Chandan Since 1991		J DIAGNOST G Lda Colony Near Powe 3PLC308206			SINCE 191
Age/Gender : UHID/MR NO : Visit ID :	Mrs.CHANDRAREKHA F 46 Y 0 M 0 D /F CDCA.0000075623 CDCA0322302324 Dr.Mediwheel - Arcofe		Collected Received Reported	On : 13/Jan/2024 0 : 13/Jan/2024 0 : 13/Jan/2024 1 : 13/Jan/2024 1 : Final Report	8:59:03 0:16:27
		DEPARTMENT	OF HAEMATO	LOGY	
	MEDIWH	IEEL BANK OF BA	RODA FEMAL	E ABOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABC	<b>&amp; Rh typing) *</b> , Bloc	od			
Blood Group		В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)		POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood C	ount (CBC) * , Whole I	Plood			
Haemoglobin		13.70	g/dl	1 Day- 14.5-22.5 g/dl	
Hacinoglobin		13.70	g, di	1 Wk- 13.5-19.5 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	
TLC (WBC) <u>DLC</u>		7,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutr	ophils )	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils Basophils <b>ESR</b>		4.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed		10.00	Mm for 1st hr.		
Corrected		Nr	Mm for 1st hr.	< 20	
PCV (HCT) <b>Platelet count</b>		42.00	%	40-54	
Platelet Count		1.7	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distr		17.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Larg	je Cell Ratio)	51.20	%	35-60	ELECTRONIC IMPEDANCE



Page 1 of 15



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:36
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: 13/Jan/2024 08:59:03
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 10:16:27
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 14:34:08
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.70	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.36	fl	80-100	CALCULATED PARAMETER
MCH	29.14	pg	28-35	CALCULATED PARAMETER
MCHC	32.61	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,408.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	304.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)



Mar. 2016

**Home Sample Collection** 

1800-419-0002

	and the second se	GNOSTIC CENTI ony Near Power House Chauraha Ka		50
Since 1991	Ph: 9235432707, CIN : U85110DL2003PLC30820		npui Road	YEARS INCE 191
Patient Name	: Mrs.CHANDRAREKHA PANDEY (	C/O KAUSHAL Registered Or	: 13/Jan/2024 08:	52:37
Age/Gender	: 46 Y O M O D /F	Collected	: 13/Jan/2024 12:	35:18
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 13:	23:18
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 14:	29:32
Ref Doctor	: Dr.Mediwheel - Arcofemi Healt	h Care Ltd Status	: Final Report	
	DEPA	RTMENT OF BIOCHEMIS	TRY	
	MEDIWHEEL BA	NK OF BARODA FEMALE	ABOVE 40 YRS	
Test Name		Result Unit	Bio. Ref. Interval	Method
GLUCOSE FASTI	NG * , Plasma			

## 100-125 Pre-diabetes ≥ 126 Diabetes

135.69

#### **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

Glucose PP *	244.10	mg/dl	<140 Normal GOD POD	
Sample:Plasma After Meal		all'	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.

> Dr. R.K. Khanna (MBBS, DCP)

Page 3 of 15



## Η Α ΝΙΝΑΝΙ ΝΙ Α Ο ΝΙΟς ΤΙ Ο Ο ΕΝΙΤΡΕ



GOD POD



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:38
Age/Gender	: 46 Y O M O D /F	Collected	: 13/Jan/2024 08:59:02
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 16:21:49
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 18:48:28
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD				

Glycosylated Haemoglobin (HbA1c)	6.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	48.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	140	mg/dl	

#### Interpretation:

#### <u>NOTE</u>:-

- 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.

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

\*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

Page 4 of 15





	CHANDAN DIAGNOSTIC CENTRE
Chandan	Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road
Guadadaa	Ph: 9235432707,
Since 1991	CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:38
Age/Gender	: 46 Y O M O D /F	Collected	: 13/Jan/2024 08:59:02
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 16:21:49
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 18:48:28
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

