



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	MUNNI DEVI
DATE OF BIRTH	01-01-1976
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-11-2024
BOOKING REFERENCE NO.	24D157195100118748S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. DAS RAJENDRA
EMPLOYEE EC NO.	157195
EMPLOYEE DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
EMPLOYEE PLACE OF WORK	DHANBAD,BANK MORE
EMPLOYEE BIRTHDATE	20-05-1970

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **24-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

भारत सरकार
GOVERNMENT OF INDIA




Aadhaar no. masked





मुन्नी देवी
Munni Devi
जन्म तिथि/DOB: 01/01/1976
लिंग/ GENDER: FEMALE

आधार पहचान का प्रयोग है, नागरिकता या कर्मचारीता का नहीं। इसका प्रयोग सरकार (अभिज्ञान प्रणालियों, या सरकारी सेवा/संस्थानों के लिए) के साथ किया जाना चाहिए।
Aadhaar is proof of Identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5429 4404 0770

मेरा आधार, मेरी पहचान

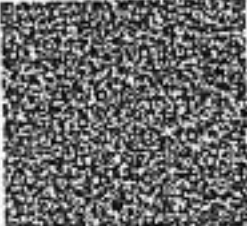
भारत सरकार
GOVERNMENT OF INDIA

Aadhaar no. masked




पता
W/O राजेंद्र दास, 156, बिनोद नगर, धरबाद, झारखण्ड,
झारखण्ड - 826001

Address:
W/O Rajendra Das, 156, BINOD NAGAR,
CHIRAGORA, DHANBAD, Dhanbad, DIST.
Dhanbad,
Jharkhand - 826001



5429 4404 0770

Vid : 9103 7210 3374 4885

 1947 |  help@uidai.gov.in |  www.uidai.gov.in





OUT PATIENT DEPARTMENT

Department of Obstetrics & Gynaecology

MEDIWHEEL

Regd. No. : JUN23-56212
Patient Name : MRS. MUNNI DEVI
Age/Sex : 48 Y 10 M B D / Female
Address : BINOD NAGAR, NEAR BLY LINE TARASFFORMER, DHANBAD - Jharkhand, INDIA 826001
Doctor : Dr. Rashika Mohan KHERR, MS (OBGY.)

Visit : OPD/91124/272103
Mobile : 9507153086
Date : 9-Nov-2024 1:43 pm

OPD Timing :
Referred By :

Allergies :

Height : Ft In Temp. :
Weight : 61.2 Kg Pulse : 82

C SPO2 : 99
BPM B.P. : 160/100 mm/Hg

History and complaints :

9/11

Examination:

Dr. Kherr

Diagnosis: G-82

CA 125:

438

Investigations:

On some tablets from outside
for ut fibroid. [200mg]
w/o breast: Fibroadenoma
① breast. [9 o'clock]

m/h: 220 @ WMP: > 1m

v/h: P.L. → 3 FND UB: 26g
Medicines Prescribed:
SP done

Pl/h: 4 Thy → 100mg [7-8yr]
F/h: MIL → twice of
FIL → DM-2 on Medocon

v/h: no pallor

Follow up:

Date :

Time :

Days

Advice (Diet/ Lifestyle / Rehab)

Pl/h: Soft NT
RSP

Pl/h: UTAVAS
Signature of Doctor

BU for free
FOOK

*Prescription to be valid for 7 Days only.
*This document is not valid for Medico-Legal purposes.



Pl/s: Co Vag/NT
BV disch



असर्फी हॉस्पिटल
सबके लिए स्वास्थ्य

OUT PATIENT DEPARTMENT

Department of General Medicine

MEDIWHEEL
 Visit : OPD/21124/272150
 Mobile : 9507153086
 Patient Name : JUN23-56212
 Date : 9-Nov-2024 3:07 pm
 App. Sex : MRS. MURTI DEVI / Female
 Address : 48 Y 10 M B D
 Doctor : Dr. Sumant K. M.S. Medicine
 Address : BHOJ NAGAR, NEAR NLY LINE TARASEWARI, DHANBAD - Jharkhand, INDIA826001
 Referred by :
 OPD Timing :

Height : Ft In Temp : 97.3 Fc
 Weight : 62 Kg Pulse : 75
 SPO2 : 99 %
 B.M. B.P. : 150/90 mm/Hg

History and complaints :

Examination :

Diagnosis :

