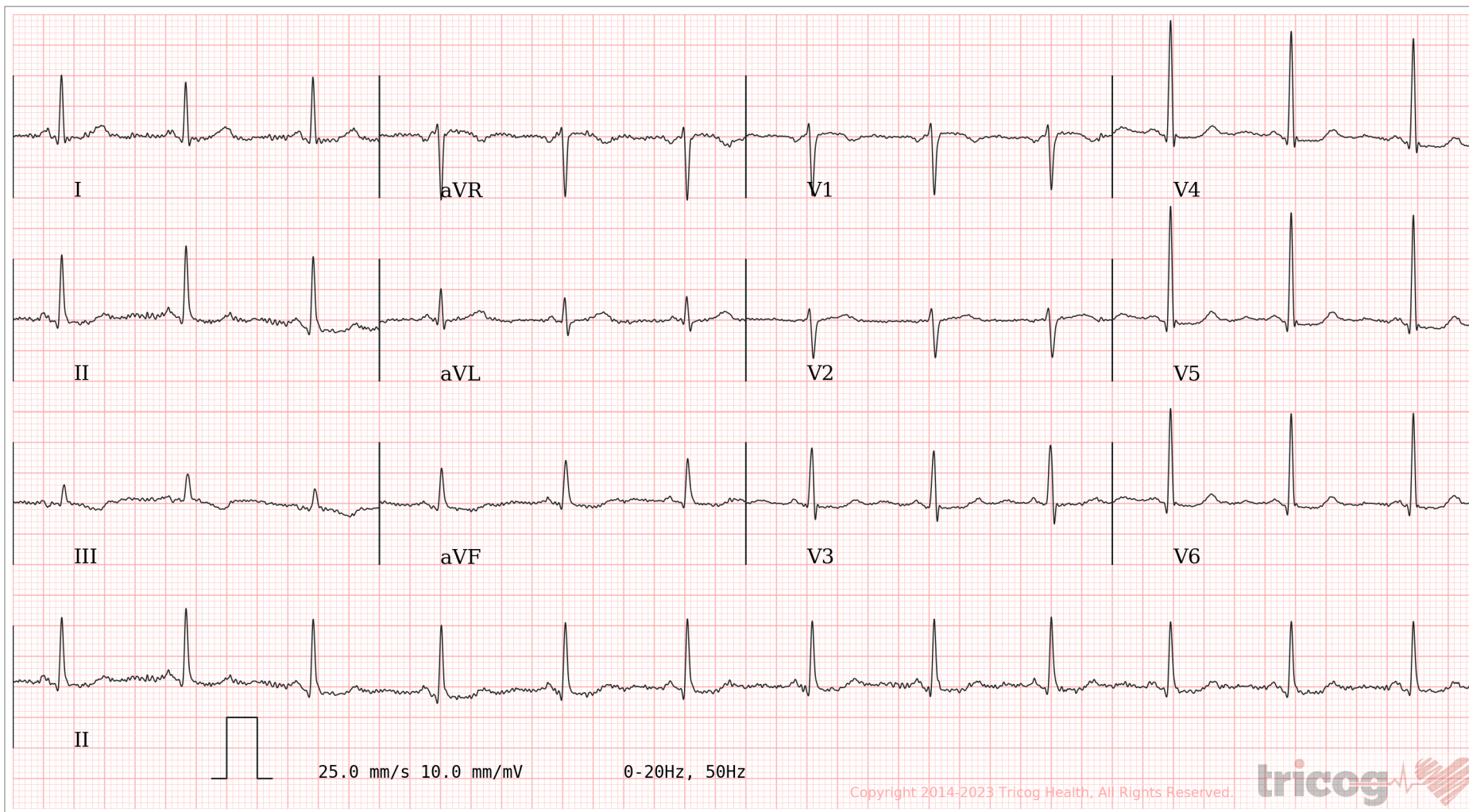


Chandan Diagnostic



Age / Gender: 57/Male
Patient ID: CVAR0044062324
Patient Name: Mr.MAYA DEVI - BOBS45269

Date and Time: 3rd Sep 23 9:08 AM



AR: 75bpm VR: 75bpm QRSD: 74ms QT: 396ms QTcB: 442ms PRI: 102ms P-R-T: 26° 43° 5°

Abnormal: Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Devendra Muralidhar Dhande

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

Echocardiography Report

PATIENT NAME Mrs.MAYA DEVI	AGE 55 yrs	HEIGHT NA	WEIGHT NA	BSA NA	DATE TIME 2023/09/04 17:11
PATIENT ID CVAR0044452324	GENDER Female	REFERRING PHYSICIAN MEDIWHEEL VNS	REPORTED BY Dr. Sadath Uzma		

