

Fwd: Health Check up Booking Request(bobE18711),Package Code(PKG1000238),Beneficiary Code(9251)

1 message

anurag sri <anurag.idc@gmail.com>
To: cdc faizabad1 <cdcfaizabad1@gmail.com>

26 October 2022 at 10:54

----- Forwarded message -----

From: **Mediwheel** <customercare@policywheel.com>
Date: Tue, Oct 25, 2022 at 4:03 AM
Subject: Health Check up Booking Request(bobE18711),Package Code(PKG1000238),Beneficiary Code(9251)
To: anurag.idc@gmail.com <anurag.idc@gmail.com>
Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,
City : Faizabad . Location : .Rekabganj,

We have received the following request for Health Check up from

Name : MR. KUMAR AJAY
Age : 32
Gender : Male
Member Relations : Employee
Package Name : Full Body Health Checkup Male Below 40
Package Code : PKG1000238
User Location : Uttar Pradesh,DHARAMGANJ,224225
Contact Details : 9415941792
Booking Date : 25-10-2022
Appointment Date : 06-11-2022

31-10-2022 3:41:12

| Member Information | | | |
|-------------------------|-----|--------|--------------|
| Booked Member Name | Age | Gender | Cost(In INR) |
| MR. KUMAR AJAY | 32 | Male | Cashless |
| Total amount to be paid | | | Cashless |

Please login to your account to confirm the same. Also you mail us for confirmation

Package Name : Full Body Health Checkup Male Below 40 - Includes (37)Tests

Tests included in this Package

Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|----------------------|
| NAME | MR. KUMAR AJAY |
| EC NO. | 77192 |
| DESIGNATION | HEAD CASHIER "E" _II |
| PLACE OF WORK | DHARAMGANJ |
| BIRTHDATE | 01-11-1988 |
| PROPOSED DATE OF HEALTH CHECKUP | 06-11-2022 |
| BOOKING REFERENCE NO. | 22D77192100029096E |

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 **04-11-2022** till **31-03-2023**. 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 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 Department
Bank of Baroda

