Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075

Patient Name : 21/Aug/2022 10:16:30 : Mr.ANIL KUMAR Registered On Age/Gender : 31 Y 0 M 0 D /M Collected : 21/Aug/2022 10:29:15 UHID/MR NO : IDCD.0000150679 Received : 21/Aug/2022 11:08:51 Visit ID : IDCD0158142223 Reported : 21/Aug/2022 14:27:48 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	А			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole Blo	od			
Haemoglobin	14.20	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)	6,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	14.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 9	
PCV (HCT)	43.00	cc %	40-54	
Platelet count				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	48.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.16	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	-			
RBC Count	4.64	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	90.80	fl	80-100	CALCULATED PARAMETER
MCH	30.50	pg	28-35	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,465.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	315.00	/cu mm	40-440	



Dr. Shoaib Irfan (MBBS, MD, PDCC)

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075

Patient Name : Mr.ANIL KUMAR Registered On : 21/Aug/2022 10:16:31 Age/Gender : 21/Aug/2022 14:40:36 : 31 Y 0 M 0 D /M Collected UHID/MR NO : IDCD.0000150679 Received : 21/Aug/2022 15:09:26 Visit ID : IDCD0158142223 Reported : 21/Aug/2022 15:37:48 : Final Report Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

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	89.00	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 104.90 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.



Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Patient Name : Mr.ANIL KUMAR Registered On : 21/Aug/2022 10:16:31 Age/Gender : 21/Aug/2022 10:29:15 : 31 Y 0 M 0 D /M Collected UHID/MR NO : IDCD.0000150679 Received : 21/Aug/2022 14:55:22 Visit ID Reported : 21/Aug/2022 17:48:15 : IDCD0158142223 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

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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 (%)NGS	SP 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

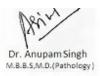
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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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Patient Name : 21/Aug/2022 10:16:31 : Mr.ANIL KUMAR Registered On Age/Gender : 31 Y 0 M 0 D /M Collected : 21/Aug/2022 10:29:15 UHID/MR NO : IDCD.0000150679 Received : 21/Aug/2022 12:00:58 Visit ID : IDCD0158142223 Reported : 21/Aug/2022 13:19:27 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS					
Test Name	Result	Unit	Bio. Ref. Interval	Method	
BUN (Blood Urea Nitrogen)	11.07	mg/dL	7.0-23.0	CALCULATED	
Sample:Serum					
Creatinine	0.89	mg/dl	0.5-1.3	MODIFIED JAFFES	
Sample:Serum					
Uric Acid	6.95	mg/dl	2.5-6.0	URICASE	
Sample:Serum					
LFT (WITH GAMMA GT) * , Serum					
SGOT / Aspartate Aminotransferase (AST)	33.30	U/L	< 35	IFCC WITHOUT P5P	
SGPT / Alanine Aminotransferase (ALT)	34.20	U/L	< 40	IFCC WITHOUT P5P	
Gamma GT (GGT)	16.10	IU/L	11-50	OPTIMIZED SZAZING	
Protein	6.68	gm/dl	6.2-8.0	BIRUET	
Albumin	4.36	gm/dl	3.8-5.4	B.C.G.	
Globulin	2.32	gm/dl	1.8-3.6	CALCULATED	
A:G Ratio	1.88		1.1-2.0	CALCULATED	
Alkaline Phosphatase (Total)	69.26	U/L	42.0-165.0	IFCC METHOD	
Bilirubin (Total)	1.02	mg/dl	0.3-1.2	JENDRASSIK & GROF	
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF	
Bilirubin (Indirect)	0.72	mg/dl	< 0.8	JENDRASSIK & GROF	
LIPID PROFILE (MINI) , Serum					
Cholesterol (Total)	204.00	mg/dl	<200 Desirable	CHOD-PAP	
· ,		<u>.</u>	200-239 Borderline H	igh	
			> 240 High		
HDL Cholesterol (Good Cholesterol)	56.10	mg/dl	30-70	DIRECT ENZYMATIC	
LDL Cholesterol (Bad Cholesterol)	115	mg/dl	< 100 Optimal	CALCULATED	
			100-129 Nr.		
			Optimal/Above Optim		
			130-159 Borderline H 160-189 High	ign	
			> 190 Very High		
raid State ora	32.78	mg/dl	10-33	CALCULATED	
	163.90	mg/dl	< 150 Normal	α	
	103.30	mg/ui	150-199 Border	10	
			200-499 High	James	
高級展開機			>500 Very High Dr. Sho	paib Irfan (MBBS, MD, PDCC)	

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075

Patient Name : Mr.ANIL KUMAR Registered On : 21/Aug/2022 10:16:31 Age/Gender : 31 Y 0 M 0 D /M Collected : 21/Aug/2022 14:47:24 UHID/MR NO : IDCD.0000150679 Received : 21/Aug/2022 15:09:43 Visit ID : IDCD0158142223 Reported : 21/Aug/2022 16:25:04

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	2			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Basic (7.5)			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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT			
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

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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%