PCO
 - HIN
 Hypothyroidism
 Dyslipidemia
 Uterine Fibroid

Investigations :

Medicines Prescribed:

- T. & P. Amisafe 250 100
 2x/d
 M.B.L.
- T. Maxinon FO 100 aft
 meal.
- CSF

Follow up:

Days

Advice
(Diet/ Lifestyle / Rehab)

Date :

Time :

Signature of Doctor

*Prescription to be valid for 7 Days only.
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Rate 78 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Incomplete right bundle branch block.....QRSd >112, terminal axis(90,270)

PR 124
QRS 117
QT 418
QTc 477

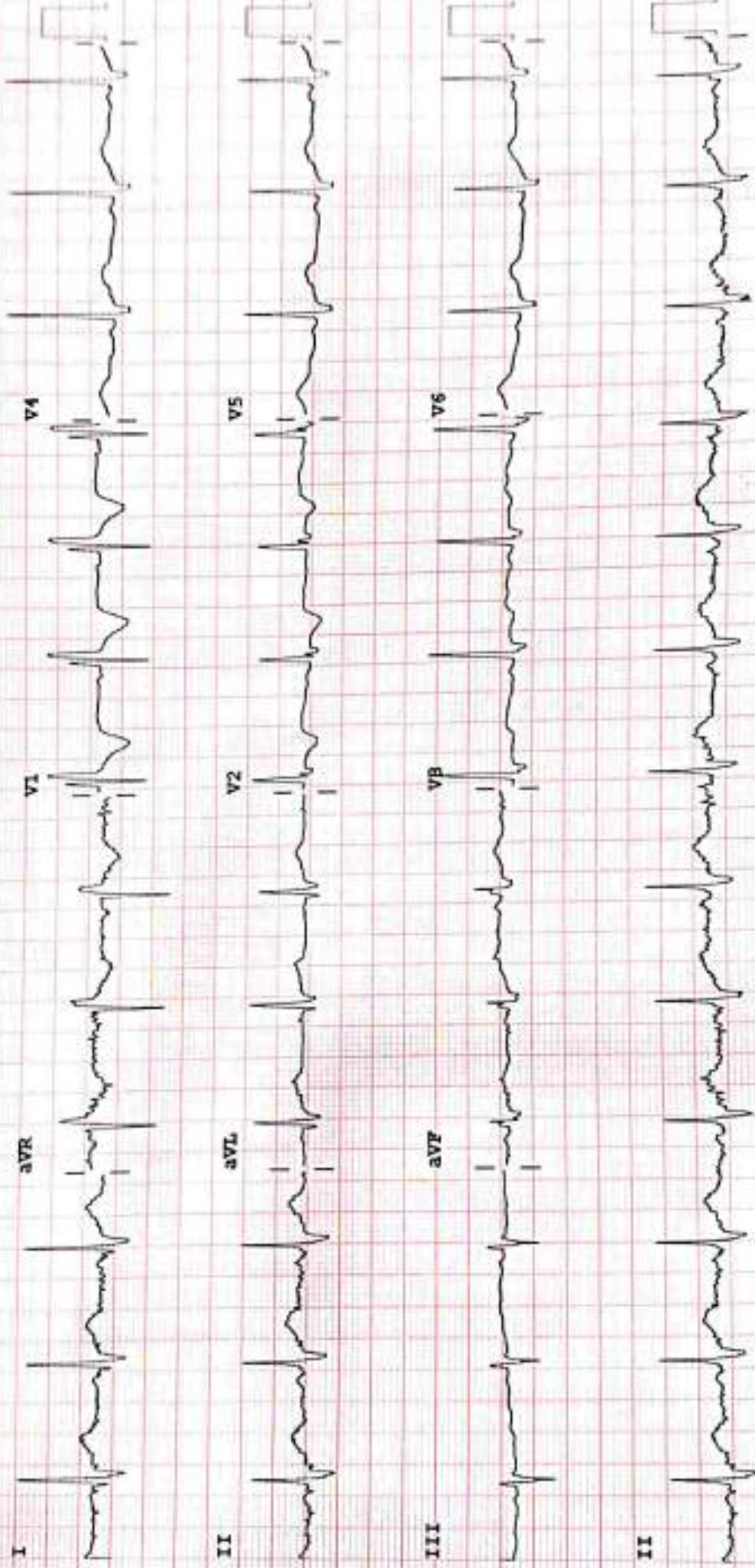
--AXIS--

P 45
QRS 17
T 28

12 Lead: Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.15-100 Hz

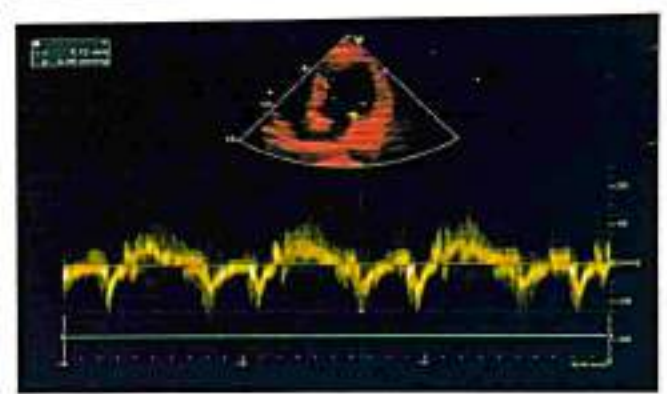
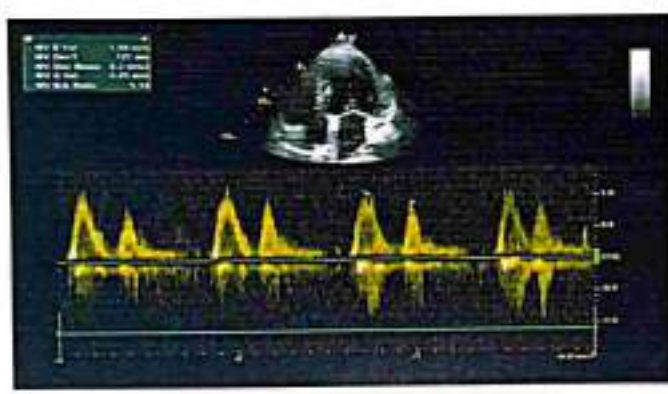
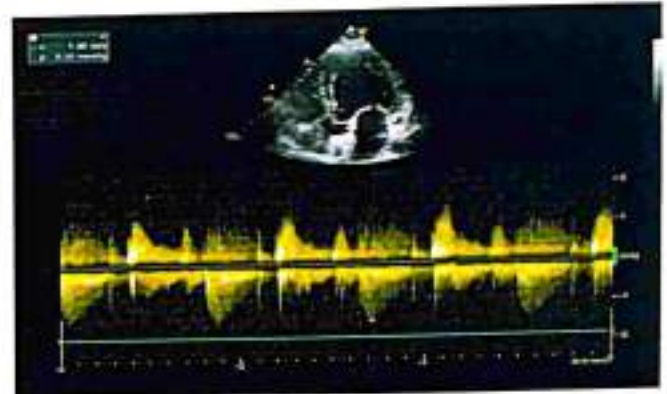
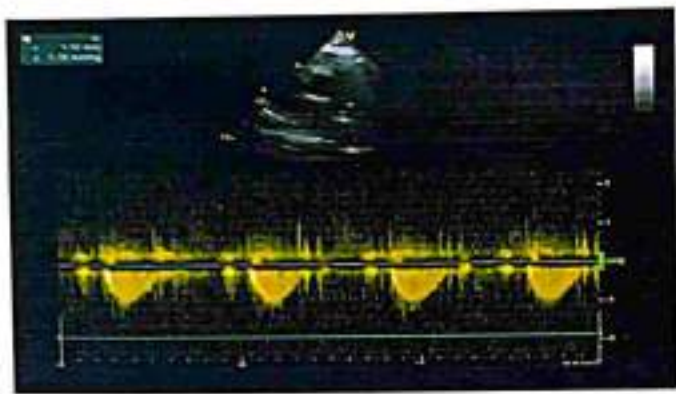
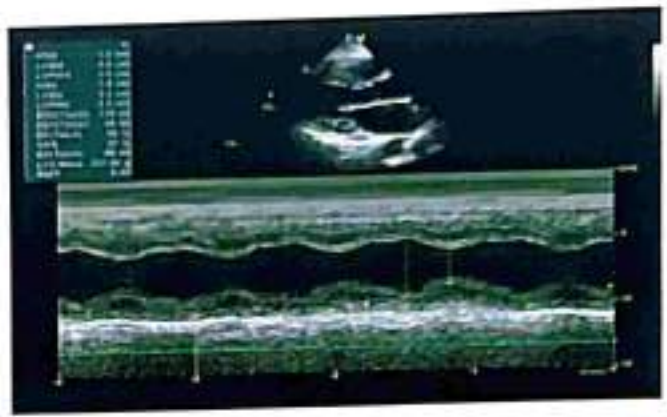
100B CL

P?

