

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. KUMAR ANKIT
EC NO.	109483
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	ALLAHABAD,MSA ALLAHABAD
BIRTHDATE	13-03-1994
PROPOSED DATE OF HEALTH CHECKUP	07-08-2022
BOOKING REFERENCE NO.	22S109483100023022E

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 06-08-2022 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 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))





Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:30

 Age/Gender
 : 28 Y 4 M 25 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000100498
 Received
 : N/A

Visit ID : ALDP0113382223 Reported : 07/Aug/2022 11:21:21

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 59 /mt

3. Ventricular Rate 59 /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

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:28 Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 09:16:14 UHID/MR NO : ALDP.0000100498 Received : 07/Aug/2022 09:44:40 Visit ID : ALDP0113382223 Reported : 07/Aug/2022 13:22:49 Ref Doctor : 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 Group (ABO & Rh typing) * , Blood				
	•			
Blood Group Rh (Anti-D)	A POSITIVE			
Complete Blood Count (CBC) * , Whole Bloo	od			
Haemoglobin	13.70	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)	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	67.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	< 9	
PCV (HCT)	36.00	cc %	40-54	
Platelet count				
Platelet Count	1.5	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.62	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 : 07/Aug/2022 08:51:28 Registered On Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 09:16:14 UHID/MR NO : ALDP.0000100498 Received : 07/Aug/2022 09:44:40 Visit ID : ALDP0113382223 Reported : 07/Aug/2022 13:22:49 Ref Doctor : 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	79.50	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	37.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,154.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	248.00	/cu mm	40-440	



Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:29 : 28 Y 4 M 25 D /M Age/Gender Collected : 07/Aug/2022 12:03:22 UHID/MR NO : ALDP.0000100498 : 07/Aug/2022 12:32:19 Received Visit ID : ALDP0113382223 Reported : 07/Aug/2022 13:07:20 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report Ref Doctor

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	84.00	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 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 *	96.90	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.
- c) I.G.T = Impared Glucose Tolerance.



Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:29 Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 09:16:14 UHID/MR NO : ALDP.0000100498 Received : 08/Aug/2022 11:27:17 Visit ID : ALDP0113382223 Reported : 08/Aug/2022 12:13:54 : 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

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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.

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

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:29 Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 09:16:14 UHID/MR NO : ALDP.0000100498 Received : 08/Aug/2022 11:27:17 Visit ID Reported : ALDP0113382223 : 08/Aug/2022 12:13:54

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

DEPARTMENT OF BIOCHEMISTRY

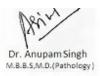
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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 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.





Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:29 Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 09:16:14 UHID/MR NO : ALDP.0000100498 Received : 07/Aug/2022 09:44:41 Visit ID : ALDP0113382223 Reported : 07/Aug/2022 13:04:11

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Decul	11	Die Def letered	NA oth o d
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	nig/uL	7.0-23.0	CALCOLATED
Creatinine *	1.00	mg/dl	0.5-1.3	MODIFIED JAFFES
Sample:Serum				
Uric Acid *	5.14	mg/dl	3.4-7.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	26.30	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	40.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.30	gm/dl	3.8-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.15		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	96.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.90	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	112.00	mg/dl	<200 Desirable	CHOD-PAP
			200-239 Borderline Higl > 240 High	า
HDL Cholesterol (Good Cholesterol)	30.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	57	mg/dl	< 100 Optimal	CALCULATED
			100-129 Nr.	
			Optimal/Above Optimal	
			130-159 Borderline Higl	า
			160-189 High	
			> 190 Very High	A
	25.02	mg/dl	10-33	CALCULATED (
	125.10	mg/dl	< 150 Normal	Lau bohe
			150-199 Borderline	pan)
######################################			200-499 High >500 Very High Dr. A	kanksha Singh (MD Pathology)
			>500 very night	0 (112

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 : 07/Aug/2022 08:51:29 Registered On Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 12:03:22 UHID/MR NO : ALDP.0000100498 Received : 07/Aug/2022 12:32:19 Visit ID : ALDP0113382223 Reported : 07/Aug/2022 14:40:16 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
UDINE SVANANATION DOUTINE *				
URINE EXAMINATION, ROUTINE * ,	Urine			
Color	CLEAR			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK
			200-500 (+++) > 500 (++++)	
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	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC
i do ceno	0 1/ III.p.ii			EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuge	d urine sediment.			

STOOL, ROUTINE EXAMINATION *, Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:29 Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 12:03:22 UHID/MR NO : ALDP.0000100498 Received : 07/Aug/2022 12:32:19 Visit ID : ALDP0113382223 Reported : 07/Aug/2022 14:40:16

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
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
ABSENT				

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 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)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:29 Age/Gender : 28 Y 4 M 25 D /M Collected : 07/Aug/2022 09:16:14 UHID/MR NO : ALDP.0000100498 Received : 08/Aug/2022 11:14:29 Visit ID Reported : 08/Aug/2022 11:54:09 : ALDP0113382223 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. 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)	114.52	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.43	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU/mI	First Trimest	er
		0.5-4.6 µIU/mI	L Second Trim	ester
		0.8-5.2 µIU/mI	Third Trimes	ter
		0.5-8.9 μIU/mI	L Adults	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.





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

CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:30

 Age/Gender
 : 28 Y 4 M 25 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000100498
 Received
 : N/A

Visit ID : ALDP0113382223 Reported : 08/Aug/2022 13:20:42

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

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)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.ANKIT KUMAR - 109483 Registered On : 07/Aug/2022 08:51:30

 Age/Gender
 : 28 Y 4 M 25 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000100498
 Received
 : N/A

Visit ID : ALDP0113382223 Reported : 07/Aug/2022 09:07:26

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (12.5 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 (8.5 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.1 x 3.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.2 x 3.5 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.

PROSTATE: Normal in size (vol - 23 cc), 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: No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



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