

DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MRS. DIPINSEE

AGE: 30 SEX: F

REF. BY: DR. I.D.C

DATE: 19-10-2021

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS MILDLY ENLARGED IN SIZE 151.1MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY.RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : GALL BLADDER WALL THICKNED .THERE IS SINGLE LARGE CALCULI OF SIZE 22.5MM SEEN IN G.B LUMEN
- C B D** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI/ HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : NORMAL IN SIZE AND ECHO TEXTURE. SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED.
- UTERUS** : UTERUS IS ANTIVERTED NORMAL IN SIZE AND CONTOUR. ENDOMETRIAL THICKNESS IS NORMAL ENDOMETRIAL & MYOMETRIAL ECHO PATTERNS ARE NORMAL.
- B/L OVARIES** : BOTH OVARIES ARE NORMAL .NO T.O MASS LESION SEEN

IMPRESSION :



**MILD HEPATOMEGALY.
CHOLECYSTITIS WITH CHOLELITHIASIS .**

SONOLOGIST

PNDT Registration No- PNDT/REG/94/2012

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

NOT FOR MEDICO LEGAL PURPOSE

Handwritten signatures and initials in blue ink.

Handwritten signature in blue ink.

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	DIPINSEE DEVI
DATE OF BIRTH	03-01-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	19-10-2021
BOOKING REFERENCE NO.	21D104284100005666S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR ALOK
EMPLOYEE EC NO.	104284
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	HAMIRPUR
EMPLOYEE BIRTHDATE	10-02-1991

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 **18-10-2021** 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'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**

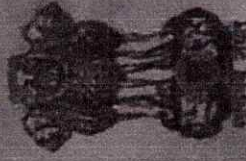
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

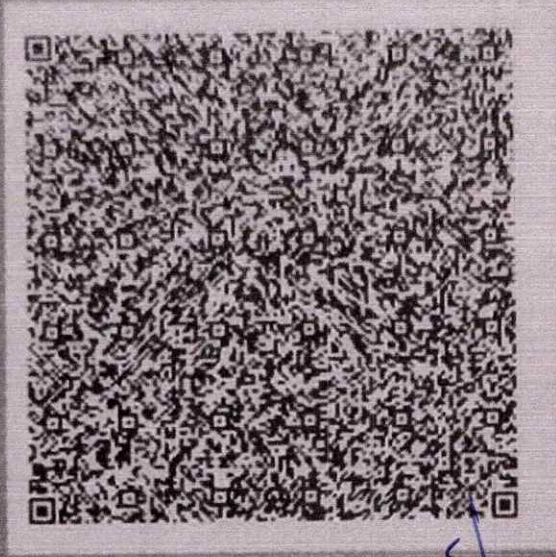
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

