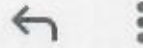




Code-PKG10000243,
Beneficiary Code-4851 Inbox



Mediwheel 12/17/2021
to me, Mediwheel, Mediw... ▾



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Sunita negi,

Due to unavoidable circumstances, we regret to state that your following request for Health Checkup appointment Re Schedule by provider

- Booking Code : bobS5772
- Appointment Date : 22-01-2022
- Appointment Time : 10:00am-12:00pm
- Provider Name : Dr. Charu Kohli Cilnic
- Address of Diagnostic/Hospital : C-234, Block C, Defence Colony,
- City : Delhi
- State : DELHI
- Pincode : 110024

You are requested to login again and raise a fresh request. We regret for the inconvenience caused



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↩ Reply

↩↩ Reply all

➡ Forward



Download Date: 19/06/2021

सुनीता नेगी
Sunita Negi
जन्म तिथि/DOB: 25/07/1977
महिला/ FEMALE

Issue Date: 02/06/2021

8931 8679 7748
VID : 9111 6927 2753 2526

मेरा आधार, मेरी पहचान

Mob 1- 9871804419

Age is 46y 1f.

Sunita

Charu Kohli
DR. CHARU KOHLI

CONSULTANT MBBS
DMC-6336

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	SUNITA NEGI
DATE OF BIRTH	05-11-1977
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	22-01-2022
BOOKING REFERENCE NO.	21M61537100009456S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. NEGI RAGHUBIR SINGH
EMPLOYEE EC NO.	61537
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	DELHI,VASUNDHARA ENCLAVE
EMPLOYEE BIRTHDATE	12-10-1971

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 **11-01-2022** 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))



<https://mail.google.com/mail/u/1/#inbox/FMfcgzGmthkGtfKsxcWLMZkZWZghtJJWN?projector=1&messagePartId=0.1>

Charu Kohli
DR. CHARU KOHLI
Charu Kohli
CONSULTANT MBBS
DMC-8363

Dr. Charu Kohli's Clinic

BOB Health Check package - Male	BOB Health Check Package- Female
Pulmonary function test (PFT)	✓ Pulmonary function test (PFT)
Calcium Total Serum Test	✓ Calcium Total Serum Test
CBC with ESR	✓ CBC with 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
Lipid Profile	✓ Lipid Profile
Total Cholesterol	✓ Total Cholesterol
HDL	✓ HDL
LDL	✓ LDL
Triglycerides	✓ Triglycerides
HDL / LDL ratio	✓ HDL / LDL ratio
Liver Profile	✓ Liver Profile
AST	✓ AST
ALT	✓ ALT
GGT	✓ GGT
Bilirubin (total, direct, indirect)	✓ Billrubin (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 Urinalysis	✓ Routine Urinalysis
USG Whole Abdomen	✓ USG Whole Abdomen
General Tests	General Tests ✓
X-Ray Chest ✓	X-Ray Chest ✓
ECG	ECG
2D Echo	2D Echo ✓
Stress Test TMT	✓ Stress Test TMT
Thyroid Profile (T3, T4, TSH)	✓ Thyroid Profile (T3, T4, TSH)
PSA Male	✓ PAP Smear
Physician Consultation	Mammography / Sonomammography Physician and Gynaeec Consultation

NAME : SUNITA NEGI

AGE/SEX : 46 Y/F

DATE : 31.01.2022

Height	Weight	BMI	BP
151cm	62kg	27.2	120/60 mm/hg
HABITS	SMOKING : NO ALCOHOL : NO DRUGS : NO		

Family History:

- Asthma : NO
- Diabetes/BP : NO
- TB : NO
- Cancer : NO
- Heart Disease : NO
- Thyroid : NO

Personal History:

- Pleurisy : NO
- Rheumatic : NO
- BP : NO
- Allergic to : NO
- Acquired deformity : NO
- Operated for : NO
- Psychosomatic history : NO
- Thyroid /DM/BP : NO

Past History /Family Medical History:

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT EYE	LT EYE	RT EYE	LT EYE		
	6/6	6/6	N/6	N/6	NORMAL	NO

Signature of Medical Examiner : *Charu Kohli*

CONSULTANT MBBS
 DMC-8388

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medico-legal aspect.

Dr. CHARU KOHLI CLINIC
C-234, DEFENCE COLONY, NEW DELHI

Patient Information

Name : **SUNITA NEGI**

DATE : 31/01/22 11:11:27

AGE : 46 /F

ID : 12

Height : 161

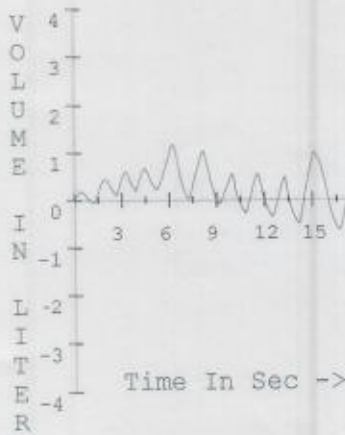
REF. BY : Dr.

Weight : 62

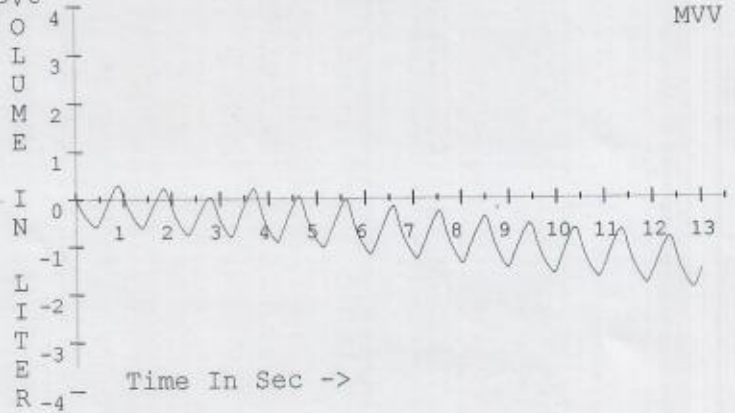
Indication:

Smoker : Non Smoker

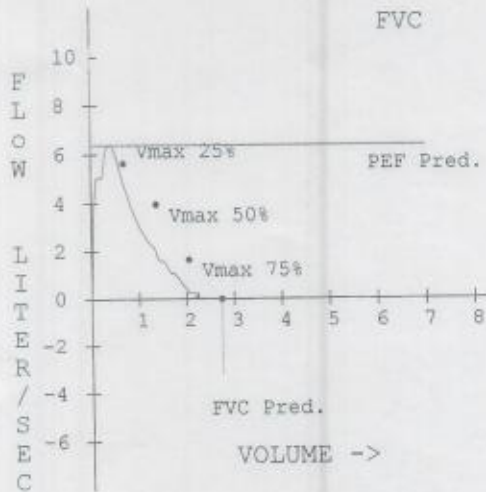
Pre
 Post



SVC

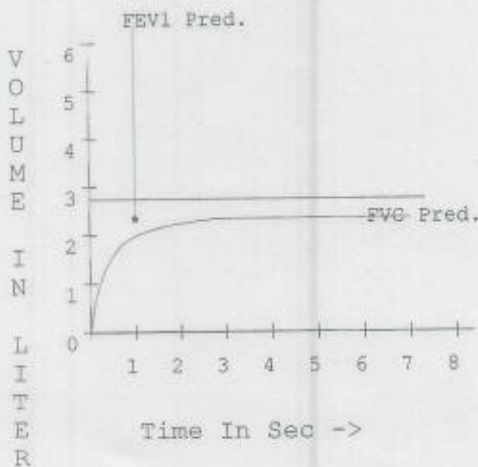


MVV



FVC

Parameter	Pred	Pre	%Pred	Post	%Pred	Dif.%
FVC (L)	2.74	2.35	85.56			
FEV0.5 (L)		1.55				
FEV1 (L)	2.35	1.98	84.25			
FEV1/FVC %	85.66	84.35	98.47			
PEF (L/S)	6.37	6.38	100.28			
PIF (L/S)						
FEF25-75% (L/S)	3.37	2.04	60.67			
VMax25 %	5.63	5.59	99.13			
VMax50 %	3.95	2.39	60.53			
VMax75 %	1.65	1.20	72.51			
FET100 %		3.07				
SVC (L)	2.72	1.90	69.71			
ERV (L)	1.26	0.49	39.37			
IRV (L)		0.43				
Rf (BrPM)		35.66				
VT (L)		0.93				
TI (s)		0.89				
TE(s)		0.79				
VE (I/M)		34.06				
VT/TI (L/S)		1.04				
TI/T.TOT		0.53				
IC		1.36				
MVV	89.26	61.76	69.18			
FEF50 % (L/S)		1.99				
FIF50 % (L/S)		58.64				
FEF50/FIF50 %		0.03				



Diagnosis :

Normal Spirometry (FVC and FEV1/FVC > 80% of Predicted)

Rajiv
DR. D. R. RAJIV
 MBBS, MD
 DMC-46748
 CONSULTANT CARDIOLOGIST

Dr. Negi

Dr.

