



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. SINGH RAKESH KUMAR
EC NO.	121615
DESIGNATION	JOINT MANAGER
PLACE OF WORK	MUBARAKPUR GERIA
BIRTHDATE	14-09-1994
PROPOSED DATE OF HEALTH CHECKUP	04-10-2021
BOOKING REFERENCE NO.	21D121615100005164E

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 **04-10-2021** 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))

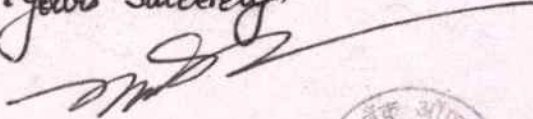
B बैंक ऑफ़ बड़ौदा **Bank of Baroda**

To whomsoever it may concern

This is to certify that Mr Rakesh Kumar Singh, EC No.121615 is posted as Agriculture officer in our Hathgaon Branch since 14-06-2017. The Photograph and signature of employee is attached below.



Yours Sincerely

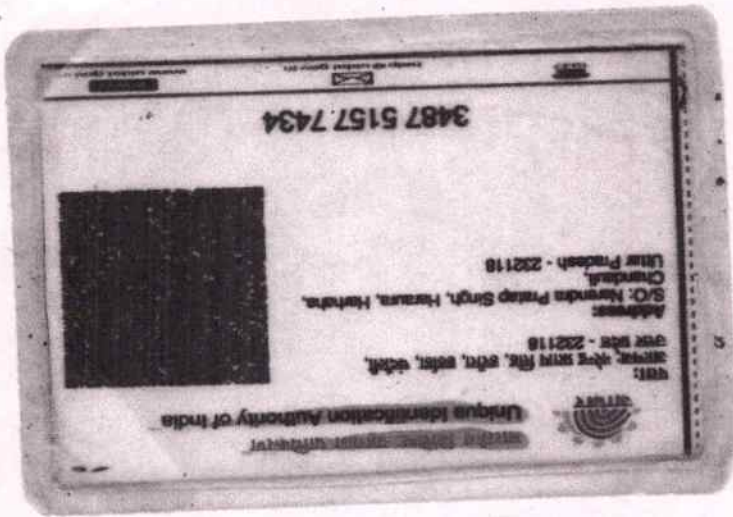

Chief Manager
Hathgaon Branch
Fatehpur.



Rakesh Kumar Singh



Rakesh Kumar Singh



[Handwritten signature]
Dr. R.K. Verma
M.B.B.S.
Reg. No.-40019

Rakesh K Singh

INDRA DIAGNOSTIC CENTRE
49/19-B, Kamla Nehru Road
Kaira, Prayagraj





INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra, Prayagraj
Ph: 9235447965, 0532-2548257
CIN : U85110DL2003PLC308206



Patient Name	: Mr. RAKESH KUMAR SINGH - 121615	Registered On	: 04/Oct/2021 11:24:41
Age/Gender	: 27 Y 0 M 20 D /M	Collected	: 04/Oct/2021 11:34:28
UHID/MR NO	: ALDP.0000082274	Received	: 04/Oct/2021 11:50:05
Visit ID	: ALDP0197542122	Reported	: 04/Oct/2021 12:41:18
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	AB
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	15.30	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

DLC

Polymorphs (Neutrophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

ESR

Observed	2.00	Mm for 1st hr.
Corrected	-	Mm for 1st hr. < 9
PCV (HCT)	43.00	cc % 40-54

Platelet count

Platelet Count	1.72	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	17.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	5.65	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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INDRA DIAGNOSTIC CENTRE
49/19-B, Kamla Nehru Road
Katra, Prayagraj



SIN No: 51672377

Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Page 1 of 10

Home Sample Collection
1800-419-0002

PPP-Aug-2021

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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	76.50	fl	80-100	CALCULATED PARAMETER
MCH	27.10	pg	28-35	CALCULATED PARAMETER
MCHC	35.50	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,190.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	58.00	/cu mm	40-440	



Akanksha
Dr. Akanksha Singh (MD Pathology)

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Page 2 of 10

Home Sample Collection
1800-419-0002

PPP, Aug 2021



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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 Sample:Plasma	102.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal	115.30	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impared Glucose Tolerance.



