



rlame - Mar. Vivek Kuman Tuipathi Age - 364/m Date - 25/11/2023 steel R/M sample and sygan PP Sample not Criven by Client.

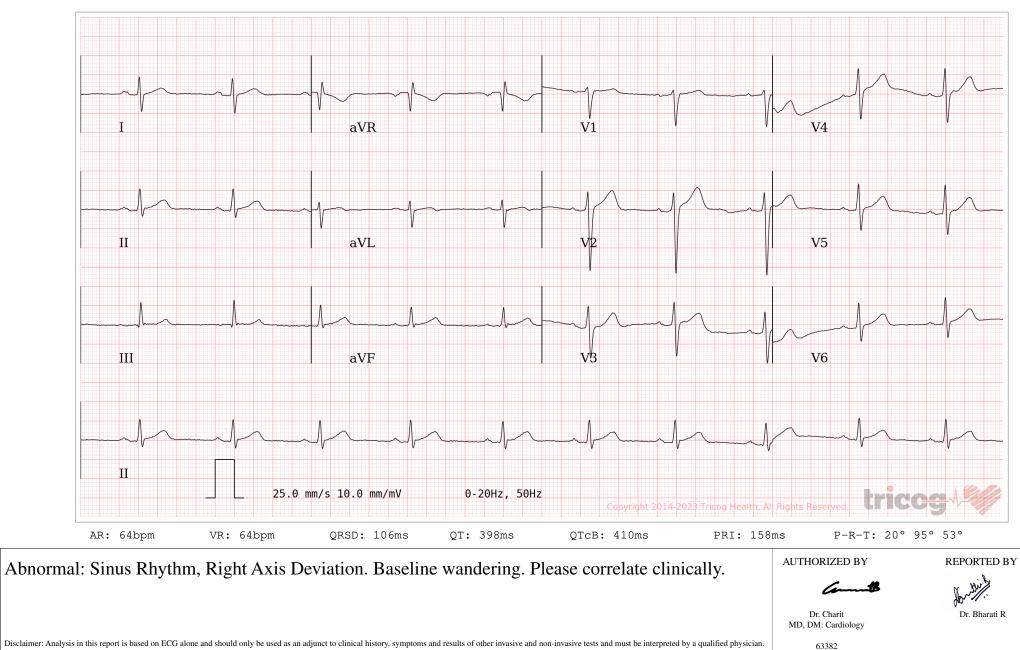
Chandan Diagnostic Center 90, Shivoji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232 Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. No.-26918



Chandan Diagnostic



Age / Gender:36/MaleDate and Time:25th Nov 23 8:57 AMPatient ID:CVAR0081152324Patient Name:Mr.VIVEK KUMAR TRIPATHI - 29015



Chandan F	CHANDAN DIAGN Add: 99, Shivaji Nagar Mahmoorganj,Va Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206		TRE	YEARS SICE 195
Age/Gender : 36 Y UHID/MR NO : CVAR	VEK KUMAR TRIPATHI - 29015 0 M 0 D /M 2.0000044259 20081152324	Registered Collected Received Reported	On : 25/Nov/2023 : 25/Nov/2023 : 25/Nov/2023 : 25/Nov/2023 : 25/Nov/2023	10:39:14 10:45:41
	EDIWHEEL VNS -	Status	: Final Report	13.03.07
	DEPARTM	ENT OF HAEMAT	OLOGY	
	MEDIWHEEL BANK OF BA	RODA MALE & F	EMALE BELOW 40 Y	RS
Test Name	Resu			
Blood Group (ABO & Rh Blood Group	n typing) * , <i>Blood</i> B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITI	VE		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count	(OBC) * , Whole Blood			
Haemoglobin	14.60	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/	d
			2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/d 12-18 Yr 13.0-16.0 g/d Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/	ll Il
TLC (WBC) <u>DLC</u>	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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 ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st h		
Corrected	6.00	Mm for 1st h	r. <9	
PCV (HCT) Platelet count	44.20	%	40-54	
Platelet Count	1.63	LACS/cu mm	ı 1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
		<i>c</i> .		
PDW (Platelet Distributio	n width) nr	fL	9-17	ELECTRONIC IMPEDANCE







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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: 36 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:39:14
: CVAR.0000044259	Received	: 25/Nov/2023 10:45:41
: CVAR0081152324	Reported	: 25/Nov/2023 13:05:07
: Dr.MEDIWHEEL VNS -	Status	: Final Report
	: 36 Y 0 M 0 D /M : CVAR.0000044259 : CVAR0081152324	: 36 Y 0 M 0 D /M Collected : CVAR.0000044259 Received : CVAR0081152324 Reported

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	5.14	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	86.10	fl	80-100	CALCULATED PARAMETER
MCH	28.40	pg	28-35	CALCULATED PARAMETER
MCHC	33.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,030.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	124.00	/cu mm	40-440	

