

Name of Company:	Medi wheel KNP
Name of Executive:	Adil Ismail
Date of Birth:	01/07/1991
Sex:	Male
Height:	174 cm.
Weight:	66 kg
Chest (Expiration / Inspiration)	90 / 92 cm.
Abdomen:	85 cm.
Blood Pressure:	109 / 69
Pulse:	75 / min
Any Allergies:	NO
Any Medications:	NO
Any Surgical History:	NO
Habits of alcoholism/smoking/tobacco:	NO
History of Seizures:	NO
Vertigo Test :	Normal
Muscular Skeleton/Deformity:	NO
Chief Complaints if any:	NO
Lab Investigation Reports:	Report attached
Eye Check up vision & Color vision :	Normal
REMARKS: FIT / UNFIT	F-Pt

NOTE:- Candidate using Power Class last 1 year ago.
Class number left-1.5, Right-1.75.



भारत सरकार



Download Date: 23/12/2020



आदिल इस्माइल
ADIL ISMAIL

जन्म तिथि / DOB : 01/07/1991

पुरुष / MALE

7747 7258 5830

मेरा आधार, मेरी पहचान

Issue Date: 31/07/2018

*Handan Diagnostic Centre
24/22, Karachi Khans
Mall Road, Kadur*

Handan



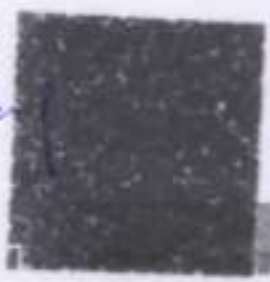
भारतीय विश्वविद्यालय
Dr. K.O. BHARADWAJ
M.S.B.S.D CARD प्राधिकरण
Reg. No. 32219
Authority of India



पता:

S/O मोहम्मद इस्माइल, 14/318, नज़दीक फॉरेस्ट
ऑफिस, सिविल लाइन्स, बांदा, बांदा,
उत्तर प्रदेश उत्तर प्रदेश - 210001

Khandan



Address

S/O Mohamraad Ismail 14/318 Near
Forest Office civilines Banda Banda
Banda Uttar Pradesh - 210001

7747 7258 5830



1947
1947



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www.uidai.gov.in
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K. Bharadwaj

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Shandon Diagnostic Centre
24/22, Karachi Khan
Mall Road, 8 hour

Shot on OnePlus
Powered by Triple Camera

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. ISMAIL ADIL
EC NO.	125994
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	TINDWARI
BIRTHDATE	01-07-1991
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M125994100093442E

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 **23-02-2024** 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 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

Jhanda Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur

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

[Handwritten Signature]

DR. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749



CHANDAN DIAGNOSTIC CENTRE

Addr: 24/22, Vrindawan Bhuwan, Karachi Khana, Kampur
Ph: 9235432757,
CEN : U85110DL2003LC308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:52
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:44
UHID/MR NO	: IKNP.0000032069	Received	: 24/Feb/2024 12:01:15
Visit ID	: IKNP00B3932324	Reported	: 24/Feb/2024 17:43:12
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	16.30	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)	6,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	29.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	<9	
PCV (HCT)	49.00	%	40-54	
Platelet count				
Platelet Count	2.29	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.20	%	35-60	ELECTRONIC IMPEDANCE



Patient Name	: Mr.ADJL ISMAIL	Registered On	: 24/Feb/2024 11:19:52
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:44
UHD/MR NO	: IKNP.0000032069	Received	: 24/Feb/2024 12:01:15
Visit ID	: IKNP0083932324	Reported	: 24/Feb/2024 17:43:12
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.10	fl	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.56	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.40	fl	80-100	CALCULATED PARAMETER
MCH	29.30	pg	28-35	CALCULATED PARAMETER
MCHC	33.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	38.90	fl	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,900.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	130.00	/cu mm	40-440	



Dr. Seema Nagar (MD Path)



CHANDAN DIAGNOSTIC CENTRE

Addr: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : UR5110DL2003LC308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:53
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:43
UHID/MR NO	: IKNP.0000032069	Received	: 24/Feb/2024 12:01:15
Visit ID	: IKNP0083932324	Reported	: 24/Feb/2024 15:15:07
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	88.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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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. Seema Nagar(MD Path)





CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kasmir
Ph: 9235432757,
CIN : U85110DL2003L.C308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:54
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 19:14:00
UHID/MR NO	: IKNP.0000032069	Received	: 25/Feb/2024 17:45:09
Visit ID	: IKNP0083932324	Reported	: 25/Feb/2024 17:55:13
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose PP <i>Sample: Plasma After Meal</i>	71.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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

Dr. Seema Nagar(MD Path)



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:55
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:44
UHID/MR NO	: IKNP.0000032069	Received	: 25/Feb/2024 12:27:00
Visit ID	: IKNP0083932324	Reported	: 25/Feb/2024 13:51:14
Ref Doctor	: Dr.MediWheel Knp -	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)	5.00	% 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 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 I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO 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: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CDN : U85110DL2003LC308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:55
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:44
UHID/MR NO	: IKNP.0000032069	Received	: 25/Feb/2024 12:27:00
Visit ID	: IKNP0083932324	Reported	: 25/Feb/2024 13:51:14
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

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.