#### Dr. Anupam Singh (MBBS MD Pathology)

Page 5 of 15







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name : Mrs.CHANDRAREKHA PA	NDEY C/O KAUSHAL	0	: 13/Jan/2024 08:52	
Age/Gender : 46 Y 0 M 0 D /F		Collected	: 13/Jan/2024 08:59	
UHID/MR NO : CDCA.0000075623 Visit ID : CDCA0322302324		Received Reported	: 13/Jan/2024 10:31 : 13/Jan/2024 12:09	
Ref Doctor : Dr.Mediwheel - Arcofem	ni Health Care Ltd	•	: Final Report	. 2 1
	DEPARTMENT O	F BIOCHEMIST	RY	
MEDIWHE	EL BANK OF BAR	ODA FEMALE A	BOVE 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	11.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> Sample:Serum	1.00	mg/dl	0.5-1.20	MODIFIED JAFFES
<b>Uric Acid *</b> Sample:Serum	5.40	· mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	33.21	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.57	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.61	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.19	gm/dl	6.2-8.0	BIURET
Albumin	4.17	gm/dl	3.4-5.4	B.C.G.
Globulin	3.02	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.38 118.89	U/L	1.1-2.0 42.0-165.0	CALCULATED
Alkaline Phosphatase (Total) Bilirubin (Total)	0.52	mg/dl	42.0-165.0. 0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.32	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.32	mg/dl	< 0.8	JENDRASSIK & GROF
	0.02	ing/ ai		
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	239.70	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	68.75	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	138	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	32.80	mg/dl	10-33	CALC'
Triglycerides	164.00	mg/dl	< 150 Normal	GPO-
			150-199 Borderline High 200-499 High >500 Very High	VC

Chaudau Add: M-2 Ph: 92354	NDAN DIAGNOSTI 14/215,Sec G Lda Colony Near Power He 32707, 110DL2003PLC308206			YEAR YEAR
Age/Gender: 46 Y 0 M 0 DUHID/MR NO: CDCA.00000Visit ID: CDCA032230	75623	Collected Received Reported	: 13/Jan/2024 08 : 13/Jan/2024 12 : 13/Jan/2024 12 : 13/Jan/2024 15 : Final Report	35:18 52:44
	DEPARTMENT OF CLI	NICAL PATHO	DLOGY	
	MEDIWHEEL BANK OF BARO	DA FEMALE A		
Test Name	Result	Unit	Bio. Ref. Interval	Method
Specific Gravity Reaction PH Appearance Protein	1.015 Acidic ( 5.0 ) CLEAR ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK DIPSTICK
Sugar	ABSENT	gms%	40-200 (++) 200-500 (+++) > 500 (++++) < 0.5 (+) 0.5-1.0 (++) 1-2 (+++)	DIPSTICK
Ketone Bile Salts	ABSENT	mg/dl	>2 (++++) 0.1-3.0	BIOCHEMISTRY
Bile Pigments Bilirubin Leucocyte Esterase	ABSENT ABSENT ABSENT		and a second	DIPSTICK DIPSTICK
Urobilinogen(1:20 dilution) Nitrite Blood	ABSENT ABSENT ABSENT			DIPSTICK DIPSTICK
Microscopic Examination: Epithelial cells	Large number			MICROSCOPIC

Large number MICROSCOPIC Epithelial cells EXAMINATION Pus cells OCCASIONAL RBCs ABSENT MICROSCOPIC EXAMINATION Cast ABSENT MICROSCOPIC Crystals ABSENT EXAMINATION Others ABSENT STOOL, ROUTINE EXAMINATION \* , Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Basic ( 8.0 )



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:38
Age/Gender	: 46 Y O M O D /F	Collected	: 13/Jan/2024 12:35:18
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 12:52:44
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 15:42:57
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5		C V V		
(++) 0.5-1.0				
(+++) 1-2	A Martin			
(++++) > 2			and a start of the	
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%				

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

> Dr. R.K. Khanna (MBBS,DCP)



**Home Sample Collection** 

1800-419-0002



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:38
Age/Gender	: 46 Y O M O D /F	Collected	: 13/Jan/2024 08:59:01
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 16:00:21
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 17:21:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL ** , Serum					
T3, Total (tri-iodothyronine)	114.32	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	6.90	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	3.220	μlU/mL	0.27 - 5.5	CLIA	
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)

Page 9 of 15







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:43
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000075623	Received	: N/A
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 15:01:37
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### 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**

• NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Dr. Vandana Gupta MBBS,DMRD,DNB

Page 10 of 15







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CN: 1125110D1 2002DL C20820C

CIN: U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:44
Age/Gender	: 46 Y O M O D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000075623	Received	: N/A
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 11:23:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

## ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### <u>LIVER</u>

• Liver is normal in size measuring 14.7 cm in longitudinal span & shows moderate diffuse increase in parenchymal echogenicity.

#### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct is normal at the porta. (4.6 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

#### PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### RIGHT KIDNEY (11.4 x 4.2 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

#### LEFT KIDNEY (11.7 x 5.0 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.



Page 11 of 15



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:44
Age/Gender	: 46 Y O M O D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000075623	Received	: N/A
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 11:23:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### <u>SPLEEN</u>

• The spleen is normal in size (10.6 cm) and has a homogenous echotexture.

#### **ILIAC FOSSA**

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

#### URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### <u>UTERUS</u>

- The uterus is anteverted and mildly bulky in size, measures 9.3 x 5.5 x 5.2 cm.
- It has a homogenous myometrial echotexture. An intramural fibroid is noted in anterior wall, measuring 1.8 x 1.6 x 1.2 cm.
- The endometrium is seen in midline. (5.4 mm)
- Cervix shows multiple nabothian cysts.