S.N. Sinton Dr.S.N. Sinha (MD Path)

Mar. 2016

Home Sample Collection

1800-419-0002

Chauday Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206				30 YEARS SINCE 1991
Patient Name Age/Gender UHID/MR NO	: Mr.VIVEK KUMAR TRIPATHI - 29015 : 36 Y 0 M 0 D /M : CVAR.0000044259	Registered On Collected Received	: 25/Nov/2023 08: : 25/Nov/2023 13: : 25/Nov/2023 14:	52:54	
Visit ID Ref Doctor	: CVAR0081152324 : Dr.MEDIWHEEL VNS -	Reported Status	: 25/Nov/2023 16: : Final Report	26:35	
	DEPARTMENT MEDIWHEEL BANK OF BAROD	OF BIOCHEMIST DAMALE & FEMA			
Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTI	NG , Plasma				

88.20

Interpretation:

Glucose Fasting

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.

mg/dl

< 100 Normal

100-125 Pre-diabetes ≥ 126 Diabetes GOD POD

Glucose PP Sample:Plasma After Meal	116.10	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.

S.N. Sinto, Dr.S.N. Sinha (MD Path)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.VIVEK KUMAR TRIPATHI - 29015	Registered On	: 25/Nov/2023 08:20:53
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:39:13
UHID/MR NO	: CVAR.0000044259	Received	: 26/Nov/2023 13:03:35
Visit ID	: CVAR0081152324	Reported	: 26/Nov/2023 14:23:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** . EDTA BLOOD			
	, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC		

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

114

• 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. **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.

<u>Clinical Implications:</u>

*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

ISO 9001:2015

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Chauda Since 1991	Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206			SINCE 1991
Patient Name	: Mr.VIVEK KUMAR TRIPATHI - 29015	Registered On	: 25/Nov/2023 08:20	0:53
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:39	9:13
UHID/MR NO	: CVAR.0000044259	Received	: 26/Nov/2023 13:03	3:35
Visit ID	: CVAR0081152324	Reported	: 26/Nov/2023 14:23	3:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTMENT	OF BIOCHEM IST	ſRY	
	MEDIWHEEL BANK OF BAROD	AMALE&FEM/	ALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method

c. Alcohol toxicity d. Lead toxicity

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

CHANDAN DIAGNOSTIC CENTRE

*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.

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection ŝ 1800-419-0002 je.





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.VIVEK KUMAR TRIPATH : 36 Y 0 M 0 D /M : CVAR.0000044259 : CVAR0081152324 : Dr.MEDIWHEEL VNS -	II - 29015	Registered On Collected Received Reported Status	: 25/Nov/2023 08:20 : 25/Nov/2023 10:39 : 25/Nov/2023 10:45 : 25/Nov/2023 12:54 : Final Report	:12 :41
			OF BIOCHEMIST		
-	MEDIWHEEL BAI		-	LE BELOW 40 YRS	•• ••
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea N Sample:Serum	litrogen)	13.90	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		0.90	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum		5.30	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMN	/IA GT) *, <i>s</i> erum				
SGOT / Aspartate	Aminotransferase (AST)	29.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Ar	ninotransferase (ALT)	63.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)		11.30	IU/L	11-50	OPTIMIZED SZAZING
Protein		8.20	gm/dl	6.2-8.0	BIURET
Albumin		4.60	gm/dl	3.4-5.4	B.C.G.
Globulin		3.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.28		1.1-2.0	CALCULATED
Alkaline Phospha	tase (Total)	115.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	Salar Salar Salar Salar	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect	.)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (I	MINI), Serum				
Cholesterol (Tota	1)	132.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	45.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (I	Bad Cholesterol)	65	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
				160-189 High > 190 Very High	
VLDL		21.08	mg/dl	10-33	CALCU' ATTER
Triglycerides		105.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S.N. Sinha (MD Pa



Chandan Since 1991	CHANDAN I Add: 99, Shivaji Nagar M Ph: 9235447795,0542-35 CIN : U85110DL2003PL	ahmoorganj,Varanasi 00227	IC CENTR	E	YEARS SINCE 1990
Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.VIVEK KUMAR TRIPAT : 36 Y 0 M 0 D /M : CVAR.0000044259 : CVAR0081152324 : Dr.MEDIWHEEL VNS -	THI - 29015	Registered On Collected Received Reported Status	: 25/Nov/2023 08 : 25/Nov/2023 10 : 25/Nov/2023 10 : 25/Nov/2023 13 : Final Report):39:13):45:41
	DE	PARTMENT OF C	LINICAL PATHO	DLOGY	
	MEDIWHEEL BA	ANK OF BARODA	AMALE & FEMA	ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINA ⁻ Color Specific Gravity Reaction PH	ΠΟΝ, ROUTINE* , Urine	PALE YELLOW 1.030 Acidic (6.5)			DIPSTICK
Appearance Protein		CLEAR ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
Sugar		ABSENT	gms%	40-200 (++) 200-500 (+++) > 500 (++++) < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone Bile Salts Bile Pigments		ABSENT ABSENT ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bilirubin Leucocyte Esteras Urobilinogen(1:20		ABSENT ABSENT ABSENT			DIPSTICK DIPSTICK
Nitrite Blood Microscopic Exam	nation:	ABSENT ABSENT			DIPSTICK DIPSTICK
Epithelial cells Puscells		2-3/h.p.f 2-4/h.p.f			MICROSCOPIC EXAMINATION
RBCs		ABSENT			MICROSCOPIC EXAMINATION
Cast Crystals		ABSENT ABSENT			MICROSCOPIC EXAMINATION
Others SUGAR, FASTING	STAGE* Urine	ABSENT			
Sugar, Fasting stag		ABSENT	gms%		