Asim

Dr. Anupam Singh (MBBS MD Pathology)

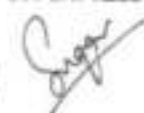


Patient Name	: Mr.ADJIL ISMAIL	Registered On	: 24/Feb/2024 11:19:56
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:43
UHID/MR NO	: IKNP.0000032069	Received	: 24/Feb/2024 12:01:15
Visit ID	: IKNP0083932324	Reported	: 24/Feb/2024 15:14:59
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

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>	11.80	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.96	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	4.98	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	17.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	DE	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.31	gm/dl	6.2-8.0	BIURET
Albumin	4.63	gm/dl	3.4-5.4	B.C.G.
Globulin	2.68	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.73		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	121.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	2.29	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	1.57	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.72	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	175.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	65.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	70	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	39.02	mg/dl	10-33	
Triglycerides	195.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	



Dr. Seema Nagar(MD Path)



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CTN : US5110DL2003LC308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:53
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:44
UHID/MR NO	: IKNP,0000032069	Received	: 24/Feb/2024 12:01:15
Visit ID	: IKNP0083932324	Reported	: 24/Feb/2024 17:59:27
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
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			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
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			

Dr. Seema Nagar(MD Path)



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:53
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 20:02:38
UHID/MR NO	: IKNP.0000032069	Received	: 25/Feb/2024 11:37:12
Visit ID	: IKNP0083932324	Reported	: 25/Feb/2024 19:08:52
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

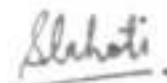
DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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STOOL, ROUTINE EXAMINATION **, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



Dr. Surbhi Lahoti (M.D. Pathology)



CHANDAN DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CTN : U85110DL2003LC308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:54
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:44
UHID/MR NO	: IKNP.0000032069	Received	: 24/Feb/2024 12:01:15
Visit ID	: IKNP0083932324	Reported	: 24/Feb/2024 17:59:27
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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

Dr. Seema Nagar(MD Path)



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:54
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 26/Feb/2024 11:02:52
UHID/MR NO	: IKNP.0000032069	Received	: 26/Feb/2024 11:03:01
Visit ID	: IKNP0083932324	Reported	: 26/Feb/2024 11:17:50
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage **ABSENT**

Interpretation:

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



Dr. Seema Nagar(MD Path)

Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:55
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 24/Feb/2024 12:00:43
UHID/MR NO	: IKNP_0000032069	Received	: 25/Feb/2024 11:26:18
Visit ID	: IKNP0083932324	Reported	: 25/Feb/2024 13:33:12
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	112.25	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.480	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 indocisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

ASIM

Dr. Anupam Singh (MBBS MD Pathology)



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CTN : U85110DL2003LC308206



Patient Name	: Mr.ADIL ISMAIL	Registered On	: 24/Feb/2024 11:19:58
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000032069	Received	: N/A
Visit ID	: IKNP0083932324	Reported	: 24/Feb/2024 16:37:38
Ref Doctor	: Dr.MediWheel Knp -	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 medical legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Beside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside/stand), Allergy Testing, Test And Health Check-ups, Ultrasonography, Somatosensory, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnosis, Online Report Viewing *