FDPPD5493H



नाम / Name

DIPINSEE DEVI

पिता का नाम / Father's Name

RAJ KUMAR

जन्म की तारीख / Date of Birth

03/01/1991

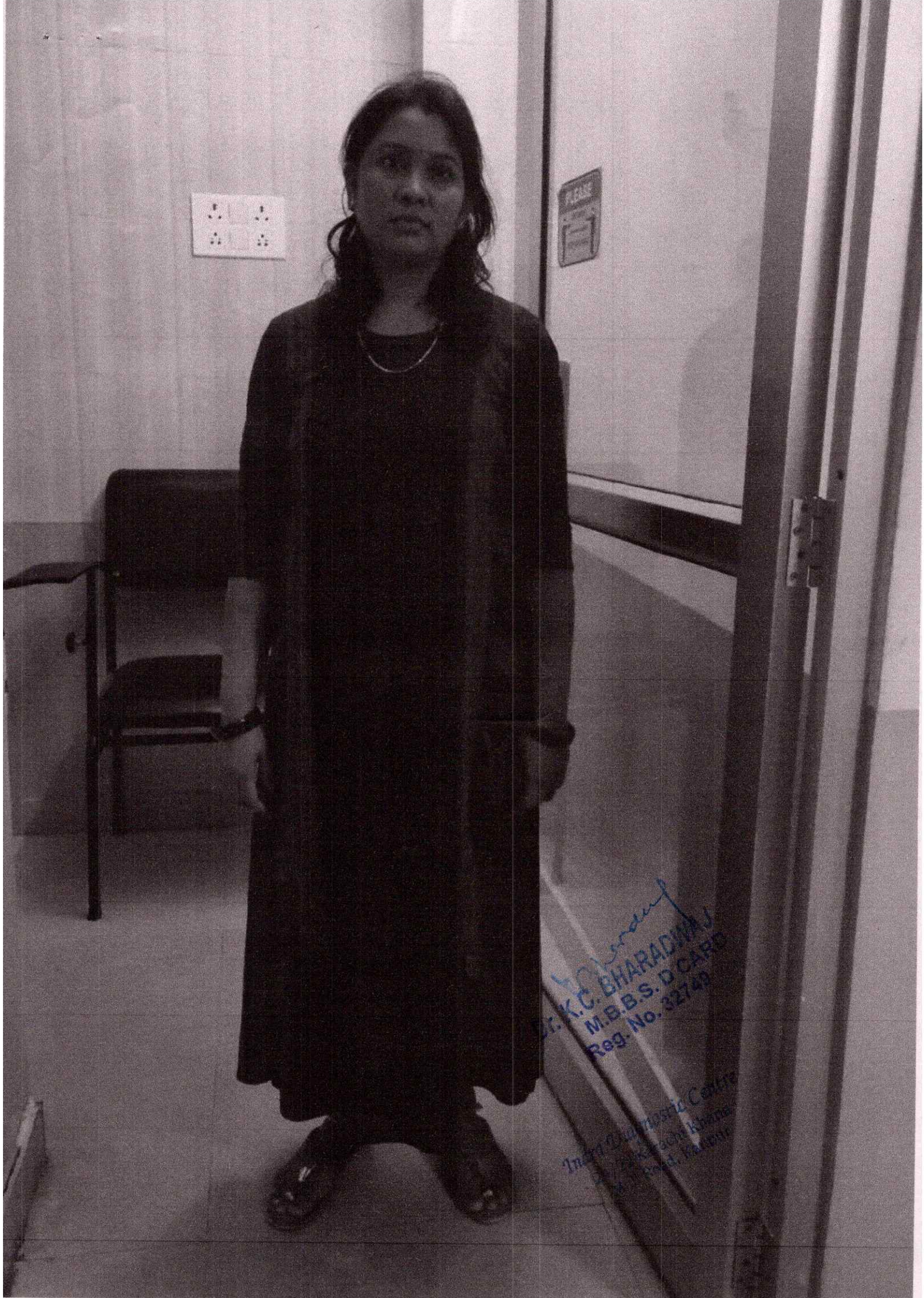
Dipingal

Seetal Sankar Singh

Dipingal

हस्ताक्षर / Signature

Kashwanj
Dr. K.C. BHARADWAJ
B.B.S. CARD
Reg. No. 12749
Ultra Diagnostic Centre
Mall Road, Meerut



M. K. C. Bharadwaj
M. K. C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Indira Gandhi Centre
for Health Research
Mumbai, India

INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Since 1991



Patient Name	: Mrs.DIPINSEE DEVI -104284	Registered On	: 19/Oct/2021 10:03:54
Age/Gender	: 30 Y 9 M 15 D /F	Collected	: 19/Oct/2021 10:07:02
UHID/MR NO	: IKNP.0000015038	Received	: 19/Oct/2021 10:08:18
Visit ID	: IKNP0052432122	Reported	: 19/Oct/2021 19:21:21
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	13.20	mg/dl	Male-13.5-17.5 mg/dl Female-12.0-15.5mg/dl	
TLC (WBC)	8,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

DLC				
Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	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	NR	Mm for 1st hr.	< 20	
PCV (HCT)	42.00	cc %	40-54	

Platelet count				
Platelet Count	2.12	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.29	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count				
RBC Count	4.73	Mill./cu mm	3.7-5.0	ELECTRONIC



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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
				IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	90.20	fl	80-100	CALCULATED PARAMETER
MCH	27.80	pg	28-35	CALCULATED PARAMETER
MCHC	30.90	%	30-38	CALCULATED PARAMETER
RDW-CV	16.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	53.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,250.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	170.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)



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Visit ID	: IKNP0052432122	Reported	: 19/Oct/2021 14:47:02
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
Glucose Fasting Sample: Plasma	96.50	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 = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	178.60	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 = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	97	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 management.

