



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mr.BELAL AHMAD -71045	Registered On	: 08/Apr/2023 09:58:19
Age/Gender	: 51 Y 1 M 7 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000116458	Received	: N/A
Visit ID	: ALDP0007602324	Reported	: 08/Apr/2023 18:16:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG / EKG *

	1. Machnism, Rhythm	Sinus, Regular	
	2. Atrial Rate	59	/mt
	3. Ventricular Rate	59	/mt
	4. P - Wave	Normal	
	5. P R Interval	Normal	
	6. Q R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
	7. Q T c Interval	Normal	
	8. S - T Segment	Normal	
FINAL IMPRE		Normal	

Sinus Bradycardia, Bifascicular Block: Complete Right Bundle Branch Block with Left Anterior Hemiblock. Please correlate clinically



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Patient Name

CHANDAN DIAGNOSTIC CENTRE

Registered On

: 08/Apr/2023 09:58:17

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

: Mr.BELAL AHMAD -71045



Patient Name	: Mr.BELAL AHMAD -/IC	J45	Registered C		
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Visit ID	: ALDP.0000116458 : ALDP0007602324		Received Reported	: 08/Apr/2023 1 : 08/Apr/2023 1	
Ref Doctor	: Dr.Mediwheel - Arcofe	emi Health Care I td.	•	: Final Report	4.21.37
	MEDIW	HEEL BANK OF BA			
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Bloo	d			
Blood Group		В			
Rh (Anti-D)		POSITIVE			
Complete Blood	d Count (CBC) * , Whole B	Blood			
Haemoglobin		12.90	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/d	Line Bay
			100	12-18 Yr 13.0-16.0	
				g/dl	
				Male- 13.5-17.5 g/dl	
				Female- 12.0-15.5 g/d	
TLC (WBC)		7,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC					
Polymorphs (Ne	utrophils)	48.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR					
Observed		18.00	Mm for 1st hr.		
Corrected		-	Mm for 1st hr.		
PCV (HCT)		35.00	%	40-54	
Platelet count					
Platelet Count		1.05	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOP
PDW (Platelet Di	stribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La		69.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her		0.15	%	0.108-0.282	ELECTRONIC IMPEDANCE
		0.15	/0	0.100-0.202	

ELECTRONIC IMPEDANCE

ELECTRONIC IMPEDANCE



RBC Count RBC Count

MPV (Mean Platelet Volume)

fL

Mill./cu mm 4.2-5.5

6.5-12.0

16.80

4.54



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Age/Gender	: 51 Y 1 M 7 D /M	Collected	: 08/Apr/2023 10:19:21
UHID/MR NO	: ALDP.0000116458	Received	: 08/Apr/2023 10:38:39
Visit ID	: ALDP0007602324	Reported	: 08/Apr/2023 14:21:37
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	77.60	fl	80-100	CALCULATED PARAMETER
МСН	28.30	pg	28-35	CALCULATED PARAMETER
МСНС	36.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,456.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	144.00	/cu mm	40-440	

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UHID/MR NO	: ALDP.0000116458	Received	: 08/Apr/2023 10:38:39
Visit ID	: ALDP0007602324	Reported	: 08/Apr/2023 12:59:01
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	96.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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 diabetics in future, which is why an Annual Health Check up is essential.

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

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



Since 1991

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Age/Gender	: 51 Y 1 M 7 D /M	Collected	: 08/Apr/2023 10:19:21
UHID/MR NO	: ALDP.0000116458	Received	: 09/Apr/2023 11:53:47
Visit ID	: ALDP0007602324	Reported	: 09/Apr/2023 13:34:38
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	41.00	mmol/mol/IFCC		

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

122

• 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.

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 1 diabetics. 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.

<u>Clinical Implications:</u>

*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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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.

