

Fwd: Health Check up Booking Confirmed Request(bobE13792), Package Code-PKG10000238, Beneficiary Code-58919

1 message

Wed, Aug 17, 2022 at 12:43 PM

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- Forwarded message -

From: Mediwheel <customercare@policywheel.com>

DELE. INVEU, MUY 17, 2022 St 12:10 PM

Subject: Health Check up Booking Confirmed Request(bobE13792), Package Code-PKG10000238, Beneficiary

Code-58919

To: anurag.idc@gmail.com <anurag.idc@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



011-41195959

Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location: M-214/215 Sec G LDA Colony Near Power House Chauraha Kanpur road, City: Lucknow

We have received the confirmation for the following booking.

Beneficiary Name: PKG10000238

Beneficiary Name: MR. TRIPATHI SANJAY

Member Age : 30

Member Gender -: Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : BEDAROO Uttar Pradesh-229308

Contact Details : 9450352232

Booking Date : 13-07-2022

Appointment Date: 18-08-2022

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.



Indra Diagnostic Centre 1 Alambagh, Lucknow



Age / Gender:

32/Male

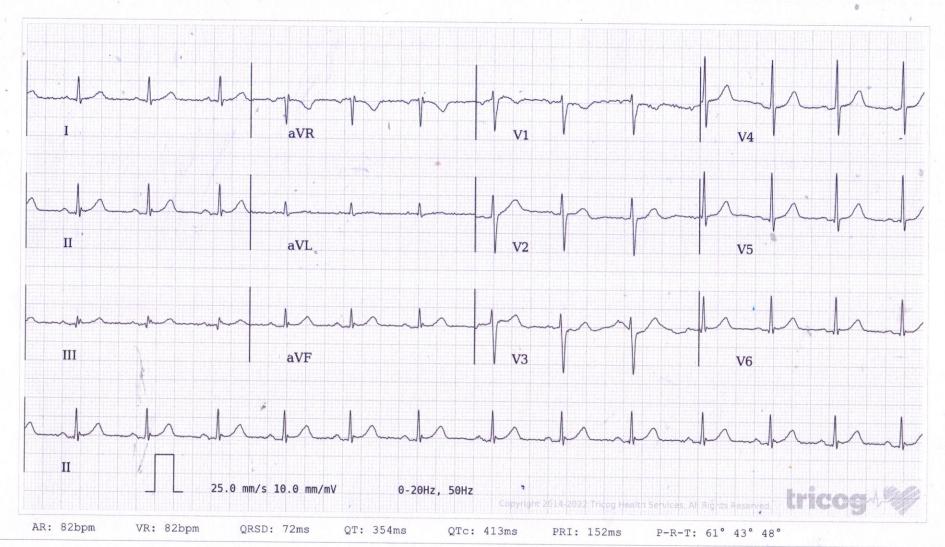
Date and Time: 18th Aug 22 11:34 AM

Patient ID:

CDCA0109812223

Patient Name:

Mr.SANJAY TRIPATHI



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

Dr. Charit MD, DM: Cardiology

63382

AUTHORIZED BY

REPORTED BY

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.



Since 1991

INDRA DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road

Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SANJAY TRIPATHI Registered On : 18/Aug/2022 09:12:45 Age/Gender Collected : 32 Y 7 M 15 D /M : 18/Aug/2022 09:25:29 UHID/MR NO : CDCA.0000091268 Received : 18/Aug/2022 10:28:11 Visit ID : CDCA0109812223 Reported : 18/Aug/2022 14:18:26

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Blood Group

Α

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 13.70 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

			Terriare ILIO ISIS	6/ 41
TLC (WBC)	6,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	8.00	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)	16.50	fL ,	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.00	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	105.00	fl	80-100	CALCULATED PARAMETER
MCH	34.25	pg	28-35	CALCULATED PARAMETER
MCHC	32.61	%	30-38	CALCULATED PARAMETER
RDW-CV	14.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	58.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,300.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	180.00	/cu mm	40-440	









Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

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Patient Name : Mr.SANJAY TRIPATHI : 18/Aug/2022 09:12:46 Registered On Age/Gender : 32 Y 7 M 15 D /M Collected : 18/Aug/2022 14:53:34 UHID/MR NO : CDCA.0000091268 Received : 18/Aug/2022 16:09:46 Visit ID : CDCA0109812223 Reported : 18/Aug/2022 16:35:08

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	105.34	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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 *	149.17	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.









