

39

Subject: Health Check up Booking Confirmed Request(bobS48185),Package Code-PKG10000237, Beneficiary Code-56598

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 13:15:49 GMT+0530

To: You

Cc: customercare@mediwheel.in

CAUTION: This email is from an external source. Exercise caution when opening attachments or clicking links.

MedSave

011-41195959

Email:wellness@mediwheel.in

Hi **Metro Hospital & Heart Institute,**

Diagnostic/Hospital Location : **Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,City:Haridwar**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000237

Beneficiary Name : anjali srivastava

Member Age : 43

Member Gender : Female

Member Relation : Spouse

Package Name : Medi-Wheel Full Body Health Checkup Female Above 40

Location : ROORKEE,Uttarakhand-247667

Contact Details : 9412462937

Booking Date : 12-10-2023

Appointment Date : 14-10-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

Subject: Health Check up Booking Request(bobS48185), Beneficiary Code-56598

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 12:32:19 GMT+0530

To: You

Cc: customercare@mediwheel.in

CAUTION: This email is from an external source. Exercise caution when opening attachments or clicking links.

MedSave

011-41195959

Email:wellness@mediwheel.in

Dear **Metro Hospital & Heart Institute,**

City : Haridwar . **Address :** Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,

We have received the confirmation for the following booking .

Name : Anjali srivastava
Age : 48
Gender : Male
Package Name : Medi-Wheel Full Body Health Checkup Female Above 40
Contact Details : 9412462937
Booking Date : 12-10-2023
Appointment Date : 14-10-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Anjali srivastava	43	Female	Cashless
Total amount to be paid		Cashless	

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Full Body Health Checkup Female Above 40 - Includes (41)Tests

Tests included in this Package

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Gynec Consultation, Blood Sugar Postprandial, Dental Consultation, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Pap Smear, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Mammography, Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	ANJALI SRIVASTAVA
जन्म की तारीख	23-09-1980
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	14-10-2023
बुकिंग संदर्भ सं.	23D90522100071816S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SRIVASTAVA PRASHANT
कर्मचारी की क.कू.संख्या	90522
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	ROORKEE, RAMNAGAR
कर्मचारी के जन्म की तारीख	06-02-1973

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 10-10-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



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	ANJALI SRIVASTAVA
DATE OF BIRTH	23-09-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-10-2023
BOOKING REFERENCE NO.	23D90522100071816S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SRIVASTAVA PRASHANT
EMPLOYEE EC NO.	90522
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	ROORKEE, RAMNAGAR
EMPLOYEE BIRTHDATE	06-02-1973

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 **10-10-2023** till **31-03-2024**. 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))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
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



अंजली श्रीवास्तव
Anjali Srivastava
जन्म तिथि/DOB: 23/09/1980
महिला / FEMALE



6936 7924 1535

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:

अर्घांगिनी: प्रशांत श्रीवास्तव,
536/7बी/1एफ, चीनी मिल कॉलोनी
चक दोंदी, पानी की टंकी, नैनी
इलाहाबाद, नैनी, इलाहाबाद,
उत्तर प्रदेश - 211008

Address:

W/O. Prashant Srivastava,
536/7B/1F, chini mill colony chak
dondi, paani ki tanki, Naini
Allahabad, Naini, Allahabad,
Uttar Pradesh - 211008

6936 7924 1535



1847



help@uidai.gov.in



www.uidai.gov.in



METRO
 HOSPITAL & HEART INSTITUTE
 (A unit of Sunhill Hospitals Private Limited)
 (NABH & ISO 9001: 2008 Certified)



we treat...HE CURES

**Metro Hospital
& Heart Institute**

(A unit of Sunhill Hospital Private Limited)

OPD CONSULTATION

Patient Name Angela Sarvagang Age/Sex 43M/F Reg. No.

