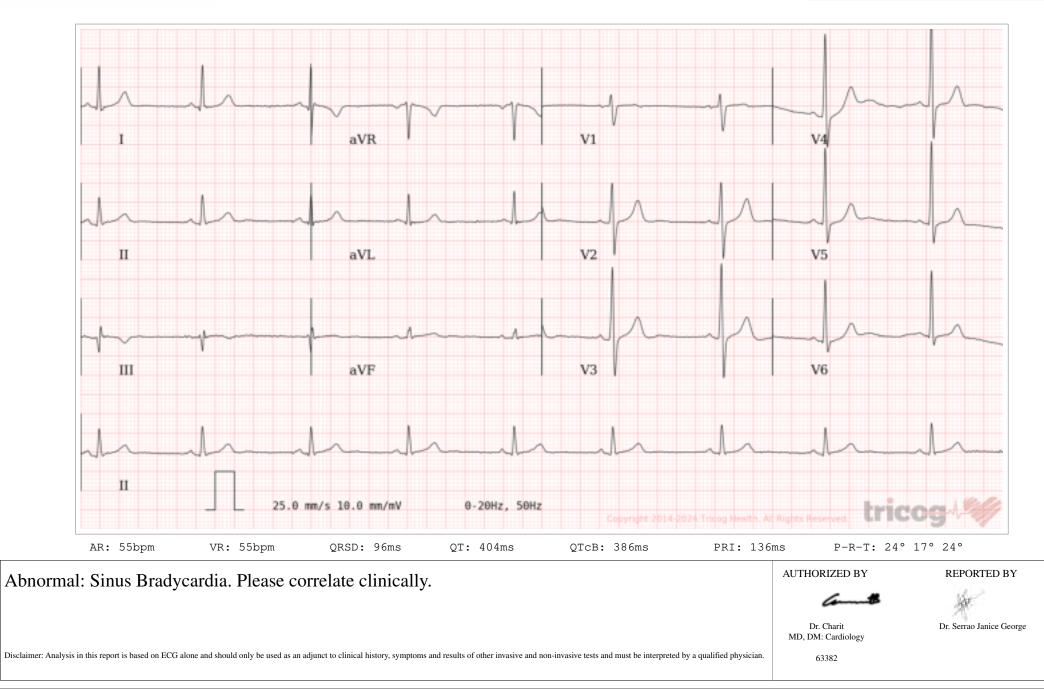
Chandan Diagnostic



Age / Gender:33/MaleDate and Time:18th Mar 24 10:23 AMPatient ID:CVAR0129232324Patient Name:Mr.ABHISHEK SINGH-BOBE15378





HITE HEATE

अभिषेक सिंह Abhishek Singh जन्म तिथि/ DOB: 29/10/1990 पुरुष / MALE

9219 2875 5704

आधार-आम आदमी का अधिकार



D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.305383°

Local 10:07:33 AM GMT 04:37:33 AM Longitude 82.9790311°

Altitude 84 meters Monday, 18.03.2024





Home Sample Collection 08069366666

CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mechickeel
Name of Executive: A bhigher Singh
Date of Birth: 29 110 1.1990
Sex: Male / Eemale
Height:
Weight: 8.9KGs
BMI (Body Mass Index): 33.5
Chest (Expiration / Inspiration)
Abdomen:
Blood Pressure:
Pulse:
Ident Mark: Cut Hanle on Lebt Hand Finger
Any Allergies: NO
Vertigo : No
Any Medications: No
Any Surgical History: No
Habits of alcoholism/smoking/tobacco: foring Alartad and smoking - to years (No
Chief Complaints if any: No
Lab Investigation Reports: No
Eye Check up vision & Color vision: Normal & Power Clark - lo years
Left eye: - (-75 p
Right eye: _ (+ 25_D





Near vision:	A16
Far vision :	616 C Golaph
Dental check i	up: Normel
ENT Check up	: Normal
Eye Checkup:	roumal

Final impression

Certified	that	1	examined	Abhi	sher		Sing	K		S/o	or	D/o
cardio-res	spirato	ry/c	communicable	ailment,	he/she	is	fit	/ UI	nfit	to	join	any
organiza	tion.											