**ACCREDITED BY NABL FOR LABORATORY MEDICINE SERVICES AS PER SCOPE
 (AN ISO 15189:2012 ACCREDITED LABORATORY)**

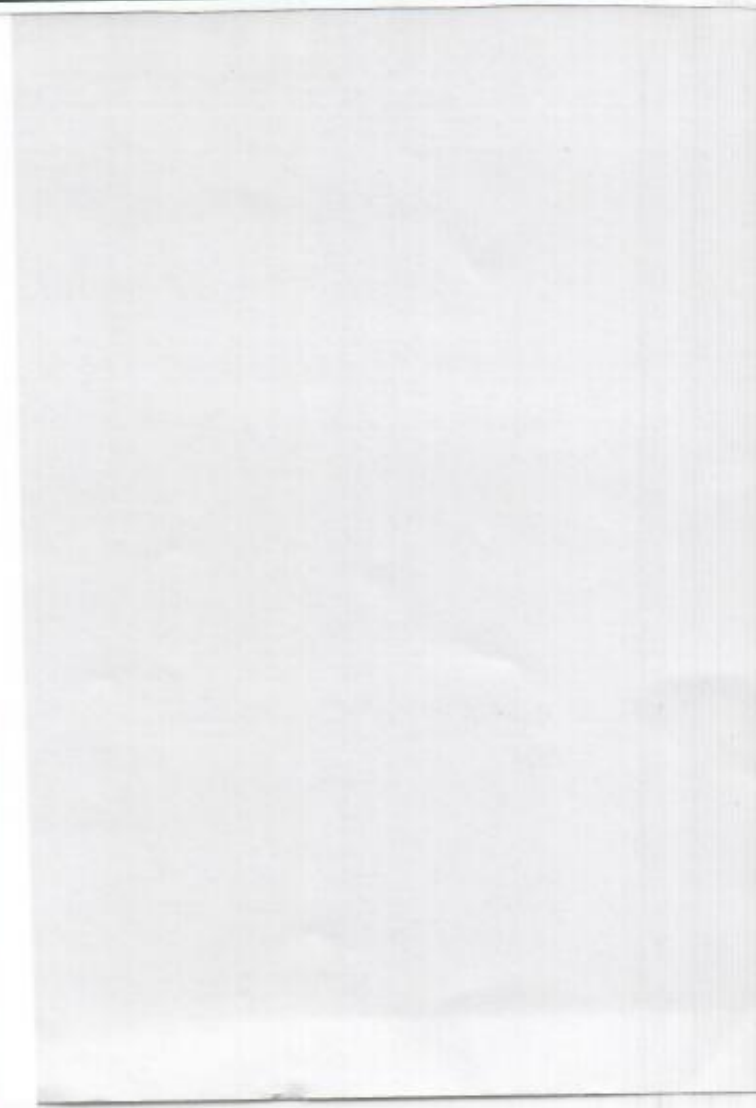
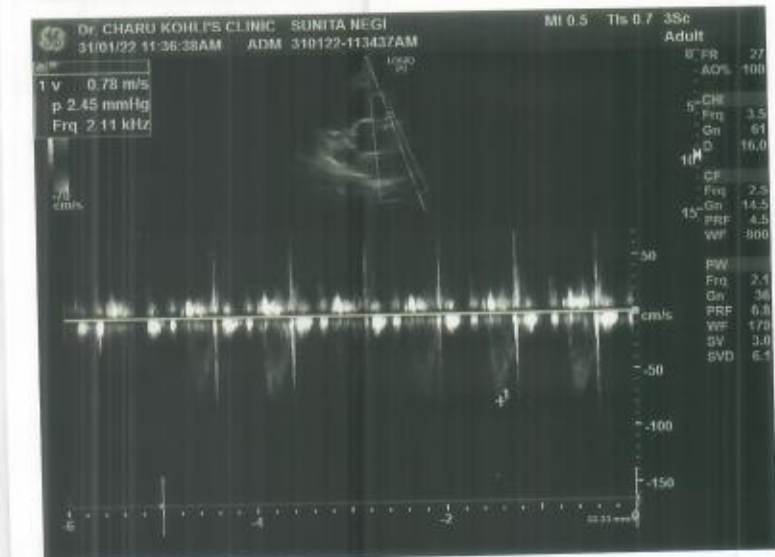
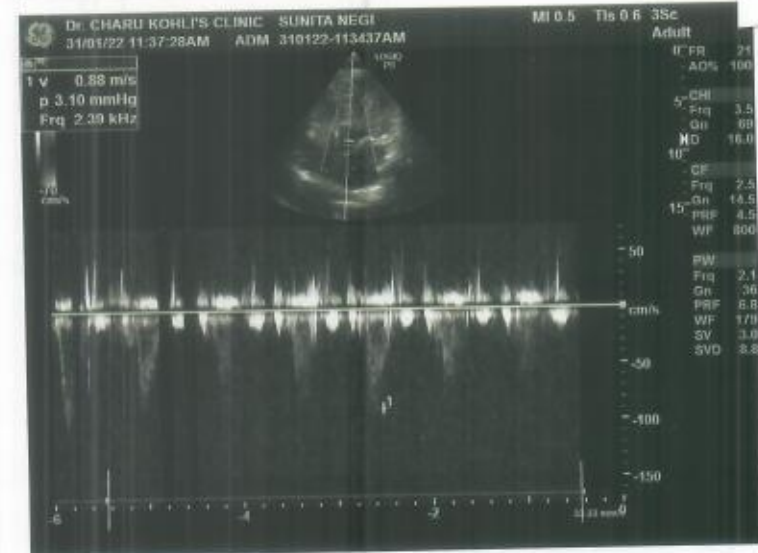
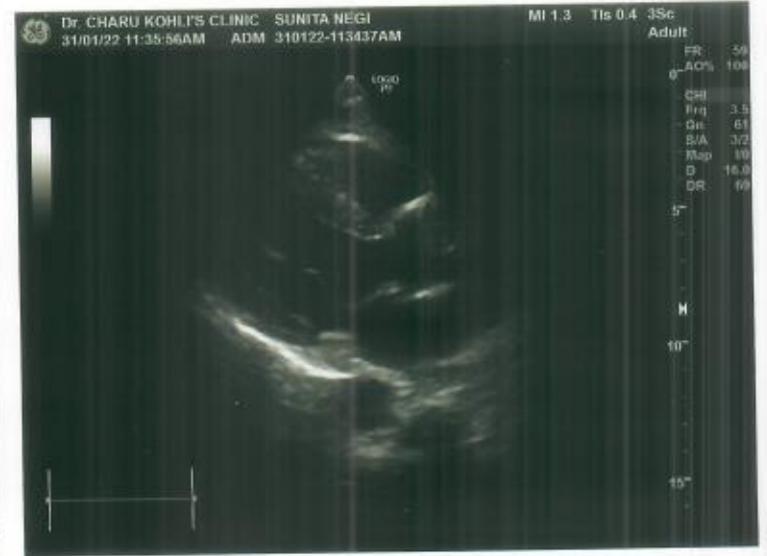
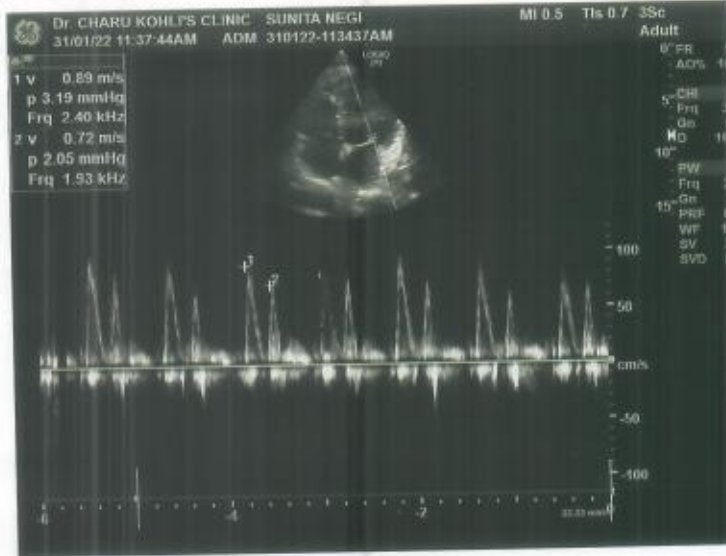
DATE	31/01/2022	AGE / SEX	45 YERS / FEMALE
NAME	MR. SUNITA	REF. BY	DR.

ECHOCARDIOGRAPHY

	<u>MEASUREMENTS:</u>	<u>NORMAL RANGE:</u>
Aortic root diameter	2.7	2.0 – 3.7 cm
Aortic valve opening	1.8	1.5 – 2.6 cm
Left atrial dimension	2.9	1.9 – 4.0 cm
Left ventricular ED dimension	4.4	3.8 – 5.6 cm
Left ventricular ES dimension	3.4	2.2 – 4.0 cm
Intra ventricular septal thickness ED	1.3	0.6 – 1.2 cm
ES	1.2	
Left ventricular PW thickness ED	1.3	0.6 – 1.2 cm
ES	1.2	
LV Ejection Fraction	60%	➤ 55 %

At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG

Occupational Health Services ■ Diagnostic & Preventive Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks
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M mode examination revealed normal movement of both mitral leaflets diastole.

No SAM or mitral valve prolapse is seen. Aortic cusps are not thickened and enclosure line is central.

