



प्रति,

समन्वयक,

MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	MEENU SHUKLA
जन्म की तारीख	20-05-1985
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	08-03-2025
बुकिंग संदर्भ सं.	24M113147100155736S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SHUKLA RAJ KUMAR
कर्मचारी की क.कू.संख्या	113147
कर्मचारी का पद	CUSTOMER SERVICE ASSOCIATE
कर्मचारी के कार्य का स्थान	NEW DELHI, RO EAST DELHI
कर्मचारी के जन्म की तारीख	09-03-1981

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **05-03-2025** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



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	MEENU SHUKLA
DATE OF BIRTH	20-05-1985
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-03-2025
BOOKING REFERENCE NO.	24M113147100155736S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SHUKLA RAJ KUMAR
EMPLOYEE EC NO.	113147
EMPLOYEE DESIGNATION	CUSTOMER SERVICE ASSOCIATE
EMPLOYEE PLACE OF WORK	NEW DELHI,RO EAST DELHI
EMPLOYEE BIRTHDATE	09-03-1981

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 **05-03-2025** 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.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



भारत सरकार
Government of India



मीनू शुकला
Meenu Shukla
जन्म तिथि/ DOB: 20/05/1985
महिला / FEMALE



5271 8396 6166

नाभार-आम आदमी का अधिकार



Unique Identification Authority of India

पता:
W/O राज कुमार शुक्ला, 1142, गली
न-38, नई कहेडा कॉलोनी, मोहन
नगर, गाजियाबाद,
उत्तर प्रदेश - 201007

Address:
W/O Raj Kumar Shukla, 1142,
Gali no.-38, New Karhera
Colony, Mohan Nagar,
Ghaziabad,
Uttar Pradesh - 201007



1947
1800 300 1947

✉
help@uidai.gov.in

www
www.uidai.gov.in

P.O. Box No. 1947
Bengaluru-560 001

Meenu shukla
Female
(39 Years)

