

LDM Sultanpur

From: Mediwheel <wellness@mediwheel.in>
Sent: 23 January 2023 17:19
To: LDM Sultanpur
Cc: mediwheelwellness@gmail.com
Subject: Health Check up Booking Confirmed Request(bobS22933),Package Code-
PKG10000239, Beneficiary Code-38008

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.



011-41195959

Email:wellness@mediwheel.in

Dear **Garima**,

Please find the confirmation for following request.

Booking Date :13-12-2022
Package Name :Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital :Chandan Healthcare Limited
Address of Diagnostic/Hospital :B1/2 Sec-J, Aliganj, Lucknow
Contact Details :9918101664
City :Lucknow
State :Uttar Pradesh
Pincode :226024
Appointment Date :27-01-2023
Confirmation Status :Confirmed
Preferred Time :9:30am-12:30pm
Comment :APPOINTMENT TIME 8:00AM



Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-12-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.

भारत सरकार
 Unique Identification Authority of India
 Government of India

नामांकन क्रम / Enrollment No.: 2189/17067/55209

To
 गरिमा संखवार
 Garima Sankhwar
 W/O: Anurag Sankhwar
 2/47-B Sitapur Road
 Priydarshini Colony
 Lucknow
 Jankipuram
 Lucknow Lucknow
 Uttar Pradesh 226021
 9455286664

27/07/2017

55789603



MD557896036FH



आपका आधार क्रमांक / Your Aadhaar No. :

4025 9448 9097

मेरा आधार, मेरी पहचान



भारत सरकार
 Government of India



गरिमा संखवार
 Garima Sankhwar
 पति : अनुराग संखवार
 Husband : Anurag Sankhwar
 जन्म तिथि / DOB : 27/02/1992
 महिला / Female



4025 9448 9097

SHOT ON REDMI NOTE 5
 MI DUAL CAMERA

मेरा आधार, मेरी पहचान

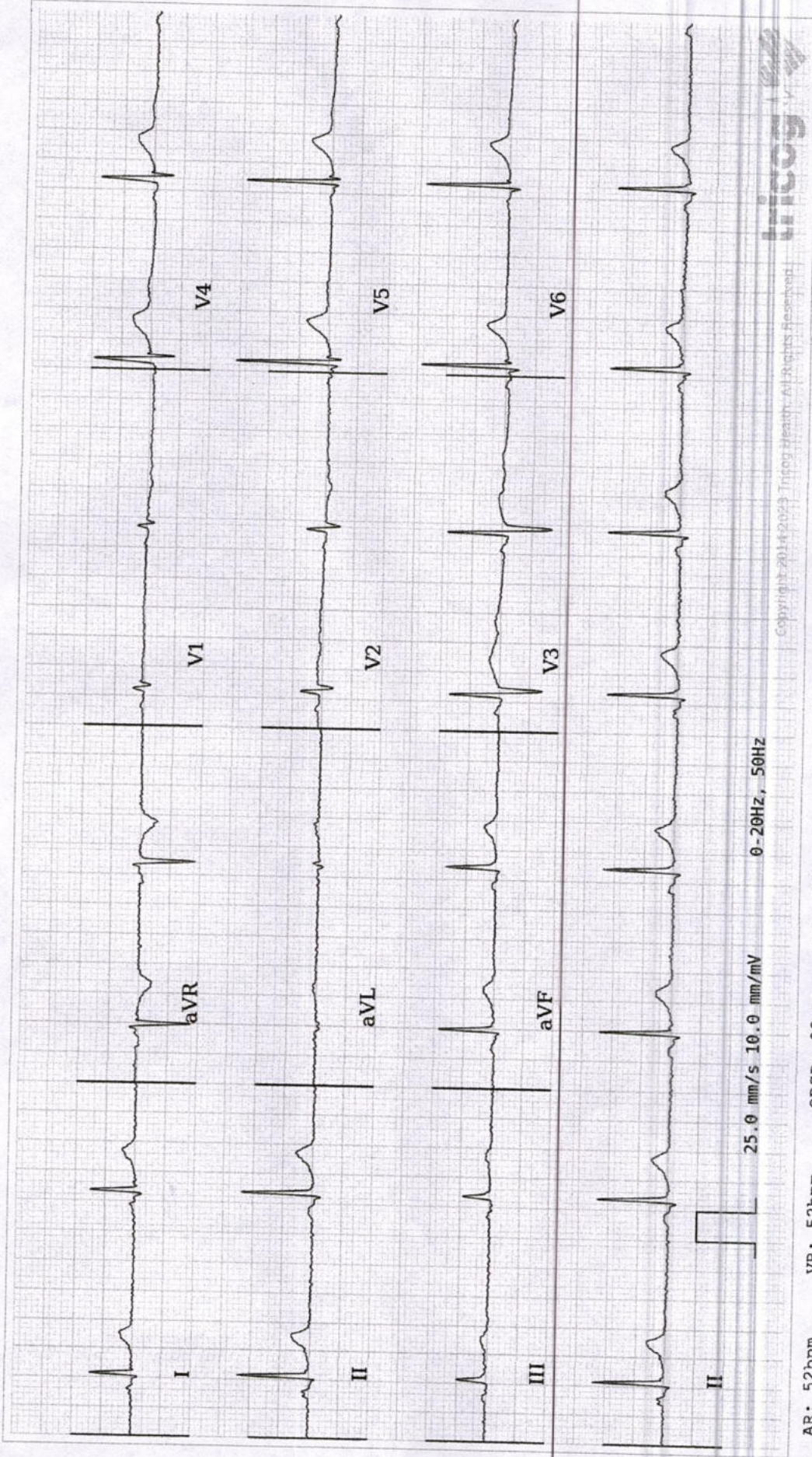
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Chandan Diagnostic

