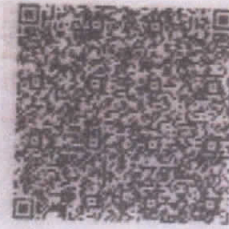




भारत सरकार
GOVERNMENT OF INDIA



संगीता पंडित
Sangita Pandit
जन्म तिथि/ DOB: 05/02/1988
महिला / FEMALE



Dr. K.C. BHARADWAJ
M.B.S.S. D CARD
Reg. No. 32749

7236 3596 1204

आधार-आम आदमी का अधिकार

Aadhaar - Aam Admi ka Adhikar

Handwritten signature

7236 3596 1204

8707068510

Chandan Diagnostic Centre *Sangita*
24/22, Karachi Khana
Mall Road, Kanpur

Address:
W/O Pramod Kumar, 338, Tiwaripur
Bagiya, Kailash Nagar, Jajman,
Shiwans Tenray, Kanpur Nagar,
Uttar Pradesh - 208010

पता:
W/O प्रमोद कुमार, 338,
तिवारीपुर बगिया, कैलाश
नगर, जजमऊ, शिवाम
देवराय, कानपुर नगर,
उत्तर प्रदेश - 208010

भारतीय पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



Stool Sample not Required. *Sangita*



Shandan Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur

K.C. Bharadwaj
K.C. Bharadwaj

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

GPS Map Camera



Kanpur, Uttar Pradesh, India
24/22, Mall Rd, Mall Rd Chauraha, General Ganj, Kanpur, Uttar Pradesh 208001,
India
Lat 26.464708°
Long 80.358854°
18/03/24 09:50 AM GMT +05:30

| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:24 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 18/Mar/2024 12:22:01 |
| Visit ID | : IKNP0091402324 | Reported | : 18/Mar/2024 19:20:32 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

Blood Group (ABO & Rh typing) * , Blood

| | | | | |
|--------------|----------|--|--|---|
| Blood Group | B | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |

Complete Blood Count (CBC) * , Whole Blood

| | | | | |
|-----------------------------------|----------|----------------|--|-------------------------------------|
| Haemoglobin | 9.70 | 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 | |
| TLC (WBC) | 6,100.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 62.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 32.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 1.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 36.00 | Mm for 1st hr. | | |
| Corrected | 18.00 | Mm for 1st hr. | <20 | |
| PCV (HCT) | 30.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.30 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 15.70 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 39.40 | % | 35-60 | ELECTRONIC IMPEDANCE |

| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:24 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 18/Mar/2024 12:22:01 |
| Visit ID | : IKNP0091402324 | Reported | : 18/Mar/2024 19:20:32 |
| Ref Doctor | : Dr.MediWheel Knp - | 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) | 0.26 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.80 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 3.83 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 79.00 | fL | 80-100 | CALCULATED PARAMETER |
| MCH | 25.40 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.10 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.50 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 40.40 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,782.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 61.00 | /cu mm | 40-440 | |



Dr. Seema Nagar(MD Path)

| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:25 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 13:07:38 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 18/Mar/2024 13:08:19 |
| Visit ID | : IKNP0091402324 | Reported | : 18/Mar/2024 14:15:38 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 83.40 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

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

| | | | |
|--------|-------|--|---------|
| 103.20 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|--------|-------|--|---------|

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.



Dr. Seema Nagar(MD Path)

| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:26 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 19/Mar/2024 13:49:37 |
| Visit ID | : IKNP0091402324 | Reported | : 19/Mar/2024 15:38:32 |
| Ref Doctor | : Dr.MediWheel Knp - | 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) | 5.60 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 38.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 114 | 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.

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 I 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.

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

| | | | |
|--------------|----------------------|---------------|------------------------|
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| UHID/MR NO | : IKNP.0000032783 | Received | : 19/Mar/2024 13:49:37 |
| Visit ID | : IKNP0091402324 | Reported | : 19/Mar/2024 15:38:32 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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

*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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| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 18/Mar/2024 12:22:01 |
| Visit ID | : IKNP0091402324 | Reported | : 18/Mar/2024 14:13:53 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|---|-------------------|
| BUN (Blood Urea Nitrogen) * Sample:Serum | 12.00 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.73 | mg/dl | 0.5-1.20 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | 3.70 | mg/dl | 2.5-6.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 30.40 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 19.90 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 13.40 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.38 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 3.42 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 2.96 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.16 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 88.10 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.49 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.19 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.30 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) , Serum | | | | |
| Cholesterol (Total) | 119.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 46.90 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 59 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 12.72 | mg/dl | 10-33 | |
| Triglycerides | 63.60 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | |



Dr. Seema Nagar(MD Path)

| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:25 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 18/Mar/2024 12:22:01 |
| Visit ID | : IKNP0091402324 | Reported | : 18/Mar/2024 14:31:56 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.005 | | | |
| Reaction PH | Acidic (6.5) | | | DIPSTICK |
| Appearance | CLEAR | | | |
| 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 | 0.1-3.0 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Bilirubin | ABSENT | | | DIPSTICK |
| Leucocyte Esterase | ABSENT | | | DIPSTICK |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Nitrite | ABSENT | | | DIPSTICK |
| Blood | ABSENT | | | DIPSTICK |
| Microscopic Examination: | | | | |
| Epithelial cells | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 2-3/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:25 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
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| Visit ID | : IKNP0091402324 | Reported | : 18/Mar/2024 14:31:56 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

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



Dr. Seema Nagar(MD Path)



| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:26 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : 18/Mar/2024 12:21:43 |
| UHID/MR NO | : IKNP.0000032783 | Received | : 19/Mar/2024 12:02:46 |
| Visit ID | : IKNP0091402324 | Reported | : 19/Mar/2024 14:02:32 |
| Ref Doctor | : Dr.MediWheel Knp - | 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) | 114.25 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.50 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.850 | 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)

| | | | |
|--------------|----------------------|---------------|------------------------|
| Patient Name | : Mrs.SANGITA PANDIT | Registered On | : 18/Mar/2024 10:38:27 |
| Age/Gender | : 36 Y 1 M 12 D /F | Collected | : N/A |
| UHID/MR NO | : IKNP.0000032783 | Received | : N/A |
| Visit ID | : IKNP0091402324 | Reported | : 19/Mar/2024 16:48:35 |
| Ref Doctor | : Dr.MediWheel Knp - | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE 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**