ASARFI INSTITUTE OF CARDIAC SCIENCES

Name : MRS MUNNI DEVI
Patient Id : 56212

Date : 09/11/2024



REPORT

ECHOCARDIOGRAPHY REPORT

Name: MRS MUNNI DEVI

Age:

Sex: Female

Date: 09/11/2024

2D & M-MODE MEASUREMENTS

LA Diam	3.4 cm
Ao Diam	2.9 cm
IVSd	1.2 cm
LVIDd	4.9 cm
LVPWd	1.0 cm
IVSs	1.4 cm
LVIDs	3.3 cm

2D & M-MODE CALCULATIONS

EDV(Teich)	110 ml
ESV(Teich)	44 ml
EF(Teich)	60 %
%FS	32 %
SV(Teich)	66 ml
LVd Mass	237.92 g
RWT	0.42

MITRAL VALVE

MV E Vel	1.04 m/s
MV DecT	127 ms
MV Dec Slope	8.2 m/s ²
MV A Vel	0.91 m/s
MV E/A Ratio	1.14
E'	0.12 m/s
E/E'	8.52

AORTIC VALVE

AV Vmax	1.46 m/s
AV maxPG	8.50 mmHg

TRICUSPID VALVE

PV Vmax	1.16 m/s
PV maxPG	5.38 mmHg

PULMONARY VALVE

COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-63%)
- NORMAL MITRAL INFLOW PATTERN
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT PE
- IVC NORMAL

IMPRESSION:

- NORMAL ECHO STUDY

DR. S. H. CHAVAN
(CONSULTANT CARDIOLOGIST)

TECH. SIG





RADIOLOGY REPORT

Reg. No.	56212 (OPD)	Ref. Dr.	DR. SELF
Name	MRS. MUNNI DEVI	Study	USG WHOLE ABDOMEN
Age & Sex	48Y /F	Reporting Date	9.11.2024

USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size, shape & echotexture. No obvious focal lesion is seen. IHBR are not dilated.
- GALL BLADDER** : GB is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is normal in shape, size & echotexture. It measures 10.4cm in size.
- KIDNEYS** : The right kidney measures 8.5 x 4.5cm. The left kidney measures 10.0 x 3.9cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- UTERUS** : Uterus is normal in size, shape & echotexture. It measures 7.5 x 4.8 x 7.5 cm. Endometrium is central. Few heteroechoic lesion is noted in anterior wall of uterus largest measuring~20 x 20 mm (FIGO - 2) and partially indenting on the endometrial canal.