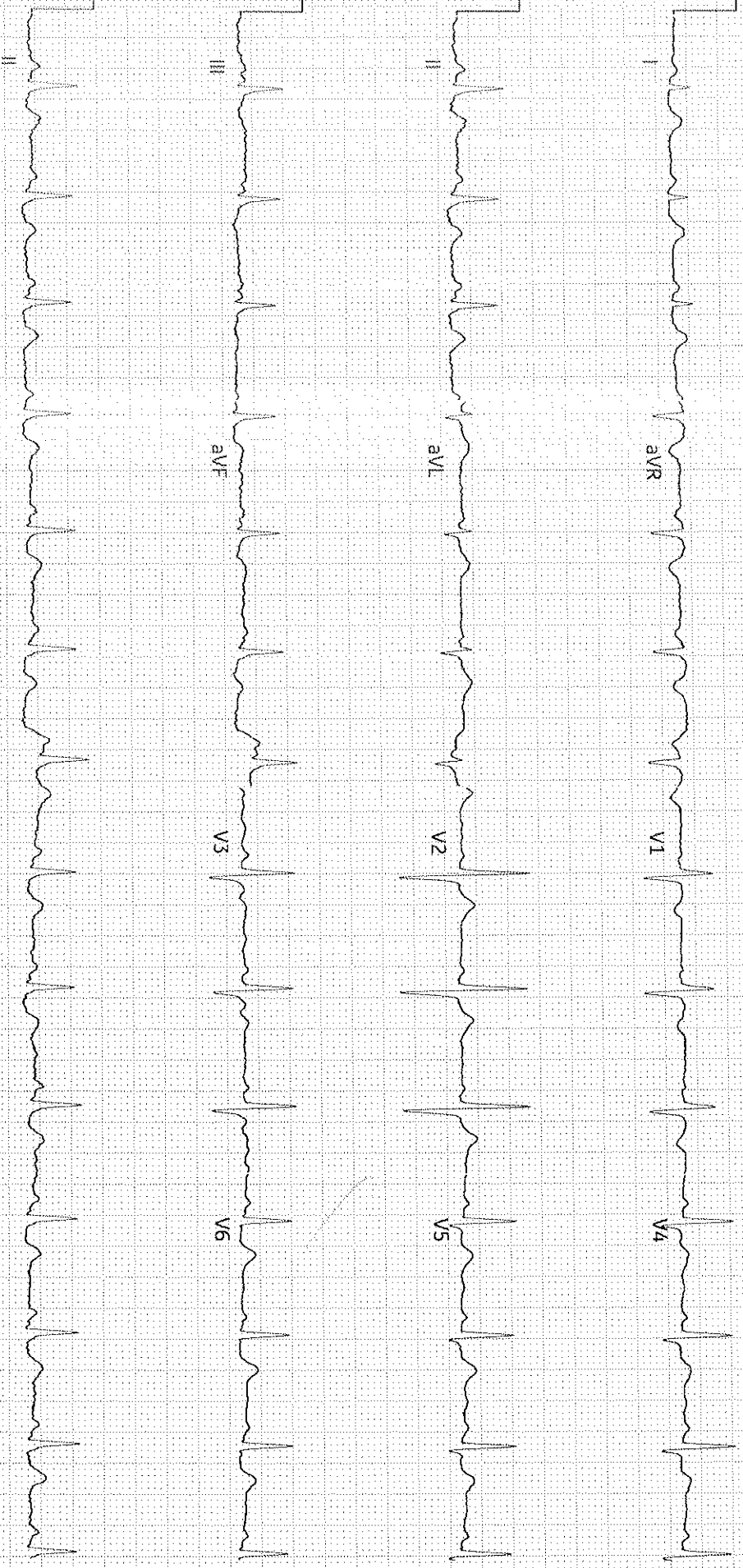
Vital Signs 226/108/05

Vent. rate 82 BPM
PR interval 122 ms
QRS duration 94 ms
QT/QTc-Baz 356/415 ms
P-R-T axes 37 69 9

HLc

08/03/2025 12:53:24 PM
Manipal Hospital

Unconfirmed



25mm/s 100mm/mV 0.56-20Hz ZPD 50Hz MAC™ 5.1.01 SP01 12SL V24 4 by 2.5s + 1 rhytm Id Page 1 of 1



Patient Name	MRS MEENU SHUKLA	Location	Ghaziabad
Age/Sex	39Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH015983039	Order Date	:08/03/2025
Ref. Doctor	H/C	Report Date	:08/03/2025

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade II LV diastolic dysfunction.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/vegetation/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It is normal sized.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal, Trace MR.
- **Tricuspid Valve:** Trace TR.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300E info@manipalhospitals.com www.manipalhospitals.com



Patient Name	MRS MEENU SHUKLA	Location	Ghaziabad
Age/Sex	39Year(s)/Female	Visit No	: V0000000001-GHZB
	MH015983039	Order Date	08/03/2025
Ref. Doctor	: H/C	Report Date	08/03/2025

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	24	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	29	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	39	22	(ED=37-53:Es=22-40)
Interventricular septum	11	12	(ED=6-12)
Posterior wall thickness	10	11	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-105/78 DT-	Trace
Aortic	158	Nil
Tricuspid	39	Trace
Pulmonary	74	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY),MNAMS
Sr. Consultant Cardiology

Dr. Geetesh Govil

MD,D.Card,PGDCC,MAAC,M.Med,MIMA,FAGE
Jr. Consultant Cardiology

Page 2 of 2

Manipal Health Enterprises Private Limited

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P +91 80 4936 0300E info@manipalhospitals.com www.manipalhospitals.com

**RADIOLOGY REPORT**

NAME	Meenu SHUKLA	STUDY DATE	08/03/2025 10:43AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH015983039
ACCESSION NO.	R9497080	MODALITY	CR
REPORTED ON	08/03/2025 11:02AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
Recommend clinical correlation.

Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	Meenu SHUKLA	STUDY DATE	08/03/2025 11:54AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH015983039
ACCESSION NO.	R9497082	MODALITY	US
REPORTED ON	08/03/2025 5:20PM	REFERRED BY	HEALTH CHECK MGD

ULTRA SOUND - WHOLE ABDOMEN

CHEST: There is no evidence of basal pleural effusion on either side. Both hemi diaphragms show normal symmetrical diaphragmatic excursions. There is no pericardial effusion seen.

LIVER- Liver is normal in size, shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. There is no diffuse parenchymal lesion noted. Intra hepatic biliary radicals are normal. **Portal vein** is normal in course and caliber. **Hepatic veins and IVC** are normal.

GALL BLADDER- GB is normal, distended and shows echofree lumen. There is no intra luminal calculus or mass lesion seen. Gall bladder wall is normal in thickness.

CBD is normal in course and caliber. There is no IHBRD seen.

PANCREAS - Pancreas is normal in size, shape, outline and echotexture. There is no focal mass, calcification, cyst or abscess seen. PD is not dilated. Peripancreatic fat is normal.

NODES: There are no significantly enlarged lymph nodes seen. Major abdominal vessels are normal.

SPLEEN - Spleen is normal in size and echotexture. There is no abnormal cyst, abscess, calcification or solid mass lesion seen. Splenic vessels are normal.

KIDNEYS - Both kidneys are normal in size, shape, position, outline and echotexture with maintained cortico-medullary differentiation. There is no focal solid mass seen. There is no renal cortical cyst noted. There is no obstructive hydronephrosis or any large renal calculus seen on either side. (Tiny renal concretions cannot be ruled out). **Ureters** are not seen dilated on either side.

URINARY BLADDER: is partially distended with echo-free lumen. There is no intra-luminal mass lesion or calculus seen. Bladder wall thickness is normal.

BOWEL: Bowel loops are unremarkable & show normal bowel wall thickness. There is no abnormal bowel mass seen. There are no features suggesting intestinal obstruction or perforation.

UTERUS: is normal in size, shape, outline and echotexture. There is no focal fibroid or mass lesion seen. Endometrial thickness is 6 mms. Uterine cavity is empty. Cervix is normal.

**RADIOLOGY REPORT**

NAME	Meenu SHUKLA	STUDY DATE	08/03/2025 11:54AM
AGE / SEX	39 y / F	HOSPITAL NO.	MH015983039
ACCESSION NO.	R9497082	MODALITY	US
REPORTED ON	08/03/2025 5:20PM	REFERRED BY	HEALTH CHECK MGD

OVARIES: Both ovaries are normal in size and echopattern, showing few small follicles. There is no abnormal adnexal / pelvic mass lesion noted.

FLUID: There is no free fluid noted in the pelvis.

IMPRESSION- USG findings reveal no significant sonological abnormality and normal study of the abdominal viscera. Bowel mucosal pathology cannot be ruled out (Gastritis / IBS)

ADVISED - clinical correlation, lab investigations and follow up



Dr. Jai Hari Agarwal

MD

CONSULTANT RADIOLOGIST

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

**LABORATORY REPORT**

Name : MRS MEENU SHUKLA
 Registration No : MH015983039
 Patient Episode : H18000003906
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 10:17

Age : 39 Yr(s) Sex :Female
 Lab No : 202503001242
 Collection Date : 08 Mar 2025 10:17
 Reporting Date : 08 Mar 2025 15:35

BIOCHEMISTRY**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.010	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.110	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.330	μIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

**LABORATORY REPORT**

Name	: MRS MEENU SHUKLA	Age	: 39 Yr(s) Sex :Female
Registration No	: MH015983039	Lab No	: 202503001242
Patient Episode	: H18000003906	Collection Date	: 08 Mar 2025 10:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 10:16
Receiving Date	: 08 Mar 2025 10:17		

BLOOD BANK**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Negative		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS MEENU SHUKLA
Registration No : MH015983039
Patient Episode : H18000003906
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:17

Age : 39 Yr(s) Sex :Female
Lab No : 202503001243
Collection Date : 08 Mar 2025 10:17
Reporting Date : 08 Mar 2025 11:47

