

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	ANANYA MAZUMDER	
DATE OF BIRTH	14-01-1996	
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-08-2022	
BOOKING REFERENCE NO.	22S117119100023972S	
	SPOUSE DETAILS	
EMPLOYEE NAME	MR. DUTTA AKASHDIP	
EMPLOYEE EC NO.	117119	
EMPLOYEE DESIGNATION	JOINT MANAGER	
EMPLOYEE PLACE OF WORK	SHIVPURI_FATEHPUR	
EMPLOYEE BIRTHDATE	12-04-1991	

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 22-08-2022 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'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))





# Unique Identification Authority of India

ঠিকালা:, জতাহর নবোদয় বিভালয় গ্রেলন রোভ, বহরনপুর, বহরনপুর রহুরনপুর(গচিমবন), মুর্শিদাবাদ গচিম বল, Address: jawahar navodaya vidyalaya, STATION ROAD, BERHAMPORE, Berhampore, Murshidabad, Berhampore (wb), West Bengal, 742101

4823 7685 0638



help@uidal.gov.in

www.uidai.gov.in

Manya Mazunder.

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mrs.ANANYA MAZUMDER-117119 Registered On : 28/Aug/2022 09:15:19

 Age/Gender
 : 26 Y 7 M 13 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000101683
 Received
 : N/A

Visit ID : ALDP0133102223 Reported : 28/Aug/2022 14:22:52

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. 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 67 /mt

3. Ventricular Rate 67 /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, Normal Axis.Please correlate clinically.



Dr. R K VERMA MBBS, PGDGM

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Test Name

Patient Name : Mrs.ANANYA MAZUMDER-117119 : 28/Aug/2022 09:15:17 Registered On : 26 Y 7 M 13 D /F Age/Gender : 28/Aug/2022 09:34:20 Collected UHID/MR NO : ALDP.0000101683 Received : 28/Aug/2022 09:58:57 Visit ID : ALDP0133102223 Reported : 28/Aug/2022 12:29:38

Result

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF HAEMATOLOGY**

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

Unit

Bio. Ref. Interval

Method

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , BI	ood			
Blood Group	В			
Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whol	e Blood			
Haemoglobin	12.50	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) <u>DLC</u>	4,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	53.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils <b>ESR</b>	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.		
PCV (HCT) Platelet count	33.00	cc %	40-54	
Platelet Count	1.00	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	65.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.17	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.11	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	81.60	fl	80-100	CALCULATED PARAMETER
MCH	30.40	pg	28-35	CALCULATED PARAMETER
MCHC	37.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,544.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	96.00	/cu mm	40-440	



Dr. Akanksha Singh (MD Pathology)

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Patient Name : Mrs.ANANYA MAZUMDER-117119 Registered On : 28/Aug/2022 09:15:18 : 26 Y 7 M 13 D /F Collected Age/Gender : 28/Aug/2022 13:29:48 UHID/MR NO : ALDP.0000101683 : 28/Aug/2022 13:37:19 Received Visit ID : ALDP0133102223 Reported : 28/Aug/2022 13:59:46

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#### **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	82.80	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.

Glucose PP *	94.60	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.
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#### **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 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 (%)NGS	SP 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.

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

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: Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

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

**Test Name** Unit Bio. Ref. Interval Method Result

#### **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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- 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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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Desult	11	Die Def letered	No at head
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) *	7.00	mg/dL	7.0-23.0	CALCULATED
Sample:Serum	7.00	mg/ at	7.0 23.0	CALCOLATED
Creatinine *	0.80	mg/dl	0.5-1.3	MODIFIED JAFFES
Sample:Serum				
Uric Acid *	3.82	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	26.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	21.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.00	gm/dl	6.2-8.0	BIRUET
Albumin	3.90	gm/dl	3.8-5.4	B.C.G.
Globulin	2.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.86		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	83.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	128.00	mg/dl	<200 Desirable	CHOD-PAP
			200-239 Borderline Hig > 240 High	h
HDL Cholesterol (Good Cholesterol)	35.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	80	mg/dl	< 100 Optimal	CALCULATED
,			100-129 Nr.	
			Optimal/Above Optima	I
			130-159 Borderline Hig	h
			160-189 High	
			> 190 Very High	
<b>国数数据集团</b>	12.14	mg/dl	10-33	A CALCULATED
	60.70	mg/dl	< 150 Normal	1. bohe
			150-199 Borderline	( am
			200-499 High Dr. A	kanksha Singh (MD Pathology)
			>500 Very High Dr. A	

Add: Kamla Nehru Road, Old Katra, Prayagraj

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	· . Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	Acidic ( 5.0 )  ABSENT	mg %	< 10 Absent	DIPSTICK
rioteili	ADJLINI	IIIg /o	10-40 (+)	DIFSTICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		,	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Otherin	ADCENT			EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifug	ged 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 & 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)

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#### 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)	124.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.13	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 µIU/m	nL First Trimes	ter
		0.5-4.6 μIU/m	nL Second Trim	nester
		0.8-5.2 $\mu$ IU/m	L Third Trimes	ster
		0.5-8.9 μIU/m	ıL Adults	55-87 Years
		0.7-27 μIU/m	nL Premature	28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU/		0-4 Days
		1.7-9.1 μIU/m	nL 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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#### **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 Nidhikant (MBBS, DMRD, DNB)

Widhirant.

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#### **DEPARTMENT OF ULTRASOUND**

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

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

**LIVER**: - Normal in size (13.2 cm), shape and echogenicity. 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.a

**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.

**UTERUS:** Anteverted, and is normal in size). No focal myometrial lesion seen. Endometrium is normal in thickness.

**OVARIES**: Bilateral ovaries are normal in size, shape and echogenicity.

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

Minimal fluid in pouch of douglas.

**IMPRESSION**: Minimal fluid in pouch of douglas.

Please correlate clinically.

***	<b>Fnd</b>	Of	Report	***
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 : N/A

Visit ID : ALDP0133102223 Reported : 28/Aug/2022 10:09:32

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF ULTRASOUND**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION



Hidlikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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