Chandan Diagnostic

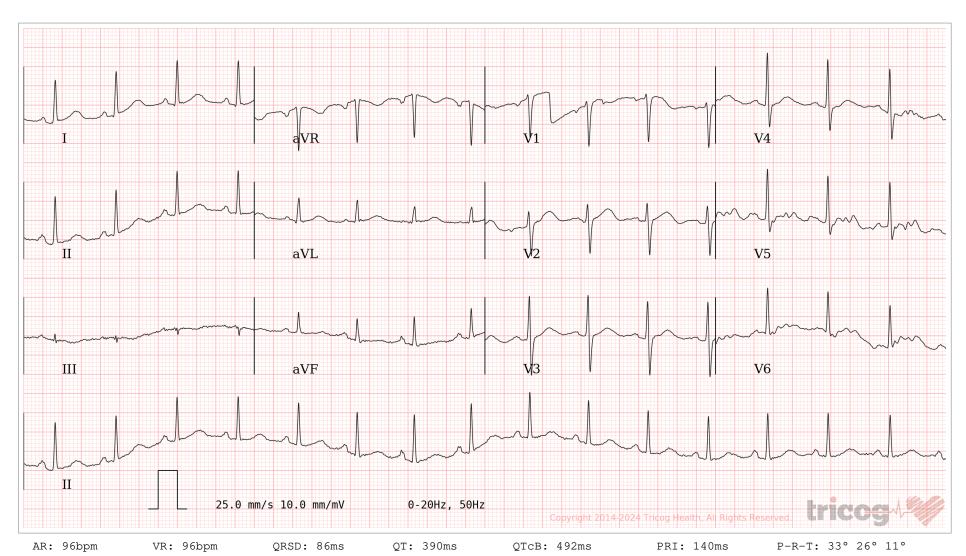


Age / Gender: 25/Female

Date and Time: 10th Feb 24 12:55 PM

Patient ID: CVAR0111172324

Patient Name: Mrs.KIRAN-BOBS7866



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

-

REPORTED BY



Dr. Manjunatha Gosikere Chikkarangappa



Dr. Charit MD, DM: Cardiology

AUTHORIZED BY

ology

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.



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

Latitude 25.305384°

LOCAL 17:56:05 GMT 12:26:05 Longitude 82.979023°

SATURDAY 02.10.2024 ALTITUDE 37 METER



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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:04 Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 11:28:05 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 11:47:22 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 15:49:47

Ref Doctor : Dr.MEDIWHEEL VNS - 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) * , &	Nood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	- control fig.		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Who	le Blood			
Haemoglobin TLC (WBC)	7,400.00	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/dl 4000-10000	ELECTRONIC IMPEDANCE
DLC	66.00	0/	FF 70	ELECTRONIC IN ARED ANCE
Polymorphs (Neutrophils)	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils Basophils ESR	2.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	35.30	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE









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

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Patient Name : 10/Feb/2024 11:00:04 : Mrs.KIRAN-BOBS7866 Registered On Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 11:28:05 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 11:47:22 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 15:49:47 : Final Report Ref Doctor : Dr.MEDIWHEEL VNS -Status

DEPARTM ENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.02	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	87.80	·fΙ	80-100	CALCULATED PARAMETER
MCH	29.90	pg	28-35	CALCULATED PARAMETER
MCHC	34.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,884.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	148.00	/cu mm	40-440	

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









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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:07 Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 18:17:58 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 18:18:34 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 18:26:46

Ref Doctor : Dr.MEDIWHEEL VNS - 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 172.60 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 212.50 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.

S.N. Sinha (MD Path)

Page 3 of 12









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

CIN: U85110DL2003PLC308206



Patient Name : 10/Feb/2024 11:00:07 : Mrs.KIRAN-BOBS7866 Registered On Collected Age/Gender : 25 Y 9 M 5 D /F : 10/Feb/2024 11:28:04 UHID/MR NO : CVAR.0000047140 Received : 11/Feb/2024 12:11:00 Visit ID : CVAR0111172324 Reported : 11/Feb/2024 13:02:27 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

GLYCOSYLATED HAEM OGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	7.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	62.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	177	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.





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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866
Age/Gender : 25 Y 9 M 5 D /F
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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.



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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:08 Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 11:28:03 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 11:47:22 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 15:08:44

Ref Doctor : Dr.MEDIWHEEL VNS - 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	9.90	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.80	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	5.00	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	30.70 34.10	U/L U/L	<35 <40	IFCC WITHOUT P5P IFCC WITHOUT P5P
Gamma GT (GGT)	59.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.83	4.44	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	207.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	186.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	11	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	134.88	mg/dl	10-33	CALCU
Triglycerides	674.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:07 Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 18:17:58 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 18:18:34 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 18:29:09

Ref Doctor : Dr.MEDIWHEEL VNS - 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	1.025			
Reaction PH	Acidic (6.5)			DIPSTICK
Appearance	CLEAR			Dir of ron
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
· rotein	71832111	1118 70	10-40 (+)	Dir official
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		1 1 1.1	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Sugar, rusting stuge	ADJENT	81113/0		