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

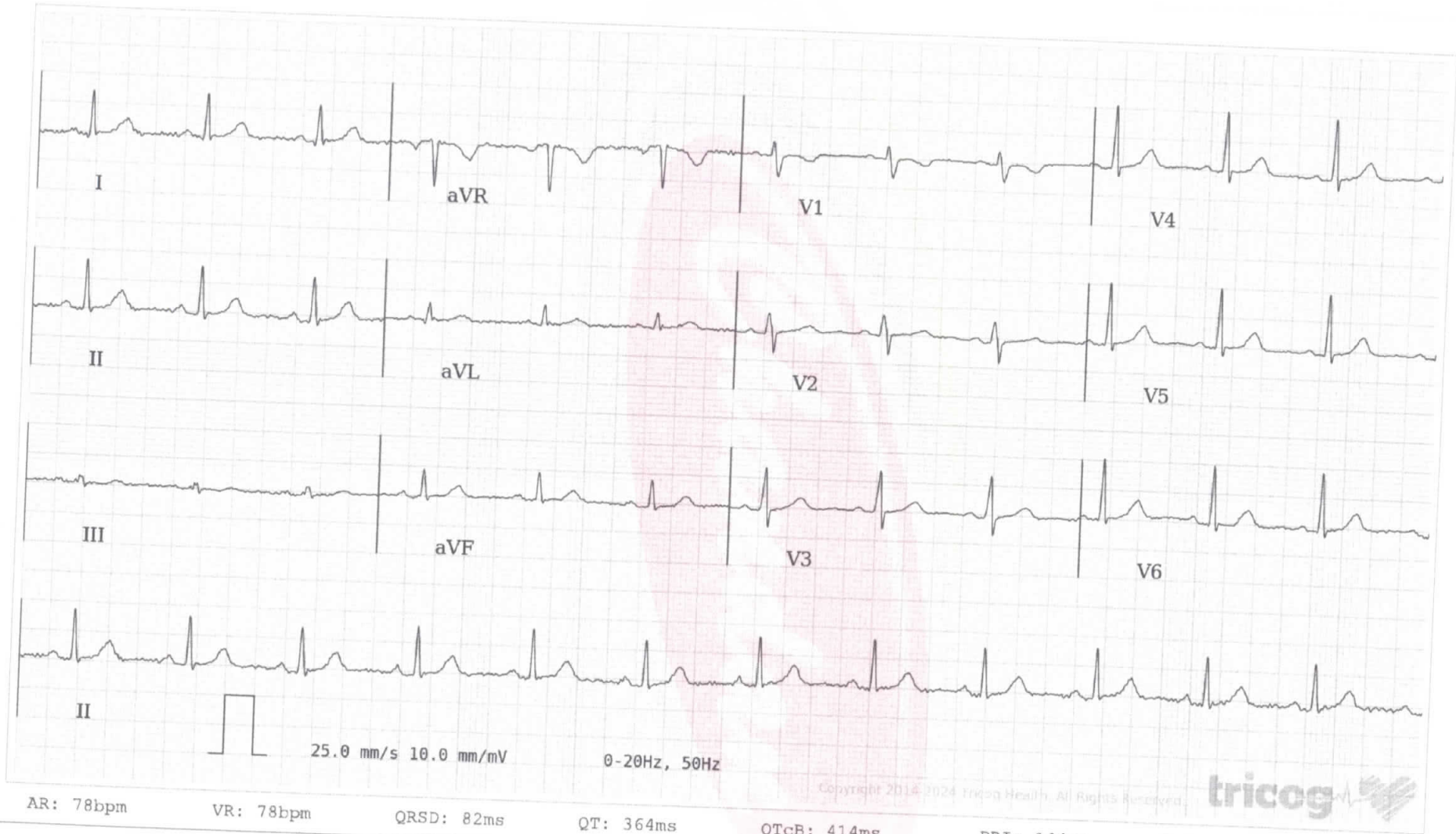
365 Days Open

*Facilities Available at Select Location

Age / Gender: 36/Female
 Patient ID: IKNP0091402324
 Patient Name: Mrs.SANGITA PANDIT

Date and Time: 18th Mar 24 11:39 AM

Customer Care No.: 08069366666 Email: care@chandan.co.in Web: www.chandandiagnostic.com



AR: 78bpm VR: 78bpm QRSD: 82ms QT: 364ms QTcB: 414ms PRI: 144ms P-R-T: 43° 34° 37°