#### UTERINE ADNEXA

- Adnexa on both sides are normal.
- Right ovary measures 2.8 x 2.4 cm.
- Left ovary measures 2.9 x 1.4 cm.
- Both the ovaries are normal in size.

#### CUL-DE-SAC

• Pouch of Douglas is clear.

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Page 12 of 15



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:44
Age/Gender	: 46 Y O M O D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000075623	Received	: N/A
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 11:23:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### **IMPRESSION**

- Grade-II fatty infiltration of liver.
- Mildly bulky uterus with a fibroid.

Recommended: clinicopathological correlation.

Dr. Vandana Gupta MBBS,DMRD,DNB







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN: U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:44
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000075623	Received	: N/A
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 16:12:26
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### **DEPARTMENT OF TMT**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

2D ECHO & M-MODE EXAMINATION VALUES

#### Tread Mill Test (TMT) \*

	MITRA	L VALVE STUDY
DE Excursion : E F Slope : EPSS : VALVE AREA (MVOA) PERIMETRY PHT :	1.42 9.50 1.11 3.60 3.62	cm/sec cm/s cm cm <sup>2</sup> Cm <sup>2</sup>
AORTIC VALVES STUDY		
Aortic Diam : LA Diam. AV Cusp.	2.43 2.97 1.22	cm cm cm
<u>LEFT VENTRICLE</u>		State of the second state of the
IVSD LVIDD LV PWD IV Ss LVIDs LV PWS EDV ESV	0.72 4.26 0.98 0.98 2.74 1.01 81 28	Cm Cm Cm Cm Cm Cm MI MI
EJECTION FRACTION : SV (Teich) SHORTENING FRACTION:	65 % ( 60 ± 7 %) 53 ml 35 % (30 ± 5%)	

<u>RIGHT VENTRICLE</u> RVID : 2.01 cm.





Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL	Registered On	: 13/Jan/2024 08:52:44
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000075623	Received	: N/A
Visit ID	: CDCA0322302324	Reported	: 13/Jan/2024 16:12:26
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

## DEPARTMENT OF TMT

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

DIMENSIONAL IMAGING	
MITRAL VALVE :	Normal
AORTIC VALVE :	Normal
PULMONARY VALVE :	Normal
TRICUSPID VALVE :	Normal
INTER VENTRICULAR SEPTA :	Normal
INTERATRIAL SEPTUM :	Normal
<b>INTRACARDIAC CLOT / VEGETATION / MYX</b>	OMA : Absent
LEFT ATRIUM :	Normal
LEFT VENTRICLE :	Normal
RIGHT VENTRICLE :	Normal
RIGHT ATRIUM :	Normal
PERICARDIUM :	Normal
OTHER :	Normal

# COLOUR FLOW MAPPING

DUFFLER STUDT			
100 miles	VELOCITY cm/s	PRESSURE GRADIENT	
MITRAL FLOW	E: 87 cm/s		REGURGITATION
	A: 68 cm/s	Normal	and the second second
AORTIC FLOW	123 cm/s	Normal	10000
TRICUSPID FLOW	64 cm/s	Normal	A A & A A
PULMONARY FLOW	71 cm/s	Normal	

#### SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LVEF 65 %
- RWMA not seen.
- No Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- No vegetation.

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



DR SUDHANSHU VERM

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

Page 15 of 15





Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN: U85110DL2003PLC308206



Patient Name	: Mrs.CHANDRAREKHA PANDEY C/O KAUSHAL KISHOR	PANDEY Registered On	: 13/Jan/2024 08:52AM
Age/Gender	: 46 Y O M O D /F	Collected	: 13/Jan/2024 12:35PM
UHID/MR NO	: CDCA.0000075623	Received	: 13/Jan/2024 04:25PM
Visit ID	: CDCA0322302324	Reported	: 14/Jan/2024 07:46PM
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD. [52610]CREDIT

#### DEPARTMENT OF CYTOLOGY

**SPECIMEN:** PAP SMEAR

**CYTOLOGY NO:** 102/24-25

**GROSS:** Four unstained smears received & stained by papanicolau's technique.

## MICROSCOPIC: Smears show fair number of superficial & intermediate squamous epithelial cells all showing unremarkable cytology on background of few neutrophils. No endocervical cells seen. No atypical cells seen.

#### **IMPRESSION:** SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG

Dr. Surbhi Lahoti (M.D. Pathology)

Dr. Nirupma Lal MD(Pathology)

This report is not for medico legal purpose. If clinical correlation is not established kindly repeate 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, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2S 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\* 65 Days Open