Tricuspid valve is normal, pulmonary valve is normal, Aortic is normal in size, dimension of left atrium and left ventricle are normal.

2-D imaging in PLAX, PSAX and apical views revealed a normal size left ventricle.

RWMA noted. Global LVEF is 60%.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally. Pulmonary valve is normal.

Interatrial and interventricular septa are intact. No intra cardiac mass or thrombus is seen. No evidence of pericardial pathology is observed. IVC is normal in caliber and shows normal respiratory variation.

DOPPLER

No evidence of AS/ No AR

No evidence of MS/MILD MR

No evidence of TS/ MILD TR

No evidence of PS/No PR

FINAL DIAGNOSIS

NO RWMA

LVEF = 60%

NORMAL LV SYSTOLIC FUNCTION.

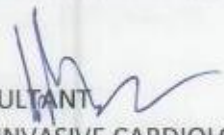
MILD LVH

NORMAL LV DIASTOLIC FUNCTION.

MILD MR, MILD TR (PASP=35 mmHg).

NO INTRA CARDIAC CLOT OR VEGETATION.

NO PERICARDIAL PATHOLOGY.


CONSULTANT
NON-INVASIVE CARDIOLOGIST

At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG

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Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry

Name: SUNITA NEGI
Date: January 31, 2022

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is maintained. Normal intrahepatic biliary radicles and normal appearing venous channels. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal pelvicalyceal systems and corticomedullary differentiation.

LK: 10.10 x 5.20 cm
RK: 9.18 x 3.88 cm

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and wall-thickness. No calculus or mass.

Uterus measures 3.93 x 3.97 cm in a.p. and transverse diameters and is 6.01 cm in fundo-cervical length. Endometrial lining is regular and maintained and is 5.1 mm thick. Endometrial cavity is clear. Myometrial echoes are maintained with a regular serosal outline.

Cervix is normal in length and mucosal pattern. Echopattern is homogenous.

Rt. Ovary measures 1.94 x 1.54 cm.

Lt. ovary measures 1.89 x 0.89 cm.

Normally developing follicles and stroma are seen in both ovaries.

No free fluid is seen in cul de sac.

IMPRESSION: Sonological study is within normal limits

Ch
DR CHARU KOHLI
MBBS DMRD

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
DEFENCE COLONY, NEW DELHI-110024
RDL15892199, DL/SD/132

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medicolegal aspect.
Every modern technology has its own limitations, in case of discrepancy/difference in opinion advised- repeat scan/ second opinion

At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG

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SUNITA Negi



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(AN ISO 15189:2012 ACCREDITED LABORATORY)**

Name : SUNITA NEGI
Date : Monday, January 31, 2022


ULTRASOUND BREAST

Both breasts are symmetrical.
Skin subcutaneous tissue is normal.
Nipple is normal.
Breast tissue shows mixed morphology, fatty & glandular. Remaining parenchyma is normal in architecture.
No focal lesion or calcific density appreciated.
No evidence of axillary lymphadenopathy noted.

IMPRESSION:

Sonological study is normal.

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
C-234, DEFENCE COLONY, NEW DELHI-110024
RDL15892199, DL/SD/132


DR.CHARU KOHLI
MBBS DMRD
DMC8388

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medicolegal aspect. Every modern technology has its own limitations, in case of discrepancy/difference in opinion advised- repeat scan/ second opinion
Dense breasts may mask lesions. The false negative rate of a mammogram is 15-20%. False positives are also known.

At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG

Occupational Health Services ■ Diagnostic & Preventive Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks
Test marked with * are not in NABL Scope. / Tests marked with # are performed at outsourced laboratory.

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry

SUNIT NEGI



Dr. CHARU KOHLI'S CLINIC SUNITA NEGI

DR. CHARU KOHLI'S CLINIC

C-234, DEFENCE COLONY, NEW DELHI 24

Ms. SUNITA NEGI
Age : 46/F
Recorded : 31-1-2022 12:28
Ref. by :
Indication :

ID : 197
HTWT : 151/62

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History:

Medication :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km/Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE											
HYPERVENT	0:31	0:31			73	130/86	94	0.5	0.3	0.6	
VALSALVA					81	130/86	105	0.5	0.2	0.7	
STANDING					74	130/86	96	0.6	0.2	0.6	
					79	130/86	102	0.6	0.3	0.4	
STAGE 1	2:59	2:59	2.70	10.00	101	136/86	137	0.3	0.1	-0.2	4.80
STAGE 2	5:59	2:59	4.00	12.00	114	146/90	166	0.3	-0.2	-0.2	7.10
STAGE 3	8:59	2:59	5.40	14.00	121	154/90	186	0.5	1.0	-0.9	10.00
STAGE 4	10:29	1:29	6.70	16.00	148	162/90	239	-0.2	0.3	-1.7	11.99
PEAK EXERCISE	10:33	1:33			144	162/90	233	-0.2	0.3	-1.7	
RECOVERY	2:59	2:59	0.00	0.00	80	148/88	118	-0.5	0.2	-0.4	
RECOVERY	5:59	5:59	0.00	0.00	80	140/88	112	0.1	0.3	0.2	12.08

RESULTS

Exercise Duration : 10:33 Minutes
Max Heart Rate : 148 bpm 85 % of target heart rate 174 bpm
Max Blood Pressure : 162/90 mmHg
Max Work Load : 12.08 METS
Reason of Termination :

IMPRESSIONS

*Negative for any
abnormalities of exercise*

Logic
DR. D. R. RAJIV
MBBS, MD
DMC-46748
CONSULTANT CARDIOLOGIST

CARDIOLOGIST

MS. SUNITA NEGI

ID : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

RATE : 73 BPM

B.P. : 130/86 mmHg

DR. CHARU KOHLI'S CLINIC

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW E.C.G.



