

#### 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	MS. DWIVEDI SHIVANGI		
EC NO.	93650		
DESIGNATION	SINGLE WINDOW OPERATOR A		
PLACE OF WORK	KANPUR, CIVIL LINES		
BIRTHDATE	03-02-1985		
PROPOSED DATE OF HEALTH	(ted) 26-11-2022		
BOOKING REFERENCE NO.	22D93650100031358E		

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 23-11-2022 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 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.

SINGLE WINDOW OF ERALOR

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))

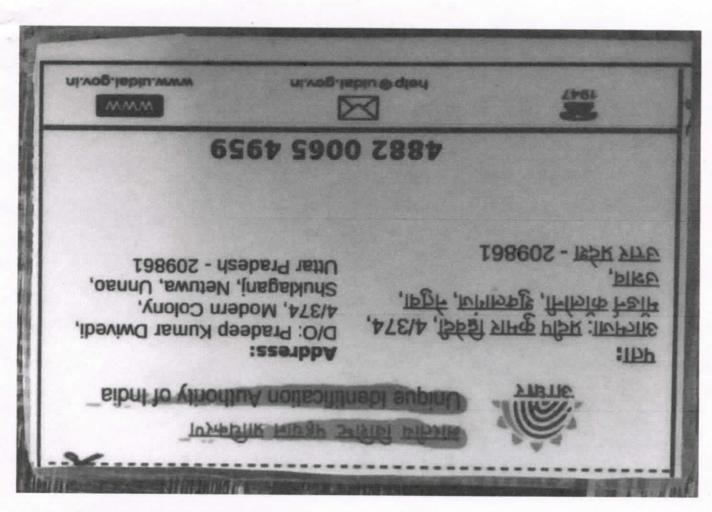
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Indra Diagnostic Centre 24/22, Karachi Khana Mall Road, Kanpur







## 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: MRS.SHIVANGI

AGE: 37 SEX: F

REF.BY: DR. I.D.C 

DATE: 24-12-2022

ULTRASOUND REPORT WHOLE ABDOMEN

LIVER

: LIVER IS ENLARGED WITH FATTY CHANGES GRADE 1st NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL .THE HEPATIC

VEINS ARE NORMAL.

PORTAL VIEN

: NORMAL IN COURSE & CALIBER

GALL BLADDER ; OPERATED

CBD

NORMAL IN COURSE & CALIBER.

PANCREAS

NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL I

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 121. 1MM .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

MI.

UTERUS:-

UTERUS IS ANTIVERTED NORMAL IN SIZE ECHOTEXTURE NO MASS

LESION IS SEEN. ENDOMETRIAL THICKNESS 5.0 MM . NO

CERVIX IS NORMAL.

NO SIGNIFICANT AMOUNT OF FLUID IS SEEN IN CUL-DE-SAC.

OVARIES:-

: BOTH OVARY'S IS NORMAL IN SIZE AND ECHO TEXTURE NO FOCAL MASS

LESION

IMPRESSION: HEPATOMEGAY WITH FATTY CHANGES GRADE 1st

SONO DGIST

PNDT Registration No- PNDT/REG/94/2012

DR. RACHIT GUPTA

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

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 \* M.: 9307775184

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.







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

Ph: 9235432757,

CIN: U85110DL2003LC308206

Patient Name	: Ms.SHIVANGI DWIVEDI -BOBE17034	Registered On	: 07/Oct/2022 08:43:42
Age/Gender	: 37 Y 8 M 2 D /F	Collected	: 07/Oct/2022 08:57:40
UHID/MR NO	: IKNP.0000021465	Received	: 07/Oct/2022 09:00:58
Visit ID	: IKNP0043972223	Reported	: 07/Oct/2022 17:12:48
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
Blood Group (ABO & Rh typing) *,	Blood			
Blood Group Rh ( Anti-D)	O POSITIVE			
Complete Blood Count (CBC) * , wh	nole Blood			
Haemoglobin	12.70	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 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)	10,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 20	
PCV (HCT)	41.00	%	40-54	
Platelet count				
Platelet Count	2.73	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	36.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.31	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count			<del></del>	22
RBC Count	4.73	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

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## **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	86.20	fl	80-100	CALCULATED PARAMETER
MCH	26.90	pg	28-35	CALCULATED PARAMETER
MCHC	31.20	%	30-38	CALCULATED PARAMETER
RDW-CV	16.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,600.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	200.00	/cu mm	40-440	



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Patient Name : Ms.SHIVANGI DWIVEDI -BOBE17034 Registered On : 07/Oct/2022 08:43:42 Age/Gender : 37 Y 8 M 2 D /F Collected : 07/Oct/2022 08:57:39 UHID/MR NO : IKNP.0000021465 Received : 07/Oct/2022 09:00:58 Visit ID : IKNP0043972223 Reported : 07/Oct/2022 12:20:23 Ref Doctor Status : Final Report : Dr.MediWheel Knp

#### **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	87.80	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD

≥ 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.



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Age/Gender	: 37 Y 8 M 2 D /F	Collected	: 07/Oct/2022 08:57:39
UHID/MR NO	: IKNP.0000021465	Received	: 07/Oct/2022 18:30:09
Visit ID	: IKNP0043972223	Reported	: 07/Oct/2022 19:16:01
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)	6.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	42.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	125	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.

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 G8 90 SL TOSOH HPLC Analyser.