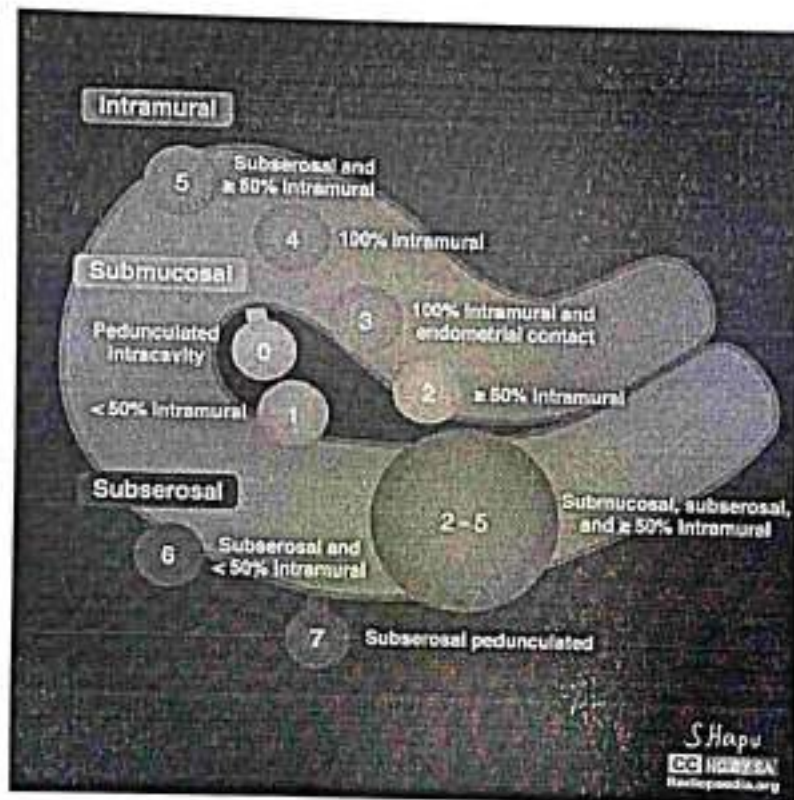
24 HOUR EMERGENCY

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RADIOLOGY REPORT

- OVARIES** : The right ovary measures 2.8 x 2.1cm. The left ovary measures 2.3 x 2.1cm. Both ovaries are normal in shape, size & position.
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** : • Solitary anterior wall fibroid as described above. (FIGO – 2)

Clinical correlation is suggested.



Swarna
Dr. SWARNA BHARDWAJ
 (Radiologist)
 M.B.B.S, B.J MEDICAL COLLEGE
 DNB, APOLLO MAIN HOSPITAL CHENNAI



24 HOUR EMERGENCY

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Name: Mrs. Munni Devi

Age: 48 Y

Date: 09-Nov-2024



RADIOLOGY REPORT

Reg. No.	56212 (OPD)	Ref. Dr.	DR. SELF
Name	MRS. MUNNI DEVI	Study	USG BOTH BREASTS
Age & Sex	48Y /F	Reporting Date	9.11.2024

USG BOTH BREASTS

Technique

Ultrasonography of both breasts was done using a high frequency linear transducer.

Observations:

Bilateral breasts show mixed fatty and fibroglandular parenchyma.

A well circumscribed oval hypoechoic wider than tall lesion with smooth margins measuring 11 x 6 cm is seen at 9 o' clock position in the inner quadrant of right breast.

No evidence of solid or cystic lesion is seen in the left breast.

No evidence of architectural distortion or skin thickening is seen.

Bilateral nipples and retroareolar region appear unremarkable.

No significant axillary lymph nodes are seen.

IMPRESSION -

- A well circumscribed oval hypoechoic wider than tall lesion with smooth margins at 9 o' clock position in the inner quadrant of right breast --- likely fibroadenoma.

Clinical correlation is suggested.


Dr. SWARNA BHARDWAJ
(Radiologist)
M.B.B.S, B.J MEDICAL COLLEGE
DNB, APOLLO MAIN HOSPITAL CHENNAI



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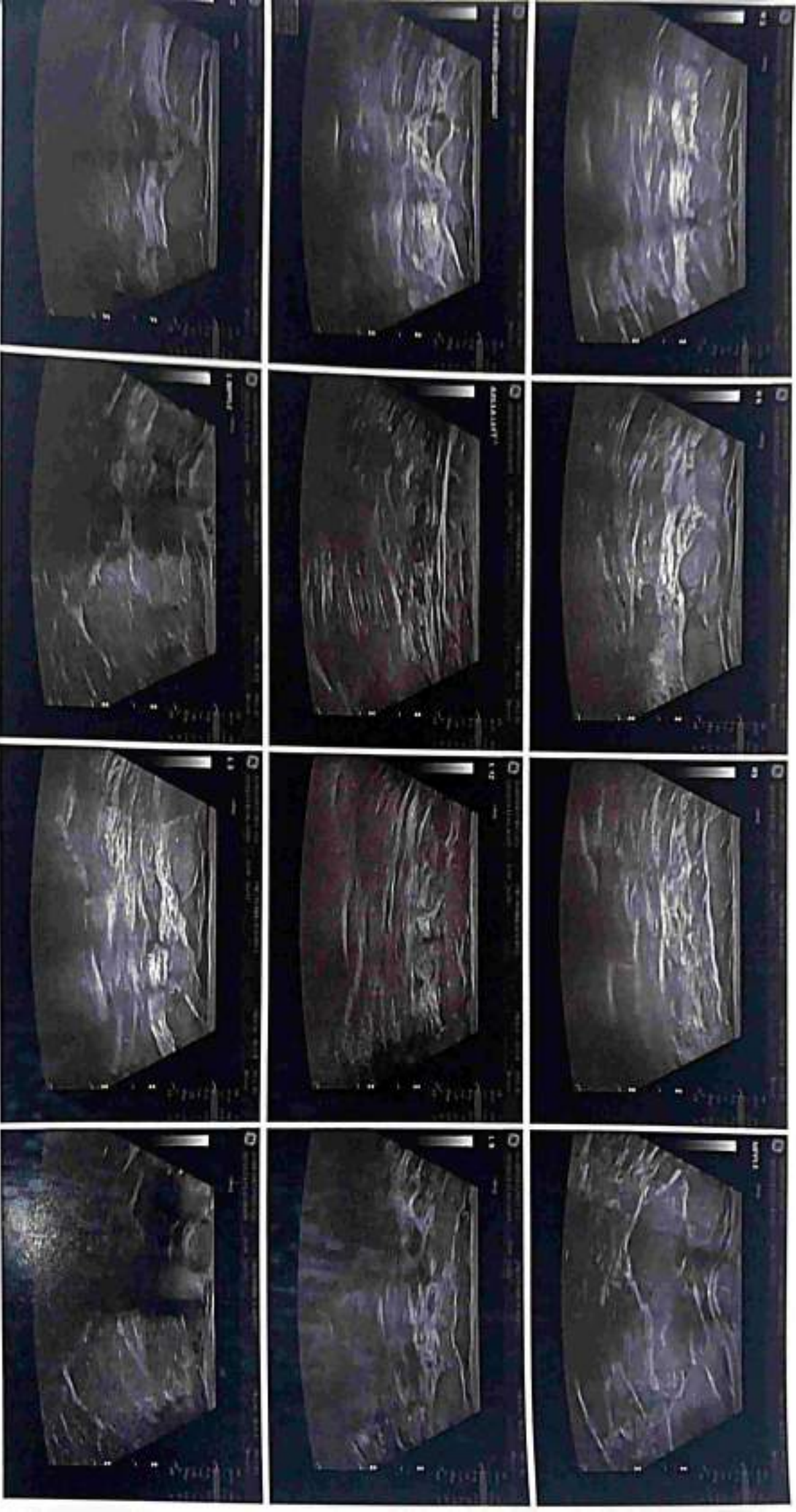
ASATI HOSPITAL