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Ms. SUNITA NEGI
I.D. : 197
AGE/SEX : 46/F
RECORDED : 31-1-2022 12:23

RATE : 81 BPM
B.P. : 130/86 mmHg

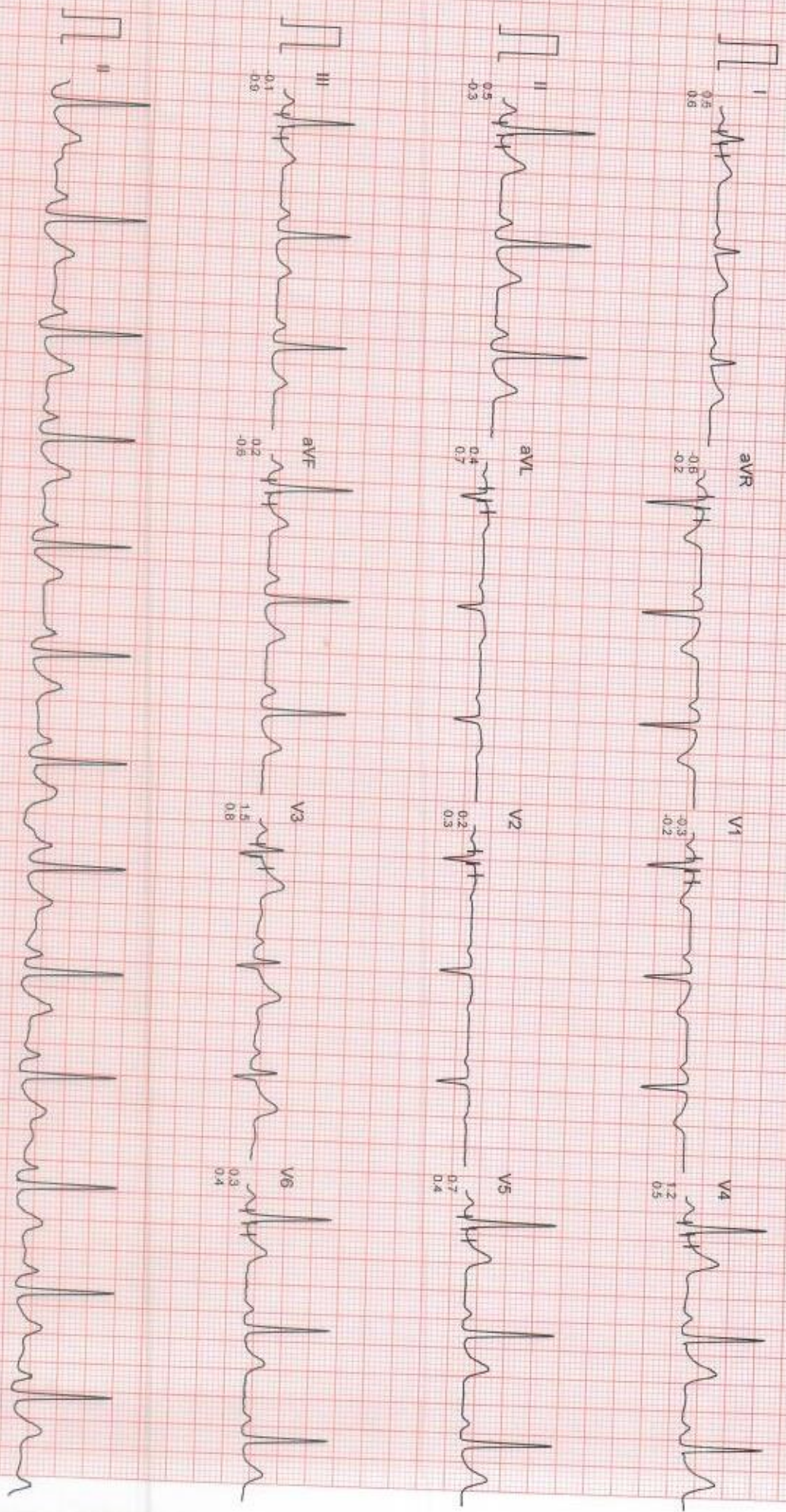
DR. CHARU KOHLI'S CLINIC

HYPERVENTILATION
PRETEST

STAGE TIME : 0:31

ST @ 10mm/mV
80ms PostJ

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Ms. SUNITA NEGI
I.D. : 197
AGE/SEX : 46/F
RECORDED : 31-1-2022 12:23