Client Signature :-

Phone Int. 1984: 1983237

D-. R.C. RO M885., MD. (Radio Biagonia) Reg. No. -26918

Signature of Medical Examiner

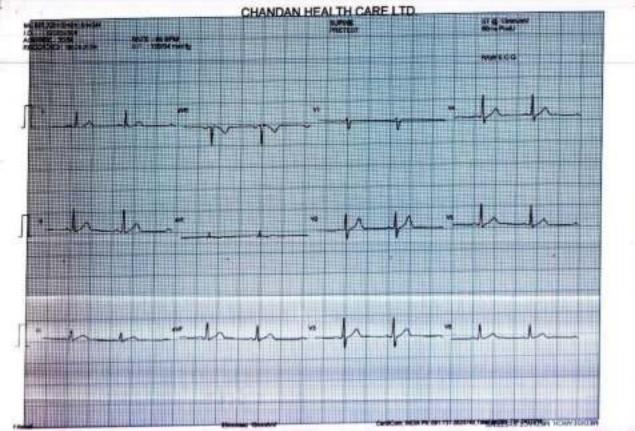
Lineadon (Harrysen), Center Sejsticht Jacque, Anthony 1999 Seisticht Jacque Anthony P.



Customer Care No.: 06066366666 Emeil: care@chanden.co.in Web.: www.chandendiegnostic.com

Nome Sample Collection

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Add: 99, Shivaji Ph: 9235447795	AN DIAGNOS Nagar Mahmoorganj,Varanasi ,0542-3500227 L2003PLC308206		TRE	3.0
Patient Name: Mr.ABHISHEK SINAge/Gender: 33 Y 4 M 19 D /MUHID/MR NO: CVAR.000004884Visit ID: CVAR012923232	1	Registered C Collected Received Reported	n : 18/Mar/2024 03 : 18/Mar/2024 1 : 18/Mar/2024 1 : 18/Mar/2024 1	1:05:09 1:09:39
Ref Doctor : Dr.MEDIWHEEL V		Status	: Final Report	5.50.20
	DEPARTMENT	OFHAEMATO	IOGY	
MF	DIWHEEL BANK OF E			
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *	, Blood			
Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , w	hole Blood			
Haemoglobin	14.40	g/dl	1 Day- <mark>1</mark> 4.5-22.5 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	
TLC (WBC)	8,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.		
PCV (HCT) Platelet count	41.10	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





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



Patient Name	: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08:45:55
Age/Gender	: 33 Y 4 M 19 D /M	Collected	: 18/Mar/2024 11:05:09
UHID/MR NO	: CVAR.0000048841	Received	: 18/Mar/2024 11:09:39
Visit ID	: CVAR0129232324	Reported	: 18/Mar/2024 13:50:28
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.65	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.30	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
МСНС	35.10	%	30-38	CALCULATED PARAMETER
RDW-CV	14.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,160.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	344.00	/cu mm	40-440	

S. N. Sinduk Dr.S. N. Sinna (MD Path)



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



GOD POD

Patient Name	: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08:4	5:56	
Age/Gender	: 33 Y 4 M 19 D /M	Collected	: 18/Mar/2024 14:3	31:02	
UHID/MR NO	: CVAR.0000048841	Received	: 18/Mar/2024 14:3	32:24	
Visit ID	: CVAR0129232324	Reported	: 18/Mar/2024 15:4	4:16	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report		
	DEPARTME	NT OF BIOCHEMIST	RY		
	M EDIWHEEL BANK O	F BARODA MALE AE	BOVE 40 YRS		
Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTI	NG , Plasma				

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

Glucose PP Sample:Plasma After Meal	115.00	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. M. Sinkok Dr.S.N. Stena (MD Path)

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



Patient Name	: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08:45:56
Age/Gender	: 33 Y 4 M 19 D /M	Collected	: 18/Mar/2024 11:05:09
UHID/MR NO	: CVAR.0000048841	Received	: 19/Mar/2024 13:45:38
Visit ID	: CVAR0129232324	Reported	: 19/Mar/2024 15:04:09
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	27.00	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.