Doctor's Name Dr. Sushil Kumar

Date 14/10/23 Time

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/9
 Lt 6/9

NEAR VISION-

Rt N/6
 Lt N/6
Normal

COLOUR VISION

EYE EXAMINATION

- Cornea
- Ant Chamber
- Pupil
- Fundus Examination

ADVICE-

Dr. Sushil Kumar, MBBS, MS (Ophtho)
 Consultant Ophthalmologist
 Metro Hospital & Heart Institute
 Sidcul, Haridwar - 249 403 (UK)
 Signature [Signature]

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

Mrs Anjali Srivastava

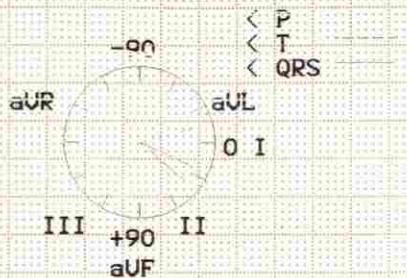
HR 68 bpm

43y 15

14-10-23

Measurement Results:

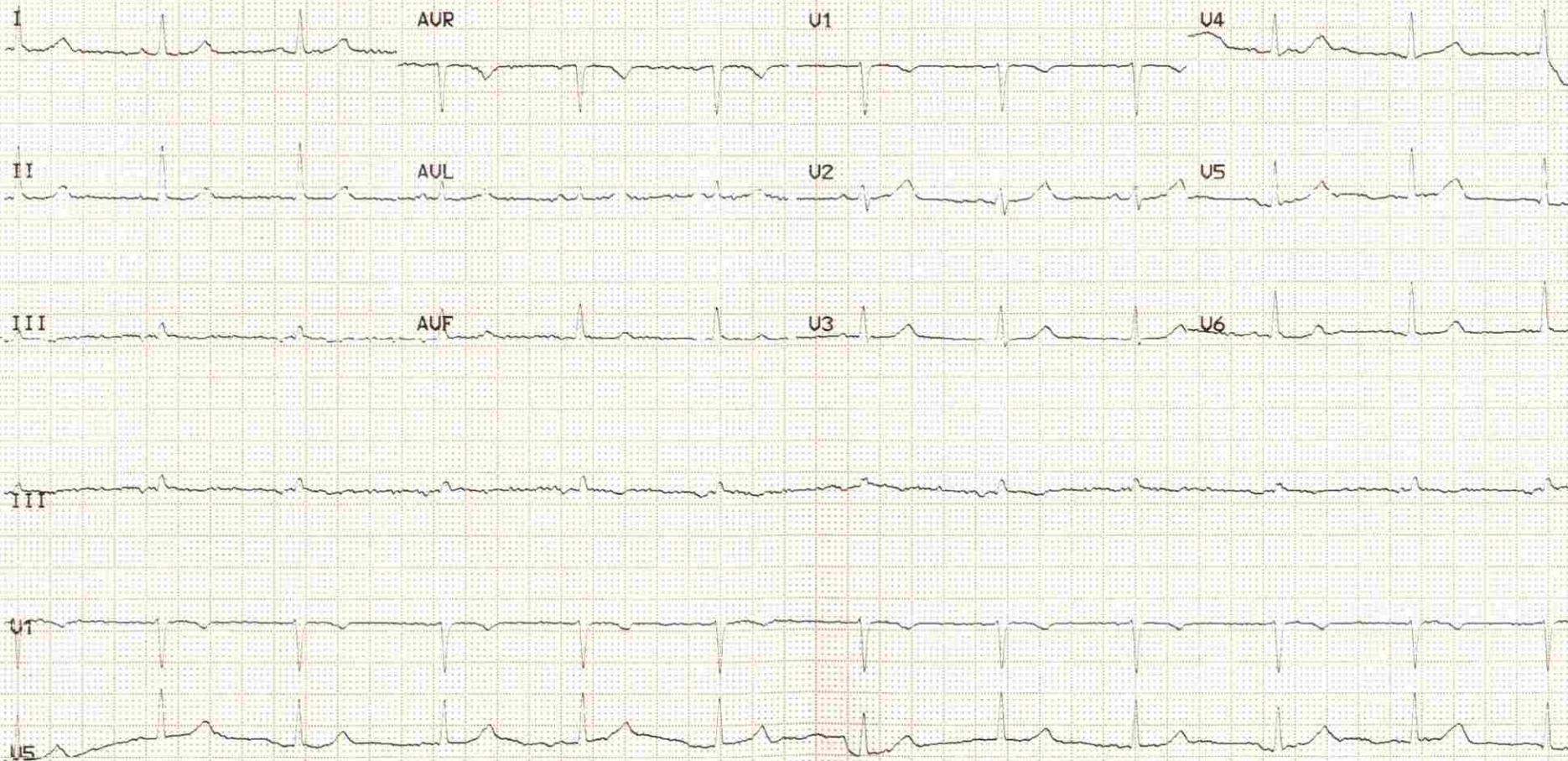
QRS	:	84 ms
QT/QTcB	:	400 / 426 ms
PR	:	128 ms
P	:	84 ms
RR/PP	:	880 / 885 ms
P/QRS/T	:	-15/ 40/ 25 degrees
QTd/QTcBD	:	42 / 45 ms
Sokolow	:	1.5 mV
NK	:	9



Interpretation:

low QRS amplitudes
 R/S inversion area between U1 and U2
 probably abnormal ECG

Unconfirmed report.





