

भारत सरकार
Government of India

प्रणय शर्मा
PRANAY SHARMA
जन्म तिथि / DOB : 22/02/1992
पुरुष / Male

7540 9244 2004

मेरा आधार, मेरी पहचान

Pranay Sharma

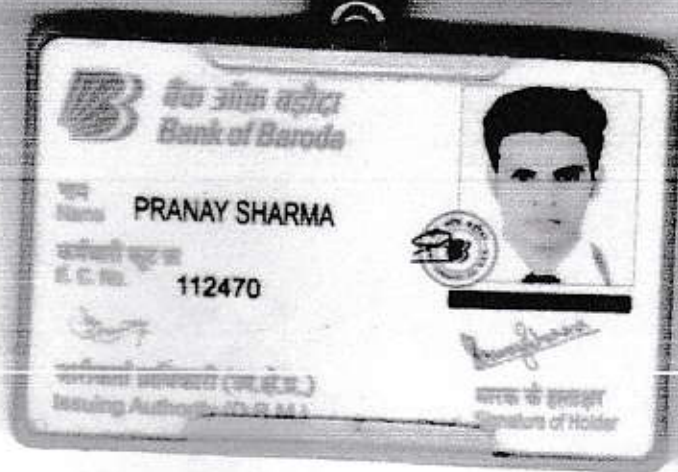
Navneet
Dr. NAVNEET KUMAR
M.B.B.S.
Reg.- UMC-7523
Chandan Diagnostic Centre, Haldwani

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: सबापित चन्दा कान्त शर्मा, आनन्दपुरी
फेज-2, तहसील बामोरी, हल्द्वानी, आम्बोखरा रेंज,
नैनीताल, उत्तराखण्ड, 263139
Address: S/O: Chandra Kant Sharma
ANANDPURI FAJ-2, TALU BAMORI,
Haldwani, Aamboxra Range, Nainital,
Uttarakhand, 263139

7540 9244 2004

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Pranay Sharma

Navneet

Dr. NAVNEET KUMAR
M.B.B.S.

Reg - UMC-7523

Chandan Diagnostic Centre, Pantnagar



Since 1991

GENERAL PHYSICAL EXAMINATION



NAME OF COMPANY Bank of Baroda DATE 25-09-2021
 CLIENT NAME Pranay Sharma s/o, d/o Chandra Kant Sharma
 DATE OF BIRTH 22-02-1992 AGE 29 YEARS
 ADDRESS ANANDPURI FAR-2 TALLY BANGOR HALDHANI
 PHONE NO. 7017389828 OCCUPATION Banking
 PHOTO ID ADHAR CARD NO. 7540 9244 0004
 MARITAL STATUS un

MARK OF IDENTIFICATION Mark on left side of nose
 HEIGHT 1.73 cm WEIGHT 73 kg BMI 24.4
 CHEST EXP. 88 cm CHEST INS. 92 cm ABDOMEN 80 cm
 WAIST 84 cm HIP 92 cm

BLOOD PRESSURE 118/74 PULSE RATE 71/min Regular
 RESPIRATION RATE 17/min

| FAIMLY HISORY | AGE OF LIVING | AGE AT DEATH | STATUS | YEAR |
|---------------|---------------|--------------|---------|------|
| FATHER | 61 | | Healthy | |
| MOTHER | 59 | | Healthy | |
| BROTHER | 30 | | Healthy | |
| SISTER | NA | | | |
| WIFE/HUSBAND | NA | | | |

DEFORMITIES No
 POLIO YES/NO IF YES GIVE DETAILS
 PARALYSIS YES/NO IF YES GIVE DETAILS





HISTORY OF CLIENT

Since 1991

TAKING MEDICINE

EYE VISION

DENTAL CHECKUP

BLOOD PRESSURE

DIABETES

THYROID

SURGERY

GALL BLADDER

APPENDIX

HARNIA

HYDROCLE

CATRACT

OPEN HEART SURGERY

BY PASS SURGERY

ANGIOGRAPHY

PILES

FISTULA

ACCIDENT

UTERUS

IF YES , GIVE DETAILS

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO ✓

YES/NO *NA*

HABITS

IF YES, GIVE DETAILS

SMOKING

YES/NO ✓

ALCOHOL

YES/NO ✓

PAN MASALA

YES/NO ✓

NUMBER OF CHILD.....*no*.....DATE OF BIRTH OF LAST BABY.....

I am giving my blood sample *SIN No: 1190/05* empty stomach

YES/NO ✓

URINE sample

YES/NO ✓

ECG

YES/NO ✓

FINAL IMPRESSION:

Certified that I examined that *PRANAY SHARMA* s/o *CHANDRA KANT SHARMA* presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is **fit / unfit** to join any organization.

Navneet Kumar
Client Signature

Navneet
Dr. NAVNEET KUMAR

M.B.B.S.