85

 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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy

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1800-419-000

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

CHANDAN DIAGNOSTIC CENTRE

Patient Name : Mr.ABHISHEK SINGH-BOBE15378 Registered On : 18/Mar/2024 08:45:56 Age/Gender Collected : 33 Y 4 M 19 D /M : 18/Mar/2024 11:05:09 UHID/MR NO : CVAR.0000048841 Received : 19/Mar/2024 13:45:38 Visit ID : CVAR0129232324 Reported : 19/Mar/2024 15:04:09 Ref Doctor : Dr.MEDIWHEEL VNS -Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name F	Result Unit	Bio. Ref. Interval	Method
-------------	-------------	--------------------	--------

c. Alcohol toxicity d. Lead toxicity

Since 1991

*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)

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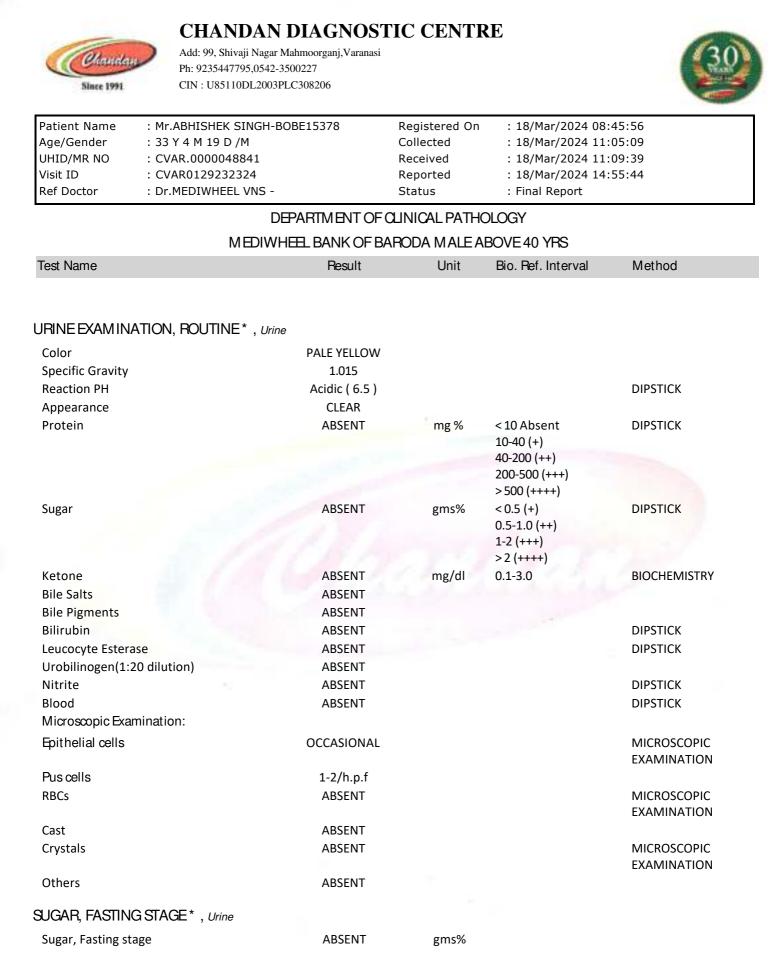
Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.ABHISHEK SINGH-BOB : 33 Y 4 M 19 D /M : CVAR.0000048841 : CVAR0129232324 : Dr.MEDIWHEEL VNS -	E15378	Registered On Collected Received Reported Status	: 18/Mar/2024 08:45 : 18/Mar/2024 11:05 : 18/Mar/2024 11:09 : 18/Mar/2024 12:53 : Final Report	:09 :39
			OF BIOCHEM IST		
	MEDIWHE		ARODA MALE A		
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Sample:Serum	Nitrogen)	9.40	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		1.10	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum		3.90	mg/dl	3.4-7.0	URICASE
LFT (WITH GAM	MAGT) * , <i>S</i> erum				
SGOT / Aspartat	e Aminotransferase (AST)	21.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine A	Aminotransferase (ALT)	20.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.10	IU/L	11-50	OPTIMIZED SZAZING
Protein		6.80	gm/dl	6.2-8.0	BIURET
Albumin		4.00	gm/dl	3.4-5.4	B.C.G.
Globulin		2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.43		1.1-2.0	CALCULATED
Alkaline Phosph	atase (Total)	100.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct		0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indire	ct)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Tot	al)	115.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol	(Good Cholesterol)	41.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol	(Bad Cholesterol)	38	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
				160-189 High > 190 Very High	
VLDL		35.62	mg/dl	10-33	CALCU
Triglycerides		178.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P S: N. Sinke (MD Path

