

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. CHAUDHARY RAJNI | | | |
| EC NO. | 104001 | | | |
| DESIGNATION | BRANCH OPERATIONS | | | |
| PLACE OF WORK | KAMALA NAGAR | | | |
| BIRTHDATE | 06-08-1986 | | | |
| PROPOSED DATE OF HEALTH CHECKUP | 12-01-2023 | | | |
| BOOKING REFERENCE NO. | 22M104001100036724E | | | |
| | | | | |

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 12-01-2023 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.

We solicit your co-operation in this regard.

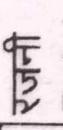
Yours faithfully,

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))





Rajni

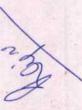
अन्म तिथि / DOB : 06/08/1986

महिला / FEMALE

Mobile No. 9889469151



मेरा आधार, मेरी पहचान



Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206

Patient Name : Miss.RAJNI - 104001 Registered On : 14/Jan/2023 11:34:48

 Age/Gender
 : 36 Y 5 M 9 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000111821
 Received
 : N/A

Visit ID : ALDP0305002223 Reported : 14/Jan/2023 14:32:29

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 66 /mt

3. Ventricular Rate 66 /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. Please correlate clinically.

Dr. R K VERMA MBBS, PGDGM

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Miss.RAJNI - 104001 : 14/Jan/2023 11:34:47 Registered On Age/Gender : 36 Y 5 M 9 D /F Collected : 14/Jan/2023 11:50:13 UHID/MR NO : ALDP.0000111821 Received : 14/Jan/2023 12:07:32 Visit ID : ALDP0305002223 Reported : 14/Jan/2023 13:31:09

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Blood Group (ABO & Rh typing) * , Blo | od | | | |
|---------------------------------------|----------|----------------|--|---------------------------------------|
| Blood Group | 0 | | | |
| Rh (Anti-D) | POSITIVE | | | |
| Complete Blood Count (CBC) * , Whole | Blood | | | |
| Haemoglobin | 11.70 | 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/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) | 61.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 35.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 2.00 | % | 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) | 32.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.5 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.10 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 64.60 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.23 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 16.00 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | - - | - | · · · · · · · · · · · · · · · · · · · |
| RBC Count | 4.00 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |

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

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 | 81.50 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 29.30 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 36.00 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.90 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 51.60 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,965.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 130.00 | /cu mm | 40-440 | |

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

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 | 88.70 | mg/dl | < 100 Normal | 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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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) | 5.10 | % NGSP | HPLC (NGSP) |
|----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 32.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 99 | 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) | 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.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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

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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity

Bring

Dr. Anupam Singh (MBBS MD Pathology)

^{*}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

| WEDIWHEEL BANK OF BANDDA WALE & FEWALE BELOW 40 TKS | | | | |
|---|--------|-------|---|-------------------|
| Test Name | Result | Unit | Bio. Ref. Interval | Method |
| | | | | |
| DUN (Dio ad Lives Nitres on) * | 14.06 | | 7 0 22 0 | CALCULATED |
| BUN (Blood Urea Nitrogen) * Sample:Serum | 14.06 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine * Sample:Serum | 1.00 | mg/dl | Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320 | MODIFIED JAFFES |
| Uric Acid * Sample:Serum | 4.30 | mg/dl | 2.5-6.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 24.40 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 12.00 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 18.40 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.60 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.10 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.50 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.64 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 93.60 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.60 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.30 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.30 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 156.00 | mg/dl | <200 Desirable 200-239 Borderline Higl > 240 High | CHOD-PAP h |
| HDL Cholesterol (Good Cholesterol) | 54.50 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 86 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline Higl 160-189 High > 190 Very High | |
| VLDL | 15.20 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 76.00 | mg/dl | < 150 Normal 150-199 Borderline Higl 200-499 High | GPO-PAP h |

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

>500 Very High

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Patient Name : Miss.RAJNI - 104001 : 14/Jan/2023 11:34:47 Registered On Age/Gender : 36 Y 5 M 9 D /F Collected : 14/Jan/2023 12:43:39 UHID/MR NO : ALDP.0000111821 Received : 14/Jan/2023 12:53:17 Visit ID : ALDP0305002223 Reported : 14/Jan/2023 13:47:45

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------------------|-------|--|--------------|
| | | | | |
| JRINE EXAMINATION, ROUTINE * | , Urine | | | |
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic (5.0) | | | DIPSTICK |
| Protein | TRACE | 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 | 1-3/h.p.f | | | MICROSCOPIC |
| | | | | EXAMINATION |
| Pus cells | 0-2/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC |
| | | | | EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC |
| | | | | EXAMINATION |
| Others | ABSENT | | | |
| Urine Microscopy is done on centrifuge | ed 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

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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) | 95.35 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 5.20 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 10.18 | μIU/mL | 0.27 - 5.5 | CLIA |
| Interpretation: | | | | |
| | | 0.3 - 4.5 μ IU/mI | First Trimest | er |
| | | 0.5-4.6 $\mu IU/mI$ | | |
| | | 0.8-5.2 µIU/mI | | |
| | | 0.5-8.9 μIU/mI | | 55-87 Years |
| | | 0.7-27 µIU/mI | | 28-36 Week |
| | | 2.3-13.2 μIU/mI | | |
| | | 0.7-64 μIU/mI | , | * |
| | | 1-39 μIU/n | | 0-4 Days |
| | | 1.7-9.1 μIU/mI | 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.

Dr. Anupam Singh (MBBS MD Pathology)

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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 Raveesh Chandra Roy (MD-Radio)

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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 (14.8 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.

SPLEEN: - Normal in size (9.4 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (8.9 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.7 cm), 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 (6.2 x 2.8 x 4.8 cm). 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

No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



NE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE

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 *

*Facilities Available at Select Location