

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 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	MAMTA THAKUR
DATE OF BIRTH	07-12-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	18-02-2023
BOOKING REFERENCE NO.	22M182874100042260S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. THAKUR ASHOK KUMAR
EMPLOYEE EC NO.	182874
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	SARENI
EMPLOYEE BIRTHDATE	23-05-1978

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 15-02-2023 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'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 Department Bank of Baroda

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

K. C. BHARADWAJ M.B.B.S., D. CARD Reg. No. 32749 riagnostic Centre arachi Khana **GPS Map Camera** कानपुर, उत्तर प्रदेश, भारत 77, चाकेरी, कानपुर, उत्तर प्रदेश 208007, भारत Lat 26.395278° Long 80.413461° 18/02/23 07:51 AM GMT +05:30





#### स्चना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं ।
- पहुँचान का प्रमाण ऑनलाइन प्रमाणीकरण दवारा प्राप्त करें।

#### INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

आधार देश भर में मान्य है।

- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा ।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

एस एम क्यू ९४/४, एयर फोर्स स्टेशन, दादरी, दादरी, गौतमबुद्ध नगर, उत्तर प्रदेश, 203207

Address: SMQ 94/4, AIR FORCE STATION, Dadri, Dadri, Gautam Buddha Nagar, Uttar Pradesh.

4176 1291 6706





www





विशिष्ट पहचान प्राधिकरण

Government of India

नामांकन क्रम / Enrollment No.: 2022/01835/00067

ममता ठाक्र

MAMTA THAKUR

SMQ 94/4

AIR FORCE STATION

Dadri

Dadri

Dadri Gautam Buddha Nagar

Uttar Pradesh 203207

9555446549

MN114764275FT



आपका आधार क्रमांक / Your Aadhaar No. :

4176 1291 6706

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



ममता ठाकुर MAMTA THAKUR पिता : केदार शर्मा Father: KEDAR SHARMA

जन्म वर्ष / Year of Birth : 1984

महिला / Female

4176 1291 6706

Dr. K. C. BHARADWAI पार - आम आदमी का अधिकार M.B.B.S., D. CARD Reg. No. 32749

Ind:a Diagnostic Centre

24/22, Karachi Khana

Mall Road, Kanpur

user W/m & B. a. Gr. Not Regnered



Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur Ph: 9235432757,

CIN: U85110DL2003LC308206

Patient Name : Mrs.MAMTA THAKUR -182874 Age/Gender

UHID/MR NO Visit ID

: 39 Y 1 M 18 D /F : IKNP.0000023313

: IKNP0066602223 Ref Doctor : Dr.MediWheel Knp Registered On

: 18/Feb/2023 16:57:08

Collected Received

: 18/Feb/2023 17:06:15 : 19/Feb/2023 11:05:01

Reported

: 19/Feb/2023 13:51:59

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

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*\* , Whole Blood

Haemoglobin

11.40

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 Female- 12.0-15.5	
TLC (WBC)	5,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	67.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	28.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	. < 20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	64.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.14	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				

Mill./cu mm 3.7-5.0

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**ELECTRONIC IMPEDANCE** 



**RBC Count** 



4.16



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CIN: U85110DL2003LC308206

Patient Name : Mrs.MAMTA THAKUR -182874 Registered On : 18/Feb/2023 16:57:08 Age/Gender : 39 Y 1 M 18 D /F Collected : 18/Feb/2023 17:06:15 UHID/MR NO : IKNP.0000023313 Received : 19/Feb/2023 11:05:01 Visit ID : IKNP0066602223 Reported : 19/Feb/2023 13:51:59 Ref Doctor : Dr.MediWheel Knp Status

#### **DEPARTMENT OF HAEMATOLOGY**

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

: Final Report

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	88.80	fl	80-100	CALCULATED PARAMETER
MCH	27.30	pg	28-35	CALCULATED PARAMETER
MCHC	30.70	%	30-38	CALCULATED PARAMETER
RDW-CV	14.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,886.00	/cu mm	3000-7000	THE THE THE CONTROL
Absolute Eosinophils Count (AEC)	58.00	/cu mm	40-440	

Dr. Anupam Singh (MBBS MD Pathology)

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Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur Ph: 9235432757,

CIN: U85110DL2003LC308206

: Mrs.MAMTA THAKUR -182874 Patient Name Age/Gender : 39 Y 1 M 18 D /F

UHID/MR NO : IKNP.0000023313 Visit ID : IKNP0066602223

Ref Doctor : Dr.MediWheel Knp Registered On Collected

: 18/Feb/2023 16:57:08 : 18/Feb/2023 17:06:15

Received : 19/Feb/2023 10:05:54 Reported : 19/Feb/2023 11:54:56

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

100.40

mg/dl

< 100 Normal

GOD POD

100-125 Pre-diabetes

≥ 126 Diabetes

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP \*\*

Sample:Plasma After Meal

mg/dl

<140 Normal

GOD POD

140-199 Pre-diabetes >200 Diabetes

Result Rechecked

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , FDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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 mnagement.

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

Ph: 9235432757.

CIN: U85110DL2003LC308206

Patient Name : Mrs.MAMTA THAKUR -182874 Registered On : 18/Feb/2023 16:57:08 Age/Gender : 39 Y 1 M 18 D /F Collected : 18/Feb/2023 17:06:15 UHID/MR NO : IKNP.0000023313 Received : 19/Feb/2023 10:05:54 Visit ID : IKNP0066602223 Reported : 19/Feb/2023 11:54:56 Ref Doctor : Dr.MediWheel Knp : Final Report Status

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	11-11			
	Kesuit	Unit	Bio. Ref. Interval	Method	

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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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
- 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.