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	92.6	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g. galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 11:59



LABORATORY REPORT

Name : MRS MEENU SHUKLA
Registration No : MH015983039
Patient Episode : H18000003906
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 15:00

Age : 39 Yr(s) Sex :Female
Lab No : 202503001244
Collection Date : 08 Mar 2025 15:00
Reporting Date : 09 Mar 2025 09:38

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	103.6	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

Page 8 of 8

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 11:59



LABORATORY REPORT

Name : MRS MBENU SHUKLA
Registration No : MH015983039
Patient Episode : H18000003906
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:17

Age : 39 Yr(s) Sex :Female
Lab No : 202503001242
Collection Date : 08 Mar 2025 10:17
Reporting Date : 08 Mar 2025 12:36

HAEMATOLOGY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDEANCE)	4.41	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.9	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.6	%	[36.0-46.0]
MCV (DERIVED)	87.5	fL	[83.0-101.0]
MCH (CALCULATED)	29.3	pg	[25.0-32.0]
MCHC (CALCULATED)	33.4	g/dl	[31.5-34.5]
RDW CV% (Calculated)	12.9	%	[11.6-14.0]
Platelet count	264	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	11.20	fL	
WBC COUNT(TC) (Flow Cytometry/ Manual)	5.84	x 10 ³ cells/	
cumm [4.00-10.00]			
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	59.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	45.0 #	mm/1sthour	[0.0-20.0]



LABORATORY REPORT

Name : MRS MEENU SHUKLA
Registration No : MH015983039
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Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:17

Age : 39 Yr(s) Sex :Female
Lab No : 202503001242
Collection Date : 08 Mar 2025 10:17
Reporting Date : 08 Mar 2025 15:35

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[0.0-5.6] As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 114 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	(4.6-8.0)
pH (indicators)	7.0	(1.003-1.035)
Specific Gravity (Dip stick-ion)	1.005	

CHEMICAL EXAMINATION

Protein/Albumin (Dip stick)	NEGATIVE	(NEGATIVE)
Glucose (GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies (Dip stick)	Negative	(NEGATIVE)
Urobilinogen (Dip stick)	Normal	(NORMAL)



LABORATORY REPORT

Name : MRS MEENU SHUKLA
Registration No : MH015983039
Patient Episode : H18000003906
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:27

Age : 39 Yr(s) Sex :Female
Lab No : 202503001242
Collection Date : 08 Mar 2025 11:27
Reporting Date : 08 Mar 2025 15:46

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	240 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase, esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	129	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	48	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	166.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	5.0		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.5		



LABORATORY REPORT

Name : MRS MBENU SHUKLA
 Registration No : MH015983039
 Patient Episode : H18000003906
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 10:17

Age : 39 Yr(s) Sex :Female
 Lab No : 202503001242
 Collection Date : 08 Mar 2025 10:17
 Reporting Date : 08 Mar 2025 12:32

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:
 Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum	22.1	mg/dl	[15.0-40.0]
UREA			
Method: GLDH, Kinatic assay	10.3	mg/dl	[8.0-20.0]
BUN, BLOOD UREA NITROGEN			
Method: Calculated	0.75	mg/dl	[0.70-1.20]
CREATININE, SERUM			
Method: Jaffe rate-IDMS Standardization	5.1	mg/dl	[4.0-8.5]
URIC ACID			
Method:uricase PAP			
SODIUM, SERUM	136.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.82	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	100.7	ml/min/1.73sq.m	[>60.0]

Technical Note
 eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



LABORATORY REPORT

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BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.57	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.05	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.52	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.24	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.80 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.13		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	26.42	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	29.10	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	130.2 #	IU/L	[32.0-91.0]
GGT	22.3	U/L	[7.0-50.0]

**LABORATORY REPORT**

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BIOCHEMISTRY**BIOLOGICAL REFERENCE INTERVAL****TEST****RESULT****UNIT**

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Charu Agarwal
 Consultant Pathologist

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