365 Days Open

*Facilities Available at Select Location

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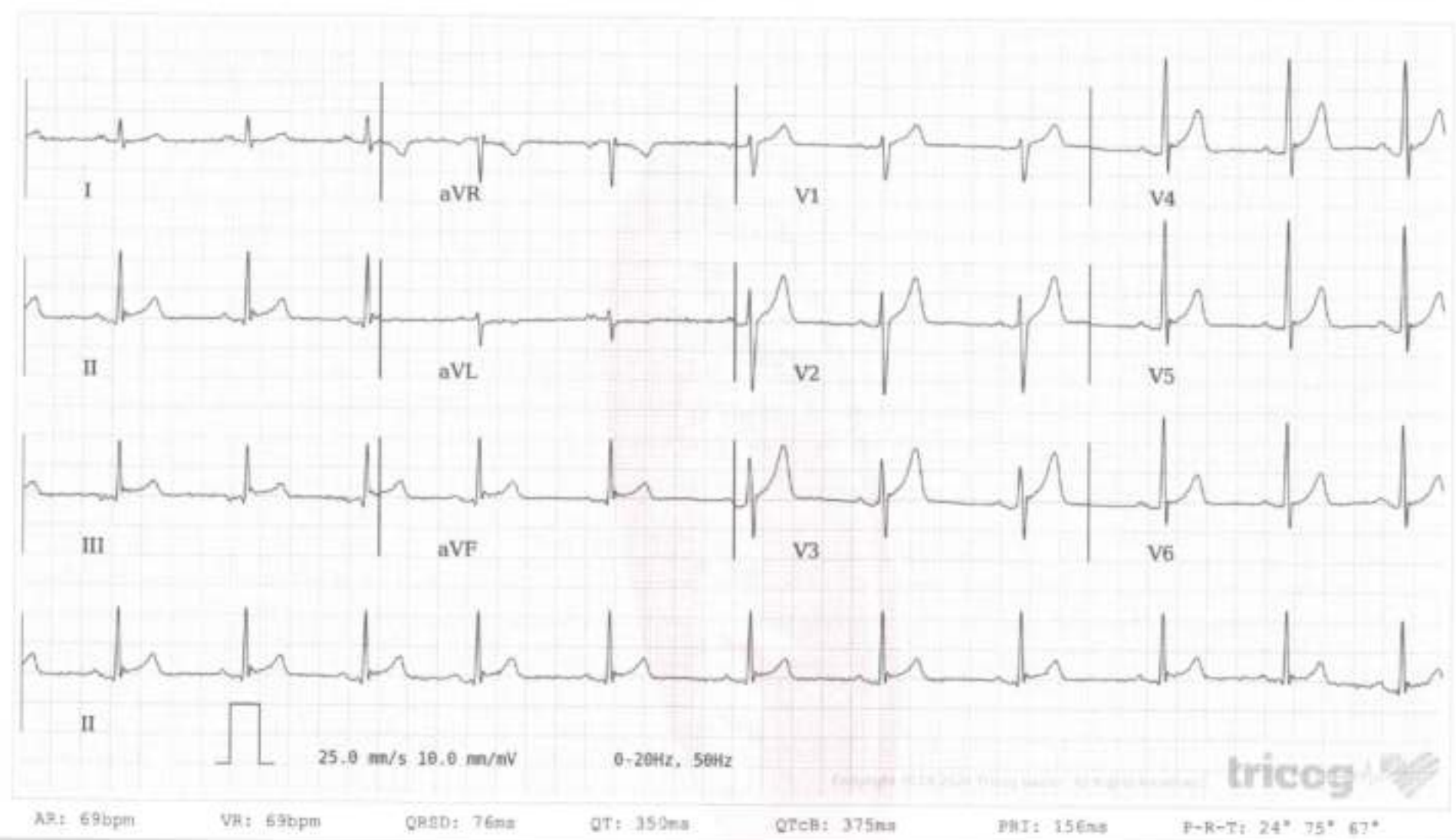


Age / Gender: 32/Male
Patient ID: IKNP0083932324
Patient Name: Mr.ADIL ISMAIL

Date and Time: 24th Feb 24 10:54 AM



Customer Care No: 08000106006 Email: care@chandan.co.in Web: www.chandandiagnostics.com



Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen, Early repolarization with an ascending ST segment. Please correlate clinically.

AUTHORIZED BY



Dr. Chait
MD, DM: Cardiology

6397

REPORTED BY



Dr. Prashant



KNC 34384

Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other sensitive and non-sensitive tests and must be interpreted by a qualified physician.

Home Sample Collection
0800336666



DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

2D ECHO * COLOUR DOPPLER * ULTRASOUND * TMT * ECG

NAME OF PATIENT: MR.ISMAIL ADIL

AGE: 32 SEX: M

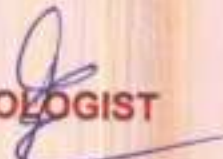
REF.BY: DR.C.D.C

DATE: 24-02-2024

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS ENLARGED IN SIZE 156.5MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL.THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
- C B D** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE, POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI /HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE, POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : SPLEEN IS NORMAL IN SIZE 109.4MM .SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4 ML
- PROSTATE** : PROSTATE IS NORMAL IN SIZE WEIGHT 21.0GMS
- IMPRESSION** : **HEPATOMEGALY**

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE


SONOLOGIST

PNDT Registration No- PNDT/REG/94/2012

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

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Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.