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
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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.

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.

BUN (Blood Urea Nitrogen) * 8.50 mg/dL 7.0-23.0 CALCULATED



INDRA DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Sample: Serum

Creatinine	0.87	mg/dl	0.5-1.2	MODIFIED JAFFES
Sample: Serum				
e-GFR (Estimated Glomerular Filtration Rate)	76.50	ml/min/1.73m ²	90-120 Normal 60-89 Near Normal	CALCULATED
Sample: Serum				
Uric Acid	4.45	mg/dl	2.5-6.0	URICASE
Sample: Serum				

L.F.T.(WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	53.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	36.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	8.04	gm/dl	6.2-8.0	BIRUET
Albumin	4.09	gm/dl	3.8-5.4	B.C.G.
Globulin	3.95	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.04		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	87.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.67	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.43	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	218.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	74	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	96.50	mg/dl	10-33	CALCULATED
Trilycerides	482.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



Seema

Dr. Seema Nagar(MD Path)

RL



INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000015038	Received	: 19/Oct/2021 16:20:10
Visit ID	: IKNP0052432122	Reported	: 19/Oct/2021 17:42:15
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
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.5)			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	2-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/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

De



INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

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Since 1991



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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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SUGAR, PP STAGE * , Urine

Sugar, PP Stage **ABSENT**

Interpretation:

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



Dr. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000015038	Received	: 19/Oct/2021 10:08:18
Visit ID	: IKNP0052432122	Reported	: 19/Oct/2021 17:35:51
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
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	102.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.04	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.04	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.



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Patient Name	: Mrs.DIPINSEE DEVI -104284	Registered On	: 19/Oct/2021 10:03:55
Age/Gender	: 30 Y 9 M 15 D /F	Collected	: N/A
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Visit ID	: IKNP0052432122	Reported	: 19/Oct/2021 14:44:37
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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, 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