Baramuri, B-Polytechnic, Dhanbad, Jharkhand - 828130

Name: Mrs. Murni Devi

Age: 48 Y

Date: 09-Nov-2024



RADIOLOGY REPORT

Patient Name :	MRS.MUNNI DEVI	Patient ID :	56212
Modality :	DX	Sex :	F
Age :	48Y	Study :	CHEST PA
Reff. Dr. :	DR.SELF	Study Date :	09-11-2024

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings are unremarkable.
Domes of diaphragm are normal in morphology and contour.
Cardiac size is within normal limits.
Bony thoracic cage appears normal.

IMPRESSION:

No significant abnormality detected.

Recommended clinical correlation with other investigation.



Dr. Manish Kumar Jha
MBBS, MD (Radio-diagnosis)
Registration No. 77237 (WBMC)



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico-legal purpose.

24 HOUR EMERGENCY

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FINAL REPORT

Name : MRS. MUNNI DEVI
Reg. No. : JUN23-56212
Age / Sex : 48 Y 10 M 8 D / Female
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



Collection Time : 09-11-2024 10:11:38
Receiving Time : 09-11-2024 10:12:47
Reporting Time : 09-11-2024 12:26:07
Publish Time : 09-11-2024 1:38 pm

Test Name	Result	Flag	Unit	Reference Range
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Biochemistry

Creatinine, Serum

Method Enzymatic

Creatinine, Serum

0.6

Machine Name XL640

mg/dl 0.6-1.4

Uric Acid, Serum

Method Enzymatic

Uric Acid, Serum

3.3

L

Machine Name XL640

mg/dl 3.4-7.0

Blood Urea Nitrogen (BUN)

Method Calculated

Blood Urea Nitrogen (BUN)

6.01

L

Machine Name XL640

mg/dl 07-21

Fasting Blood Glucose, Plasma

Method GOD-POD

Fasting Blood Glucose, Plasma

79.0

Machine Name XL640

mg/dl 70-110

LIPID PROFILE, SERUM

Method Spectrophotometry

Triglycerides (Enzymatic)

64.0

Machine Name XL640

mg/dl
Normal: <150
Borderline-high:
150-199 High risk
200-499
Very high risk >500
<200 No risk 200-239
Moderate
risk >240 High risk

Cholesterol, Total (CHOD/PAP)

125.0

mg/dl



[Signature]

DR N N SINGH
MD (PATHOLOGY)