Patient Name... Anyali Srivastava Age/Sex... 43/F Reg.No... -
Doctor... Dr. Naman Agarwal
Date... 14/10/23 Time.....

DENTAL EXAMINATION

➤ TEETH STATUS = Normal

• MISSING - None

• DECAYED - None

➤ ORAL HYGIENE STATUS = Good

• STAINS - Absent

• CALCULUS - Absent

[Handwritten signature]



METRO

HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Radiology Investigation Report

89

Name : Mrs. Anjali Srivastava
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311313
Date : 14/10/2023

Age/Sex : 43 Y/F
UHID NO : 2023018009
Request No : 70240495

USG WHOLE ABDOMEN

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in shape, outline & echotexture. No focal lesion of abnormal ecogenecity is seen. Intrahepat biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is well distended, its outlines are smooth & its wall are not thick. No calculus /mass lesion is see in its lumen. Common bile duct is normal in course & caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is norma Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesic calculus is seen in bladder. Ureterovesical junctions appear normal.

Uterus is normal in size shape, outline & echotexture. Myometrial & endometrial echoes are normal. No uterin mass is seen. Both the ovaries appear normal. There is no free fluid seen in cul de sac.

IMPRESSION : NORMAL STUDY

DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

F-mail : metroharidwar@metrohospitals.com. Website: www.metrohospitals.com



Radiology Investigation Report


Name : Mrs. Anjali Srivastava
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311313
Date : 14/10/2023

Age/Sex : 43 Y/F
UHID NO : 2023018009
Request No : 70240495

X-RAY CHEST PA View

Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.


DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.



METRO

HOSPITALS & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)

(NABH & ISO 9001: 2008 Certified)

2D ECHOCARDIOGRAPHY

Name:	Mrs. Anjali Srivastava	UHID No:	2023018009
Age/Sex:	43Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	14.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	0.9	(0.6 – 1.1 cm)
LVPW (ED)	1.0	(0.6 – 1.1 cm)
LVID (ED)	4.5	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.3	(2.0 – 3.7 cm)
LA dimension	3.1	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 69, A – 74, E/A < 1	
Aortic	Nil	Vel – 183	
Tricuspid	Trace	Vel – 245	PASP – 26
Pulmonary	Nil	Vel – 82	

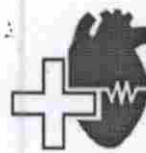
Plot No. F-1 Sector – 6A, SIDCUL, HARIDWAR – 249 403

Emergency: +91 8191902600, Phone : 01334 – 239040 / 42 43, Fax : 01334 – 239043

E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi – 110092

CIN No.: U33201DL20063PTC156918



METRO

HOSPITALS & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)

(NABH & ISO 9001: 2008 Certified)

FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- Grade I LVDD
- Trace MR, Trace TR, PASP 26 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

Plot No. F-1 Sector – 6A, SIDCUL, HARIDWAR – 249 403

Emergency: +91 8191902600, Phone : 01334 – 239040 / 42 43, Fax : 01334 – 239043

E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi – 110092

CIN No.: U33201DL20063PTC156918



METRO

HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Pathology Report

Name : Mrs. Anjali Srivastava
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311313
 Sample Date : 14/10/2023
 Reporting Date: 15/10/2023

Age/Sex : 43 Y/F
 UHID : 2023018009
 Request No. : 10374729
 Sample Time : 10:07
 Reporting Time : 01:04