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

LV concentric remodeling
Normal LV systolic function, EF-60%
No regional wall motion abnormality
LV diastolic function- impaired relaxation
Mild mitral regurgitation

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD BP (%)	60.88	(74-54)	LVIDd (cm)	3.59	(3.8-5.2)
SV MOD BP (ml)	31.03	(14-42)	LVIDs (cm)	2.03	(2.2-3.5)
LVEDV MOD BP (ml)	50.97	(46-106)	IVSd (cm)	1.38	(0.6-0.9)
LVESV MOD BP (ml)	19.94	(14-42)	LVPWd (cm)	0.88	(0.6-0.9)
Diastolic Function			LVD Mass (g)	128.67	(67-162)
MV E Vel (m/s)	0.85	(0.6-0.8)	RWT	0.49	(0.22-0.42)
MV A Vel (m/s)	1.04	(0.2-0.35)	LV Area		
MV E/A Ratio	0.82	(>=0.8)	LV FAC A4C (%)	47.17	(>25)
			LVAd A4C (cm ²)	22.07	(-)
			LVA s A4C (cm ²)	11.66	(-)
			LV FAC A2C (%)	43.90	(-)
			LVAd A2C (cm ²)	18.68	(-)
			LVA s A2C (cm ²)	10.48	(-)

LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.38	(2.7-3.8)	LAESV MOD BP (ml)	40.77	(38-46)
LA/Ao	1.22	(<1.3)			

RIGHT ATRIUM

Measurement	Value	Reference
IVC (M-Mode)		
IVC Collaps Index (%)	59.83	(>50%)
IVC Diam Ins (cm)	0.47	(-)
IVC Diam Exp (cm)	1.17	(<2)
RAP(MM) (mmHg)	3.00	(0-5)

AORTIC VALVE & AORTA

Measurement	Value	Reference
AV Outflow		

AV Vmax (m/s)	1.06	(<2.6)
---------------	------	--------

AV maxPG (mmHg)	4.49	(<30)
-----------------	------	-------

LVOT/ Aorta

Ao Diam (cm)	2.77	(<3.7)
--------------	------	--------

Ao/LA	0.76	(-)
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PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
-------------	-------	-----------

Pulmonary Outflow

PV Vmax (m/s)	0.85	(-)
---------------	------	-----

PV maxPG (mmHg)	2.89	(<36)
-----------------	------	-------

OBSERVATIONS :

Left Ventricle	Size - Left ventricle normal in size LV geometry - LV concentric remodeling Systolic function - LV systolic function - normal Regional wall motion - No regional wall motion abnormality Diastolic function - LV diastolic function - impaired relaxation
Left Atrium	Size - Normal left atrium size
Right Atrium	Size - Normal right atrium size
Right Ventricle	Size - Normal right ventricular size Systolic function - Right ventricular systolic function - normal
Aortic Valve	Structure and function - Normal trileaflet aortic valve Regurgitation - No aortic regurgitation
Mitral Valve	Regurgitation - Mild mitral regurgitation
Tricuspid Valve	Regurgitation - Trivial tricuspid regurgitation
Pulmonic Valve	Structure and function - Normal pulmonic valve Regurgitation - No pulmonic regurgitation
Pericardium	Effusion - No pericardial effusion
Aorta	Size - Normal aorta
Pulmonary Artery	Size - Normal pulmonary artery size
Pulmonary Hypertension	Probability - Low probability of pulmonary hypertension
Heart Failure	HF Category - No evidence of heart failure with preserved ejection fraction

Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



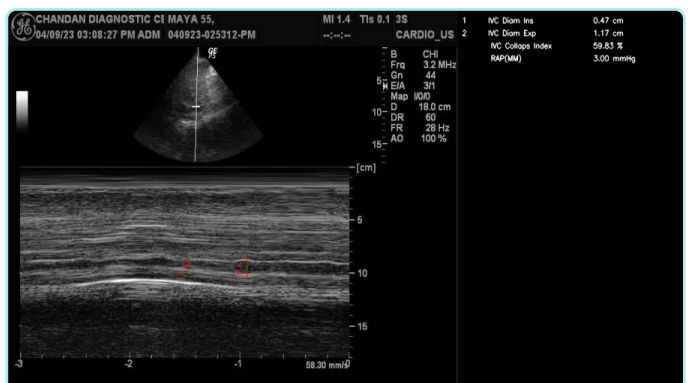
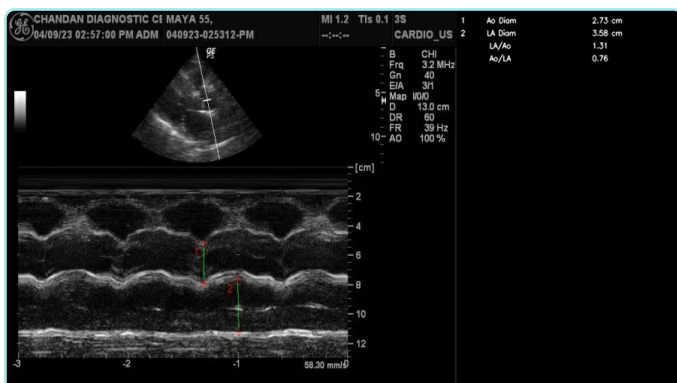
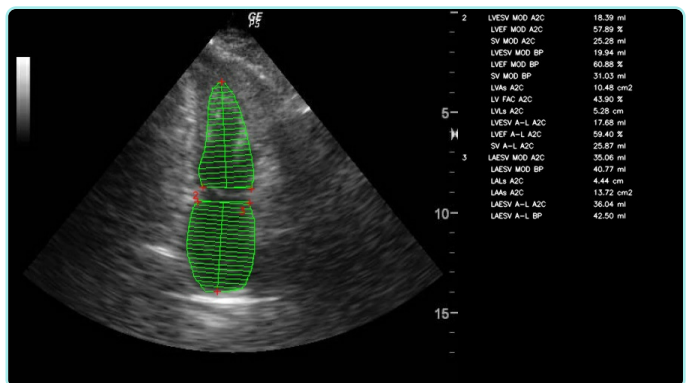
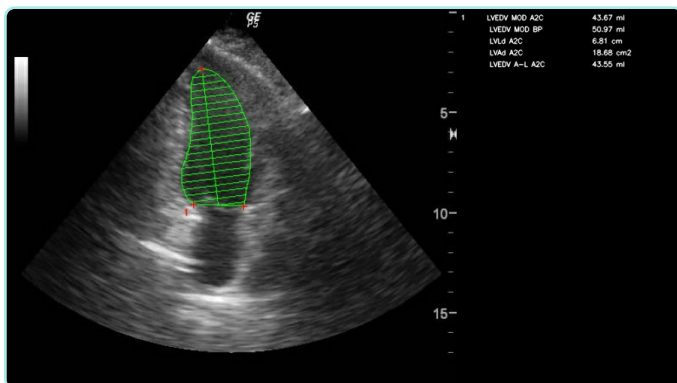
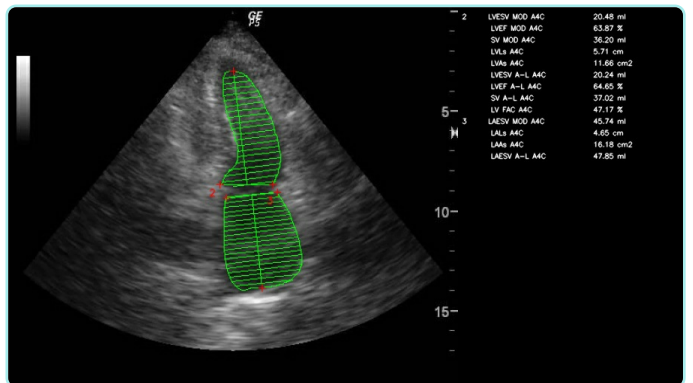