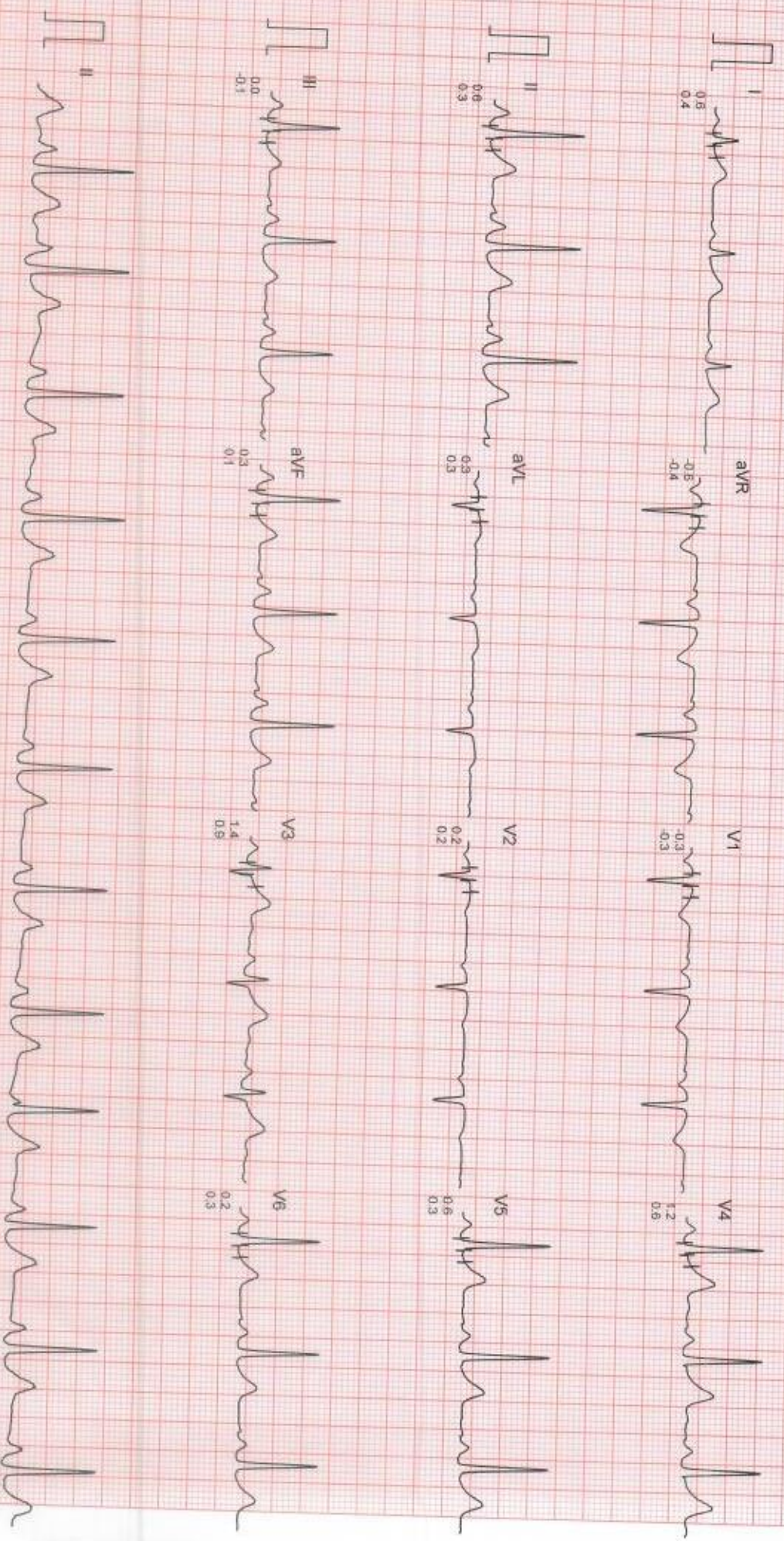
RATE : 74 BPM
B.P. : 130/86 mmHg

DR. CHARU KOHLI'S CLINIC

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom INDIA Ph. 7001 794 9000740 Tel: 7001 794 000004

Ms. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

RATE : 79 BPM

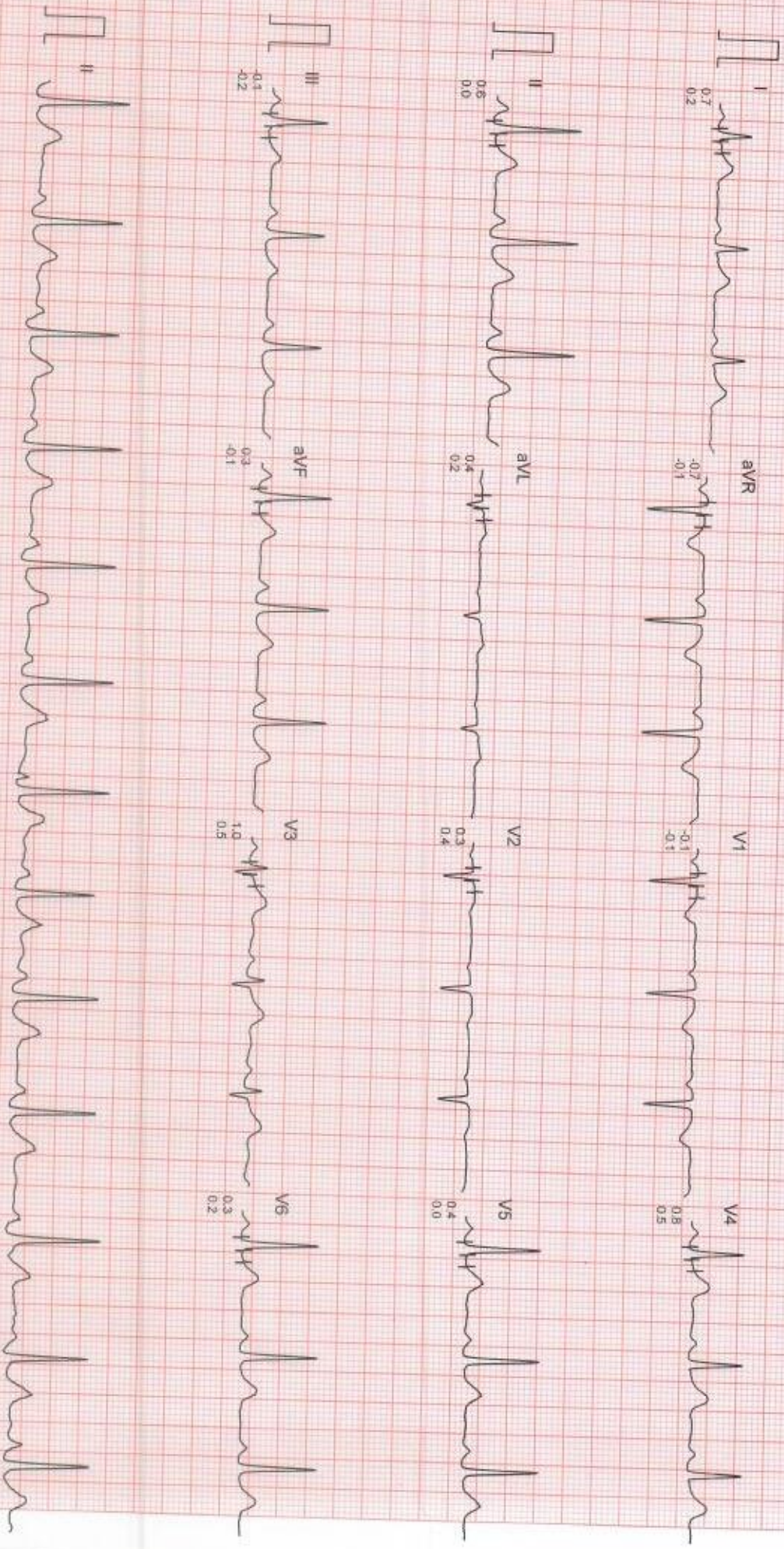
B.P. : 130/86 mmHg

DR. CHARU KOHLI'S CLINIC

STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Ms. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