Conditions of Laboratory Tests & Reports

(1) It is presumed that the test(s) performed are on the specimen(s) (Sample(s)) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or tester representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory investigations are only used to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Improperly indicated/erratic etc. (c) Unrecognized specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test may vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of spurious or unexpected test results please call at +91 9297862282, Email: lab@asarfi@gmail.com

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FINAL REPORT


Name : MRS. MUNNI DEVI
Reg. No. : JUN13-56212
Age / Sex : 48 Y 10 M 8 D / Female
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



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Test Name	Result	Flag	Unit	Reference Range
VLDL Cholesterol (Calculated)	12.8		mg/dl	0-30
HDL Cholesterol (Enzymatic)	35.0	L	mg/dl	<40 High Risk ; >60 No Risk
LDL Cholesterol (Calculated)	77.2		mg/dl	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk>160
Cholesterol Total : HDL Ratio (Calculated)	3.57		mg/dl	1.2-5.0




DR N N SINGH
MD (PATHOLOGY)

DISCLAIMER: Greater India & Beyond

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24 HOUR EMERGENCY

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ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital)
Baramuri, Bishunpur Polytechnic, Faridkot 142002
Ph. No. : 7808368888, 9297862262, 9234681514

FINAL REPORT



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Publish Time : 09-11-2024 1:38 pm

Name : MRS. MUNNI DEVI
Reg. No. : JUN23-S6212
Age / Sex : 48 Y 10 M 8 D / Female
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)

Test Name	Result	Flag	Unit	Reference Range
GLYCOSYLATED HEMOGLOBIN (HbA1C), BLOOD				
Method HPLC / Nephelometry				Machine Name BIO-RAD, D-10 / MISPA
HbA1C	5.8		%	4.4-6.2
Estimated average glucose (eAG)	119.76		mg/dl	

Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.
Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | | MEASUREMENT | OF HbA1C RESULTS |

Hemoglobin variants, elevated fetal	Any condition that shortens erythrocyte
hemoglobin (HbF) and chemically	survival or decreases mean erythrocyte
modified derivatives of hemoglobin	age (e.g., recovery from acute blood loss,
(e.g. carbamylated Hb in patients	hemolytic anemia, HbSS, HbCC, and HbSC)
with renal failure) can affect the	will falsely lower HbA1c test results
accuracy of HbA1c measurements	regardless of the assay method used. Iron
deficiency anemia is associated with	
higher HbA1c	



DR N N SINGH
MD (PATHOLOGY)

CONSENT TO ANALYZE SPECIMENS
(1) It is presumed that the test(s) performed are on the specimen(s) / sample(s) belonging to the patient named or identified and the collection of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s). (2) Laboratory investigations are only for the purpose of diagnosis and should be closely controlled. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following reason: (a) Specimen received is insufficient or inappropriate. (b) Analyzed/used specimen etc. (c) Incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (5) There is a discrepancy between the label on the specimen container and the Name on the test request form. (6) The results of the Test May vary from lab and also from time to time for the same patient. (7) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (8) In case of queries or unexpected test results please call at +91 9231862262, Email: lab@asarfi@gmail.com

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ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital)

Baramuri, Bishunpur Polytechnic, Dhanbad 826 130

Ph. No.: 7808368888, 9297862282, 9234681514

FINAL REPORT



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Name : MRS. MUNNI DEVI
 Reg. No. : JUN23-56212
 Age / Sex : 48 Y 10 M B D / Female
 Doctor : Self-Walkin
 Pat. Type : TPA (Cashless Category)

Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				
Method	Spectrophotometry			Machine Name: XL-640
Bilirubin Total (Diazo)	0.4		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.2		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	37.0		U/L	7-50
SGOT (IFCC without PDP)	27.0		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	214.0		U/L	70-306
GGT (Enzymatic)	15.0		U/L	0-55
Protein Total (Biuret)	6.8		g/dl	6.4-8.3
Albumin (BCG)	3.9		g/dl	3.5-5.2
Globulin (Calculated)	2.9		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.34			0.8-2.0
LDH: LACTATE DEHYDROGENASE	215.0		U/L	33-300




 DR N N SINGH
 MD (PATHOLOGY)

Disclaimer of Liability To the Laboratory

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Name : MRS. MUNNI DEVI
Reg. No. : JUN23-56212
Age / Sex : 48 Y 10 M 8 D / Female
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