Interpretation:









Add: 99, Shivaji Nagar Mahmoorganj,Varanas Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:39:13
UHID/MR NO	: CVAR.0000044259	Received	: 25/Nov/2023 10:45:41
Visit ID	: CVAR0081152324	Reported	: 25/Nov/2023 17:27:48
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
(+) < 0.5					
(++) 0.5-1.0					
(+++) 1-2					

(++++) > 2









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Patient Name	: Mr.VIVEK KUMAR TRIPATHI - 29015	Registered On	: 25/Nov/2023 08:20:53
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: 25/Nov/2023 10:39:12
UHID/MR NO	: CVAR.0000044259	Received	: 26/Nov/2023 12:54:14
Visit ID	: CVAR0081152324	Reported	: 26/Nov/2023 14:02:02
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

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)	135.62	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.690	µIU/mL	0.27 - 5.5	CLIA	
		y			
Interpretation:					
		0.3-4.5 μIU/	mL First Trimester		

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	: Mr.VIVEK KUMAR TRIPATHI - 29015	Registered On	: 25/Nov/2023 08:20:54
Age/Gender	: 36 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000044259	Received	: N/A
Visit ID	: CVAR0081152324	Reported	: 25/Nov/2023 16:58:45
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)

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UHID/MR NO	: CVAR.0000044259	Received	: N/A
Visit ID	: CVAR0081152324	Reported	: 25/Nov/2023 09:31:46
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOM EN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (12.9 cm in midclavicular line) and has a normal homogenous echo texture. 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 (11.9 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (3.4 mm in caliber) 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 ~ 9.6 x 3.8 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 ~ 10.9 x 4.5 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 (~ 10.5 cm in its long axis) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and is regular.
- Pre-void urine volume is ~ 25 cc.
- Bilateral vesicoureteric junctions are normal.

PROSTATE

 The prostate gland is normal in size (~ 36 x 30 x 27 mm / 15 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IM PRESSION:-

No significant sonological abnormality noted.

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

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, 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

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Name of Company: reclicher Name of Executive: Vivek Kuman Thipathi Sex: Male / Female Height: 173.....CMs Weight: .8.5.....KGs BMI (Body Mass Index) : 28.4 Abdomen: .1.0.0......CMs RR:Resp/Min Ident Mark: Cyt Mark on NOBR Any Allergies: Nn Vertigo : NO Any Medications: No Any Surgical History: No No Habits of alcoholism/smoking/tobacco: Chief Complaints if any: NO Lab Investigation Reports: NO Normal Eye Check up vision & Color vision: Nonmal Left eye: Normal Right eye:







Near vision:	N16
Far vision :	18/6
Dental check	up: Narmal
ENT Check u	P: Monmal
Eve Checkup	0

Final impression

Certified that I examined	Vivek	Kyma	Ω	Tu	JPa	hi.	S/o	or	D/o
<u> </u>									
cardio-respiratory/communica	ble ailment,	he/she	is	fit	14	nfit	to	join	any
organization.		/							

Client Signature :-

Reference (sisout

Dr. Q.C. QOY MBBS, MD. (Radio Diagnosis) Reg. No.-260

Signature of Medical Examiner

Dr. R.C. ROY MBBS., MD. (Redio Diagnosis) Reg. No.-26918

Home Sample Collection 08069366666

 Anandah bilagar Mahmoorganj 99, Shivaji Nagar, Mahmoorganj Varanasi-221010 (U.P.) Phone No.:0542-2223232





भारत सरकार Government of India

विवेक कुमार त्रिपाठी Vivek Kumar Tripathi जन्म तिथि / DOB : 18/02/1987 पुरुष / Male



5119 3574 4064

आधार - आम आदमी का अधिकार

99, Shivaji Nagar Colony, Mahmoorganj,
Varanasi, Uttar Pradesh 221010, India
LongitudeLatitudeLongitude25.305340°82.978986°LOCAL 09:37:52SATURDAY 11.25.202

GMT 04:07:52

SATURDAY 11.25.2023 ALTITUDE 38 METER