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Akanksha
Dr. Akanksha Singh (MD Pathology)



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Page 3 of 10

Home Sample Collection
1800-419-0002

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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)	5.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	36.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	108	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 mngement.

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.

**Some danger of hypoglycemic reaction in Type 1diabetics. 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.

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Page 4 of 10

Home Sample Collection
1800-419-0002



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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.



Anupam

Dr. Anupam Singh
M.B.B.S.M.D.(Pathology)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample: Serum	14.40	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	1.10	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample: Serum	85.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample: Serum	8.50	mg/dl	3.4-7.0	URICASE
Result Rechecked				
L.F.T. (WITH GAMMA GT) *, Serum				
SGOT / Aspartate Aminotransferase (AST)	34.10	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	44.90	U/L	< 40	IFCC WITHOUT PSP
Gamma GT (GGT)	21.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.20	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.82		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	159.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	32.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	98	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	28.56	mg/dl	10-33	CALCULATED



Customer Care No.: 0522-6666600 Email: customercare@indradiagnostics.co.in Web: www.chandan.co.in

Page 6 of 10
Home Sample Collection
1800-419-0002

PPP-Aug 2021



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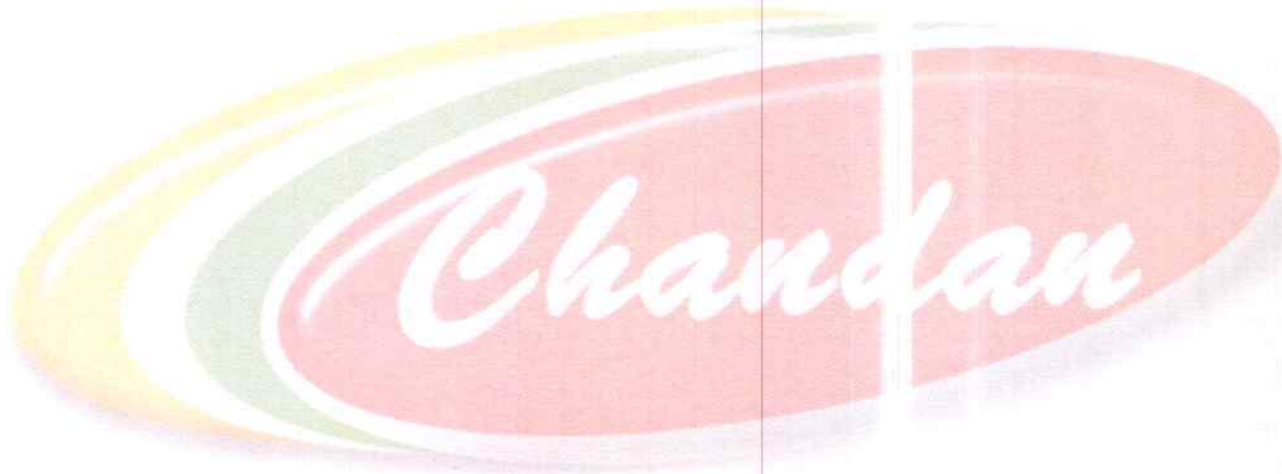


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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Triglycerides	142.80	.mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



Akanksha

Dr. Akanksha Singh (MD Pathology)

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Page 7 of 10
Home Sample Collection
1800-419-0002

PPP-Aug 2021

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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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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	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			DIPSTICK
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 EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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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Page 8 of 10

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1800-419-0002

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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

SUGAR, PP STAGE * , Urine

Sugar, PP Stage **ABSENT**

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Akanksha
Dr. Akanksha Singh (MD Pathology)





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Visit ID	: ALDP0197542122	Reported	: 05/Oct/2021 10:57:25
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)	119.63	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.29	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.61	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.