Collection Time : 09-11-2024 10:11:38
Receiving Time : 09-11-2024 10:12:47
Reporting Time : 09-11-2024 12:26:07
Publish Time : 09-11-2024 1:38 pm

Test Name	Result	Flag	Unit	Reference Range
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Haematology

BLOOD GROUP, ABO & RH TYPING

Method	Agglutination
ABO GROUP	B
RH TYPING	POSITIVE

ESR (Erythrocyte Sedimentation Rate)

Method	Westergren	Machine Name	VES-MATIC 20
ESR	05	mm/hr	0-10



[Signature]

DR N N SINGH
MD (PATHOLOGY)

Conditions of Laboratory Testing & Reporting:

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24 HOUR EMERGENCY

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ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital)
Baramuli, Bishunpur Polytechnic, Bishunbad 828 130
Ph. No.: 7800368888, 9297862282, 9234681514

FINAL REPORT

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Test Name	Result	Flag	Unit	Reference Range
Nature of Material	EDTA Blood Sample			
Complete Blood Count (CBC)				
Method	Electronical Impedence		Machine Name	Sysmex 6 part
Hemoglobin (Photometry)	12.7	L	g/dl	13-18
PCV (Calculated)	38.1	L	%	40-50
MCH (Calculated)	28.0		Pg	27-31
MCHC (Calculated)	33.0		g/dl	31.5-35.5
Red Cell Distribution Width (RDW) (Electrical Impedence)	14.4	H	%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedence)	5,800		/cu-mm	4000-11000
RBC Count (Electrical Impedence)	4.53		million/mm3	4.5-5.5
Mean Corpuscular Volume (MCV) (Electrical Impedence)	84.1		fL	83-101
Platelet Count (Electrical Impedence)	1.91		lakhs/cumm	1.5-4.5
Neutrophils (VCS Technology)	61		%	55-75
Lymphocytes (VCS Technology)	31	H	%	15-30
Eosinophils (VCS Technology)	02		%	1-6
Monocytes (VCS Technology)	06		%	2-10
Basophils (VCS Technology)	00		%	0-1



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General Laboratory Information
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Test Name	Result	Flag	Unit	Reference Range
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Immunology and Serology

THYROID PROFILE, TOTAL, SERUM

Method	Result	Flag	Unit	Reference Range	Machine Name
ECLIA					Vitros ECI
T3, Total	1.50		ng/ml	0.8-2.0	
T4, Total	11.6		µg/dL	5.10-14.10	
TSH (Ultrasensitive)	4.87	H	mIU/mL	0.27-4.2	

Interpretation:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
- Unbound fraction (Free T4 / Free T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
- Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

CA 125 (Cancer Antigen 125), SERUM

Method	Result	Flag	Unit	Reference Range	Machine Name
ECLIA					Vitros ECI
CA - 125	4.38		U/mL	<-35	

Interpretation:



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Disclaimer of Laboratory, Pathology & Hospital

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FINAL REPORT



Collection Time : 09-11-2024 10:12:21
 Receiving Time : 09-11-2024 10:12:48
 Reporting Time : 09-11-2024 14:29:07
 Publish Time : 09-11-2024 3:25 pm

Name : MRS. MUNNI DEVI
 Reg. No. : JUN23-56212
 Age / Sex : 48 Y 10 M 8 D / Female
 Doctor : Self-Walkin
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Test Name	Result	Flag	Unit	Reference Range
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Clinical Pathology

[Signature]
DR N N SINGH
 MD (PATHOLOGY)

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Page 4 of 9

Condition of Laboratory Testing & Reporting
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Reporting Time : 09-11-2024 14:29:07
Publish Time : 09-11-2024 3:25 pm

Test Name	Result	Flag	Unit	Reference Range
Crystals	NOT SEEN		/hpf.	



DR N N SINGH
MD (PATHOLOGY)

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Condition of Laboratory Testing & Reporting

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Reporting Time : 11-11-2024 09:38:14
Publish Time : 12-11-2024 10:00 am

Test Name	Result	Flag	Unit	Reference Range
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Microbiology

Culture & Sensitivity (Urine)

Method: vitek 2 compact

Machine Name: vitek 2 compact


Organism Isolated

NO GROWTH OF ANY ORGANISM

Note:
In view of developing antibiotics resistance in india. It is advisalbe to use anitbiotics belonging to Group B & C only if the patient is resistant to antibiotics.

* Insturment used Bact/Alert 3D 60 & vitek 2 compact.




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Page 11 of 11

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