL IMAGING-

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL
TRICUSPID VALVE	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL





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## DEPARTMENT OF CARDIOLOGY-2D-ECHO

INTERATRIAL SEPTUM	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA	ABSENT
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
PERICARDIUM	NORMAL
OTHER	NORMAL

## COLOUR FLOW MAPPING-

	VELOCITY (m/s)	PRESSURE GRADIENT (mm/Hg)	REGURGITATION
MITRAL FLOW	E: NORMAL A:	NORMAL	MILD
AORTIC FLOW		NORMAL	ABSENT
PULMONARY FLOW		NORMAL	ABSENT
TRICUSPID FLOW		NORMAL	MILD

## SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS-

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THRUMBUS /CLOT/ EFFUSION

## FINAL IMPRESSION-

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64%
- NO LVH WITH NORMAL DIASTOLIC FUNCTION
- NO CHAMBER DILATATION WITH MILD MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION



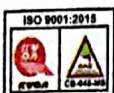
*Dr. Ganesh Shankar*

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

Dr. Ganesh Shankar (MBBS PGDCC)

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 \*  
365 Days Open \*Facilities Available at Select Location



Chandan Diagnostics Centre Varanasi

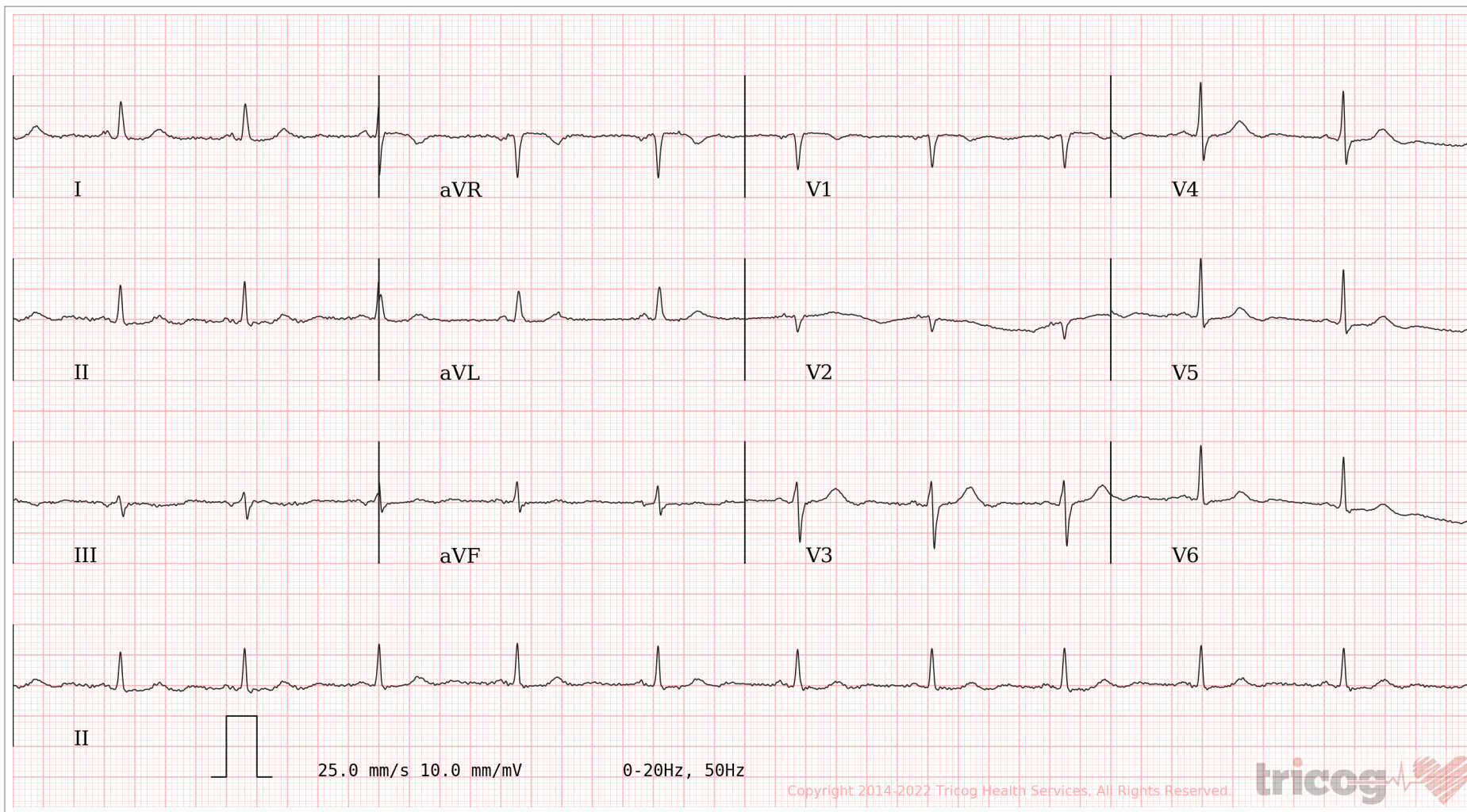
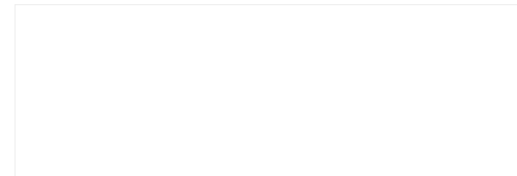


