



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. MISHRA DEVAL
EC NO.	112678
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	PADRILALPUR
BIRTHDATE	21-03-1993
PROPOSED DATE OF HEALTH CHECKUP	25-09-2021
BOOKING REFERENCE NO.	21S112678100004690E

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 **24-09-2021** till **31-03-2022** 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))



**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP.	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	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	Gynaec Consultation



भारत सरकार  
GOVERNMENT OF INDIA



देवल मिश्रा

Deval Mishra

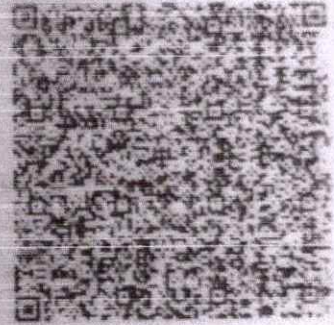
जन्म तिथि / DOB : 21-03-1993

पुरुष / MALE

Mobile No. 8604051345

**2390 9458 9907**

VID : 9147 0426 4023 2739



मेरा आधार, मेरी पहचान

*Kohara*  
*Indra Diagnostic Centre*  
*24/22 Karachi Khair*  
*Main Road, Kanpur*

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

*Not interested in this sample*  
*Dr. K.C. BHARADWAJ*

भारतीय विश्वविद्यालय प्रमाणित  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O अशोक कुमार, 92/2/33 गाई ब्लॉक किराई मार, किराई मार, कानपुर - 208011

Address: S/O Ashok Kumar, 128/836 Y BLOCK KIDWAI NAGAR KIDWAI NAGAR Kanpur Nagar Uttar Pradesh - 208011

2390 9458 9907

www.aidai.gov.in

1847 1800 300 1947

help@uidai.gov.in

www.aidai.gov.in

P.O. Box No. 1947 Bengaluru-560 001

Download Date 21-02-19

Generation Date 15/05/2018

PLEASE  
KEEP DISTANCE

Indra Diagnostia Centre  
24/22 Karachi Khana  
Mall Road, Karmapur

Dr. K.C. BHARADWAJ  
M.B.B.S. BOARD  
Reg. No. 1749

*Handwritten signature*

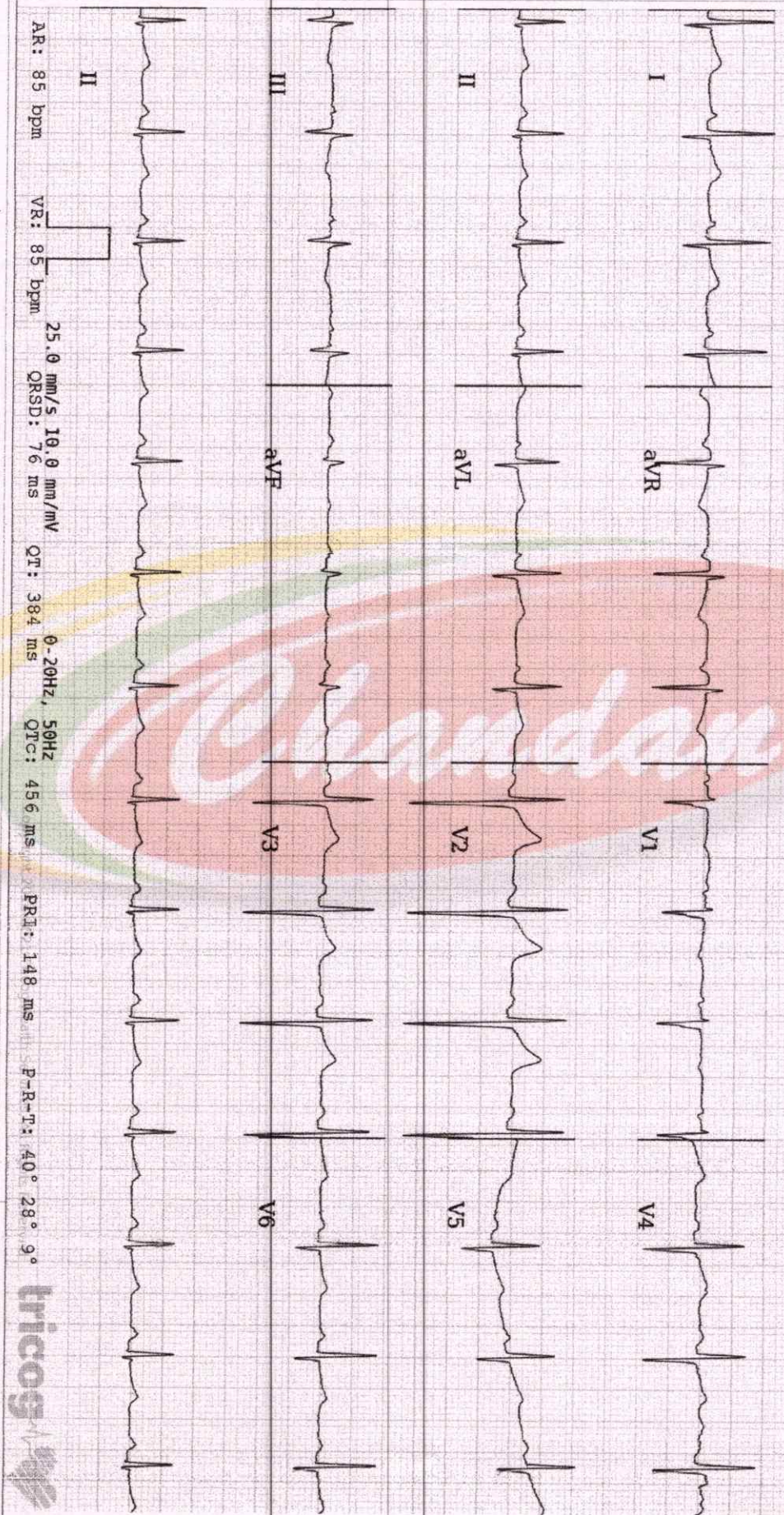
WELCOME



Age / Gender: 28/Male  
Patient ID: IKNP0047972122  
Patient Name: Mr. DEVAL MISHRA -BOBEZ423