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075

Patient Name : Mr.ANIL KUMAR Registered On : 21/Aug/2022 10:16:31 Age/Gender : 31 Y 0 M 0 D /M Collected : 21/Aug/2022 10:29:15 UHID/MR NO : IDCD.0000150679 Received : 21/Aug/2022 14:29:07 Visit ID Reported : 21/Aug/2022 15:33:59 : IDCD0158142223 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

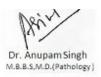
DEPARTMENT OF IMMUNOLOGY

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)	117.84	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.08	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
_		0.3 - 4.5 μ IU/mI	First Trimest	er
		0.5-4.6 $\mu IU/mI$	Second Trim	ester
		0.8-5.2 $\mu IU/mI$		
		0.5-8.9 μIU/mI		55-87 Years
		0.7-27 $\mu IU/mI$		28-36 Week
		2.3-13.2 $\mu IU/mI$		
		0.7-64 μIU/mI	`	· · · · · · · · · · · · · · · · · · ·
		1-39 μIU/n		0-4 Days
		1.7-9.1 μIU/mI	L 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.





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Patient Name : Mr.ANIL KUMAR Registered On : 21/Aug/2022 10:16:32

 Age/Gender
 : 31 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : IDCD.0000150679
 Received
 : N/A

Visit ID : IDCD0158142223 Reported : 21/Aug/2022 12:32:40

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

- 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: NORMAL SKIAGRAM



Dr. Anil Kumar Verma (MBBS,DMRD)

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Patient Name : Mr.ANIL KUMAR Registered On : 21/Aug/2022 10:16:32

 Age/Gender
 : 31 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : IDCD.0000150679
 Received
 : N/A

Visit ID : IDCD0158142223 Reported : 21/Aug/2022 12:45:24

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) *

LI VER

• Mild hepatomegaly present, measures ~164.1 mms in cranio caudal extent, shows diffuse bright echoes. 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.
- Gall bladder is small and contracted (Post meal status).

PAN CREAS

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

RIGHT KIDNEY

- 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

- Left kidney is normal in size and shape and cortical echotexture.
- Bright echo (calculus) seen in middle calyx, measures ~ 3.0 mms approx.
- The collecting system is not dilated.

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 : 31 Y 0 M 0 D /M
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN

• Mild splenomegaly present, measures $\sim 121.3 \times 64.0$ and has a homogenous echotexture. No focal lesion is seen.

ILIAC FOSSA

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

URINARY BLADDER

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

PROSTATE

• Prostate gland is normal in size & echotexture.

IMPRESSION

- Mild hepatosplenomegaly with grade-I fatty changes liver.
- Small left renal calculus.

Typed by roshan

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Anoop Agarwal MBBS,MD(Radiology)

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

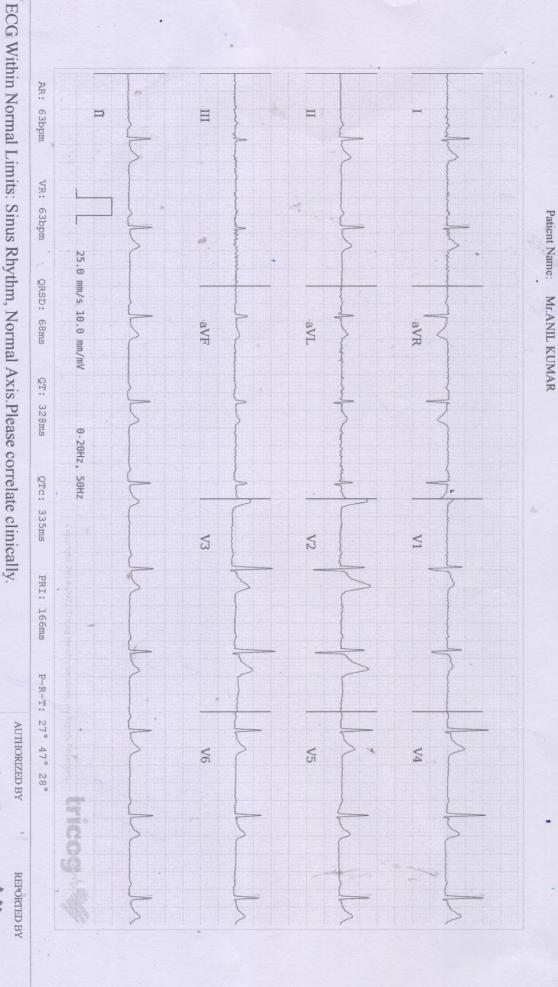
Indra Diagnostic Centre, Indira Nagar



Patient ID: Age / Gender: 31/Male

IDCD0158142223

Date and Time: 21st Aug 22 10:44 AM



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.

Dr. Charit MD, DM: Cardiology

63382



THE THE

अनिल कुमार

Name

Anil Kumar

कर्मचारी कृट संख्या E C Number 111422

जारीकर्ता प्राधिकारी Issuing Authority



धारक के हस्ताक्षर

Holder's Signature

M66-9621884867

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