Test	Result	Unit	Bio. Ref.	Inter. Test Method
Hematology				
BLOOD GROUP				
ABO	B		-	
Rh	POSITIVE		-	
CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)				
HB	11.5	gm/dl	F - 11.5-15	
TLC	10020	/cumm	4000-11000	
DLC (WBC DIFFERENTIAL)				
NEUTROPHILS	65	%	45-75	
LYMPHOCYTES	25	%	25-45	
EOSINOPHILS	04	%	1-6	
MONOCYTES	06	%	2-8	
BASOPHILS	00	%	--<2	
RBC	4.33	million	3.5-5.5	
PCV	38.8	%	36-52	
MCV	89.6	fL	80-100	
MCH	26.6	PG	27-32	
MCHC	29.6	gm/dl	31-37	
PLATELET COUNT	4.29	lakh/cumm	1.5-4.5	
RDW	13.9	%	11.5-15	
ESR	20	mm/hr	20	
Serology & Immunology				
THYROID PROFILE				
T3	2.03	nmol/L	1.70-3.10	
T4	9.94	µg/dl	5.95-15.4	
TSH	3.02	µIU/L	0.46-4.68	

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Checked By

Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403
 Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043
 E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com
 Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092
 CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

10/15/2023 1:53 AM



METRO
HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Pathology Report

Name : Mrs. Anjali Srivastava
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311313
Sample Date : 14/10/2023
Reporting Date: 15/10/2023

Age/Sex : 43 Y/F
UHID : 2023018009
Request No. : 10374729
Sample Time : 10:07
Reporting Time: 01:04

Test	Result	Unit	Bio. Ref. Inter. Test Method
Biochemistry			
HB IAC	5.6	%	4.5-6.3
BLOOD SUGAR -PP	92.0	mg/dl	70.0-140.0
BLOOD SUGAR -FASTING	82.0	mg/dl	70.0-110.0
LIPID PROFILE			
TOTAL CHOLESTEROL	197.0	mg/dl	00-250.0
HDL-CHOLESTEROL	28.0	mg/dl	00-50.0
LDL	126.0	mg/dl	00-150.0
TRIGLYCERIDES	212.0	md/dl	30-150
VLDL	42.0	mg/dl	0-50
CHOL/HDL Ratio	6.9		<4.5
LFT (LIVER FUNCTION TEST)			
BILIRUBIN INDIRECT	0.37	mg/dl	0.2-0.8
SGOT	22.0	U/L	10-42
SGPT	18.0	U/L	10-42
BILIRUBIN TOTAL	0.77	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	101.0	IU/L	28-111
BILIRUBIN DIRECT	0.40	mg/dl	0.1-0.4
TOTAL PROTEIN	6.5	gm/dl	6.4-8.2
ALBUMIN	3.5	g/dl	3.5-5.0
GLOBULIN	3.0	gm/dl	2.0-4.0
AG RATIO	1.2		-
KFT (KIDNEY FUNCTION TEST)			
UREA	26.6	mg/dl	15-45
SODIUM	144.0	mmol/L	135-155
CREATININE	0.78	mg/dl	0.6-1.3
URIC ACID	4.5	mg/dl	3.0-7.6
BUN	12.3	mg/dl	05-20
POTASSIUM	4.9	mmol/L	3.5-5.5
CALCIUM	9.5	mg/dl	8.5-10.5

*** End of Reports ***

Dr. Vishal Arora
MBBS, DCP
(Consultant Pathologist)

Checked By *Arora*

Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (HPLC/MS).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

10/15/2023 1:53 AM



METRO

HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Pathology Report

Name : Mrs. Anjali Srivastava
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311313
Sample Date : 14/10/2023
Reporting Date: 15/10/2023

Age/Sex : 43 Y/F
UHID : 2023018009
Request No. : 10374729
Sample Time : 10:07
Reporting Time: 01:04

Test	Result	Unit	Bio. Ref. Inter. Test Method
------	--------	------	------------------------------

Urine Examination
 URINE SUGAR NIL
 URINE ROUTINE ANALYSIS
 PHYSICAL EXAMINATION
 COLOUR PALE
 YELLOW
 TRANSPARENCY TURBID
 S. GRAVITY 1.025
 CHEMICAL EXAMINATION
 ALBUMIN NIL
 SUGAR NIL
 pH 6.0
 BLOOD NIL
 KETONE NIL
 MICROSCOPIC EXAMINATION
 PUS CELLS 6-8
 EPITHELIAL CELLS 4-5
 RBC NIL
 CRYSTALS NIL
 CAST NIL
 BACTERIA NIL
 AMORPHOUS PHOSPHATE NIL
 AMORPHOUS URATES NIL

*** End of Reports ***

Dr. Vishal Arora
MBBS, DCP
(Consultant Pathologist)

Checked By

- Note:**
1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
 2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
 3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
 4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403
Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043
E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092
CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01