Date and Time: 25<sup>TH</sup> Sep 21 05:09 PM

Home Sample Collection  
1800-419-0002



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AR: 85 bpm VR: 85 bpm 25.0 mm/s 19.0 mm/mV QRSD: 76 ms QT: 384 ms 0-20Hz, 50Hz QTC: 456 ms PRT: 148 ms P-R-T: 40° 28° 9°



AUTHORIZED BY

*[Signature]*

Dr. Chanti  
MD, DM: Cardiology  
63382

REPORTED BY

*[Signature]*

Dr. Prashant Sols



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.





# INDRA DIAGNOSTIC CENTRE

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



Patient Name	: Mr.DEVAL MISHRA -BOBE2423	Registered On	: 25/Sep/2021 11:15:34
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: 25/Sep/2021 15:34:51
UHID/MR NO	: IKNP.0000014630	Received	: 25/Sep/2021 15:35:38
Visit ID	: IKNP0047972122	Reported	: 25/Sep/2021 20:18:08
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
<b>Blood Group (ABO &amp; Rh typing) * , Blood</b>				
Blood Group	B			
Rh ( Anti-D)	POSITIVE			
<b>COMPLETE BLOOD COUNT (CBC) * , Blood</b>				
Haemoglobin	14.80	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	9,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	75.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	15.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	4.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	<9	
PCV (HCT)	44.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	59.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.54	Mill./cu mm	4.2-5.5	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
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	99.00	fl	80-100	CALCULATED PARAMETER
MCH	32.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	14.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	53.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,900.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	276.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)





# INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000014630	Received	: 25/Sep/2021 15:35:38
Visit ID	: IKNP0047972122	Reported	: 25/Sep/2021 19:40:59
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
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<b>Glucose Fasting</b> <i>Sample:Plasma</i>	89.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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 = Impaired Glucose Tolerance.

<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	139.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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 = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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.







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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Haemoglobin A1C (%)NGSP</b>	<b>mmol/mol / IFCC Unit</b>	<b>eAG (mg/dl)</b>	<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	

\*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.

#### 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 hemoglobin occurs.
- \*Increases in glycosylated hemoglobin occur in the following non-diabetic 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.

BUN (Blood Urea Nitrogen) \* 9.10 mg/dL 7.0-23.0 CALCULATED





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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<i>Sample:Serum</i>				
Creatinine	1.03	mg/dl	0.7-1.3	MODIFIED JAFFES
<i>Sample:Serum</i>				
e-GFR (Estimated Glomerular Filtration Rate)	86.00	ml/min/1.73m <sup>2</sup>	90-120 Normal 60-89 Near Normal	CALCULATED
<i>Sample:Serum</i>				
Uric Acid	5.41	mg/dl	3.4-7.0	URICASE
<i>Sample:Serum</i>				
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	30.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.20	IU/L	11-50	OPTIMIZED SAZING
Protein	7.53	gm/dl	6.2-8.0	BIRUET
Albumin	4.26	gm/dl	3.8-5.4	B.C.G.
Globulin	3.27	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.30		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	141.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.77	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.47	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	128.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	80	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.66	mg/dl	10-33	CALCULATED
Triglycerides	73.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



*Seema*  
 Dr. Seema Nagar(MD Path)





# INDRA DIAGNOSTIC CENTRE

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



Patient Name : Mr.DEVAL MISHRA -BOBE2423	Registered On : 25/Sep/2021 11:15:35
Age/Gender : 28 Y 6 M 5 D /M	Collected : 25/Sep/2021 15:34:51
UHID/MR NO : IKNP.0000014630	Received : 25/Sep/2021 15:35:53
Visit ID : IKNP0047972122	Reported : 25/Sep/2021 18:49:10
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
<b>URINE EXAMINATION, ROUTINE * , Urine</b>				
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			MICROSCOPIC EXAMINATION
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			MICROSCOPIC EXAMINATION

### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 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
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Dr. Seema Nagar(MD Path)



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Visit ID	: IKNP0047972122	Reported	: 25/Sep/2021 20:08:41
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
<b>THYROID PROFILE - TOTAL * , Serum</b>				
T3, Total (tri-iodothyronine)	130.50	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.98	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.97	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 indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



Dr. Seema Nagar(MD Path)





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Patient Name	: Mr.DEVAL MISHRA -BOBE2423	Registered On	: 25/Sep/2021 11:15:36
Age/Gender	: 28 Y 6 M 5 D /M	Collected	: N/A
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## DEPARTMENT OF X-RAY

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

**X-RAY DIGITAL CHEST PA \***  
**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

#### DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

**IMPRESSION : NORMAL SKIAGRAM**

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

(\*) Test not done under NABL accredited Scope

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, 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 Conduction 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