*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

INDRA DIAGNOSTIC CENTRE
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Dr. Anupam Singh
M.B.B.S., M.D. (Pathology)

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 *

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*Facilities Available at Select Location



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Page 10 of 10
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PPP-Aug 2021

INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra, Prayagraj
Ph: 9235447965, 0532-2548257
CIN : U85110DL2003PLC308206



Patient Name	: Mr. RAKESH KUMAR SINGH - 121615	Registered On	: 04/Oct/2021 11:24:42
Age/Gender	: 27 Y 0 M 20 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000082274	Received	: N/A
Visit ID	: ALDP0197542122	Reported	: 04/Oct/2021 13:37:42
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

- 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.
- NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

IMPRESSION :

*** End Of Report ***

(*) Test not done under NABL accredited Scope

Result/s to Follow:

URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID PROFILE - TOTAL



DR. ANIL KUMAR
MD (Radiology)

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 Sample Collection



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Page 1 of 1

INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965, 0532-2548257

CIN : U85110DL2003PLC308206



Since 1991



Patient Name	: Mr. RAKESH KUMAR SINGH - 121615	Registered On	: 04/Oct/2021 11:24:42
Age/Gender	: 27 Y 0 M 20 D / M	Collected	: N/A
UHID/MR NO	: ALDP.0000082274	Received	: N/A
Visit ID	: ALDP0197542122	Reported	: 04/Oct/2021 12:10:58
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) *

The liver is normal in size (12.2 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended and is normal.

Portal vein and CBD are not dilated.

Pancreas is normal in size, shape and echogenicity.

Spleen is normal in size (9.7 cm), shape and echogenicity.

Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.

Right kidney measures : 9.0 x 4.2 cm

Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.

Left kidney measures : 9.3 x 3.2 cm

Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen.

The prostate is normal in size (vol- 12.6 cc), shape and echopattern.

No free fluid is seen in the abdomen/pelvis.

High Resolution USG - No abnormal bowel wall thickening or bowel loop dilatation is seen. Ileocecal junction and cecum is seen normally. Appendix is not visualized. No mesenteric lymphadenopathy is seen.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

Note :- Impression is a professional opinion & not a diagnosis (Not for medico legal purpose). All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.

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

(*) Test not done under NABL accredited Scope

Result/s to Follow:

COMPLETE BLOOD COUNT (CBC), Blood Group (ABO & Rh typing), URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, GLUCOSE FASTING, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID PROFILE - TOTAL, LIPID PROFILE (MINI), Uric Acid, BUN (Blood Urea Nitrogen), CREATININE SERUM, L.F.T.(WITH GAMMA GT), X-RAY T PA



DR. ANIL KUMAR
MD (Radiology)