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

AUTHORIZED BY



Dr. Charit
 MD, DM: Cardiology

63382

REPORTED BY



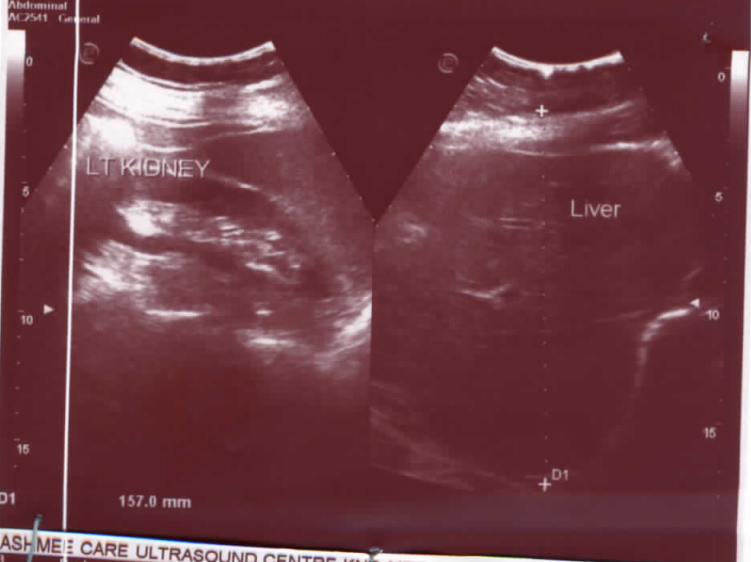
Dr. Mohammed Sadiqul Shari

KMC 116747



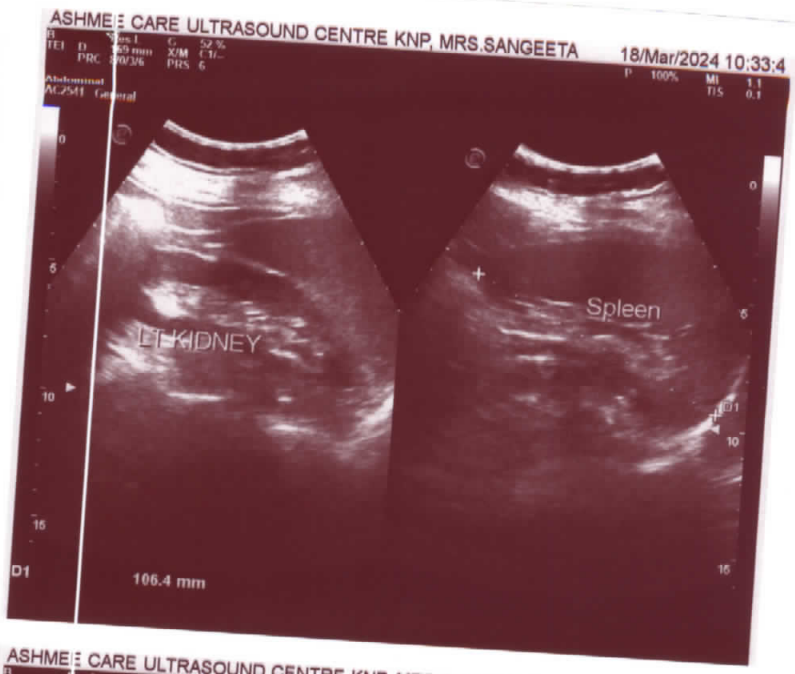
Home Sample Collection
 08069366666

TEI D Pos L G 52 % P 100% MI 1.1
PRC 40/36 X/M C/I... TIS 0.1



TEI D Pos L G 30 % P 100% MI 1.1
PRC 40/36 X/M C/I... TIS 0.1





DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MRS.SANGEETA PANDIT

AGE: 36 SEX: ♀

REF.BY: DR.C.D.C

DATE: 18-03-2024

WHOLE ABDOMINAL SCAN

LIVER : LIVER IS ENLARGED IN SIZE 157.0MM. PARENCHYMAL ECHOTEXTURE IS HOMOGENOUS.PORTAL AND HEPATIC VEINS ARE NORMAL. INTRA HEPATIC BILIARY CHANNELS ARE NORMAL.

GALL BLADDER: IS NORMAL IN SIZE & ECHOTEXTURE . NO CALCULI / MASS SEEN

C.B.D.: NORMAL IN CALIBER.

PANCREAS: NORMAL IN SIZE & ECHOTEXTURE. PANCREATIC DUCT IS NOT DILATED.

SPLEEN : NORMAL IN SIZE (83MM) & ECHOTEXTURE. SPLENIC VEIN IS NOT DILATED.

RIGHT KIDNEY: NORMAL IN SIZE (91MM X 45MM), OUTLINE AND CORTICAL ECHOTEXTURE .RENAL PARENCHYMAL WIDTH IS NORMAL. CORTICO-MEDULLARY DEFINITION IS NORMAL. NO BACK PRESSURE CHANGES ARE SEEN. PERINEPHRIC SPACES ARE NORMAL.

LEFT KIDNEY : NORMAL IN SIZE (98MM X 47MM), OUTLINE AND CORTICAL ECHOTEXTURE .RENAL PARENCHYMAL WIDTH IS NORMAL. CORTICO-MEDULLARY DEFINITION IS NORMAL. NO BACK PRESSURE CHANGES ARE SEEN. PERINEPHRIC SPACES ARE NORMAL.

URINARY BLADDER: NORMAL IN SIZE AND CONTOUR. WALL IS SMOOTH AND REGULAR. NO MASS OR LESION IS SEEN IN LUMEN .

UTERUS : UTERUS IS ANTIVERTED BULKY 97.7MM X 42.7MM.MYOMETRIUM IS NORMAL. ENDOMETRIAL THICKNESS IS 6.3MM .

OVARIES : A.CYSTIC LESION MEASURING ABOUT 23.9X22.4MM SEEN IN RIGHT OVARY. LEFT OVARY IS NORMAL.

RETRO PERITONEAL VESSELS ARE NORMAL .NO RETROPERITONEAL LYMPH NODES ARE SEEN.PSOAS MUSCLES ARE NORMAL.

EXCESS BOWEL GASES SEEN IN ABDOMEN

IMPRESSION :

- ✓ HEPATOMEGALY
- ✓ RIGHT OVARIAN CYST
- ✓ BULKY UTERUS
- ✓ BOWEL INFLAMMATION

SONOLOGIST

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE

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Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.