

भारत सरकार

Coverement of Inglass



अभिषेक कुमार विष्पत Abhishek Kumar Pipple जल्म विभि / DOB 14/02/1986 9™ / Male



आपार पहचान का प्रमान है, नागरिकता या छन्मत्रिकि का नहा । इसका 'डब्बीन स्टब्स्क (औननाहुन एमहाकरफ, य नेपूक्त कार्ड अपिनाहुन एमसापाएक को स्वाचित्र) के साथ किया जाना आहिए । Aadhaar is proof of identity, par of cinemistup or date of linth, it should be used with vermosters parline unibertication or a baning of tail cone / onto a stail.

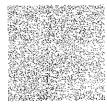
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भारतीय विशिष्ट पहचान प्राणिक्सम Thuspedication sufficiency of India

पता: S/O: रंजित सिंह, 1034, सेक 3, वस्ट्रा हुँ गाजियाबाद, गाजियाबाद, उत्तर प्रदेश, 201002 Address: S/O: Ranjit Singh, 1034 पता: S/O: रंजित सिंह, 1034, सेक 3, वस्तुवा. 5 PO:Kayı Nagar, DIST, Chainaned, Uttar Pradesh, 201002





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🚵 www.uidai.gov.in



भारत सरकार GOVERNMENT OF MUIA



नेहा कदम NEHA KADAM

जन्म तिथि / DOB: 24/01/1991

महिला / FEMALE

Mobile No.: 9536055020



8213 9085 3635

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण CHOTE TO STATE OF AUTHORITY OF INDIA

Aduress: 1 W/O Abhishek Kumar Pipple, 1034 8 Sector-3 Chetak Block, Vasundhra, Ghaziabad, Ultar Pradesh - 201012

8213 9085 3635





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 की पत्नी/पित 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 केविवरण
नाम	NEHA KADAM
जन्म की तारीख	24-01-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य	09-03-2024
जांच की प्रस्तावित तारीख	
बुकिंग संदर्भ सं.	23M117033100094950S
	पत्नी/पति केविवरण
कर्मचारी का नाम	MR. PIPPLE ABHISHEK KUMAR
कर्मचारी की क.कू संख्या	117033
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	GHAZIABAD,SURYANAGAR
कर्मचारी के जन्म की तारीख	14-02-1986

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रित के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 29-02-2024 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 पत्नी/पित 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) 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।)



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	NEHA KADAM
DATE OF BIRTH	24-01-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M117033100094950S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. PIPPLE ABHISHEK KUMAR
EMPLOYEE EC NO.	117033
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	GHAZIABAD,SURYANAGAR
EMPLOYEE BIRTHDATE	14-02-1986

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 29-02-2024 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'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))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	
CBC	FOR FEMALE
ESR	CBC
Blood Group & RH Factor	ESR
Blood and Urine Sugar Fasting	Blood Group & RH Factor
Blood and Urine Sugar Pasting Blood and Urine Sugar PP	Blood and Urine Sugar Fasting
Stool Routine	Blood and Urine Sugar PP
Lipid Profile	Stool Routine
Total Cholesterol	Lipid Profile
HDL	Total Cholesterol
LDL	HDL
VLDL	LDL LDL
	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	
PSA Male (above 40 years)	Thyroid Profile (T3, T4, TSH)
\	Mammography (above 40 years)
Thyroid Profile (T3, T4, TSH)	and Pap Smear (above 30 years).
Dental Check-up consultation	Dental Check-up consultation
Physician Consultation	Physician Consultation
Eye Check-up consultation	Eye Check-up consultation
Skin/ENT consultation	Skin/ENT consultation
Dima Little Computation	Gynaec Consultation



भारत सरकार

Government of India.