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UHID/MR NO	: ALDP.0000116458	R	Received	: 08/Apr/2023 10:38	:39
Visit ID	: ALDP0007602324	R	Reported	: 08/Apr/2023 13:05	:02
Ref Doctor	: Dr.Mediwheel - Arcofe	emi Health Care Ltd. S	Status	: Final Report	
		DEPARTMENT OF	BIOCHEMIST	RY	
	MEDIW	HEEL BANK OF BAR	ODA MALE AI	BOVE 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea	Nitrogen) *	11.82	mg/dL	7.0-23.0	CALCULATED
Sample:Serum			0.		
Creatinine *		1.10	mg/dl	Serum 0.7-1.3	MODIFIED JAFFES
Sample:Serum				Spot Urine-Male- 20-	

275

	Female-20-320			
Uric Acid * Sample:Serum	6.26 mg/dl 3.4-7.0 URICASE			

IFCC WITHOUT P5P
IFCC WITHOUT P5P
OPTIMIZED SZAZING
BIRUET
B.C.G.
CALCULATED
CALCULATED
IFCC METHOD
JENDRASSIK & GROF
JENDRASSIK & GROF
JENDRASSIK & GROF

LIPID PROFILE (MINI) *, Serum Cholesterol (Total)

Cholesterol (Total)	185.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP ligh
HDL Cholesterol (Good Cholesterol)	43.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	108	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optin 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	33.34	mg/dl	10-33	CALCULATED
Triglycerides	166.70	mg/dl	< 150 Normal	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

150-199 Borderline High 200-499 High >500 Very High

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Patient Name	: Mr.BELAL AHMAD -71045	Registered On	: 08/Apr/2023 09:58:18
Age/Gender	: 51 Y 1 M 7 D /M	Collected	: 08/Apr/2023 12:55:26
UHID/MR NO	: ALDP.0000116458	Received	: 08/Apr/2023 13:13:41
Visit ID	: ALDP0007602324	Reported	: 08/Apr/2023 15:03:10
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE *	Urino			
Color	LIGHT YELLOW			
Specific Gravity	1.015			DIDOTION
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Current.	ADCENT	area e 0/		DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT		and the same of	1.3
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second	
Epithelial cells	0-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	1-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuge	d wina godimont			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%	
Interpretation:			
(+) < 0.5			
(++) 0.5-1.0			
(+++) 1-2			





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

(++++) > 2



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Patient Name	: Mr.BELAL AHMAD -71045	Registered On	: 08/Apr/2023 09:58:18
Age/Gender	: 51 Y 1 M 7 D /M	Collected	: 08/Apr/2023 19:40:34
UHID/MR NO	: ALDP.0000116458	Received	: 09/Apr/2023 09:48:35
Visit ID	: ALDP0007602324	Reported	: 09/Apr/2023 13:13:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

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

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Age/Gender	: 51 Y 1 M 7 D /M	Collected	: 08/Apr/2023 10:19:20
UHID/MR NO	: ALDP.0000116458	Received	: 09/Apr/2023 10:26:24
Visit ID	: ALDP0007602324	Reported	: 09/Apr/2023 11:55:07
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total **	0.420	ng/mL	< 3.0	CLIA	
Sample:Serum	0.420	iig/iiiL	× 3.0	CLIA	

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone⁻
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	114.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.00	μlU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimest	ter
0.5-4.6	µIU/mL	Second Trim	ester
0.8-5.2	µIU/mL	Third Trimes	ster
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.





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

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Visit ID	: ALDP0007602324	Reported	: 08/Apr/2023 13:00:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Focal calcification in bilateral hilar region.
- Rest of 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.

Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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Home Sample Collection 1800-419-0002



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Visit ID	: ALDP0007602324	Reported	: 08/Apr/2023 11:54:38
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Enlarged in size (15.1 cm), with normal 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, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, 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 :- Enlarged in size (3.4 x 4.6 x 3.6 cm vol - 31.0 cc), with normal 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:

- Mild hepatomegaly with grade I fatty liver.
- Grade I prostatomegaly.

Please correlate clinically

Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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Home Sample Collect 1800-419-0002





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mr.BELAL AHMAD -71045	Registered On	: 08/Apr/2023 09:58:19
Age/Gender	: 51 Y 1 M 7 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000116458	Received	: N/A
Visit ID	: ALDP0007602324	Reported	: 09/Apr/2023 09:14:11
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) *

NORMAL

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, GLUCOSE PP



Dr. R K VERMA MBBS, PGDGM

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

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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. AHMED BELAL
EC NO.	71045
DESIGNATION	LEAD BANK
PLACE OF WORK	ALLAHABAD, ALLAHABAD MAIN
BIRTHDATE	01-03-1972
PROPOSED DATE OF HEALTH CHECKUP	08-04-2023
BOOKING REFERENCE NO.	23J71045100057418E

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 06-04-2023 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))