DR. CHARU KOHLI'S CLINIC

RATE : 101 BPM

B.P. : 136/86 mmHg

BRUCE

EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

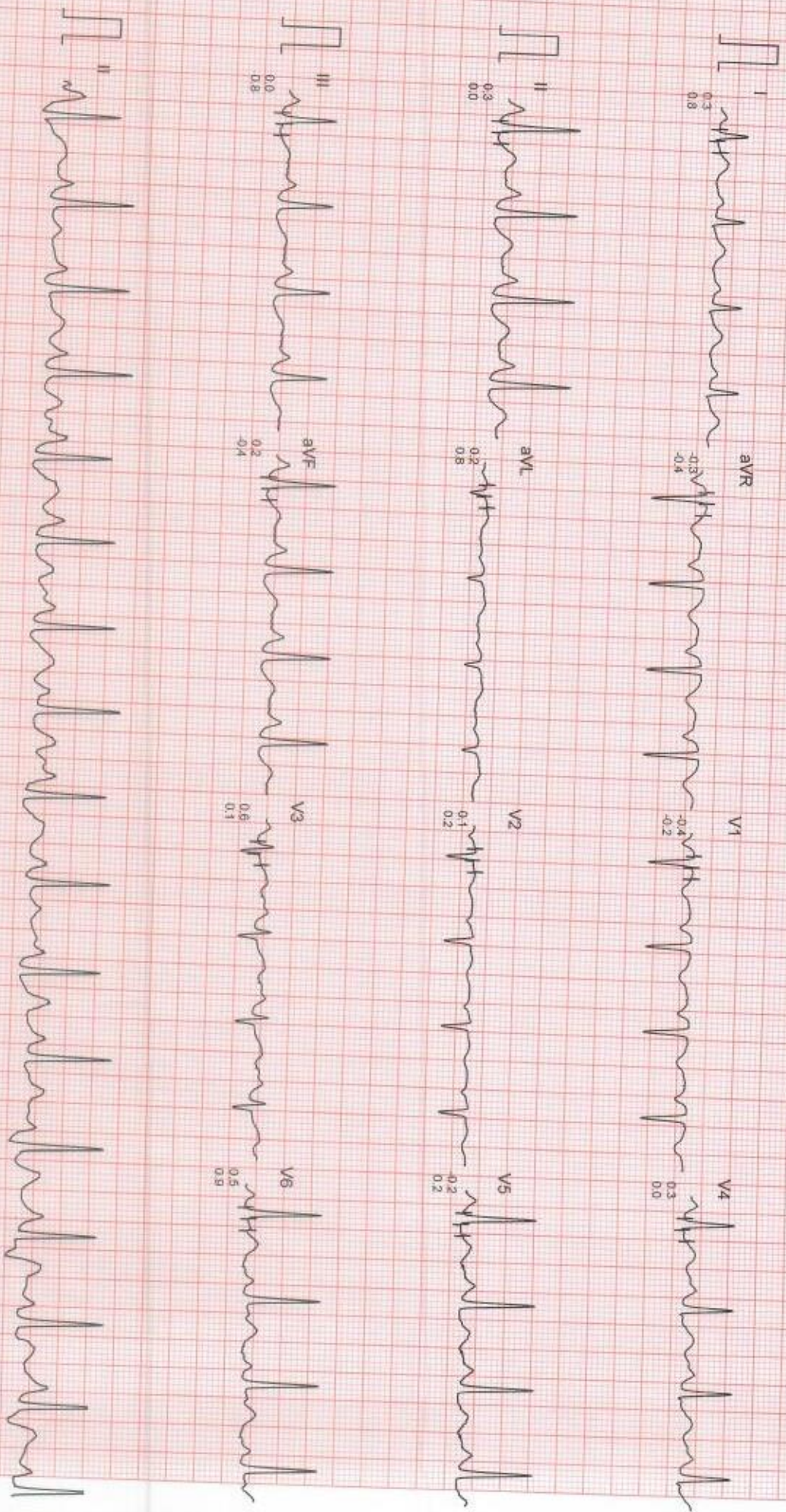
ST @ 10mm/mV

80ms PostU

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-734-2620740 TeleCom: 091-734-2620741

