

Fwd: Health Check up Booking Confirmed Request(bobS28044),Package Code-PKG10000239, Beneficiary Code-40091

Mediwheel Wellness <mediwheelwellness@gmail.com>

Sat 04/02/2023 18:21

To: Abhishek Tripathi <ABHISHEK.TRIPATHI5@bankofbaroda.com>

****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.

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011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear PRAGYA ABHISHEK TRIPATHI,

Please find the confirmation for following request.

Booking Date : 04-02-2023
Package Name : Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Indra Diagnostic Centre
Address of Diagnostic/Hospital : B1/2 Sec-J, Aliganj, Lucknow
Contact Details : 9918101664
City : Lucknow
State : Uttar Pradesh
Pincode : 226024
Appointment Date : 05-02-2023
Confirmation Status : Confirmed
Preferred Time : 8:30am-9:00am
Comment : APPOINTMENT TIME 8:00AM



Instructions to undergo Health Check:

1. 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 centre).
4. Please bring all your medical prescriptions and previous health medical records with you.



भारतीय डिजिटल पहचान प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
 Government of India

नामांकन क्रम/ Enrolment No.: 0000/00448/34327

To
 प्रजा अभिषेक त्रिपाठी
 Pragya Abhishek Tripathi
 W/O Abhishek Tripathi
 139 F / 12 H
 Rasoolabad
 Allahabad
 Teliyarganj
 Jodhwal
 Cavellary Lines
 Allahabad Uttar Pradesh - 211004
 9450476737

Download Date: 23/09/2017

Generation Date: 31/08/2017

Signature Not Verified
 Digitally signed by Pr
 Unique Identification
 Authority of India
 CA: CN=Pragya Abhishek
 Tripathi, O=



आपका आधार क्रमांक / Your Aadhaar No. :

5947 4374 9075

मेरा आधार, मेरी पहचान



भारत सरकार
 Government of India



प्रजा अभिषेक त्रिपाठी
 Pragya Abhishek Tripathi
 जन्म तिथि/DOB: 05/07/1992
 महिला/ FEMALE



5947 4374 9075

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय डिजिटल पहचान प्राधिकरण
 Unique Identification Authority of India

Address:

W/O Abhishek Tripathi, 139 F / 12 H, Rasoolabad, Teliyarganj, Allahabad, Uttar Pradesh - 211004

पता:

अभिषेक त्रिपाठी, 139 एफ / 12 एच, रसूलबाद, तेलीयर्गंज, इलाहाबाद, उत्तर प्रदेश - 211004