Reg.- UMC-7523

Chandan Diagnostic Centre, Haldwani

Signature of Medical Examiner

Name & Qualification of the medical examiner



CHANDAN DIAGNOSTIC CENTRE



Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.PRANAY SHARMA BOBE3517 | Registered On | : 25/Sep/2021 09:24:56 |
| Age/Gender | : 29 Y 7 M 2 D /M | Collected | : 25/Sep/2021 09:36:36 |
| UHID/MR NO | : CHLD.0000071049 | Received | : 25/Sep/2021 10:02:14 |
| Visit ID | : CHLD0064752122 | Reported | : 25/Sep/2021 13:23:36 |
| 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 | B |
| Rh (Anti-D) | POSITIVE |

COMPLETE BLOOD COUNT (CBC) * , Blood

| | | | | |
|-------------|----------|--------|------------|----------------------|
| Haemoglobin | 13.60 | g/dl | 13.5-17.5 | PHOTOMETRIC |
| TLC (WBC) | 7,800.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |

| <u>DLC</u> | | | | |
|---------------------------|-------|---|-------|----------------------|
| Polymorphs (Neutrophils) | 54.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 39.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 3.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 4.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1 | ELECTRONIC IMPEDANCE |

| <u>ESR</u> | | | | |
|------------|-------|----------------|-------|--|
| Observed | 20.00 | Mm for 1st hr. | | |
| Corrected | 10.00 | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 42.00 | cc % | 40-54 | |

| <u>Platelet count</u> | | | | |
|-----------------------------------|-------|------------|-------------|----------------------|
| Platelet Count | 2.40 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE |
| PDW (Platelet Distribution width) | 15.70 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 40.20 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.28 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.80 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |

| <u>RBC Count</u> | | | | |
|------------------|------|-------------|---------|----------------------|
| RBC Count | 4.36 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |

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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Blo. Ref. Interval | Method |
|---------------------------------------|----------|--------|--------------------|----------------------|
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 93.20 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 31.20 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.50 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.70 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 40.10 | fl | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,212.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 312.00 | /cu mm | 40-440 | |

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MD Pathologist



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Home Sample Collection
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

| | | | | |
|--|--------|-------|--|---------|
| Glucose Fasting Sample: Plasma | 100.41 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

| | | | | |
|--|--------|-------|--|---------|
| Glucose PP Sample: Plasma After Meal | 144.15 | 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

| | | | |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.20 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 33.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 103 | 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.



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Home Sample Collection
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CHANDAN DIAGNOSTIC CENTRE



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Blo. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

| 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.

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.

BUN (Blood Urea Nitrogen) * 9.41 mg/dL 7.0-23.0



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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Sample:Serum

Creatinine 1.23 mg/dl 0.7-1.3 MODIFIED JAFFES

Sample:Serum

e-GFR (Estimated Glomerular Filtration Rate) 74.00 ml/min/1.73m² - 90-120 Normal
- 60-89 Near Normal CALCULATED

Sample:Serum

Uric Acid 7.73 mg/dl 3.4-7.0 URICASE

Sample:Serum

L.F.T.(WITH GAMMA GT) * , Serum

| | | | | |
|---|-------|-------|------------|--------------------|
| SGOT / Aspartate Aminotransferase (AST) | 37.23 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 28.69 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 23.38 | IU/L | 11-50 | OPTIMIZED SZAIZING |
| Protein | 6.79 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.02 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.77 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.45 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 71.24 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.51 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.23 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.28 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) * , Serum

| | | | | |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total) | 221.21 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 53.20 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 93 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 75.34 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 376:69 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |



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MD Pathologist

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| UHID/MR NO | : CHLD.0000071049 | Received | : 25/Sep/2021 15:11:26 |
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Blo. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.020 | | | |
| Reaction PH | Acidic (6.0) | | | |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | | | DIPSTICK |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Pus cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | MICROSCOPIC EXAMINATION |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | MICROSCOPIC EXAMINATION |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

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

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| Test Name | Result | Unit | Blo. 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%



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Blo. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

THYROID PROFILE - TOTAL * , Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 141.20 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 9.00 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 5.41 | 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.



Chandan Diagnostic Centre

Plot No.-1051, Near Chaudhary Koth

Nainital Road, HALDWANI

Ph. No. - 9235400975

Dr Vinod Ojha
MD Pathologist



Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

CHANDAN DIAGNOSTIC CENTRE



Since 1991

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: 9235400975

CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.PRANAY SHARMA BOBE3517 | Registered On | : 25/Sep/2021 09:24:57 |
| Age/Gender | : 29 Y 7 M 2 D /M | Collected | : N/A |
| UHID/MR NO | : CHLD.0000071049 | Received | : N/A |
| Visit ID | : CHLD0064752122 | Reported | : 25/Sep/2021 15:00:55 |
| 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:-

- Trachea is central in position
- Bilateral hilar shadows are normal
- Bilateral lung fields appear grossly unremarkable.
- Pulmonary vascularity & distribution are normal.
- Cardiac size & contours are normal.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Bony cage is normal.
- Soft tissue shadow appears normal.

IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN.

(Adv: - Clinico-pathological correlation and further evaluation).



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Dr. Navneet Kumar (MD Radiodiagnosis)



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| Visit ID | : CHLD0064752122 | Reported | : 25/Sep/2021 11:35:18 |
| 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 (~14.6 cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

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

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is 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

• Right kidney:-

- Right kidney is normal in size, measuring ~9.0x4.1 cm.
- 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 ~9.4x5.4 cm.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.



