



# CHANDAN DIAGNOSTIC CENTRE

Name of Company: Meliwhel

Surbhishikha Name of Executive:

Date of Birth: 18 01 1995

Sex:

Height: 157

Weight: 62

BMI (Body Mass Index): 25.

Chest (Expiration / Inspiration) 88 92

Abdomen: 76

Blood Pressure: 114 74
Pulse: 78 Borregular

16 RR:

Ident Mark: Mall can China

Any Allergies: NO

NO Vertigo:

Any Medications: NO

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any: NO

Lab Investigation Reports: Reports AH.

Eye Check up vision & Color vision:

Normal Left eye:

Right eye: 0.25

Near vision: Normal







# CHANDAN DIAGNOSTIC CENTRE

Far vision:	N	monal

hornal hornal Dental check up:

ENT Check up:

Eye Checkup:

Final impression

Certified that I examined Scurbh Sh Chan S/o or D/o ... is presently in good health and free from any cardio-respiratory/communicable ailment, he/she is fit / Unfit to join any organization.

Client Signature :-

Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)

Signature of Medical Examiner No.-26918

Name & Qualification . A. Ren MIN M

Date 23) 1.0/21 Place Varancer



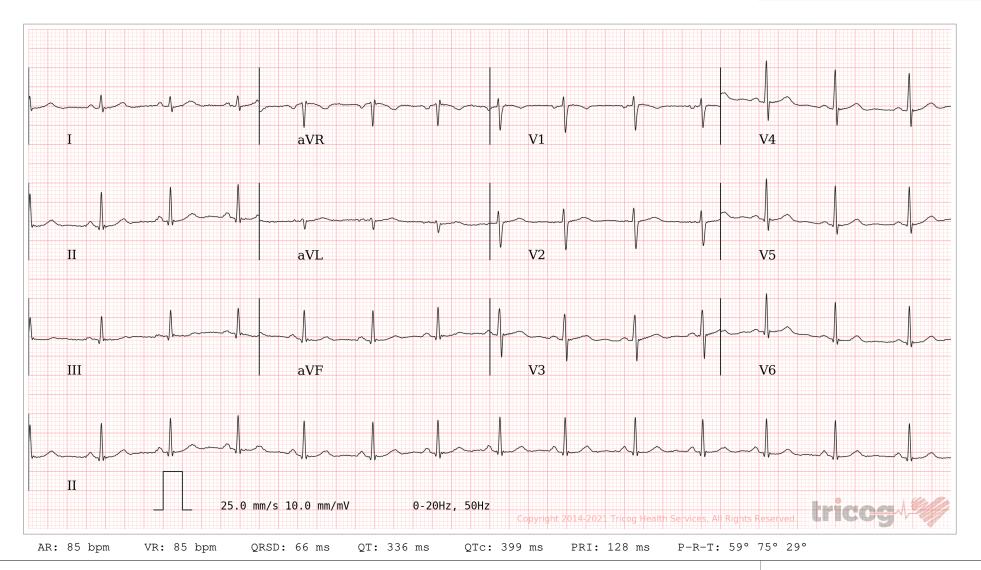
# Chandan Diagnostic Centre, Varanasi



Age / Gender: 26/Female Date and Time: 23rd Oct 21 2:29 PM

Patient ID: CVAR0071902122

Patient Name: Mrs.SURBHI SHIKHA-MEDIWHEEL



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

AUTHORIZED BY

amuts

Dr. Charit MD, DM: Cardiology Dr Arunkumar Kakhandaki

REPORTED BY

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.

63382



P- 93, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude

25.305417°

LOCAL 11:07 AM GMT 05:37 AM Longitude

82.979114°

SATURDAY 10.23.2021 ALTITUDE 59 FEET





# भारत सरकार

## Government of India

सुरमि शिखा Surbhi Shikha जन्म तिथि / DOB : 18/01/1995

महिला / Female



3869 5507 0495

मरा आधार, मेरी पहचान





Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL Registered On : 23/Oct/2021 10:45:48 Age/Gender Collected : 26 Y 0 M 0 D /F : 23/Oct/2021 11:08:00 UHID/MR NO : CVAR.0000023066 Received : 23/Oct/2021 11:50:44 Visit ID : CVAR0071902122 Reported : 23/Oct/2021 15:56:58

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 O
Rh ( Anti-D) POSITIVE

# **COMPLETE BLOOD COUNT (CBC) \***, Blood

Haemoglobin	13.60	mg/dl	Male-13.5-17.5 mg/dl Female-12.0-	
			15.5mg/dl	
TLC (WBC)	6,600	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	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	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	37.40	cc %	40-54	
Platelet count				
Platelet Count	1.10	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.06	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.90	fl	80-100	CALCULATED PARAMETER
MCH	33.40	pg	28-35	CALCULATED PARAMETER
MCHC	36.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.90	, fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,290.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	132.00	/cu mm	40-440	









Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name

: Mrs.SURBHI SHIKHA-MEDIWHEEL

Registered On

: 23/Oct/2021 10:45:48

Age/Gender

: 26 Y 0 M 0 D /F

Collected Received

: 23/Oct/2021 11:08:00 : 23/Oct/2021 11:50:44

UHID/MR NO Visit ID

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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





S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL : 23/Oct/2021 10:45:49 Registered On Age/Gender : 26 Y 0 M 0 D /F Collected : 23/Oct/2021 11:08:00 UHID/MR NO : CVAR.0000023066 Received : 23/Oct/2021 11:50:44 Visit ID : CVAR0071902122 Reported : 23/Oct/2021 15:25:26

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. Interva	ıl	Method
Glucose Fasting Sample:Plasma	90.10 mg	100-1	Normal 25 Pre-diabetes Diabetes	GOD PO	D

#### **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	136.00	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 HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	26.00	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.



Home Sample Collection 1800-419-0002

# CHANDAN DIAGNOSTIC CENTRE



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL : 23/Oct/2021 10:45:49 Registered On Age/Gender : 26 Y 0 M 0 D /F Collected : 23/Oct/2021 11:08:00 UHID/MR NO : CVAR.0000023066 Received : 23/Oct/2021 11:50:44 Visit ID : CVAR0071902122 Reported : 23/Oct/2021 15:25:26 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

DEDARTMENT OF DIOCUENAICTRY

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval	Method
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Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>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.

#### **Clinical Implications:**

**BUN (Blood Urea Nitrogen) \*** 

7.90

mg/dL

7.0-23.0

**CALCULATED** 





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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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#### **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Un	it Bio. Ref. Interv	al Method
Sample:Serum				
Creatinine Sample:Serum	0.60	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	102.00	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	2.90	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	27.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	15.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.40	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	3.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.31		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	135.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	165.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	41.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	18.34	mg/dl	10-33	CALCULATED
Triglycerides	91.70	mg/dl	< 150 Normal 150-199 Borderline Hig	
2002-00-100 Cossonic Cos			200-499 High	S.N. Sinla
CENTETY CONTROL OF THE CONTROL OF TH			>500 Very High	Dr.S.N. Sinha (MD Path)









**Test Name** 

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Method

Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL Registered On : 23/Oct/2021 10:45:49 Age/Gender : 26 Y 0 M 0 D /F Collected : 23/Oct/2021 17:02:04 UHID/MR NO : CVAR.0000023066 Received : 23/Oct/2021 17:02:38 Visit ID : CVAR0071902122 Reported : 23/Oct/2021 17:06:05

Result

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

## **DEPARTMENT OF CLINICAL PATHOLOGY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Bio. Ref. Interval

i Cot i tallic	ricsuit	0	Dioi item interval	Michiga
URINE EXAMINATION, ROUTINE * , Ur	rine			
Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT		100	DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
The state of the s				<b>EXAMINATION</b>
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









Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL Registered On

: 23/Oct/2021 10:45:49

Age/Gender

: 26 Y 0 M 0 D /F

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Reported

: 23/Oct/2021 17:06:05

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%



S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



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#### **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)	99.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.45	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.10	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		·		
		0.3-4.5 μIU/1	mL First Trimes	ter
		0.5-4.6 μIU/1	mL Second Trin	nester
		0.8-5.2 μIU/1	nL Third Trime	ster
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	nL Cord Blood	> 37Week
		0.7-64 μIU/ı	mL Child(21 wk	- 20 Yrs.)
			J/mL Child	0-4 Days
		1.7-9.1 μIU/1		2-20 Week
		1 4 4 4		

- 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.



C.M. Sinta Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL Registered On : 23/Oct/2021 10:45:50

Collected Age/Gender : 26 Y 0 M 0 D /F : N/A UHID/MR NO : CVAR.0000023066 Received : N/A

Visit ID : CVAR0071902122 Reported : 23/Oct/2021 15:07:10

Ref Doctor Status : Dr.Mediwheel - Arcofemi Health Care Ltd. : 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 Raveesh Chandra Roy (MD-Radio)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.SURBHI SHIKHA-MEDIWHEEL : 23/Oct/2021 10:45:51 Registered On

Age/Gender Collected : 26 Y 0 M 0 D /F UHID/MR NO : CVAR.0000023066 Received : N/A

Visit ID : CVAR0071902122 Reported : 23/Oct/2021 12:04:35

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) \***

- The liver measures 11.9 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 9.7 mm in caliber. CBD measures 3.4 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (8.9 cm in its long axis), shape and echogenecity.
- Right kidney measures: 9.4 x 3.5 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures: 9.1 x 3.8 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is well filled. Prevoid urine volume 224 cc.
- Uterus is anteverted. Size 57 x 35 x 24 mm/25 cc. No focal myometrial lesion seen. Endometrium thickness 3.4 mm.
- Bilateral ovaries are normal in size, shape and echogenecity.
- No free fluid is seen in the abdomen/pelvis.

# IMPRESSION: No significant abnormality seen.

# Please correlate clinically.

\*\*\* End Of Report \*\*\*

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr Raveesh Chandra Roy (MD-Radio)

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