Interpretation:







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:07 Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 18:17:58 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 18:18:34 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 18:29:09 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

> DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Bio. Ref. Interval Result Method

< 0.5 (+)

0.5 - 1.0(++)

(+++) 1-2

Test Name

(++++) > 2

SUGAR, PP STAGE*, Urine

Sugar, PP Stage

PRESENT (+)

Interpretation:

< 0.5 gms% (+)

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

S.N. Sinta

Dr.S.N. Sinha (MD Path)









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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:08 Age/Gender : 25 Y 9 M 5 D /F Collected : 10/Feb/2024 11:28:03 UHID/MR NO : CVAR.0000047140 Received : 10/Feb/2024 19:11:41 Visit ID : CVAR0111172324 Reported : 10/Feb/2024 19:21:31 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
TINDOID DOGLE TOTAL				
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	134.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	2.93	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.910	μlU/mL	0.27 - 5.5	CLIA
Interpretation:				
· ·		0.3-4.5 μIU/m	nL First Trimest	ter
		0.5-4.6 μIU/m	nL Second Trim	ester
		0.8-5.2 µIU/m	L Third Trimes	ter
		0.5-8.9 μ IU/m	nL Adults	55-87 Years
		0.7-27 $\mu IU/m$	nL Premature	28-36 Week
		2.3-13.2 μIU/m	L Cord Blood	> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU/	mL Child	0-4 Days
		1.7-9.1 μIU/m	nL 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.

S.N. Sinla

Dr.S.N. Sinha (MD Path)







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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:10

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

 UHID/MR NO
 : CVAR.0000047140
 Received
 : N/A

Visit ID : CVAR0111172324 Reported : 10/Feb/2024 14:54:47

Ref Doctor : Dr.MEDIWHEEL VNS - Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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)









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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866 Registered On : 10/Feb/2024 11:00:11

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

 UHID/MR NO
 : CVAR.0000047140
 Received
 : N/A

Visit ID : CVAR0111172324 Reported : 10/Feb/2024 12:40:17

Ref Doctor : Dr.MEDIWHEEL VNS - 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 measuring 15.9 cm in midclavicular line. Mild diffuse increase in liver echogenicity noted.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.5 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.4 mm in caliber) 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 ~ 10.4 x 4.0 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 ~ 11.2 x 5.2 cms.
 - Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~ 9.6 cm in its long axis) and has a normal homogenous echo-



Home Sample Collection 1800-419-0002



Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.KIRAN-BOBS7866

: 25 Y 9 M 5 D /F

Registered On Collected : 10/Feb/2024 11:00:11

Age/Gender UHID/MR NO

: CVAR.0000047140

Collected : N/A Received : N/A

Visit ID

: CVAR0111172324

Reported : 10/Feb/2024 12:40:17

Ref Doctor

: Dr.MEDIWHEEL VNS -

Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

texture.

ILIAC FOSSAE & PERITONEUM

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

URETERS

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

URINARY BLADDER

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

UTERUS & CERVIX

- The uterus is anteverted and normal in size (~ 84 x 38 x 26 mm / 45 cc) & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (endometrial thickness ~ 4.0 mm).
- Cervix is normal.

ADNEXA & OVARIES

No adnexal mass seen.

FINAL IMPRESSION:-

- FATTY LIVER GRADE I
- REST OF THE ABOMINAL ORGANS ARE NORMAL.

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG/EKG



Bank

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 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









भारत सरकार

Government of India

किरन

Kiran

पिता : बैजनाथ प्रसाद

Father: Baijnath Prasad

जन्म तिथि / DOB: 05/07/1988

महिला / Female



2245 2742 7372

मेरा आधार, मेरी पहचान





I kiron woo Diest Kunan not willing for Stood tost. His Kiron

RY

Dr. R.C. ROY MBBS, MD. (Radio Diagnosis) Reg. No.-25918

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









Name of Company: Mediwheel

Name of Executive: Kiuran

Date of Birth: \$5.../\$7..../...13.88

Sex: Mate / Female

Height: CMs

Weight:KGs

BMI (Body Mass Index): 28.5

Abdomen: ... CMs

Pulse: BPM - Regular/ Irregular

Ident Mark: Male on Chin

Any Allergies: No

Vertigo: NO

Any Medications: No

Any Surgical History: No

Habits of alcoholism/smoking/tobacco: №0

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up vision & Color vision:

Left eye: Normal

Right eye: Normal









Near vision:

NIL

Far vision:

61h.

Dental check up: plomma

ENT Check up:

Eye Check-up:

Monmas

Final impression-

Kingn Certified that I examined 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.

Kiran Client Signature: -

Dr. R.C. ROY

Signature of Medical Examiner (885, MD. (Radia Diagnosis) Name & Qualification - Dr. R. C. ROY

(MBBS, MD)

Date 10 / .. 0.2 /2024

Place - VARANASI

handan Diagnostic Center 99, Shivaji Nagar, Mahmoorgani Varanasi-221010 (U.P.) Phone No.:0542-2223232



