2

प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MR. MALI RAJ KAMAL
क.कूसंख्या	90563
पदनाम	HEAD CASHIER "E"_II
कार्य का स्थान	ALLAHABAD,RAJAPUR
जन्म की तारीख	19-10-1992
स्वास्थ्य जांच की प्रस्तावित तारीख	23-09-2023
बुकिंग संदर्भ सं.	23S90563100069772E

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 20-09-2023 से 31-03-2024 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 स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोक्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाँइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय.

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



## 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. MALI RAJ KAMAL
EC NO.	90563
DESIGNATION	HEAD CASHIER "E" II
PLACE OF WORK	ALLAHABAD,RAJAPUR
BIRTHDATE	19-10-1992
PROPOSED DATE OF HEALTH CHECKUP	23-09-2023
BOOKING REFERENCE NO.	23S90563100069772E

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 20-09-2023 till 31-03-2024 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

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



## अध्य सरकार

## Government of India

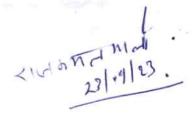


राजकमल माली Rajkamal Mali जनम तिथि / DOB : 19/10/1992



6341 4086 2956

आधार - आम आदमी का अधिकार





## भारतीय विशिष्ट पहुंचान प्राधिकरण Unique Identification Authority of India

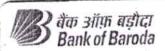
पताः S/O: कन्हाई लाल माली, मकाम संख्या - 523/207ए, कच्ची सङ्ज, दारागंज, इलाहाबाद ••, इलाहाबाद, दारागंज, उत्तर प्रदेश, 211006 Address: S/O: Kanhai Lal Mali, House Number - 523/207 A, Kachchi Sadak, Daraganj, Allahabad \*\*, Allahabad, Daraganj, Uttar Pradesh, 211006

6341 4086 2956



help @ uldai.gov.ir

www.uidei.gov.



नाम - राज कमल माली Name - RAJ KAMAL MALI

कर्मदारी कूट क - 90563 E.C. No. - 90563

आरीकर्सा प्राधिकारी अस्त्राम्ह्या Issuing Authority



शासक के हस्ताक्षर Signature of Holder

2 lumo 23/00/23.

मिलने पर, निम्निलिखित को लौटाएँ सहायक महाप्रवच्यक (सुरक्षा) र्वक ऑफ वडौदा, कार्पोरेट सेन्टर सी-26, जी-लॉक, बान्द्रा कुली कॉम्प्सीचस, मुंबई 400 051, भारत । फोन 01 27 5698 5196 फेक्स 91 22 2652 5747

If found is able of ico to
Assit, the learn 1. Inager (Security)
Bank of Sercua, Baroda Corporate Centre
C-26, G-Block, Bandra Complex, Mumbai 400 051, India.
Phone 191 22 5698 5196, F 91 22 2652 5747

रक्षत समूह : Bibaid Group A+ve । पहचान चिन्ह / Teenufication Marks Black mole on right side of Nose

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On : 23/Sep/2023 09:08:38

 Age/Gender
 : 30 Y 11 M 4 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000126525
 Received
 : N/A

Visit ID : ALDP0193032324 Reported : 24/Sep/2023 11:37:59

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

## DEPARTMENT OF CARDIOLOGY-ECG

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

## ECG/ EKG\*

**1. Machnism, Rhythm** Sinus, Regular

2. Atrial Rate 69 /mt

3. Ventricular Rate 69 /mt

4. P - Wave Normal

**5. P R Interval** Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

## **FINAL IMPRESSION**

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically

Dr. R K VERMA MBBS, PGDGM

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name Registered On : 23/Sep/2023 09:08:36 : Mr.RAJ KAMAL MALI - 90563 Age/Gender Collected : 30 Y 11 M 4 D /M : 23/Sep/2023 09:40:36 UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 11:26:07 Visit ID : ALDP0193032324 Reported : 23/Sep/2023 17:01:18

: Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor : Final Report Status

CARE LTD -

## DEPARTM ENT OF HABMATOLOGY

## M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, BI	ood			
Blood Group	Α			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC) <u>DLC</u> Polymorphs (Neutrophils )	6,400.00 60.00	g/dl /Cu mm %	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 4000-10000	
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	8.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	40.00	%	40-54	
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	51.00	%	35-60	ELECTRONIC IMPEDANCE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

: 23/Sep/2023 09:08:36 Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On Age/Gender Collected : 30 Y 11 M 4 D /M : 23/Sep/2023 09:40:36 UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 11:26:07 Visit ID : ALDP0193032324 Reported : 23/Sep/2023 17:01:18

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

## DEPARTMENT OF HABMATOLOGY

## M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.53	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.70	fl	80-100	CALCULATED PARAMETER
MCH	29.10	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	14.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,840.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	64.00	/cu mm	40-440	

Dr.Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On : 23/Sep/2023 09:08:38 Age/Gender Collected : 23/Sep/2023 09:40:36 : 30 Y 11 M 4 D /M UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 11:26:07 Visit ID Reported : 23/Sep/2023 13:43:08 : ALDP0193032324

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

#### 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 88.00 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 \* 127.10 mg/dl <140 Normal GOD POD

Sample:Plasma After Meal 140-199 Pre-diabetes

>200 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.

