Chandan Diagnostic Centre, Heera Nagar, Haldwani- 2



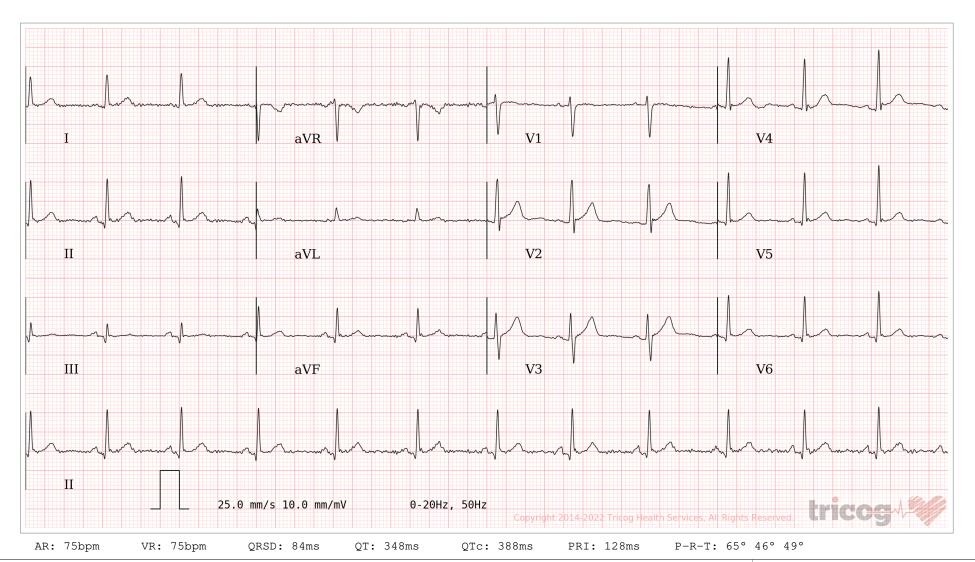
Age / Gender: 33/Male Date and Time: 24th Jul 22 9:46 AM

Patient ID:

CHL20111782223

Patient Name:

ABHISHEK KUMAR SINGH ECG



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

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology Dr Kavitha A

REPORTED BY

63382



Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani Ph: 7705023379,-

CIN: U85110DL2003PLC308206



 Patient Name
 : Mr.ABHISHEK KUMAR SINGH PKG10000238
 Registered On
 : 23/Jul/2022 11:19:42

 Age/Gender
 : 33 Y 11 M 23 D /M
 Collected
 : 24/Jul/2022 08:58:08

 UHID/MR NO
 : CHL2.0000110689
 Received
 : 24/Jul/2022 10:03:30

 Visit ID
 : CHL20111782223
 Reported
 : 24/Jul/2022 12:40:58

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

AB

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin

13.30

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) 6,670.00 4000-10000 **ELECTRONIC IMPEDANCE** /Cu mm <u>DLC</u> Polymorphs (Neutrophils) 76.00 % 55-70 **ELECTRONIC IMPEDANCE** Lymphocytes 20.00 % 25-40 **ELECTRONIC IMPEDANCE** Monocytes 2.00 % 3-5 **ELECTRONIC IMPEDANCE** Eosinophils 2.00 % **ELECTRONIC IMPEDANCE** 1-6 **Basophils** 0.00 % < 1 **ELECTRONIC IMPEDANCE ESR** Observed 4.00 Mm for 1st hr. Corrected 0.00 Mm for 1st hr. < 9 PCV (HCT) 42.00 cc % 40-54 **Platelet count Platelet Count** 2.0 LACS/cu mm 1.5-4.0 **ELECTRONIC** IMPEDANCE/MICROSCOPIC PDW (Platelet Distribution width) fL 16.00 9-17 **ELECTRONIC IMPEDANCE** % P-LCR (Platelet Large Cell Ratio) 38.90 35-60 **ELECTRONIC IMPEDANCE** PCT (Platelet Hematocrit) 0.23 % 0.108-0.282 **ELECTRONIC IMPEDANCE** MPV (Mean Platelet Volume) 11.10 fL 6.5-12.0 **ELECTRONIC IMPEDANCE RBC Count RBC Count** 5.50 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	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	70.00	fl	80-100	CALCULATED PARAMETER
MCH	21.40	pg	28-35	CALCULATED PARAMETER
MCHC	30.60	%	30-38	CALCULATED PARAMETER
RDW-CV	15.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	38.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,069.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	133.00	/cu mm	40-440	











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CIN: U85110DL2003PLC308206



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 Registered On
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 : 24/Jul/2022 10:03:30

 Visit ID
 : CHL20111782223
 Reported
 : 24/Jul/2022 11:41:49

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 87.92 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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.