अधिषेक फुमार গিংখন Abhishek Kumar Pipple ভালন বিধি / DOB : 14/02/1986 ধুমুখ / Male



आधार पहलान का प्रभाव है, नामरिक्ता या जन्मतिथि का नहीं। कावम उपयोग सरकारत (अतिकाहत प्रभावातरक, व नवृक्षत अहरू अधिकाहत व्यक्तानमुद्ध की गतिकाहत प्रभावातरक, व नवृक्षत आहेत्

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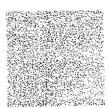
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भारतीय विशिष्ट पहुंचान प्राधिनस्य विकास स्टेक्स्साम्बर्गालक स्थापिकतापु तो fridia

वता: S/O: रंजित सिंह, 1034, सेक 3, यस्त्रता, आजियाबाद, आजियाबाद, उत्तर अदेश, 201002 Address: S/O: Ranjit Singh, 1034, sec 3 chetak block, vashundra, Ghaziabad 8 PO:Kavi Nagar, DIST.Ghaziabad, Ulfar Pradesh, 201002





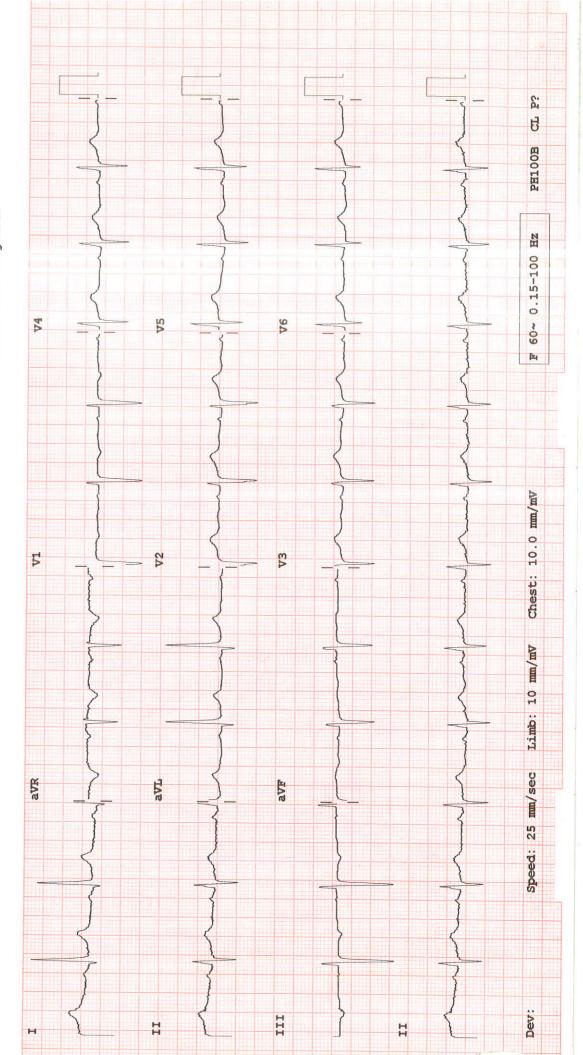
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- BORDERLINE ECG -

Unconfirmed Diagnosis



manipalhospitals







Patient Name MRS NEHA KADAM

Location

: Ghaziabad

Age/Sex

: 33Year(s)/Female

Visit No

: V0000000001-GHZB

MRN No

Order Date

: 09/03/2024

MH010871526

Ref. Doctor : DR BHUPENDRA SINGH

Report Date

: 09/03/2024

Protocol

: Bruce

MPHR

: 187BPM

Duration of exercise

: 10min 28sec

85% of MPHR

: 161BPM

Reason for termination

: THR achieved

Peak HR Achieved : 175BPM % Target HR

: 93%

Blood Pressure (mmHg) : Baseline BP : 120/70mmHg

Peak BP

: 150/70mmHg

METS

: 9.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	97	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	126	130/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	154	130/74	Nil	No ST changes seen	Nil
STAGE 3	3:00	119	140/80	Nil	No ST changes seen	Nil
STAGE 4	1:28	102	150/80	Nil	No ST changes seen	. Nil
RECOVERY	5:00	100	130/68	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P: 0120-3535353

Page 1 of 2

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 0300 E info@manihospitals.com www.manipalhospitals.com





Name

MRS NEHA KADAM

Age

33 Yr(s) Sex :Female

Registration No

: MH010871526

Lab No

202403001052

Patient Episode

: H18000001882

Collection Date:

09 Mar 2024 09:35

Referred By

HEALTH CHECK MGD

Reporting Date :

09 Mar 2024 13:40

Receiving Date

: 09 Mar 2024 09:35

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA)	1.000	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.820	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.890	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.