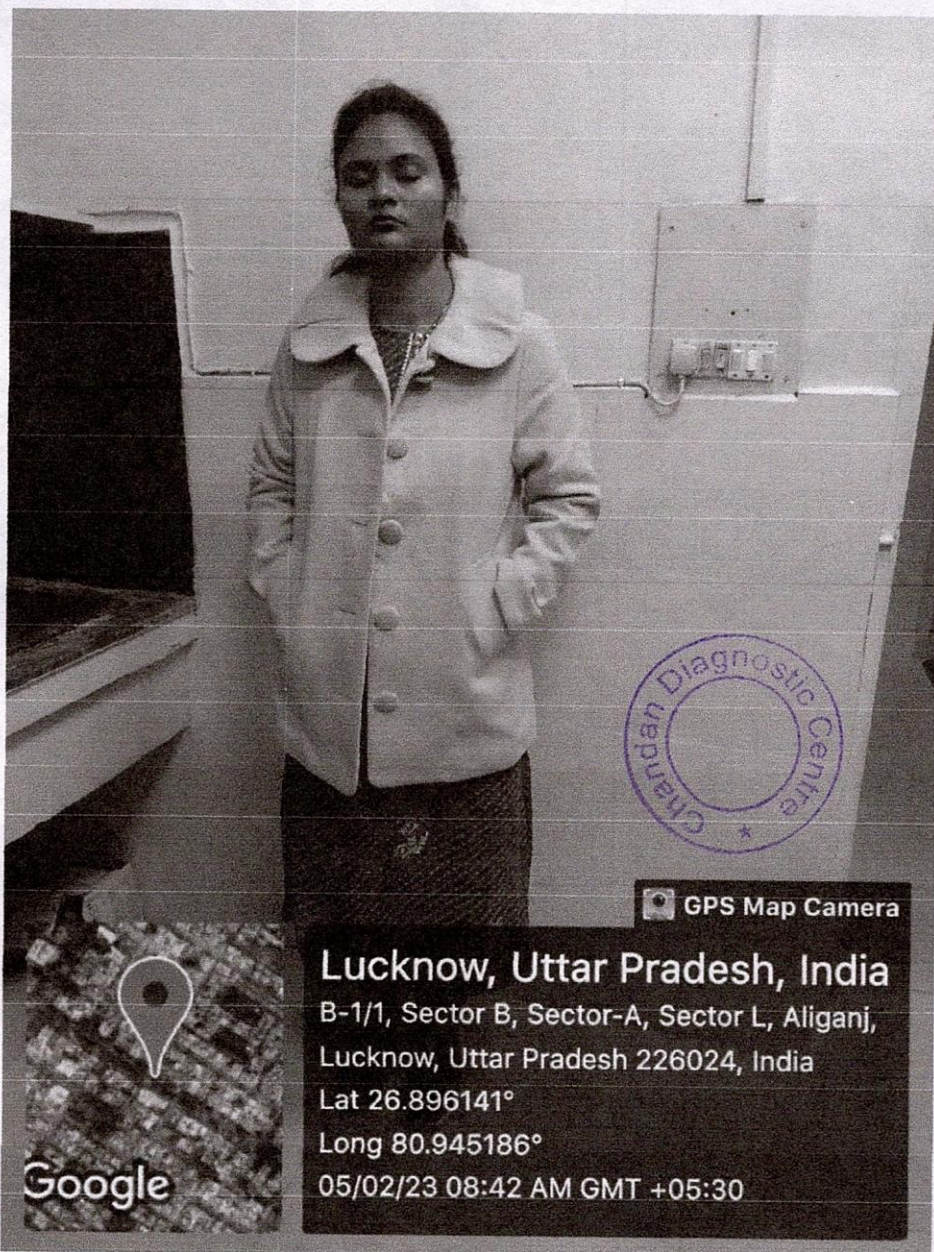
5947 4374 9075

1947

help@uidai.gov.in

www.uidai.gov.in





Chapman Diagnostic Centre

GPS Map Camera



Google

Lucknow, Uttar Pradesh, India

B-1/1, Sector B, Sector-A, Sector L, Aliganj,
Lucknow, Uttar Pradesh 226024, India

Lat 26.896141°

Long 80.945186°

05/02/23 08:42 AM GMT +05:30



Chandan Diagnostic



Since 1991

Age / Gender: 30/Female Date and Time: 5th Feb 23 9:13 AM
 Patient ID: CALI0143622223
 Patient Name: Mrs.PRAGYA ABHISHEK TRIPATHI



AR: 84bpm VR: 84bpm QRS: 66ms QT: 346ms QTc: 408ms PRI: 142ms P-R-T: 30° 65° 35°

Home Sample Collection
 1800-419-0002

Customer Care No.:+91-8069366666 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in



REPORTED BY

Dr. Manjunatha Cosikere
 MD, DM: Cardiology

AUTHORIZED BY

Dr. Charit
 MD, DM: Cardiology

Sinus Rhythm, Sinus Arrhythmia Seen, Septal Ischemia suspected. Please correlate clinically.

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.
 Dec. 2022 63382



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.PRAGYA ABHISHEK TRIPATHI	Registered On	: 05/Feb/2023 08:39:25
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 05/Feb/2023 08:44:54
UHID/MR NO	: CALI.0000040800	Received	: 05/Feb/2023 12:53:59
Visit ID	: CALI0143622223	Reported	: 05/Feb/2023 15:08:50
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	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin	12.00	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)	8,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	67.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	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	28.00	Mm for 1st hr.	
Corrected	16.00	Mm for 1st hr.	< 20
PCV (HCT)	38.00	%	40-54

