





GENERAL PHYSICAL EXAMINATION

NAME OF COMPANY	MEDIWHEEL DATE 10-12-2021	
CLIENT NAME SAC	HIN KUMAR UPRETIO, do PITAMBER UPRETI	
DATE OF BIRTH. 1.6:	-04 -1993 AGE 28 YEARS	
ADDRESS RAJARA	ANI VIHAR, KARAYAL JAULASAL HALDWANI U	· K
PHONE NO. 86.302	27607. OCCUPATION SERVICH	
PHOTO ID. AAD.H.	R CARD NO. 7506.7646.63.75	
MARITAIL STATUS	UNMARRIED.	
MARK OF IDENTIT	YFICATION MOLE ON FACE RIGHT SIDE	
HEIGHT .1.7.5cm	WEIGHT. 7.7kg BMI	
CHEST EXP. 8.5	cm CHEST INS.9.3cm ABDOMEN. Ø.3cm	
WAIST.9.2. cm	HIP.10.3.cm	
BLOOD PRESSURE	110 /00 PULSERATE 71/M regulon	
RESPIRATION RAT	E16.1.M	
FAILMY HISORY	AGE OF LIVING AGÉ AT DEATH STATUS YEAR	
FATHER	50 Good	
MOTHER	40	
BROTHER	30	
SISTER		
WIFE/HUSBAND		
DEFORMITIES		
POLIO	YES/NO IF YES GIVE DETAILS	
PARALYSIS	YES/NO IF YES GIVE DETAILS	







HISTORY OF CLIENT	IF YES, GIVE DETAILS
TAKING MEDICINE	YES/NO_
EYE VISION	125/110
DENTAL CHECKUP	
BLOOD PRESSURE	YES/NO/
DIABETES	YES/NO
THYROID	YES/NO/
SURGERY	
GALL BLADDER	YES/NO
APPENDIX	YES/NO/
HARNIA	YES/NO
HYDROCLE	YES/NO/
CATRACT	YES/NO/
OPEN HEART SURGERY	YES/NO/
BY PASS SURGERY YES/NO	
ANGIOGRAPHY	YES/NO
PILES	YES/NO/
FISTULA	YES/NO
ACCIDENT	YES/NO
UTERUS	YES/NO
HABITS IF Y	ES, GIVE DETAILS
SMOKING	VIII A VO
ALCOHOL	YES/NO
PAN MASALA	YES/NO
	YES/NO
NUMBER OF CHILD NA	DATE OF BIRTHOF LAST BABY
	Of Elicinol LAST BABY
I am giving my blood sample emp	ty stomach YES/NO
	J ento
URINE sample	YE8/NO

presently in good health and free from any cardio-respiratory/ communicable ailment and in my opinion, he is fit / unfit to join any organization.

Client Signature

DE NAVNEET KUMAR

Chandan Diagnostic Centre, Haldwani
Signature of Medical Examiner Name & Qualification of the medical examiner





Chandan Diagnostic Centre, Haldwani - 1

4 100



28/Male Age / Gender:

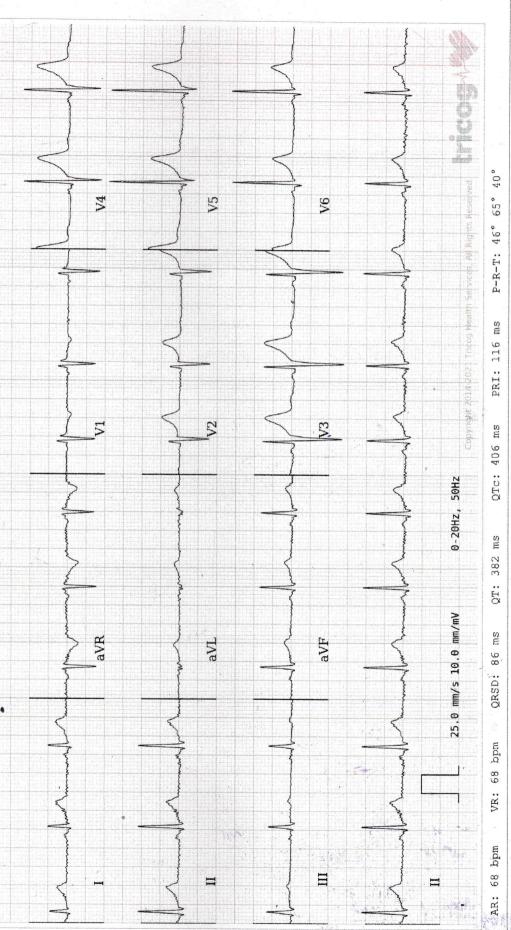
Patient ID:

CHLD0093152122

Mr.SACHIN KUMAR UPRETI 122321

Patient Name:

Date and Time: 10th Dec 21 10:27 AM



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

Plot No.-1051, Near Chaudhary Kothi Cont. No.- 8235408975 Nainitel Read, HALDWANI

AUTHORIZED BY

REPORTED BY

Dr. Charit MD, DM: Cardiology

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.