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

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	112	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.

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On : 23/Sep/2023 09:08:38 Age/Gender : 30 Y 11 M 4 D /M Collected : 23/Sep/2023 09:40:36 UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 11:26:07 Visit ID : 23/Sep/2023 13:43:08 : ALDP0193032324 Reported : Dr. MEDIWHEEL-ARCOFEMI HEALTH

Ref Doctor Status : Final Report CARE LTD -

#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name Result 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)	<b>Degree of Glucose Control Unit</b>
> 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 VARIANT II TURBO HPLC Analyser.

#### **Clinical Implications:**

<sup>\*</sup>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	7.89	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.90	mg/dl	0.5-1.30 Spot Urine-Ma Female-20-320	
Uric Acid * Sample:Serum	5.14	mg/dl	3.4-7.0	URICASE

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

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

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

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

: 23/Sep/2023 09:08:38 Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On Age/Gender Collected : 30 Y 11 M 4 D /M : 23/Sep/2023 09:40:36 UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 11:26:07 Visit ID : ALDP0193032324 Reported : 23/Sep/2023 13:43:08

: Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor Status : Final Report

CARE LTD -

## DEPARTMENT OF BIOCHEMISTRY

## M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	Init Bio. Ref. Interv	/al Method
LFT (WITH GAMMA GT) *, Serum				
SGOT / Aspartate Aminotransferase (AST)	109.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	313.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	71.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.60		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	93.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
Result Rechecked				
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	260.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	70.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	168	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	22.36	mg/dl	10-33	CALCULATED
Triglycerides	111.80	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP h

Dr. Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : 23/Sep/2023 09:08:37 : Mr.RAJ KAMAL MALI - 90563 Registered On Collected Age/Gender : 30 Y 11 M 4 D /M : 23/Sep/2023 17:02:11 UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 17:33:06 Visit ID : ALDP0193032324 Reported : 23/Sep/2023 18:15:21

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

## DEPARTMENT OF CLINICAL PATHOLOGY

## M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE*, Urine				
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT			
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

## SUGAR, FASTING STAGE\*, Urine

Sugar, Fasting stage ABSENT gms%

## **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : 23/Sep/2023 09:08:37 : Mr.RAJ KAMAL MALI - 90563 Registered On : 30 Y 11 M 4 D /M Age/Gender Collected : 23/Sep/2023 17:02:11 UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 17:33:06 Visit ID : ALDP0193032324 Reported : 23/Sep/2023 18:15:21

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name Result Unit Bio. Ref. Interval Method

(++++) > 2

SUGAR, PP STAGE\*, Urine

Sugar, PP Stage ABSENT

**Interpretation:** 

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On : 23/Sep/2023 09:08:37 Age/Gender Collected : 23/Sep/2023 09:40:36 : 30 Y 11 M 4 D /M UHID/MR NO : ALDP.0000126525 Received : 23/Sep/2023 11:26:07 Visit ID Reported : 23/Sep/2023 15:30:35 : ALDP0193032324 : Dr. MEDIWHEEL-ARCOFEMI HEALTH

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH 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)	180.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.500	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/m	L First Trimester	
		0.5-4.6 µIU/m	L Second Trimester	
		0.8-5.2 µIU/m	L Third Trimester	
		0.5-8.9 $\mu IU/m$	L Adults 55-8	7 Years
		0.7-27 $\mu IU/m$	L Premature 28	-36 Week
		2.3-13.2 $\mu IU/m$	L Cord Blood >	37Week
		0.7-64 $\mu$ IU/m	`	,
		1-39 μIU/1	mL Child 0-4	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 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. Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On : 23/Sep/2023 09:08:38

 Age/Gender
 : 30 Y 11 M 4 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000126525
 Received
 : N/A

Visit ID : ALDP0193032324 Reported : 23/Sep/2023 14:26:04

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH 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

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS,DMRE)

Crodelh

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KAMAL MALI - 90563 Registered On : 23/Sep/2023 09:08:39

 Age/Gender
 : 30 Y 11 M 4 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000126525
 Received
 : N/A

Visit ID : ALDP0193032324 Reported : 23/Sep/2023 12:01:33

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

#### DEPARTMENT OF ULTRASOUND

## M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

## ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

LIVER: - Normal in size (13.6 cm), shape and shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER**: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD**:- Normal in calibre at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN**: - Normal in size, shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (9.9cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (10.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE:** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION**: Grade I fatty liver.

Please correlate clinically

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

Result/s to Follow:

Τ<u>ΟΟΙ... RΩΙ ITINE</u> EXAMINATION

DR K N SINGH (MBBS,DMRE)

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 \*

\*\*Facilities Available at Select Location\*\*