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Patient Name : Mr.SANJAY TRIPATHI : 18/Aug/2022 09:12:46 Registered On Age/Gender : 32 Y 7 M 15 D /M Collected : 18/Aug/2022 09:25:29 UHID/MR NO : CDCA.0000091268 Received : 18/Aug/2022 16:15:57 Visit ID : CDCA0109812223 Reported : 18/Aug/2022 17:31:27

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 B	Bio. Ref. Interval	Method	
CLYCOCYLATED HAFRACCLODIN /HDA4C	**				
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD				
GLYCOSYLATED HAEMOGLOBIN (HBA1C) Glycosylated Haemoglobin (HbA1c)	** , EDTA BLOOD 5.30	% NGSP		HPLC (NGSP)	

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

105

 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 G8 90 SL TOSOH HPLC Analyser.





^{**}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

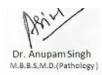
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.











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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	8.96	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.73	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.70	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) * , Serum Cholesterol (Total)	40.70 77.30 20.06 7.23 4.68 2.55 1.84 56.36 0.68 0.19 0.49	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	32.78 77 17.46 87.30	mg/dl mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal	
		<u>.</u>	150-199 Borderline High 200-499 High >500 Very High	0







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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
URINE EXAMINATION, ROUTINE * ,	Urine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	mg/ di	0.2 2.01	BIOCHEWIISTRI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADSENT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	OCCACIONIAI			MICROSCOPIC
Epithelial cells	OCCASIONAL			EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC
rus cens	1-2/π.μ.ι			EXAMINATION
RBCs	ABSENT			MICROSCOPIC
	7.1202.11.			EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
•				EXAMINATION
Others	ABSENT			









Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road

Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SANJAY TRIPATHI Registered On : 18/Aug/2022 09:12:46 Age/Gender Collected : 18/Aug/2022 09:25:29 : 32 Y 7 M 15 D /M UHID/MR NO : CDCA.0000091268 Received : 18/Aug/2022 15:40:06 Visit ID : CDCA0109812223 Reported : 18/Aug/2022 16:53:08

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

STOOL, ROUTINE EXAMINATION **, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT











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Patient Name : Mr.SANJAY TRIPATHI Registered On : 18/Aug/2022 09:12:46 Age/Gender Collected : 32 Y 7 M 15 D /M : 18/Aug/2022 14:53:34 UHID/MR NO : CDCA.0000091268 Received : 18/Aug/2022 17:25:08 Visit ID : CDCA0109812223 Reported : 18/Aug/2022 19:15:03

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

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage

ABSENT

gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2 (++++) > 2

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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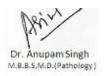
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.69	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.57	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.51	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
		0.3-4.5 μIU/1	nL First Trimes	ter
		0.5-4.6 μIU/1	nL Second Trim	nester
		0.8-5.2 μIU/1	nL Third Trimes	ster
		0.5-8.9 μIU/1	nL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	nL Cord Blood	> 37Week
		0.7-64 μIU/ı	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1		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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CIN: U85110DL2003PLC308206



Patient Name : Mr.SANJAY TRIPATHI Registered On : 18/Aug/2022 09:12:47

 Age/Gender
 : 32 Y 7 M 15 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000091268
 Received
 : N/A

Visit ID : CDCA0109812223 Reported : 18/Aug/2022 12:41:31

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 *

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.











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Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mr.SANJAY TRIPATHI Registered On : 18/Aug/2022 09:12:48

 Age/Gender
 : 32 Y 7 M 15 D /M
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000091268
 Received
 : N/A

Visit ID : CDCA0109812223 Reported : 18/Aug/2022 12:58:47

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) *

LIVER

• The liver is normal in size measuring 13.2 cm and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (3.6 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (10.1 x 3.8 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (9.5 x 4.0 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

• The spleen is normal in size (8.1 cm) and has a homogenous echotexture.

ILIAC FOSSA

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

URINARY BLADDER

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

PROSTATE

• The prostate gland is normal in texture and size measures 3.5 x 3.4 x 3.3 cm (vol-20.6 cc).

IMPRESSION

No significant sonological abnormality is seen on this study.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG





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