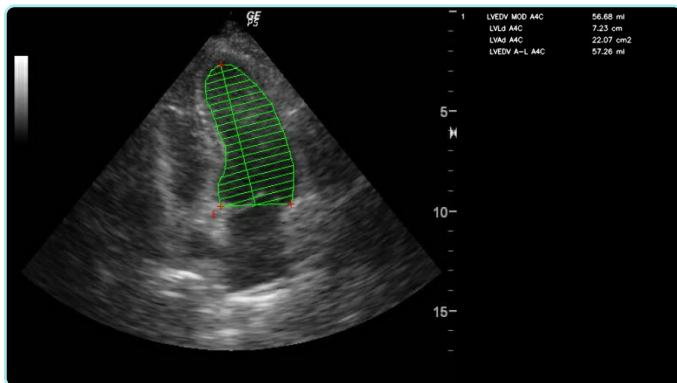
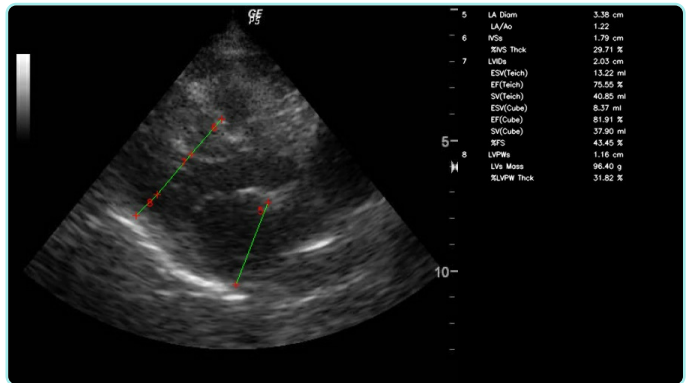
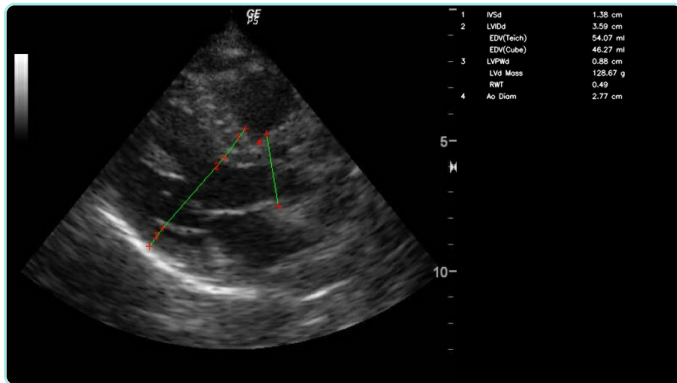
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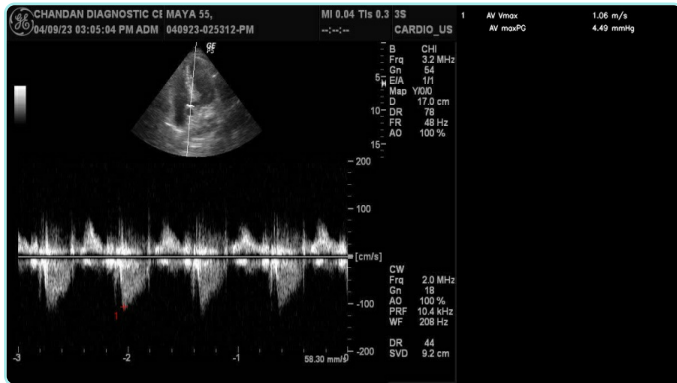
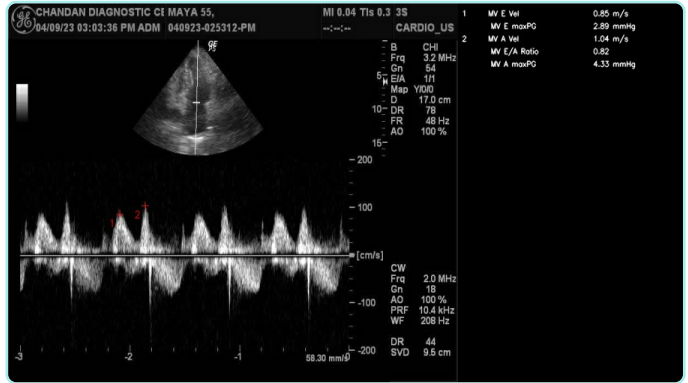
Dr. Sadath Uzma
Non Invasive Cardiologist