अजय कुमार

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार

Government of India

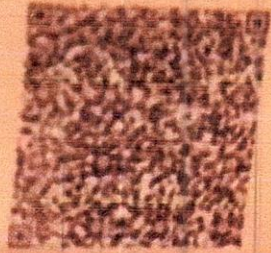


अजय कुमार यादव

Ajay Kumar Yadav

जन्म तिथि / DOB : 01/11/1988

पुरुष / Male



4899 7708 7536

आधार - आम आदमी का अधिकार

LIVE

www.uidai.gov.in



help@uidai.gov.in



1800 300 1947



LIVE

4899 7708 7536

अजय कुमार

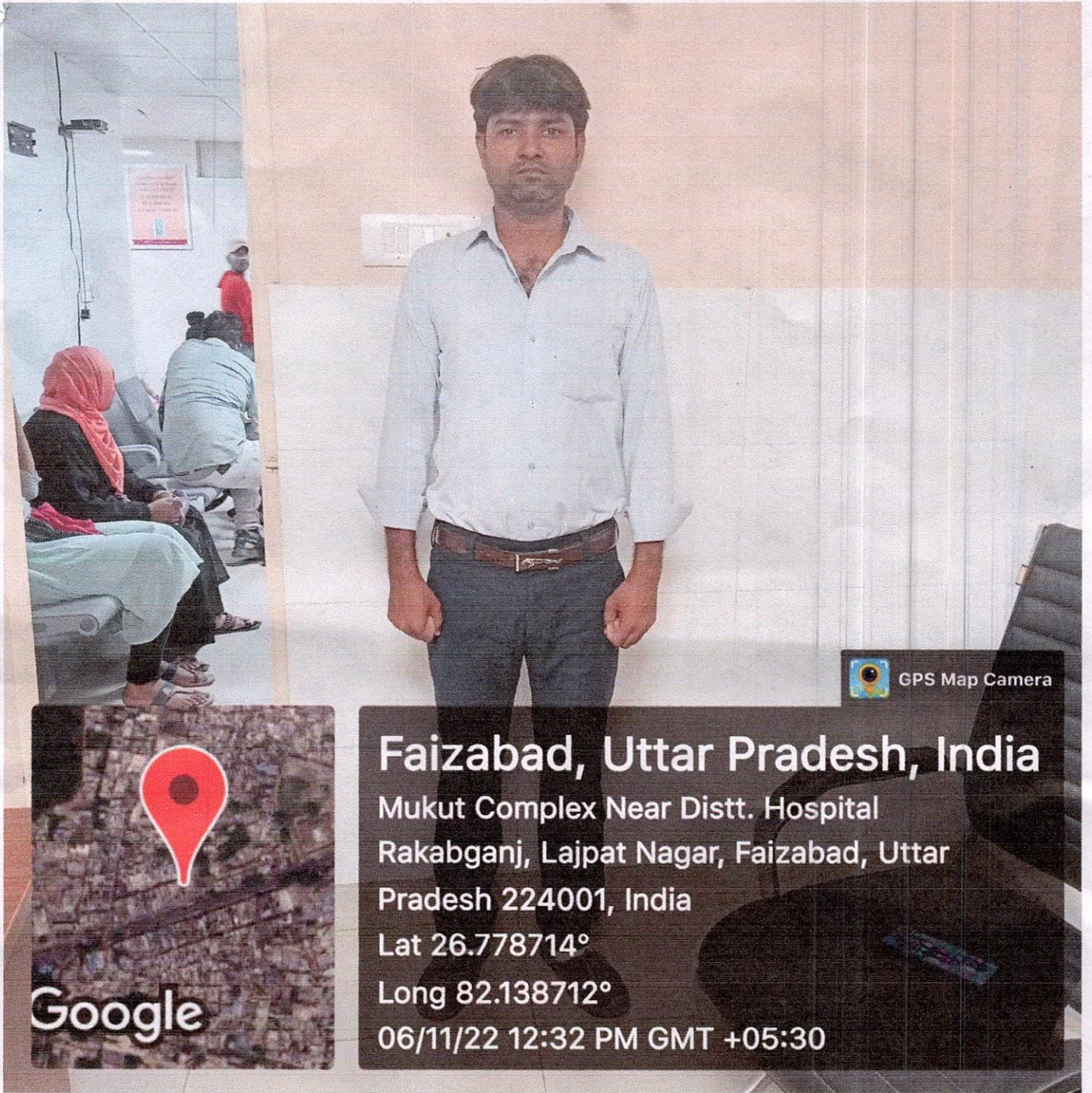
Address:
S/O: Jagannath Yadav, 69, gram-
songaon (badalpur), post-
meerpur shekhpur, Son Gaon,
Ambedkar Nagar, Songaon, Uttar
Pradesh, 224122

पता:
S/O: जगन्नाथ यादव, 69, ग्राम-
सोनागाँव (बदलपुर), पोस्ट-मीरपुर
शेखपुर, सोन गाँव, अम्बेडकर नगर,
सोनागाँव, उत्तर प्रदेश, 224122

Unique Identification Authority of India

भारतीय विशिष्ट पहचान प्राधिकरण





GPS Map Camera

Faizabad, Uttar Pradesh, India

Mukut Complex Near Distt. Hospital
Rakabganj, Lajpat Nagar, Faizabad, Uttar
Pradesh 224001, India

Lat 26.778714°

Long 82.138712°

06/11/22 12:32 PM GMT +05:30



31/12/22 9:12



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.AJAY KUMAR | Registered On | : 06/Nov/2022 11:25:23 |
| Age/Gender | : 34 Y 0 M 5 D /M | Collected | : 06/Nov/2022 12:09:08 |
| UHID/MR NO | : CHFD.0000219605 | Received | : 06/Nov/2022 12:15:09 |
| Visit ID | : CHFD0391412223 | Reported | : 06/Nov/2022 14:29:29 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | O |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) * , Whole Blood

| | | | | |
|-----------------------------------|----------|----------------|--|----------------------------------|
| Haemoglobin | 14.10 | 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) | 8,000.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 68.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 28.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 1.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 3.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 14.00 | Mm for 1st hr. | | |
| Corrected | 8.00 | Mm for 1st hr. | <9 | |
| PCV (HCT) | 45.40 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.85 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.80 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 41.70 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.22 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 12.20 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.49 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
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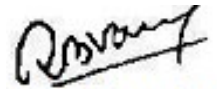
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|----------|--------|--------------------|----------------------|
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 96.40 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 31.40 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.20 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 14.60 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 54.20 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 5,440.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 240.00 | /cu mm | 40-440 | |




Dr. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400973,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.AJAY KUMAR | Registered On | : 06/Nov/2022 11:25:23 |
| Age/Gender | : 34 Y 0 M 5 D /M | Collected | : 06/Nov/2022 14:51:12 |
| UHID/MR NO | : CHFD.0000219605 | Received | : 06/Nov/2022 15:01:55 |
| Visit ID | : CHFD0391412223 | Reported | : 06/Nov/2022 16:30:33 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 78.96 | 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

| | | | |
|--------|-------|--|---------|
| 117.45 | 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