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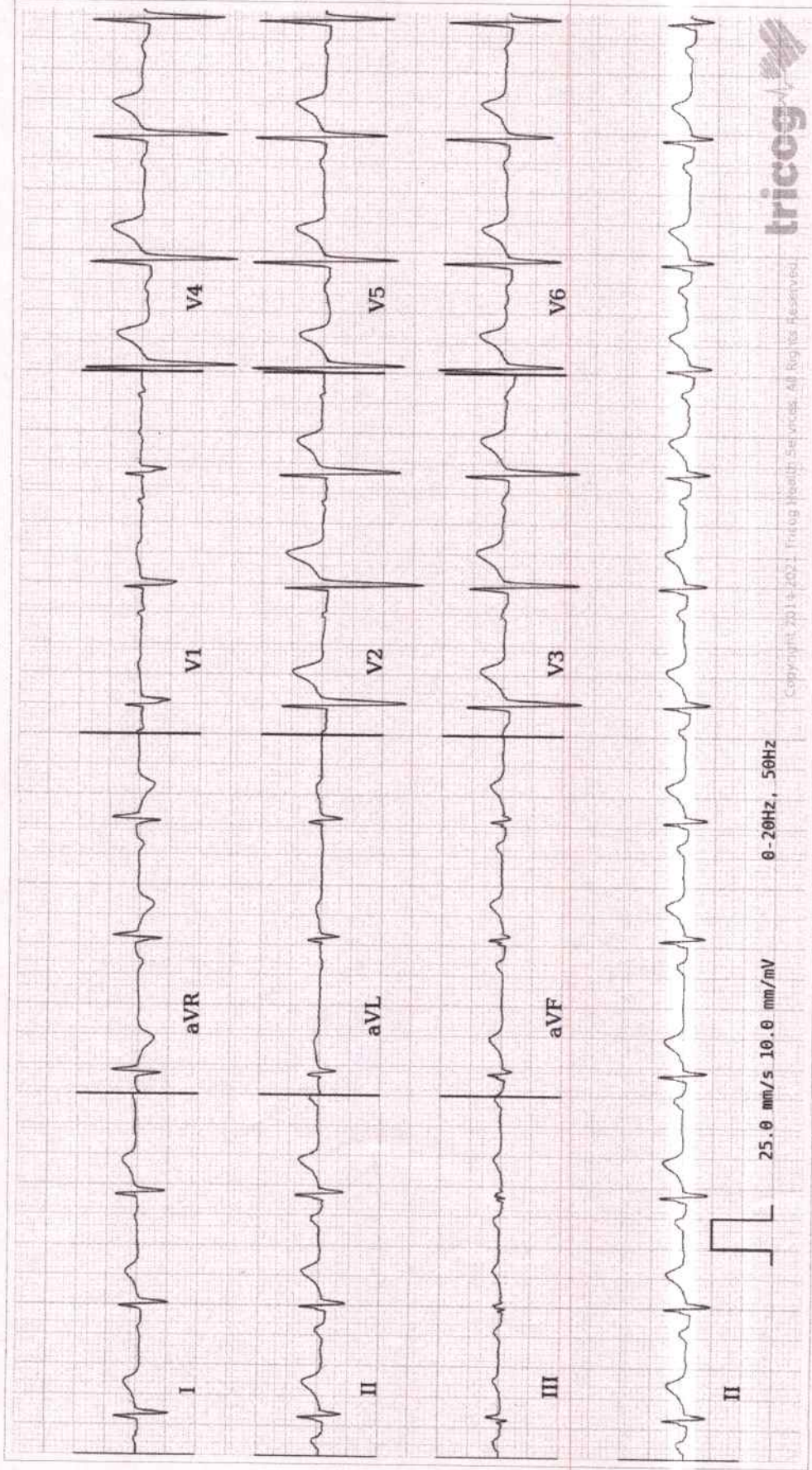
PPP-ANJ-2021

Age / Gender: 27/Male

Date and Time: 4th Oct 21 11:52 AM

Patient ID: ALDP0197542122

Patient Name: Mr. RAKESH KUMAR SINGH - 121615



AR: 78 bpm VR: 78 bpm QRSd: 86 ms QT: 360 ms QTc: 410 ms PRI: 186 ms P-R-T: 74° 103° 52°

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

INDRA DIAGNOSTIC CENTRE
10-B, Indira Nehru Road
Kalla, Prayagraj

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

REPORTED BY

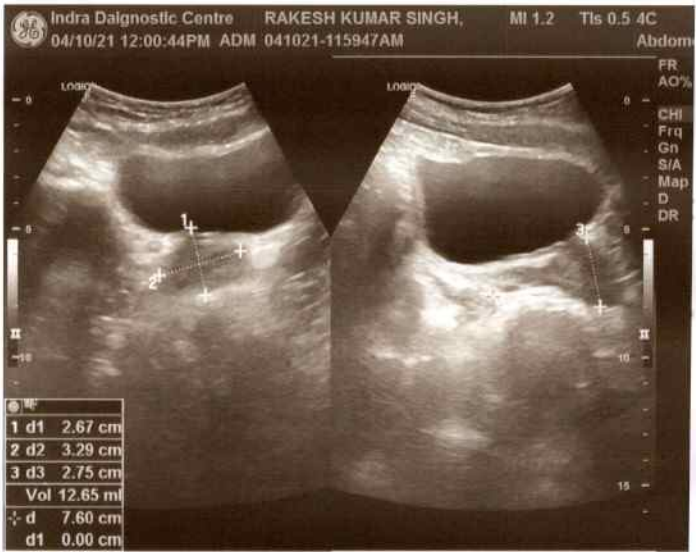


Dr. Javed Ali Khadr

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.

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- Eye Checkup
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- Final Expert Opinion by the Doctor

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