Age / Gender: 30/Female
Date and Time: 27th Jan 23 10:28 AM
Patient ID: CALI0138262223
Patient Name: Mrs.GARIMA SANKHWAR



AR: 52bpm VR: 52bpm QRS: 82ms QT: 404ms QTc: 375ms PRI: 118ms P-R-T: 54° 58° 52°
25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz
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Sinus Bradycardia. Please correlate clinically.

AUTHORIZED BY

Dr. Churrit
MD, DM: Cardiology

REPORTED BY

Dr. Aishwarya Yadav Verugopal

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.



CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:36
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 27/Jan/2023 09:30:09
UHID/MR NO	: CALI.0000040582	Received	: 27/Jan/2023 13:04:07
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 17:11:53
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
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Blood Group (ABO & Rh typing) **, Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	9.80	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
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TLC (WBC)	7,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	33.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

ESR

Observed	30.00	Mm for 1st hr.
Corrected	16.00	Mm for 1st hr. < 20
PCV (HCT)	30.00	% 40-54

Platelet count

Platelet Count	1.82	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	64.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.29	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	2.74	Mill./cu mm	3.7-5.0	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	111.20	fl	80-100	CALCULATED PARAMETER
MCH	35.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	19.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	76.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,712.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	152.00	/cu mm	40-440	

Slahoti.

Dr. Surbhi Lahoti (M.D. Pathology)





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Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:37
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 27/Jan/2023 09:30:09
UHID/MR NO	: CALI.0000040582	Received	: 27/Jan/2023 13:10:30
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 14:01:11
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
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GLUCOSE FASTING **, Plasma

Glucose Fasting	106.70	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP **

Sample: Plasma After Meal

120.60	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	117	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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 G8 90 SL TOSOH 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	9.57	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.82	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	4.50	mg/dl	2.5-6.0	URICASE





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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LFT (WITH GAMMA GT) **, Serum

SGOT / Aspartate Aminotransferase (AST)	16.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	9.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.41	gm/dl	6.2-8.0	BIRUET
Albumin	4.23	gm/dl	3.8-5.4	B.C.G.
Globulin	2.18	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.94		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	81.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.55	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.31	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) **, Serum

Cholesterol (Total)	144.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	84	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.70	mg/dl	10-33	CALCULATED
Triglycerides	63.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:36
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 27/Jan/2023 10:12:00
UHID/MR NO	: CALI.0000040582	Received	: 27/Jan/2023 12:53:05
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 13:58:09
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
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URINE EXAMINATION, ROUTINE **, Urine

Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			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)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Dr. Surbhi Lahoti (M.D. Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:36
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 28/Jan/2023 08:53:37
UHID/MR NO	: CALI.0000040582	Received	: 28/Jan/2023 12:00:57
Visit ID	: CALI0138262223	Reported	: 28/Jan/2023 16:03:28
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
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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

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:37
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 27/Jan/2023 13:12:14
UHID/MR NO	: CALI.0000040582	Received	: 27/Jan/2023 16:21:50
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 17:08:50
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
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SUGAR, FASTING STAGE **, Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

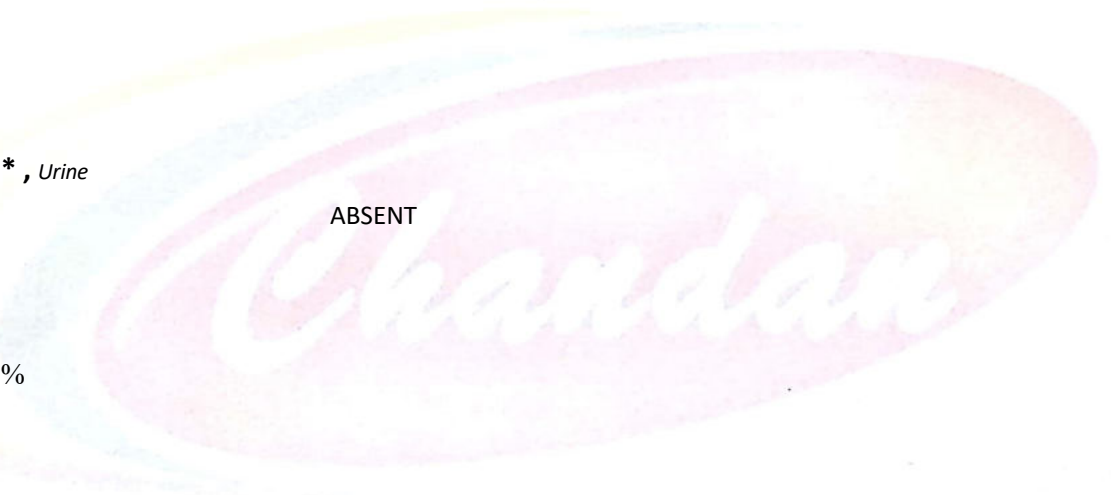
- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

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)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:37
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 27/Jan/2023 09:30:08
UHID/MR NO	: CALI.0000040582	Received	: 27/Jan/2023 12:48:02
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 14:03:03
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
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THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	185.96	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	10.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.23	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.

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:38
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CALI.0000040582	Received	: N/A
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 15:04:13
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

- 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 DIAGNOSTIC ABNORMALITY SEEN.


Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)





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Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:38
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CALI.0000040582	Received	: N/A
Visit ID	: CALI0138262223	Reported	: 27/Jan/2023 11:17:34
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 ~ 13.4 cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated (**measures ~ 4.1 mm**).
- **Gall bladder lumen is mildly distended. Few calculi (atleast 4 in number, size 5 to 3 mm) are seen in gall bladder lumen. No wall edema or pericholecystic fluid seen.**

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney is normal in size ~ 10.1 x 3.4 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 10.7 x 4.3 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

- The spleen is normal in size ~ 10 cm and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.

UTERUS





CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.GARIMA SANKHWAR	Registered On	: 27/Jan/2023 09:16:38
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CALI.0000040582	Received	: N/A
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The uterus is anteverted and normal in size ~ 4.9 x 4.7 x 6.5 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. **Intrauterine contraceptive device is seen in situ.**
- Cervix is normal.

ADNEXA & OVARIES

- Both ovaries are normal in size volume and echotexture.
- Adnexa are normal.

FINAL IMPRESSION:-

- **CHOLELITHIASIS.**

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG/EKG




Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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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Home Sample Collection
1800-419-0002

Mar. 2018