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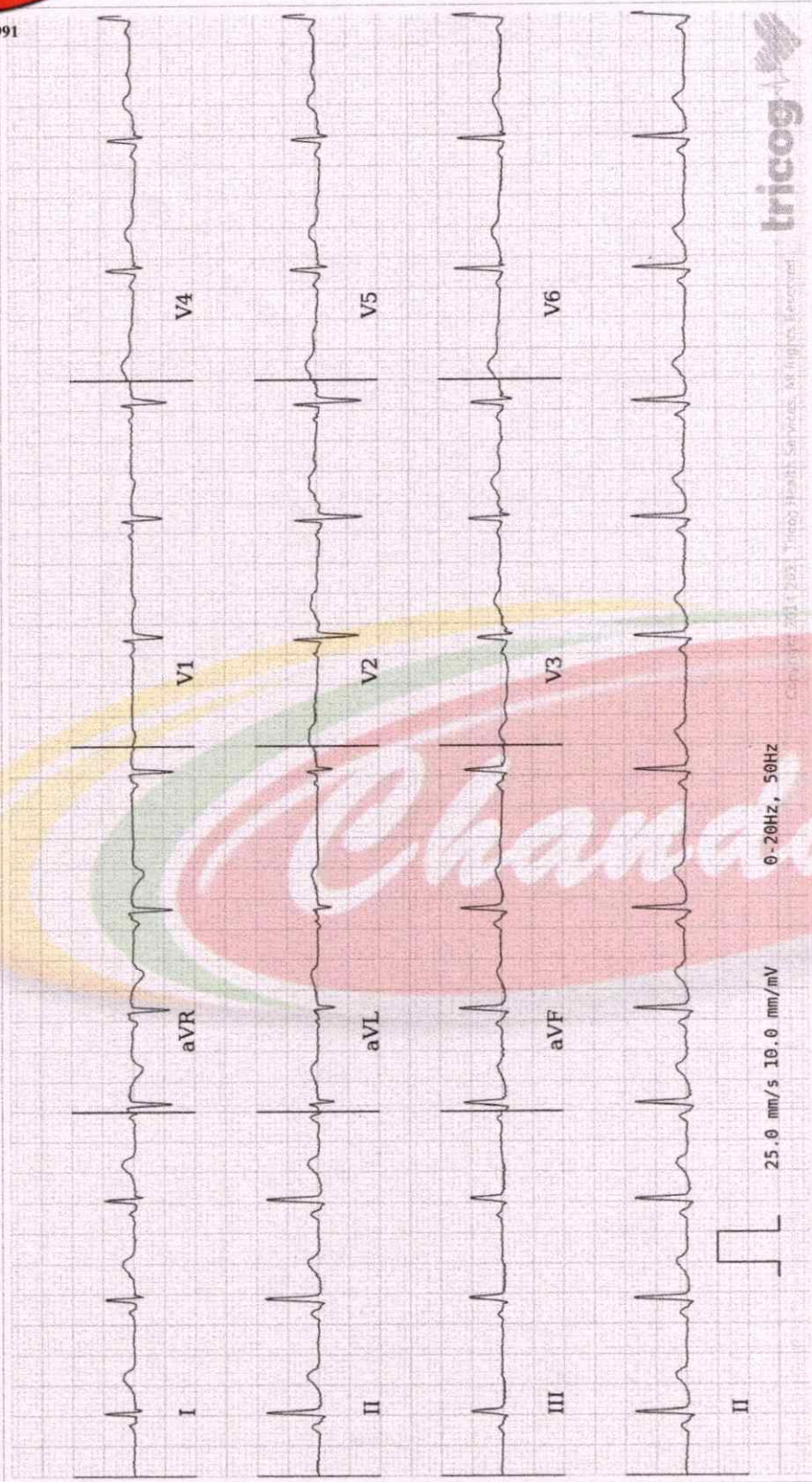
Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

PPP-Aug 2021

Age / Gender: 30/Male
Patient ID: IKNP0052432122
Patient Name: DIPINSEE DEVI -104284

Date and Time: 19th Oct 21 10:35 AM



AR: 78 bpm VR: 78 bpm QRSD: 66 ms QT: 370 ms QTc: 421 ms PRI: 108 ms P-R-T: 60° 66° 40°

Sinus Rhythm, Normal Axis, with Sinus Arrhythmia, with Short PR. Please correlate clinically.

AUTHORIZED BY

Dr. Chari
MD, DM: Cardiology

REPORTED BY

Dr. Surakha B

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.



DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MRS. DIPINSEE

AGE: 30 SEX: F

REF. BY: DR. I.D.C

DATE: 19-10-2021

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : **LIVER IS MILDLY ENLARGED IN SIZE 151.1MM** NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY.RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : **GALL BLADDER WALL THICKNED .THERE IS SINGLE LARGE CALCULI OF SIZE 22.5MM SEEN IN G.B LUMEN**
- C B D** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI/ HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : NORMAL IN SIZE AND ECHO TEXTURE. SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED.
- UTERUS** : UTERUS IS ANTIVERTED NORMAL IN SIZE AND CONTOUR. ENDOMETRIAL THICKNESS IS NORMAL ENDOMETRIAL &MYOMETRIAL ECHO PATTERNS ARE NORMAL.
- B/L OVARIES** : BOTH OVARIES ARE NORMAL .NO T.O MASS LESION SEEN

IMPRESSION :



**MILD HEPATOMEGALY.
CHOLECYSTITIS WITH CHOLELITHIASIS .**

SONOLOGIST

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

PNDT Registration No- PNDT/REG/94/2012

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Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

NOT FOR MEDICO LEGAL PURPOSE