Dr. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.AJAY KUMAR | Registered On | : 06/Nov/2022 11:25:24 |
| Age/Gender | : 34 Y 0 M 5 D /M | Collected | : 06/Nov/2022 12:09:08 |
| UHID/MR NO | : CHFD.0000219605 | Received | : 07/Nov/2022 12:12:29 |
| Visit ID | : CHFD0391412223 | Reported | : 07/Nov/2022 13:55:04 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

| | | | | |
|----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.20 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 33.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 102 | 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 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH 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





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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


c. Alcohol toxicity d. Lead toxicity

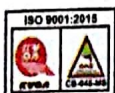
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.




Dr. Anupam Singh
M.B.B.S, M.D.(Pathology)





CHANDAN DIAGNOSTIC CENTRE

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|--------------|--|---------------|------------------------|
| Patient Name | : Mr.AJAY KUMAR | Registered On | : 06/Nov/2022 11:25:24 |
| Age/Gender | : 34 Y 0 M 5 D /M | Collected | : 06/Nov/2022 12:09:08 |
| UHID/MR NO | : CHFD.0000219605 | Received | : 06/Nov/2022 12:40:08 |
| Visit ID | : CHFD0391412223 | Reported | : 06/Nov/2022 13:20:47 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---------------|-------|---|--------------------|
| BUN (Blood Urea Nitrogen) <i>Sample:Serum</i> | 7.26 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine <i>Sample:Serum</i> | 0.88 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| Uric Acid <i>Sample:Serum</i> | 5.59 | mg/dl | 3.4-7.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 24.21 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 25.37 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 17.66 | IU/L | 11-50 | OPTIMIZED SZAIZING |
| Protein | 7.24 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.14 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 3.10 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.34 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 211.53 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.66 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.25 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.41 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 175.28 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 51.12 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 80 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| | 43.75 | mg/dl | 10-33 | CALCULATED |
| | 218.76 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GP |



Dr. R. B. Varshney
Dr. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235400973,
CIN : U85110DL2003PLC308206



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|--------------|--|---------------|------------------------|
| Patient Name | : Mr.AJAY KUMAR | Registered On | : 06/Nov/2022 11:25:23 |
| Age/Gender | : 34 Y 0 M 5 D /M | Collected | : 06/Nov/2022 15:15:58 |
| UHID/MR NO | : CHFD.0000219605 | Received | : 06/Nov/2022 16:40:52 |
| Visit ID | : CHFD0391412223 | Reported | : 06/Nov/2022 17:19:02 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | CLEAR | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| 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 | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

STOOL, ROUTINE EXAMINATION * , Stool

| | |
|---------------|----------------|
| Color | PALE YELLOW |
| Consistency | SEMI SOLID |
| Reaction (PH) | Acidic (6.0) |
| Mucus | ABSENT |
| Blood | ABSENT |
| Worm | ABSENT |
| Pus cells | ABSENT |
| RBCs | ABSENT |





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

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

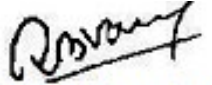
SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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




Dr. R. B. Varshney
M.D. Pathology





CHANDAN DIAGNOSTIC CENTRE

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| UHID/MR NO | : CHFD.0000219605 | Received | : 07/Nov/2022 11:57:10 |
| Visit ID | : CHFD0391412223 | Reported | : 07/Nov/2022 13:40:32 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

THYROID PROFILE - TOTAL **, Serum

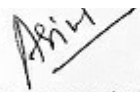
| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 117.69 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 8.52 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 0.83 | μIU/mL | 0.27 - 5.5 | CLIA |

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
M.B.B.S, M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.AJAY KUMAR | Registered On | : 06/Nov/2022 11:25:24 |
| Age/Gender | : 34 Y 0 M 5 D /M | Collected | : N/A |
| UHID/MR NO | : CHFD.0000219605 | Received | : N/A |
| Visit ID | : CHFD0391412223 | Reported | : 06/Nov/2022 12:56:03 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.



Mamanda Singh
MD Radiodiagnosis





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
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| | | | |
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| UHID/MR NO | : CHFD.0000219605 | Received | : N/A |
| Visit ID | : CHFD0391412223 | Reported | : 06/Nov/2022 12:07:51 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size 13.36cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is 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.

GREAT VESSELS

- Great vessels are normal.

KIDNEYS

- **Left kidney shows 11.5 mm calculus at mid pole.**
- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

- No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

- Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- The vesico - ureteric junctions are normal.

URINARY BLADDER

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

PROSTATE:-

- The prostate gland is normal in size.