Age / Gender: 49/Female

Date and Time: 25th Jun 22 10:28 AM

Patient ID: CVAR0025462223

Patient Name: Mrs.RUPA SARBOBHOU- PKG10000237



AR: 67bpm    VR: 67bpm    QRSD: 76ms    QT: 376ms    QTc: 397ms    PRI: 112ms    P-R-T: 8° 17° 6°

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

AUTHORIZED BY

*Charit*

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

*Kavitha*

Dr Kavitha Girish

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.

63382

# CHANDAN DIAGNOSTIC CENTRE

Name of Company: *medicoheel*  
Name of Executive: *Arupa Sarbobharm*  
Date of Birth: ...../...../.....  
Sex: *Male* / Female  
Height: *159*.....CMs  
Weight: *63*.....KGs  
BMI (Body Mass Index): *29.4*  
Chest (Expiration / Inspiration) *95*...../*99*.....CMs  
Abdomen: *77*.....CMs  
Blood Pressure: *110*...../*60*.....mm/Hg  
Pulse: *64*.....BPM - *Regular* / Irregular  
RR: *17*.....Resp/Min  
Ident Mark: *small pox mark clear the lips. (Rt lat)*  
Any Allergies: *No*  
Vertigo: *No*  
Any Medications: *① Hypertension - 9 yrs - Tab Telmiking.Hr*  
Any Surgical History: *① P/H/O fracture at knee joint. (Patella#)*  
Habits of alcoholism/smoking/tobacco: *No. - 2007.*  
Chief Complaints if any: *No.*  
Lab Investigation Reports: *Yes Att.*  
Eye Check up vision & Color vision: *Normal & Power glass - 8 yrs -*  
Left eye: *Normal* *Power NOT corf (Bifocal lens)*  
Right eye: *Normal*  
Near vision: *Normal & glass*  
Far vision: *Normal & glass*  
Dental check up: *(No) cavitation of molar teeth of lower jaw.*



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Patient Name	: Mrs.RUPA SARBOBHOU- PKG10000237	Registered On	: 25/Jun/2022 08:41:24
Age/Gender	: 49 Y 0 M 0 D /F	Collected	: 25/Jun/2022 11:24:44
UHID/MR NO	: CVAR.0000030005	Received	: 25/Jun/2022 11:37:46
Visit ID	: CVAR0025462223	Reported	: 25/Jun/2022 15:41:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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)	NEGATIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	11.90	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)	8,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	22.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	<b>35.00</b>	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	39.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>13.10</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.03	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	89.30	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.20	%	30-38	CALCULATED PARAMETER
RDW-CV	14.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,780.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	170.00	/cu mm	40-440	



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





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UHID/MR NO	: CVAR.0000030005	Received	: 25/Jun/2022 11:34:42
Visit ID	: CVAR0025462223	Reported	: 25/Jun/2022 13:23:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	104.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.



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





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Patient Name	: Mrs.RUPA SARBOBHOU- PKG10000237	Registered On	: 25/Jun/2022 08:41:24
Age/Gender	: 49 Y 0 M 0 D /F	Collected	: 25/Jun/2022 13:47:36
UHID/MR NO	: CVAR.0000030005	Received	: 26/Jun/2022 14:18:44
Visit ID	: CVAR0025462223	Reported	: 26/Jun/2022 14:19:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose PP</b> <i>Sample: Plasma After Meal</i>	112.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
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UHID/MR NO	: CVAR.0000030005	Received	: 26/Jun/2022 11:35:21
Visit ID	: CVAR0025462223	Reported	: 26/Jun/2022 12:18:27
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	37.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	111	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 1diabetics. 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 FEMALE ABOVE 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.