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Interpretation:

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



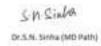
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VAR.0000048841	Received	: 18/Mar/2024 11:09:39
VAR0129232324	Reported	: 18/Mar/2024 14:55:44
or.MEDIWHEEL VNS -	Status	: Final Report
	3 Y 4 M 19 D /M VAR.0000048841 VAR0129232324	3 Y 4 M 19 D /MCollectedVAR.0000048841ReceivedVAR0129232324Reported

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

(++++) > 2





Home Sample Collection

1800-419-0002



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



Patient Name	: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08	:45:59
Age/Gender	: 33 Y 4 M 19 D /M	Collected	: 18/Mar/2024 11	:05:09
UHID/MR NO	: CVAR.0000048841	Received	: 19/Mar/2024 12	:02:47
Visit ID	: CVAR0129232324	Reported	: 19/Mar/2024 13	:50:31
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTME	NT OF IMMUNOLO	GY	
	M EDIWHEEL BANK OF	BARODA MALE A	BOVE 40 YRS	
Tect Name	Popult	Linit	Dia Dat Interval	Mathad

restiname	Hesuit	Unit	DIO. HEI. Interval	Method	
PSA (Prostate Specific Antigen), Total **	0.40	ng/mL	<4.1	CLIA	
Sample:Serum					

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)

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



Patient Name	: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08:45:57	
Age/Gender	: 33 Y 4 M 19 D /M	Collected	: 18/Mar/2024 11:05:09	
UHID/MR NO	: CVAR.0000048841	Received	: 18/Mar/2024 11:09:39	
Visit ID	: CVAR0129232324	Reported	: 18/Mar/2024 15:39:11	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	108.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.900	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimester	
		0.5-4.6 μIU/	mL Second Trimes	ster
		0.8-5.2 μIU/	mL Third Trimeste	r
		0.5-8.9 μIU/	mL Adults	55-87 Years
		0.7-27 μIU/	mL Premature	28-36 Week
		2.3-13.2 µIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/	mL Child(21 wk -	20 Yrs.)
		1-39 µIL	J/mL Child	0-4 Days
		1.7-9.1 uIU/	mL Child 2	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.

S.n. Sinta

Dr.S.N. Sinha (MD Path)

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1800-419-000



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



Patient Name	: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08:45:58
Age/Gender	: 33 Y 4 M 19 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000048841	Received	: N/A
Visit ID	: CVAR0129232324	Reported	: 18/Mar/2024 10:38:28
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



024 08:45:58
024 09:44:04
ort

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size (**11.6 cm in midclavicular line**) and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (10.4 mm in caliber) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**2.4 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

• <u>Right kidney:-</u>

- Right kidney is normal in size, measuring ~ 10.0 x 5.0 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 ~ 11.4 x 4.9 cms.
- Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~ 10.8 cm in its long axis) and has a normal homogenous echo-

Page 12 of 13







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



: Mr.ABHISHEK SINGH-BOBE15378	Registered On	: 18/Mar/2024 08:45:58
: 33 Y 4 M 19 D /M	Collected	: N/A
: CVAR.0000048841	Received	: N/A
: CVAR0129232324	Reported	: 18/Mar/2024 09:44:04
: Dr.MEDIWHEEL VNS -	Status	: Final Report
	: 33 Y 4 M 19 D /M : CVAR.0000048841 : CVAR0129232324	: 33 Y 4 M 19 D /M Collected : CVAR.0000048841 Received : CVAR0129232324 Reported

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

texture.

ILIAC FOSSAE & PERITONEUM

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

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- Pre-void urine volume is ~ 67 cc.

PROSTATE

• The prostate gland is normal in size (~ 26 x 22 x 25 mm / 8 gms) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

• No significant sonological abnormality noted.

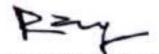
Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report *** (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)





Chandra Roy

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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