Glucose PP ** 119.58 mg/dl <140 Normal GOD POD
Sample:Plasma After Meal 140-199 Pre-diabetes

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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	97	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.







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

est Name	Result	Unit	Bio. Ref. Interval	Method	
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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
- 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.





^{**}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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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uni	t Bio. Ref. Interv	al Method
BUN (Blood Urea Nitrogen) **	9.33	mg/dL	7.0-23.0	CALCULATED
Sample:Serum	3.33	6/ 42	7.6 23.6	C, (LOO L) (1 LO
Creatinine ** Sample:Serum	0.77	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	119.00	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid **	5.95	mg/dl	3.4-7.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) **, Serum				
SGOT / Aspartate Aminotransferase (AST)	26.58	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	51.94	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.93	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.77	gm/dl	6.2-8.0	BIRUET
Albumin	4.26	gm/dl	3.8-5.4	B.C.G.
Globulin	2.51	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.70		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	58.54	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.67	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.42	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	221.47	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	50.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	145	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal	
COMPANY SWALCES			130-159 Borderline High 160-189 High > 190 Very High	h
四:30000000000 20000000000000	26.93	mg/dl	10-33	CALCULATED
	134.64	mg/dl	< 150 Normal	GPO-PAP
			150-199 Borderline High	Dr Vinod Ojha
			200-499 High	MD Pathologist
TETENS (E. S. MAL)			>500 Very High	







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Patient Name : Mr.ABHISHEK KUMAR SINGH PKG10000238 Registered On : 23/Jul/2022 11:19:43 Age/Gender Collected : 33 Y 11 M 23 D /M : 24/Jul/2022 12:27:16 UHID/MR NO : CHL2.0000110689 Received : 24/Jul/2022 14:09:42 Visit ID : CHL20111782223 Reported : 25/Jul/2022 14:31:59

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
JRINE EXAMINATION, ROUTINE *	* , Urine			
Color	, PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	m g 9/	< 10 Absent	DIPSTICK
Protein	ABSENT	mg %	10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
		0	0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC
				EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC
•				EXAMINATION
Others	NIL			
UGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		
T				
Interpretation:				

< 0.5

0.5 - 1.0

(+++) 1-2

(++++) > 2







UHID/MR NO

Visit ID

CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani Ph: 7705023379,-

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Patient Name : Mr.ABHISHEK KUMAR SINGH PKG10000238 Registered On Age/Gender : 33 Y 11 M 23 D /M Collected

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Received Reported : 24/Jul/2022 12:27:16 : 24/Jul/2022 14:09:42 : 25/Jul/2022 14:31:59

: 23/Jul/2022 11:19:43

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





Dr. Sakshi Garg Tayal (MBBS, MD Pathology PDCC Oncopathology)







Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani Ph: 7705023379,-

CIN: U85110DL2003PLC308206



 Patient Name
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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%











Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani Ph: 7705023379,-

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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)	97.70	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.69	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trim	ester
		0.8-5.2 μIU/r	nL Third Trimes	ster
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r		> 37Week
		0.7-64 μIU/r		- 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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.











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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:-

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

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.



Dr Sushil Pandey (MD Radiodignosis)







Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani Ph: 7705023379.-

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Patient Name : Mr.ABHISHEK KUMAR SINGH PKG10000238 Registered On : 23/Jul/2022 11:19:44

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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 (~13.5 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 (~4.2 mm).
- 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 ~10.5x4.4 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 ~10.9x5.8 cms.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

SPLEEN







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• The spleen is normal in size (\sim 10.8 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 noted 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.

PROSTATE

• The prostate gland is normal in size, echotexture with smooth outline, its measuring ~20 cc in vol.

FINAL IMPRESSION:-

No significant sonological abnormality is noted

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

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG/EKG



Dr. Mohit Tayal (Md Radiodiagnosis) (PDCC Interventional Radiology) Formerly at: AIIMS RISHIKESH, SMIH DEHRADUN, STH HALDWANI

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