Platelet count

Platelet Count	2.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	54.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.33	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	4.79	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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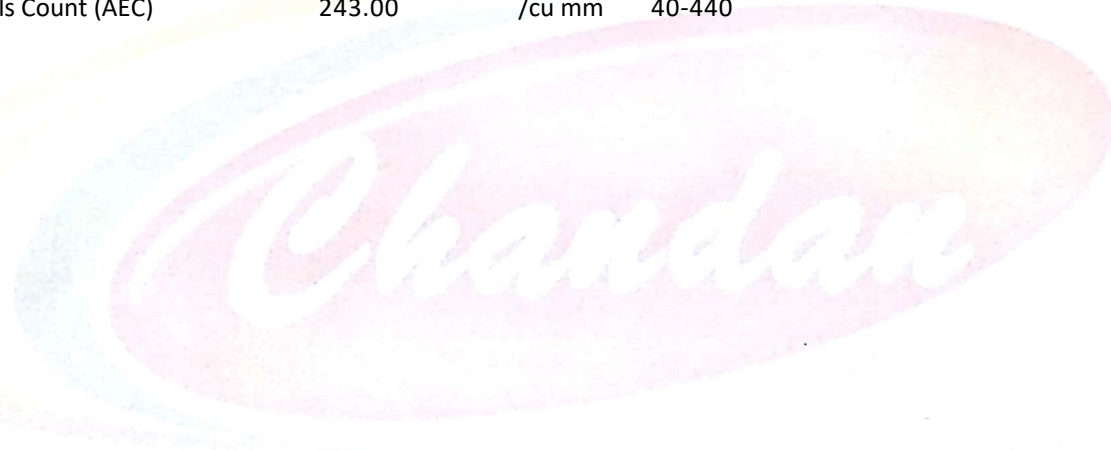


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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	78.70	fl	80-100	CALCULATED PARAMETER
MCH	25.00	pg	28-35	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	15.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,427.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	243.00	/cu mm	40-440	



ASIN

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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Visit ID	: CALI0143622223	Reported	: 05/Feb/2023 14:34:41
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	87.00	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

113.40	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)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	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 management.





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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	7.44	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample: Serum	0.94	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample: Serum	2.80	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
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	21.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	4.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.70	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.56	gm/dl	6.2-8.0	BIRUET
Albumin	4.87	gm/dl	3.8-5.4	B.C.G.
Globulin	2.69	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.81		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	65.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.12	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.49	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.63	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	190.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	61.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	119	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	13.94	mg/dl	10-33	CALCULATED
Triglycerides	69.70	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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Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 05/Feb/2023 12:54:40
UHID/MR NO	: CALI.0000040800	Received	: 05/Feb/2023 14:55:37
Visit ID	: CALI0143622223	Reported	: 05/Feb/2023 15:51:46
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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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URINE EXAMINATION, ROUTINE** , Urine

Color	CLEAR			
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			

SUGAR, FASTING STAGE** , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





CHANDAN DIAGNOSTIC CENTRE

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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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SUGAR, PP STAGE** , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



Dr. Anupam Singh (MBBS MD Pathology)





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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)	136.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.29	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)





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Patient Name	: Mrs.PRAGYA ABHISHEK TRIPATHI	Registered On	: 05/Feb/2023 08:39:26
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CALI.0000040800	Received	: N/A
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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

- 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)





CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.PRAGYA ABHISHEK TRIPATHI	Registered On	: 05/Feb/2023 08:39:26
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CALI.0000040800	Received	: N/A
Visit ID	: CALI0143622223	Reported	: 06/Feb/2023 13:26:33
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

- Liver is normal in size (~ approx 122 mm) and has a normal homogenous echo texture.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- Gall bladder is well distended with **calculus (~ approx 9.5 mm) seen within gall bladder neck region**. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal (~ approx 3.4 mm) in caliber, lumen echolucent smooth tapering.

PANCREAS

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

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Right kidney ~ approx 102 x 37 mm.
- Left kidney ~ approx 88 x 36 mm.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

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

LYMPH NODES

- No significant lymph node noted.

URINARY BLADDER

- Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

UTERUS & CERVIX

- The uterus is anteverted and measures ~ 70 x 46 x 36 mm, volume ~ 63.6 cc.
- **? Small subserous fibroid (~ approx 9 x 6 mm) seen along anterior myometrium wall causing focal contour bulge, near cesarean scar site.**
- Endometrial echoes ~ approx 9.1 mm.
- Cervix appear normal in size & measures ~ 34 x 24 mm.
- **Mildly free fluid seen along posterior cul-de-sac.....? PID.**

ADNEXA & OVARIES

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.
- Right ovary measures ~ 31 x 16 mm.
- Left ovary measures ~ 30 x mm.

IMPRESSION

- **Cholelithiasis.**
- **? Uterine small subserous fibroid.**
- **Mildly free fluid seen along posterior cul-de-sac.....? PID.**

Please correlate clinically.

Typed by- anoop

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Anil Kumar Verma
(MBBS, DMRD)

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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Mar. 2018