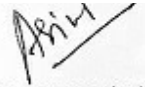
\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency 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.



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





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	10.90	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	1.00	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> Sample:Serum	<b>58.90</b>	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	3.50	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	15.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	10.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.00	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	3.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.29		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	131.80	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	191.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	139	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	13.10	mg/dl	10-33	CALCULATED
Triglycerides	65.50	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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200-499 High  
>500 Very High



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Visit ID	: CVAR0025462223	Reported	: 25/Jun/2022 14:43:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.010			
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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	0-1/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%	
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#### Interpretation:

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





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*S.N. Sinha*

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.RUPA SARBOBHOU- PKG10000237	Registered On	: 25/Jun/2022 08:41:25
Age/Gender	: 49 Y 0 M 0 D /F	Collected	: 25/Jun/2022 11:24:44
UHID/MR NO	: CVAR.0000030005	Received	: 26/Jun/2022 11:49:51
Visit ID	: CVAR0025462223	Reported	: 26/Jun/2022 12:04:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\*, Serum

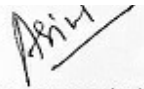
T3, Total (tri-iodothyronine)	124.52	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.44	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

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



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





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Ph: 9235447795, 0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RUPA SARBOBHOU- PKG10000237	Registered On	: 25/Jun/2022 08:41:25
Age/Gender	: 49 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000030005	Received	: N/A
Visit ID	: CVAR0025462223	Reported	: 25/Jun/2022 12:05:35
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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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Ph: 9235447795,0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RUPA SARBOBHOU- PKG10000237	Registered On	: 25/Jun/2022 08:41:25
Age/Gender	: 49 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000030005	Received	: N/A
Visit ID	: CVAR0025462223	Reported	: 25/Jun/2022 09:24:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

- **LIVER:** - It measures 13.3 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- **GALL BLADDER :-** Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.
- **CBD :-** It measures 4.4 mm in caliber.
- **PORTAL VEIN:** - It measures 10.1 mm in caliber.
- **PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.
- **SPLEEN:** - Normal in size ( 10.6 cm), shape and echogenicity.
- **RIGHT KIDNEY:** - Normal in size (9.1 x 3.5 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- **LEFT KIDNEY:** - Normal in size ( 8.8 x 4.3 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- **URINARY BLADDER :-** Normal in shape, outline and distension. No e/o wall thickening / calculus. Prevoid urine volume 78 cc.
- **UTERUS :-** Indistinct in outline, normal to the extent visualized. Size ( 87 x 35 x 24 mm/25 cc).
- **OVARIES :-** Bilateral ovaries are obscured. However no adnexal mass.
- Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy
- No free fluid is seen in the abdomen/pelvis.

#### **IMPRESSION : No significant abnormality seen.**

**Please correlate clinically.**

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

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

Result/s to Follow:

STOOL ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



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 Conduction 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



# CHANDAN DIAGNOSTIC CENTRE

ENT Check up : *Paul*

Eye Checkup: *Mel*

Final impression

Certified that I examined *Rupa sarbohhoun* .....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 :-

*Rupa Sarbohhoun*

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

Signature of Medical Examiner



Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date *25/06* /2022, Place - VARANASIS

**Bank of Baroda**

**Name: APURBA KUMAR SARBOBHOU**

**E.C. No. 51458**

*Signature*

**Signature of Holder**

**Bank of Baroda**

**Manager (Security) Regional Office, Bank of Baroda**  
 Plot No. 254, Old Plaza, Deoria By Pass Crossing  
 Faizabad, UP-224001  
 Phone - 05279-244232 / Fax - 05279-244230

**Blood Group: A+**  
**Cut on left eye brow**

*Signature*

**Chandan Diagnostic Center**  
**99, Shivaji Nagar, Mahmooorganj**  
**Varanasi-221010 (U.P.)**  
**Phone No.:0542-2223232**



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

Latitude

25.305428°

Longitude

82.979074°

LOCAL 10:13:30

GMT 04:43:30

SATURDAY 06.25.2022

ALTITUDE 18 METER