Reg No. 72392

Powered By:









CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:36
Age/Gender	: 57 Y 0 M 0 D /F	Collected	: 03/Sep/2023 10:18:35
UHID/MR NO	: CVAR.0000040804	Received	: 03/Sep/2023 10:20:23
Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 12:32:26
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	12.10	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)	8,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	16.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	<9	
PCV (HCT)	35.90	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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
RBCCount				
RBC Count	4.09	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	87.90	fL	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	%	30-38	CALCULATED PARAMETER
RDW-CV	15.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	51.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,800.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	240.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:37
Age/Gender	: 57 Y 0 M 0 D /F	Collected	: 03/Sep/2023 13:11:22
UHID/MR NO	: CVAR.0000040804	Received	: 03/Sep/2023 13:12:20
Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 13:36:07
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE 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.

Glucose PP Sample: Plasma After Meal	136.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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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UHID/MR NO	: CVAR.0000040804	Received	: 04/Sep/2023 11:52:06
Visit ID	: CVAR0044062324	Reported	: 04/Sep/2023 12:54:01
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (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 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 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





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CVAR.0000040804	Received	: 03/Sep/2023 10:20:23
Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 13:33:43
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample: Serum	15.60	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.80	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample: Serum	3.50	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	6.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	15.90	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.30	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	128.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	59.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	81	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	15.08	mg/dl	10-33	CALCULATED
Triglycerides	75.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP





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Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 13:33:43
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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



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Age/Gender	: 57 Y 0 M 0 D /F	Collected	: 03/Sep/2023 10:18:35
UHID/MR NO	: CVAR.0000040804	Received	: 03/Sep/2023 10:20:23
Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 13:31:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Color	LIGHT YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic (6.5)			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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	4-5/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

S.N. Sinha

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CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:36
Age/Gender	: 57 Y 0 M 0 D /F	Collected	: 04/Sep/2023 10:32:53
UHID/MR NO	: CVAR.0000040804	Received	: 04/Sep/2023 10:33:09
Visit ID	: CVAR0044062324	Reported	: 04/Sep/2023 14:43:21
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Basic (8.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	OCCASIONAL
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 13:31:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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



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.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:37
Age/Gender	: 57 Y 0 M 0 D /F	Collected	: 03/Sep/2023 10:18:35
UHID/MR NO	: CVAR.0000040804	Received	: 03/Sep/2023 14:58:41
Visit ID	: CVAR0044062324	Reported	: 03/Sep/2023 14:59:45
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

T3, Total (tri-iodothyronine)	174.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.39	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.18	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.

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.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:39
Age/Gender	: 57 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000040804	Received	: N/A
Visit ID	: CVAR0044062324	Reported	: 04/Sep/2023 09:09:50
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE 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)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:40
Age/Gender	: 57 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000040804	Received	: N/A
Visit ID	: CVAR0044062324	Reported	: 04/Sep/2023 10:43:46
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size (12.5 cm in midclavicular line) 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 (8.5 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (4.3 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 ~ 9.1 x 3.1 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 ~ 9.0 x 3.8cms.
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
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Patient Name	: Mrs.MAYA DEVI - BOBS45269	Registered On	: 03/Sep/2023 08:45:40
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

SPLEEN

- The spleen is normal in size (~ 7.8 cm in its long axis) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

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

URINARY BLADDER

- The urinary bladder is partially filled . Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 16 cc.
- Bilateral vesicoureteric junctions are normal.

UTERUS & CERVIX

- The uterus is retroverted, indistinct in outline and normal to the extend visualised . Size~ 59 x 27 x 21 mm / 18 cc.
- Cervix is normal.

ADNEXA & OVARIES

- No adnexal mass seen.

FINAL IMPRESSION:-

- *No significant sonological abnormality noted.*

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

SUGAR, PP STAGE, ECG / EKG, PSA (Prostate Specific Antigen), Total, Tread Mill Test (TMT)



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 *
365 Days Open *Facilities Available at Select Location





भारत सरकार

Government of India



Issue Date : 24/12/2013



माया देवी

Maya Devi

जन्म तिथि / DOB : 01/05/1966

महिला / Female

5781 0438 2250

मेरा आधार, मेरी पहचान



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

Latitude

25.305381°

Longitude

82.979025°

LOCAL 09:53:01

GMT 04:23:01

SUNDAY 09.03.2023

ALTITUDE 37 METER

CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel BOB.

Name of Executive: MR / MRS. Maya Devi

Date of Birth: 01/05/1966

Sex: Male / Female

Height: 151 CMs

Weight: 53 KGs

BMI (Body Mass Index): 23.2

Chest (Expiration / Inspiration) 80 / 92 CMs

Abdomen: 82 CMs

Blood Pressure: 162 / 92 mm/Hg (1) 160/90 (11) 158/90

Pulse: 92 BPM - Regular / Irregular

Respiration Rate: 20 Resp/Min

Ident. Mark: Male on Right Cheek

Any Allergies: No

Vertigo: No

Any Medications: (I) No

Any Surgical History: (I) No
(II)

Habits of alcoholism/smoking/tobacco: (I) No
(II)

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up - vision & Color vision: Normal E Power Glass-

Left eye: Normal

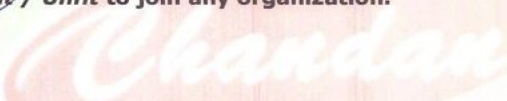
Right eye: Normal

CHANDAN DIAGNOSTIC CENTRE

Near vision: 2/6
Far vision : 6/6
Dental check up : Normal
ENT Check up : Normal
Eye Checkup: Normal


Final impression

Certified that I examined Maya Dew
S/O D/O W/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: -

माया


.....
Signature of Medical Examiner

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

Date- 03/09/2023,

Place - VARANASI

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No.-265

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