#### **Clinical Implications:**

<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 non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval Method

- 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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Patient Name	: Ms.SHIVANGI DWIVEDI -BOBE17034	Registered On	: 07/Oct/2022 08:43:44
Age/Gender	: 37 Y 8 M 2 D /F	Collected	: 07/Oct/2022 08:57:39
UHID/MR NO	: IKNP.0000021465	Received	: 07/Oct/2022 09:00:58
Visit ID	: IKNP0043972223	Reported	: 07/Oct/2022 12:36:44
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## **DEPARTMENT OF BIOCHEMISTRY**

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

			ALE BELOW 40 YKS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	7.10	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.81	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	4.66	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , NA				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect)  LIPID PROFILE ( MINI ) , Serum Cholesterol (Total)	20.60 22.90 19.20 6.26 3.92 2.34 1.68 54.20 0.35 0.12 0.23	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	32.80 78 17.74 88.70	mg/dl mg/dl mg/dl mg/dl	200-239 Borderline Hig > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline Hig 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline Hig 200-499 High > 500 Very High	DIRECT ENZYMATIC CALCULATED

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

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Patient Name : Ms.SHIVANGI DWIVEDI -BOBE17034 : 07/Oct/2022 08:43:43 Registered On Collected Age/Gender : 37 Y 8 M 2 D /F : 07/Oct/2022 08:57:40 UHID/MR NO : IKNP.0000021465 Received : 07/Oct/2022 09:00:58 Visit ID : IKNP0043972223 Reported : 07/Oct/2022 17:38:19 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
URINE EXAMINATION, ROUTINE * , U	rine			
Color	PALE YELLOW			
Specific Gravity	1.025			
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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	OCCASIONAL			
RBCs	ABSENT			MICROSCOPIC
-				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		



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Age/Gender	: 37 Y 8 M 2 D /F	Collected	: 07/Oct/2022 08:57:39
UHID/MR NO	: IKNP.0000021465	Received	: 07/Oct/2022 09:00:58
Visit ID	: IKNP0043972223	Reported	: 07/Oct/2022 13:59:54
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
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	132.60	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.51	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.76	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
_		0.3-4.5 $\mu IU/m$	L First Trimest	ter
		0.5-4.6 $\mu$ IU/m	L Second Trim	ester
		0.8-5.2 $\mu$ IU/m		
		0.5-8.9 μIU/m		55-87 Years
		0.7-27 $\mu IU/m$		28-36 Week
		2.3-13.2 μIU/m		
		0.7-64 μIU/m	,	<i>'</i>
		1-39 μIU/1		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.



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Patient Name : Ms.SHIVANGI DWIVEDI -BOBE17034 Registered On : 07/Oct/2022 08:43:44

 Age/Gender
 : 37 Y 8 M 2 D /F
 Collected
 : N/A

 UHID/MR NO
 : IKNP.0000021465
 Received
 : N/A

Visit ID : IKNP0043972223 Reported : 24/Dec/2022 14:03:07

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:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, 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, 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

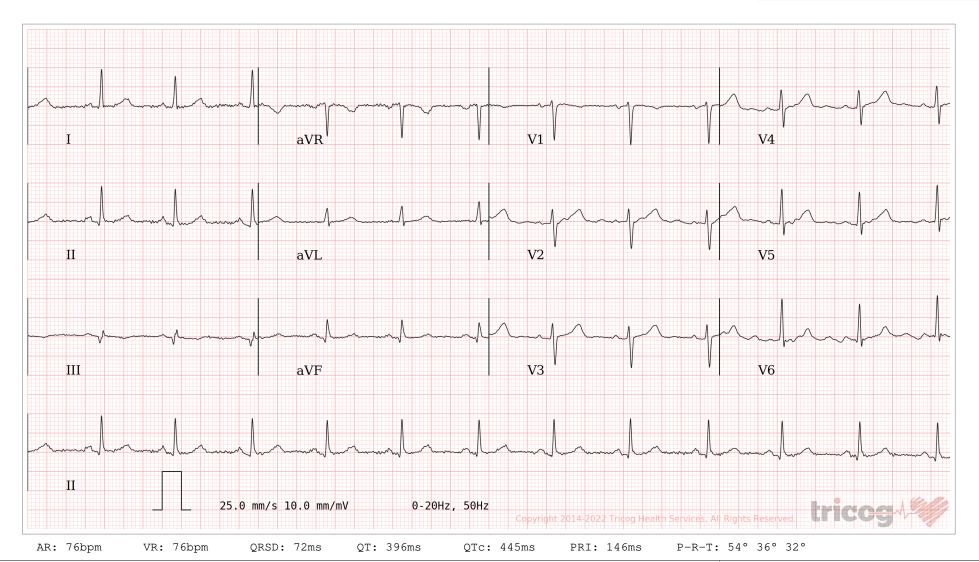
## **Chandan Diagnostic**



Age / Gender: 37/Female Date and Time: 24th Dec 22 12:17 PM

IKNP0043972223 Patient ID:

Patient Name: Ms.SHIVANGI DWIVEDI -BOBE17034



ECG Within Normal Limits: Sinus Rhythm. Baseline wandering. Please correlate clinically.

Dr. Charit

AUTHORIZED BY

MD, DM: Cardiology

REPORTED BY

63382

Disclaimer: 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 invasive and non-invasive tests and must be interpreted by a qualified physician.

72470