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN: U85110DL2003PLC308206





Patient Name : Mr.SACHIN KUMAR UPRETI 122321 Registered On : 10/Dec/2021 10:04:29 Age/Gender : 28 Y 7 M 25 D /M Collected : 10/Dec/2021 10:17:53 UHID/MR NO : CHLD.0000073114 Received : 10/Dec/2021 10:31:00 Visit ID : CHLD0093152122 Reported : 10/Dec/2021 12:01:25

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) * , Blood				
Haemoglobin	15.80	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	49.00	cc %	40-54	
Platelet count				
Platelet Count	3.14	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	19.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	8.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.96	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.80	fl	80-100	CALCULATED PARAMETER
MCH	31.90	pg	28-35	CALCULATED PARAMETER
		1 3		

%

%

fL

/cu mm

/cu mm

30-38

11-16

35-60

40-440

3000-7000

34.00

13.00

41.80

4,526.00

146.00

utrophils Count

sinophils Count (AEC)

Dr Vinod Ojha

MD Pathologist

CALCULATED DADAMETED

ELECTRONIC I

ELECTRONIC I

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≥ 126 Diabetes



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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	90.22	mg/dl	< 100 Normal 100-125 Pre-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.





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: 10/Dec/2021 10:04:29 Patient Name : Mr.SACHIN KUMAR UPRETI 122321 Registered On Age/Gender : 28 Y 7 M 25 D /M Collected : 10/Dec/2021 19:02:24 UHID/MR NO : CHLD.0000073114 Received : 12/Dec/2021 13:14:10 Visit ID Reported : CHLD0093152122 : 12/Dec/2021 13:18:10 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 PP Sample:Plasma After Meal	112.30	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

|--|

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.58	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	27.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	85	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 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.

BUN (Blood Urea Nitrogen) * Sample:Serum	7.73	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.84	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	119.00	ml/min/1.73m:	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	6.65	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	56.64	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	99.02	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	71.41	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.60	gm/dl	6.2-8.0	BIRUET
Albumin	4.73	gm/dl	3.8-5.4	B.C.G.
Globulin	2.87	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.65		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.29	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.12	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Interv	al Method
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	202.99	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	42.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	103	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	56.98	mg/dl	10-33	CALCULATED
Triglycerides	284.88	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP h





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Patient Name : Mr.SACHIN KUMAR UPRETI 122321 Registered On : 10/Dec/2021 10:04:29 Age/Gender : 10/Dec/2021 10:19:34 : 28 Y 7 M 25 D /M Collected UHID/MR NO : CHLD.0000073114 Received : 10/Dec/2021 11:01:42 Visit ID : CHLD0093152122 Reported : 10/Dec/2021 13:47:23

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 * , Ur	ine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
11010111	ABOLITI	9 /0	10-40 (+)	Dir o'rroix
			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			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
'				EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \text{-} 1.0 \\ (+++) & 1 \text{-} 2 \end{array}$

(++++) > 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





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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

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. Interva	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	125.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.56	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/n	nL First Trimes	ter
		0.5-4.6 µIU/n		
		0.8-5.2 μIU/n		
		0.5-8.9 μIU/n		55-87 Years
		0.7-27 μIU/n		28-36 Week
		2.3-13.2 μIU/n		
		0.7-64 μIU/n	`	,
		•	/mL Child	0-4 Days
		1.7-9.1 μIU/r	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.





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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:-

NORMAL SKIAGRAM IN PRESENT SCAN.





Dr. Rohit Rakholia (MBBS MD Radiodiagnosis

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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 mildly enlarged in size (~16 cms in longitudinal span), its echogenicity is homogeneously increased. 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.
- 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 ~ 10.4x3.9 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 ~10.2x5.4 cms.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear 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 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 seen 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, texture with smooth outline, its measuring ~2.2x3.8x3 cm & 14 cc in vol.

FINAL IMPRESSION:-

Mild hepatomegaly with Grade I fatty liver (Adv: LFT Correlation)

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

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Navneet Kumar (MD Radiodiagnosis)

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