FINAL IMPRESSION:-

- **LEFT RENAL CALCULUS.**

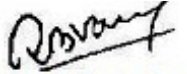
Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG/EKG




Dr. R. B. Varshney
Ultrasonologist

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

Page 12 of 12



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

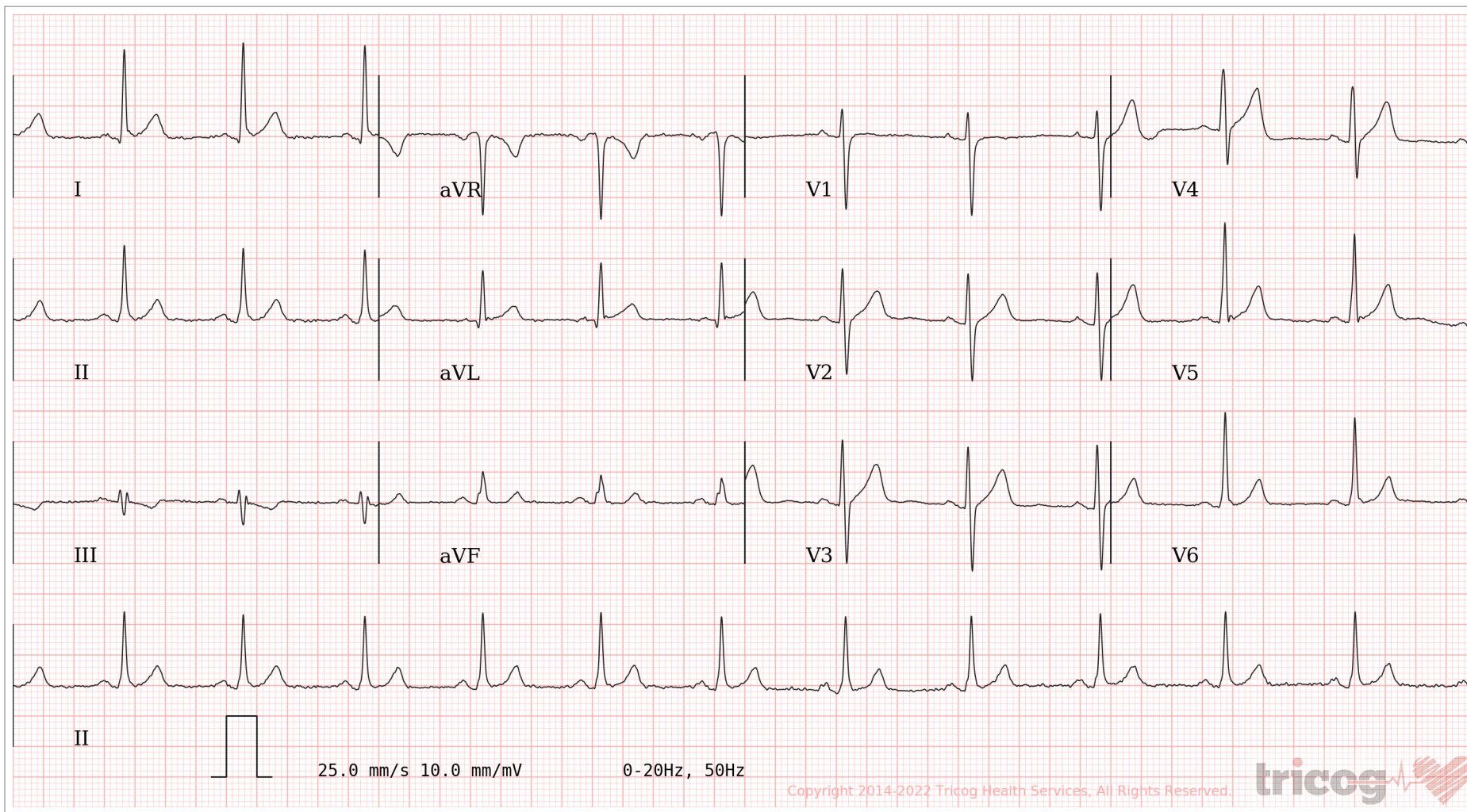
Home Sample Collection
1800-419-0002

Mar. 2018



Age / Gender: 34/Male
Patient ID: CHFD0391412223
Patient Name: Mr.AJAY KUMAR

Date and Time: 6th Nov 22 12:15 PM



AR: 74bpm VR: 74bpm QRSD: 84ms QT: 342ms QTc: 379ms PRI: 136ms P-R-T: 52° 24° 23°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Avinash K

76720