Page 1 of 2





Name

MRS NEHA KADAM

Age

33 Yr(s) Sex :Female

Registration No

: MH010871526

Lab No

202403001052

Patient Episode

H18000001882

Collection Date:

09 Mar 2024 09:35

Referred By

HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 14:18

Receiving Date

: 09 Mar 2024 09:35

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

A Rh(D) Positive

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats Consultant Pathologist







12

Name : MRS NEHA KADAM

Registration No : MH010871526

Patient Episode : H18000001882

Referred By

: HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 09:35

Age

33 Yr(s) Sex :Female

Lab No

202403001052

Collection Date:

09 Mar 2024 09:35

Reporting Date:

09 Mar 2024 12:19

HAEMATOLOGY

TEST	RESULT	UNIT BIOLOGIC	AL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMA	TED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.07	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.9 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colo	rimetry		
HEMATOCRIT (CALCULATED)	37.8	8	[36.0-46.0]
MCV (DERIVED)	92.9	fL	[83.0-101.0]
MCH (CALCULATED)	29.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.4	8	[11.6-14.0]
Platelet count	154	\times 10 3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.6		
WBC COUNT (TC) (IMPEDENCE)	7.22	\times 10 3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	96	[40.0-80.0]
Lymphocytes	19.0 #	8	[20.0-40.0]
Monocytes	5.0	8	[2.0-10.0]
Eosinophils	10.0 #	8	[1.0-6.0]
Basophils	0.0	90	[0.0-2.0]
ESR	40.0 #	mm/1sthour	-0.0]

Page1 of 8







Name

: MRS NEHA KADAM

Registration No

: MH010871526

Patient Episode

: H18000001882

Referred By **Receiving Date** : HEALTH CHECK MGD

: 09 Mar 2024 09:35

33 Yr(s) Sex :Female

Lab No

Age

202403001052

Collection Date:

09 Mar 2024 09:35

Reporting Date:

09 Mar 2024 16:42

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.3

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

105

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

PALE YELLOW Colour Appearance TURBID Reaction[pH] 6.0

Specific Gravity 1.015 (Pale Yellow - Yellow)

(4.6 - 8.0)(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

++

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

Normal

(NORMAL)







Name : MRS NEHA KADAM

Registration No : MH010871526

Patient Episode : H18000001882

Referred By : HEALTH CHECK MGD

Receiving Date : 09 Mar 2024 10:25

Age : 33

33 Yr(s) Sex :Female

Lab No : 202403001052

09 Mar 2024 10:25

Collection Date : Reporting Date :

09 Mar 2024 12:57

CLINICAL PATHOLOGY

MICROSCOPIC	EXAMINATION	(Automated)	(Manual)	
The second secon				

Pus Cells	8-10 /hpf	(0-5/hpf)
RBC	45-50 /hpf	(0-2/hpf)
Epithelial Cells	15-20 /hpf	22 NO 1 - 8
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	215 #	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	56	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	45	mg/dl	[35-65]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	11	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	159.0 #	mg/dl	[<120.0]
			Near/
Above optimal-100-129	er <u> </u>		
			Borderline High: 130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.8		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	3.5		<3 Optimal
			3-4 Borderline
			>6 High Risk

Page 3 of 8







LABORATORY REPORT

Name

: MRS NEHA KADAM

Age

33 Yr(s) Sex: Female

Registration No

: MH010871526

Lab No

202403001052

Patient Episode

: H18000001882

Collection Date:

09 Mar 2024 09:35

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 11:24

Receiving Date

: 09 Mar 2024 09:35

BIOCHEMISTRY

TEST

RESULT

BIOLOGICAL REFERENCE INTERVAL

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

UREA	25.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.66 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.1	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	134.90 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.86	mmol/L	[3.60-5.10]
POTASSIUM, SERUM SERUM CHLORIDE	4.86 100.9 #	mmol/L	[3.60-5.10] [101.0-111.0]
### ################################		COLUMN TO THE CO	
SERUM CHLORIDE		COLUMN TO THE CO	
SERUM CHLORIDE		COLUMN TO THE CO	

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.

Page 4 of 8









Name

: MRS NEHA KADAM

Registration No

: MH010871526

Patient Episode

: H18000001882

Referred By

: HEALTH CHECK MGD

Receiving Date

: 09 Mar 2024 09:35

Age

33 Yr(s) Sex: Female

Lab No

202403001052

Collection Date:

09 Mar 2024 09:35

Reporting Date:

09 Mar 2024 11:24

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.53	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.42	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.55	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	1.21		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	23.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	13.70 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	130.0 #	IU/L	[32.0-91.0]
GGT	14.0	U/	L [7.0-50.0]

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Name

: MRS NEHA KADAM

Registration No

: MH010871526

Patient Episode

: H18000001882

Referred By

: HEALTH CHECK MGD

Receiving Date : 09 Mar 2024 09:35

Age

33 Yr(s) Sex :Female

Lab No

202403001052

Collection Date:

09 Mar 2024 09:35

Reporting Date:

09 Mar 2024 11:24

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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.

Page 6 of 8

----END OF REPORT----

Dr. Alka Dixit Vats Consultant Pathologist







Name

: MRS NEHA KADAM

Age

33 Yr(s) Sex :Female

Registration No

: MH010871526

Lab No

202403001053

Patient Episode

: H18000001882

Collection Date:

09 Mar 2024 09:35

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Mar 2024 11:29

Receiving Date

: 09 Mar 2024 09:35

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

104.0

mg/dl

[70.0 - 110.0]

Method: Hexokinase

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats Consultant Pathologist







Name

: MRS NEHA KADAM

Age

33 Yr(s) Sex :Female

Registration No

: MH010871526

Lab No

202403001054

Patient Episode

: H18000001882

Collection Date:

09 Mar 2024 15:08

Referred By

: HEALTH CHECK MGD

Reporting Date:

10 Mar 2024 12:48

Receiving Date

: 09 Mar 2024 15:08

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

77.0 #

mg/dl

[80.0-140.0]

Method: Hexokinase

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

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

Dr. Charu Agarwal Consultant Pathologist





	MRS Neha KADAM	STUDY DATE	09/03/2024 9:58AM
NAME		HOSPITAL NO.	MH010871526
AGE / SEX	33 y / F R7021653	MODALITY	CR
ACCESSION NO.		REFERRED BY	HEALTH CHECK MGD
REPORTED ON	09/03/2024 4:45PM	IXLI LIXIXLO L.	

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 seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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





NAME	MRS Neha KADAM	STUDY DATE	09/03/2024 9:59AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010871526
ACCESSION NO.	R7021654	MODALITY	US
REPORTED ON	09/03/2024 2:42PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 146 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 90 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Partially distended with normal walls (~ 2.7 mm). Its lumen demonstrates multiple calculi

within with the largest one measuring ~ 12.7 mm. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 109 x 40 mm. Left Kidney: measures 101 x 51 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is partially distended. Wall thickness is normal and lumen is echofree. Rest

normal.

UTERUS: Uterus is anteverted, normal in size (measures 64 x 43 x 38 mm), shape and shows coarse myometrial echotexture.

Endometrial thickness measures 4 mm. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 29 x 23 x 17 mm with volume 6.3 cc), shape and echotexture. Rest normal.

Left ovary is obscured by bowel gas.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Cholelithiasis.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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