

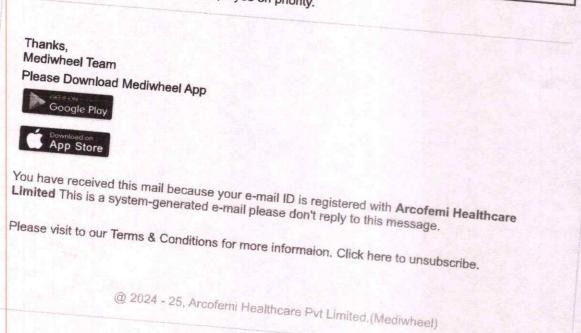
sanjeet singh <idcallahabad.corporate@gmail.com>

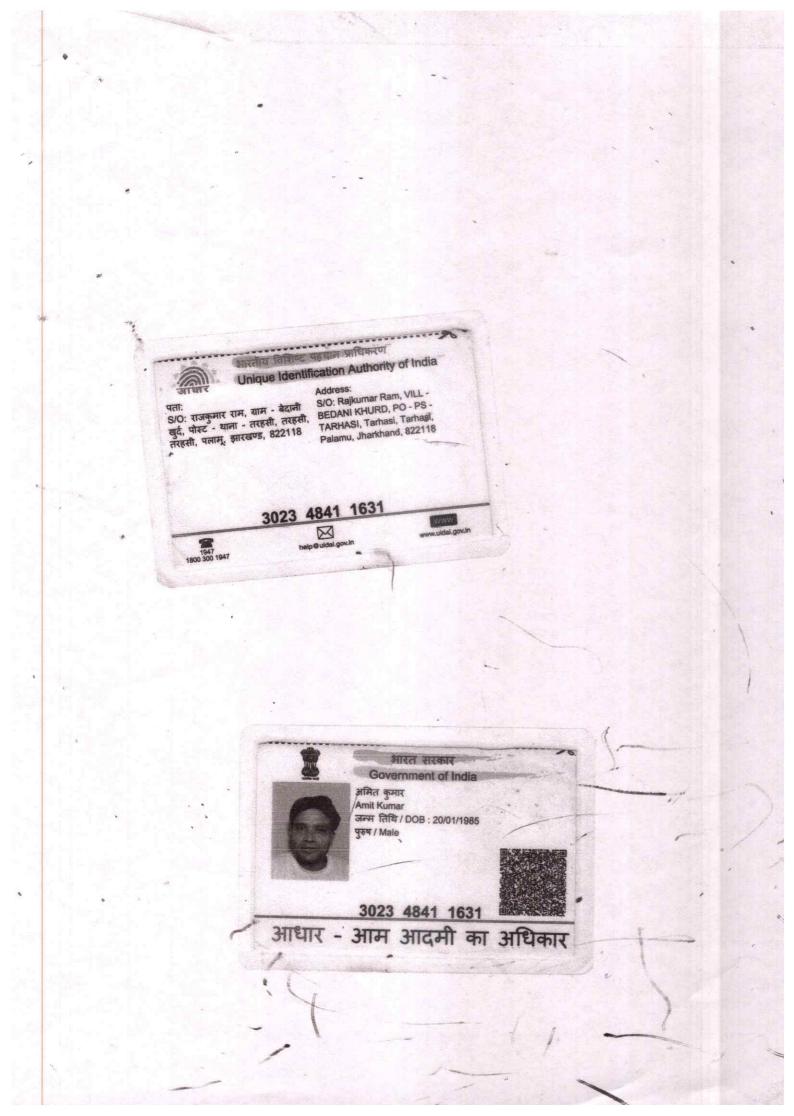
Male

Health Check up Booking Confirmed Request(bobE15043), Package Code-

Mediwheel <wellness@mediwheel.in> To: idc.allahabad.corporate@gmail.com Cc: customercare@mediwheel.in Sat, Mar 16, 2024 at 11:05 AM lediwhee Your wellness partner 011-41195959 Hi Chandan Healthcare, The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client Hospital Package : Mediwheel Full Body Health Checkup Male Below 40 Patient Package : Mediwheel Full Body Health Checkup Male Below 40 Name **Contact Details** : 9795236640 Appointment Date: 17-03-2024 Confirmation Status : Booking Confirmed **Preferred Time** : 8:30am Booked Member Name Member Information MR. KUMAR AMIT Age Gender 39 year

We request you to facilitate the employee on priority.







Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:41
Age/Gender	: 39 Y 1 M 26 D /M	Collected	: 17/Mar/2024 09:40:23
UHID/MR NO	: ALDP.0000136852	Received	: 17/Mar/2024 09:44:50
Visit ID	: ALDP0400432324	Reported	: 17/Mar/2024 12:57:01
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, B	Nood			
Blood Group	В			ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE
Dh (Anti D)	POSITIVE			AGGLUTINA ERYTHROCYTE
Rh (Anti-D)	POSITIVE			MAGNETIZED
				TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) *	la Placed			
Complete Blood Count (CBC) * , Who				
Haemoglobin	14.90	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	
	C 800 00		Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>	6,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	2.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.		
PCV (HCT) Platelet count	46.00	%	40-54	
		(
Platelet Count	1.51	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	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)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.19	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.60	fl	80-100	CALCULATED PARAMETER
MCH	28.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,944.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	68.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)

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Home Sample Collection 1800-419-0002



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:43
Age/Gender	: 39 Y 1 M 26 D /M	Collected	: 17/Mar/2024 09:40:23
UHID/MR NO	: ALDP.0000136852	Received	: 17/Mar/2024 09:44:50
Visit ID	: ALDP0400432324	Reported	: 17/Mar/2024 12:28:21
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	al Method
GLUCOSE FASTING * , <i>Plasma</i> Glucose Fasting	108.20	100	00 Normal)-125 Pre-diabetes 26 Diabetes	GOD POD
Interpretation:		5		

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*	120.00	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.

GLYCOSYLATED HAEM OGLOBIN (HBA1	C) *,EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.60	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
		•••••	2.01.10.1.10.1.0.	

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 1 diabetics. 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

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	14.24	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	6.59	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum

150 9001:2015

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Interva	al Method
SGOT / Aspartate Aminotransferase (AST)	28.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	31.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	26.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.90	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	3.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.26	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	106.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	180.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	48.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	108	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	23.56	mg/dl	10-33	CALCULATED
Triglycerides	117.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr.Akanksha Singh (MD Pathology)







Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:42
Age/Gender	: 39 Y 1 M 26 D /M	Collected	: 17/Mar/2024 14:21:47
UHID/MR NO	: ALDP.0000136852	Received	: 17/Mar/2024 14:29:57
Visit ID	: ALDP0400432324	Reported	: 17/Mar/2024 16:39:52
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE	*, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	[′] mg %	<10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Sugar	ADCENT	ana a0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
		- Star	>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	0, -		
Bile Pigments	ABSENT			
Bilirubin	ABSENT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	4-6/h.p.f			MICROSCOPIC
	· •,p.			EXAMINATION
Puscells	2-3/h.p.f			
RBCs	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT

gms%

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



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Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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%		WWWWWWW		
(+++) 1-2 gms%				
(++++) > 2 gms%				

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Dr.Akanksha Singh (MD Pathology)

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Home Sample Collection



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:44
Age/Gender	: 39 Y 1 M 26 D /M	Collected	: 17/Mar/2024 09:40:23
UHID/MR NO	: ALDP.0000136852	Received	: 18/Mar/2024 09:57:34
Visit ID	: ALDP0400432324	Reported	: 18/Mar/2024 13:21:33
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total ** Sample:Serum	0.83	ng/mL	<4.1	CLIA	

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone⁻
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:43
Age/Gender	: 39 Y 1 M 26 D /M	Collected	: 17/Mar/2024 09:40:22
UHID/MR NO	: ALDP.0000136852	Received	: 17/Mar/2024 09:44:50
Visit ID	: ALDP0400432324	Reported	: 17/Mar/2024 17:10:17
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	170.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.800	µIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimester	
		0.5-4.6 μIU/	mL Second Trimeste	er
		0.8-5.2 µIU/	mL Third Trimester	

0.5-8.9

0.7-27

0.7-64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

Adults

Child

Child

Premature

Cord Blood

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

1) Patients having low 7	T3 and T4 levels but high	TSH levels suf	ffer from prima	y hypothyroidism	, cretinism,	juvenile myxedema or
autoimmune disorders.				A Carlos		

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.

Dr.Akanksha Singh (MD Pathology)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:44
Age/Gender	: 39 Y 1 M 26 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000136852	Received	: N/A
Visit ID	: ALDP0400432324	Reported	: 17/Mar/2024 15:16:57
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

Icrohilh

DR K N SINGH (MBBS, DMRE)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMIT KUMAR -	Registered On	: 17/Mar/2024 08:49:44
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Visit ID	: ALDP0400432324	Reported	: 17/Mar/2024 11:19:09
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Normal in size (14.5 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.7 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE :- Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

DR K N SINGH (MBBS, DMRE)

 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

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