CHANDAN DIAGNOSTIC CENTRE



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

- The spleen is normal in size (~8.7 cms) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is seen in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. (*Pre void volume is ~203 cc*)
- Post void bladder volume contains insignificant amount of residual urine. (Post void volume is ~10 cc)*

PROSTATE

- The prostate gland is mildly enlarged in size, texture with smooth outline, its measuring ~25.5 cc in vol.*

FINAL IMPRESSION:-

Grade I prostatomegaly with insignificant post void residual urine

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

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG

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Navneet
Dr.Navneet Kumar (MD Radiodiagnosis)



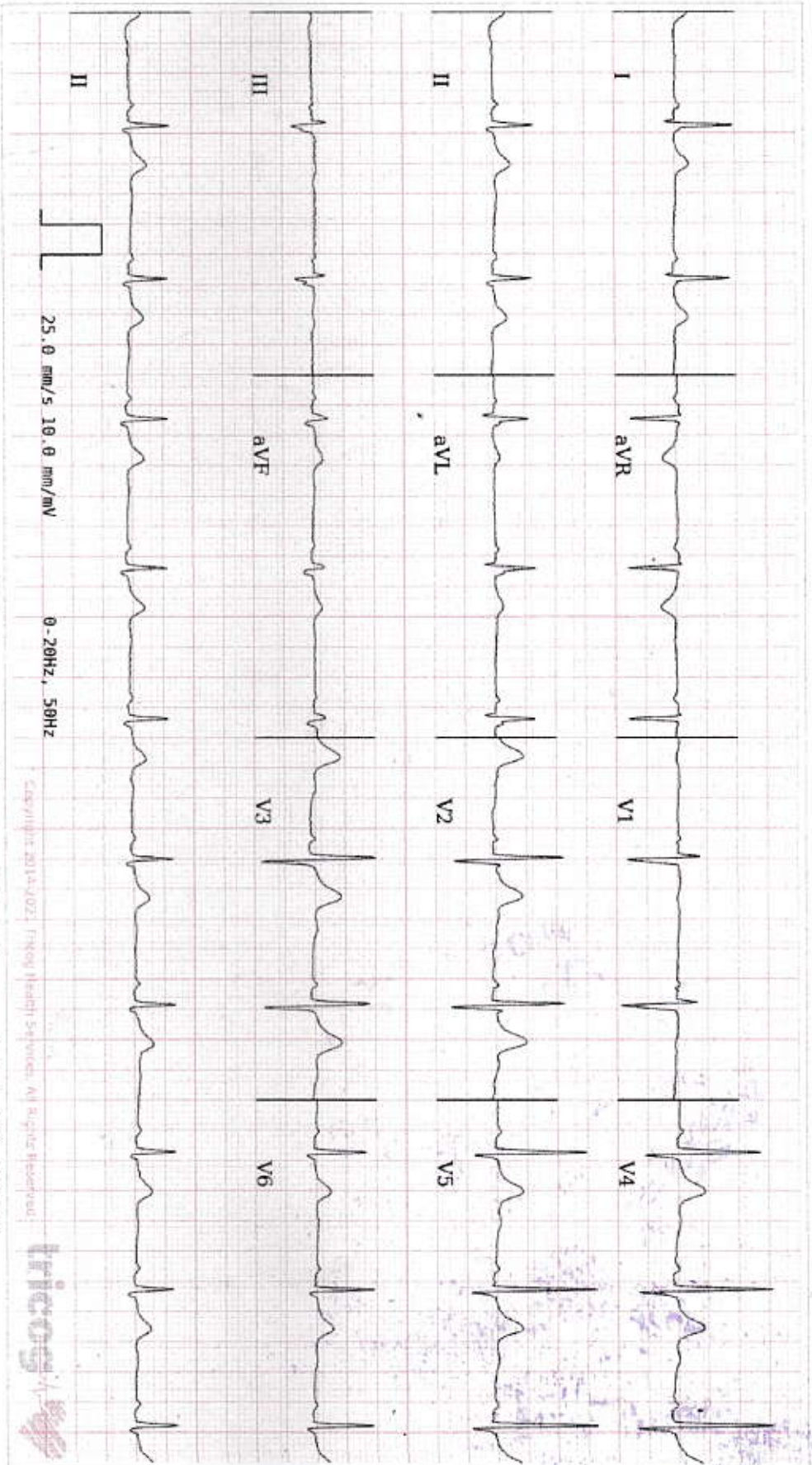
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

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), Neuro Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing, 365 Days Open, Has Sample Collection, *Facilities Available At Select Locations

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Age / Gender: 29/Male
Patient ID: CHLD0064752122
Patient Name: Mr.PRANAV SHARMA BOBE3517



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

Chandan Diagnostic Centre
Plot No.-1051, Near Chaudhary Kohli
Nainital Road, HALDWANI

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 cardiac diagnostic procedures.
35406975

AUTHORIZED BY

Dr. Charti
MD, DM, Cardiology
63382

REPORTED BY

Dr. Sudash Urrua
72392