BUN (Blood Urea Nitrogen) ** Sample:Serum	12.30	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	1.06	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid **	2.80	mg/dl	2.5-6.0	URICASE

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<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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#### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ı	Unit Bio. Ref. I	nterval Method
Sample:Serum				
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	10.20	U/L	< 35	IFEE MITHOUT DED
SGPT / Alanine Aminotransferase (ALT)	12.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.80	IU/L	11-50	IFCC WITHOUT P5P
Protein	6.74	gm/dl	6.2-8.0	OPTIMIZED SZAZING
Albumin	4.41	gm/dl	3.8-5.4	BIRUET
Globulin	2.33	gm/dl	1.8-3.6	B.C.G.
A:G Ratio	1.89	giriyai	and the later had been a second	CALCULATED
Alkaline Phosphatase (Total)	58.00	U/L	1.1-2.0	CALCULATED
Bilirubin (Total)	0.38		42.0-165.0	IFCC METHOD
Bilirubin (Direct)	0.13	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Indirect)	0.15	mg/dl	< 0.30	JENDRASSIK & GROF
(1121)	0.25	mg/dl	< 0.8	JENDRASSIK & GROF
IPID PROFILE ( MINI ) ** , Serum				
Cholesterol (Total)	192.00	mg/dl	<200 Desirable	CHOD-PAP
			200-239 Borderline	High
HDL Cholesterol (Good Cholesterol)			> 240 High	
LDL Cholesterol (Bad Cholesterol)	63.60	mg/dl	30-70	DIRECT ENZYMATIC
EDE Cholesterol (Bad Cholesterol)	116	mg/dl	< 100 Optimal	CALCULATED
			100-129 Nr.	
			Optimal/Above Opt	
			130-159 Borderline	High
			160-189 High > 190 Very High	
VLDL	12.28	mg/dl	10-33	CALCILLATED
Triglycerides	61.40	mg/dl	< 150 Normal	CALCULATED
	01.40	mg/ui	150-199 Borderline	GPO-PAP
			200-499 High	ingii
			>500 Very High	
			10	

Skin

Dr. Anupam Singh (MBBS MD Pathology)

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Ref Doctor

Test Name

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur Ph: 9235432757,

CIN: U85110DL2003LC308206

Patient Name : Mrs.MAMTA THAKUR -182874

Age/Gender : 39 Y 1 M 18 D /F
UHID/MR NO : IKNP.0000023313
Visit ID : IKNP0066602223

: Dr.MediWheel Knp

Registered On

Collected

: 18/Feb/2023 16:57:08 : 18/Feb/2023 17:06:15

Received Reported

: 19/Feb/2023 10:42:12 : 19/Feb/2023 13:18:18

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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	Dir officia
			40-200 (++)	
			200-500 (+++)	
Sugar	ABSENT	0/	> 500 (++++)	
	ADSEIVI	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			D. O C. I. C. II. S. I. I.
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC
Day and the				EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
Cast	ADCENIT			EXAMINATION
Crystals	ABSENT			
- 73-613	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
TOOL, ROUTINE EXAMINATION **	s, Stool			
Color	YELLOWISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			









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

Ph: 9235432757,

CIN: U85110DL2003LC308206

Patient Name : Mrs.MAMTA THAKUR -182874 Registered On : 18/Feb/2023 16:57:08 Age/Gender : 39 Y 1 M 18 D /F Collected : 18/Feb/2023 17:06:15 UHID/MR NO : IKNP.0000023313 Received : 19/Feb/2023 10:42:12 Visit ID : IKNP0066602223 Reported : 19/Feb/2023 13:18:18 Ref Doctor : Dr.MediWheel Knp Status : Final Report

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

MEDIWHEE	L BANK OF BARODA	MALE & FEN	<b>IALE BELOW 40 YRS</b>		
Test Name	Result	Unit	Bio. Ref. Interval	Method	
Ova Cysts Others	ABSENT ABSENT 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. Anupam Singh (MBBS MD Pathology)

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Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur Ph: 9235432757.

CIN: U85110DL2003LC308206

: Dr.MediWheel Knp

Patient Name : Mrs.MAMTA THAKUR -182874 Registered On : 18/Feb/2023 16:57:08 Age/Gender : 39 Y 1 M 18 D /F Collected : 18/Feb/2023 17:06:15 UHID/MR NO : IKNP.0000023313 Received : 19/Feb/2023 10:06:44 Visit ID : IKNP0066602223 Reported : 19/Feb/2023 11:00:39 Ref Doctor

#### **DEPARTMENT OF IMMUNOLOGY**

Status

: Final Report

### 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) T4, Total (Thyroxine) TSH (Thyroid Stimulating Hormone)	125.28 8.24 1.94	ng/dl ug/dl μIU/mL	84.61-201.7 3.2-12.6 0.27 - 5.5	CLIA CLIA
Interpretation:				
		0.3-4.5 μIU/m		
		0.5-4.6 μIU/m		
		0.8-5.2 μIU/m		
		0.5-8.9 μIU/m		5-87 Years
		0.7-27 μIU/m		28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m		
		1-39 μIU/n 1.7-9.1 μIU/m		4 Days
		1.7-9.1 μIU/m	L 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
- 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
- 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)

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CIN: U85110DL2003LC308206

Patient Name

: Mrs.MAMTA THAKUR -182874

Age/Gender UHID/MR NO

Visit ID

: 39 Y 1 M 18 D /F : IKNP.0000023313

Ref Doctor

: IKNP0066602223 : Dr.MediWheel Knp Registered On

: 18/Feb/2023 16:57:09

Collected Received

: N/A : N/A

Reported

: 27/Feb/2023 10:23:04

Status

: Final Report

#### **DEPARTMENT OF X-RAY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

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, Sonomanimography, 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, Brainstein Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \* \*Facilities Available at Select Location

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