Ms. SUNITA NEGI

LD : 197

AGE/SEX : 46/F

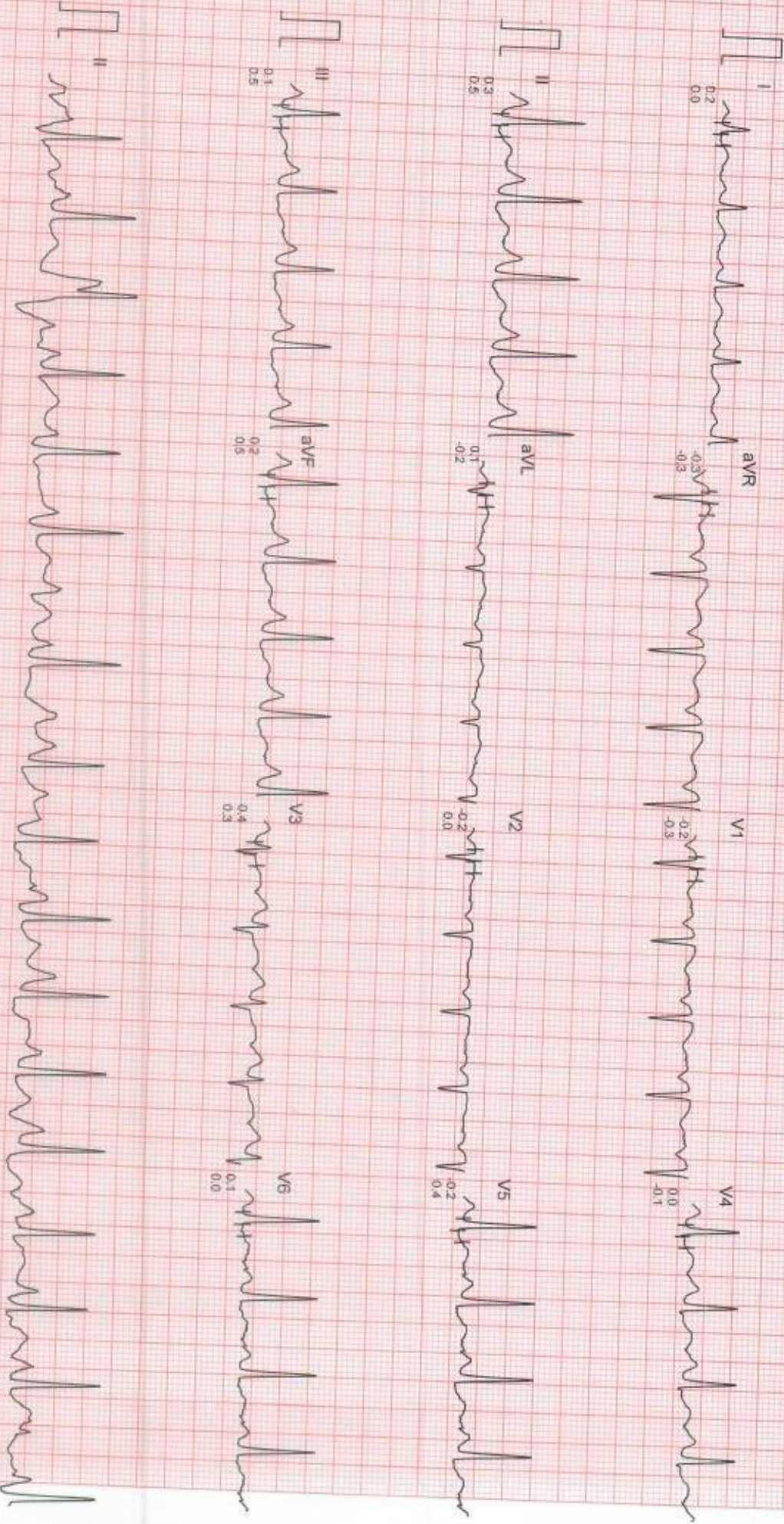
RECORDED : 31-1-2022 12:23

DR. CHARU KOHLI'S CLINIC

RATE : 114 BPM
B.P. : 146/90 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Ms. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

RATE : 121 BPM

B.P. : 154/90 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

EXERCISE 3

PHASE TIME : 8:59

STAGE TIME : 2:59

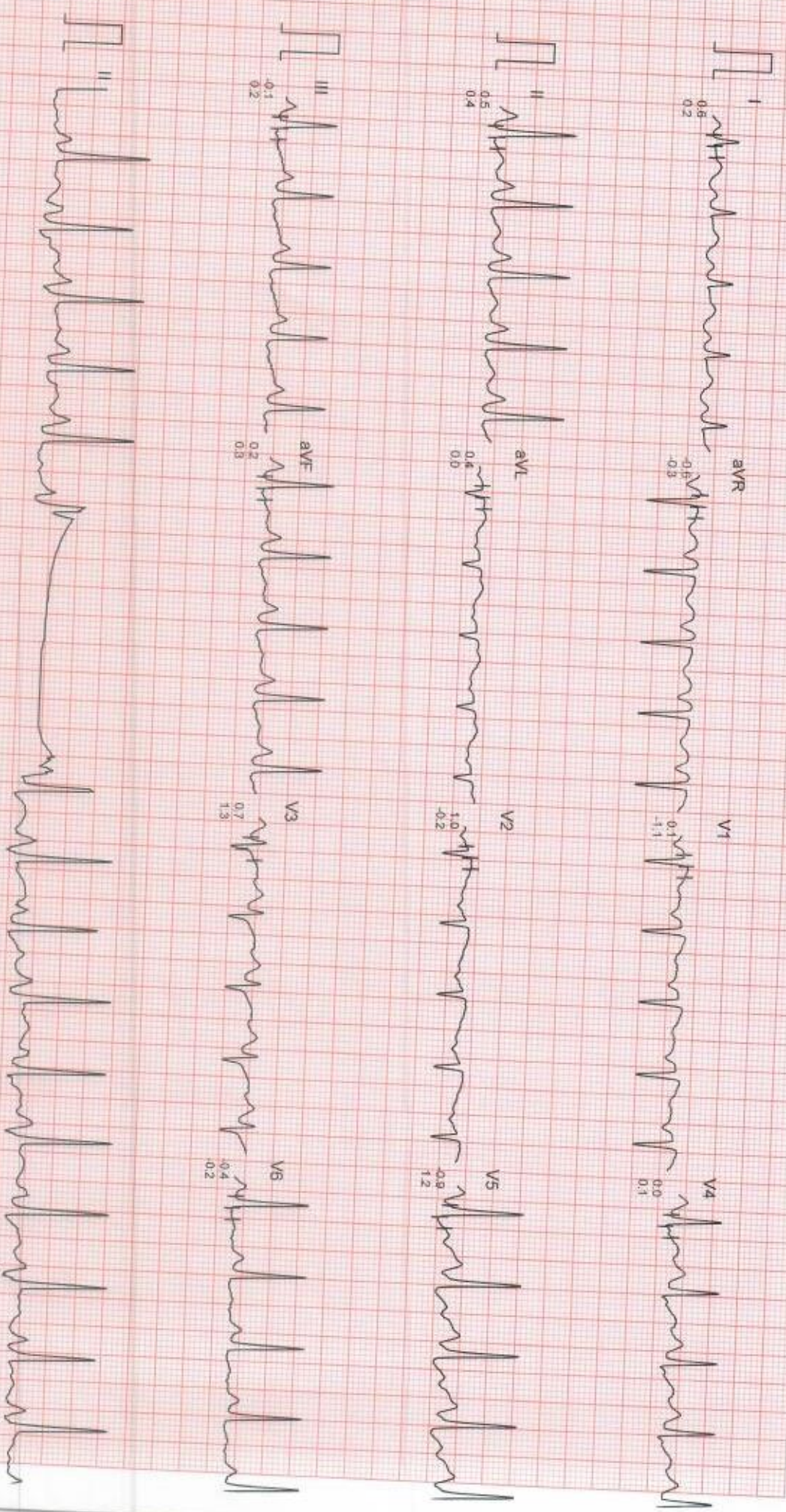
ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km/Hr.

GRADE : 14.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431714

Ms. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

RATE : 144 BPM

B.P. : 162/90 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

PEAK EXERCISE

PHASE TIME : 10:33

STAGE TIME : 1:33

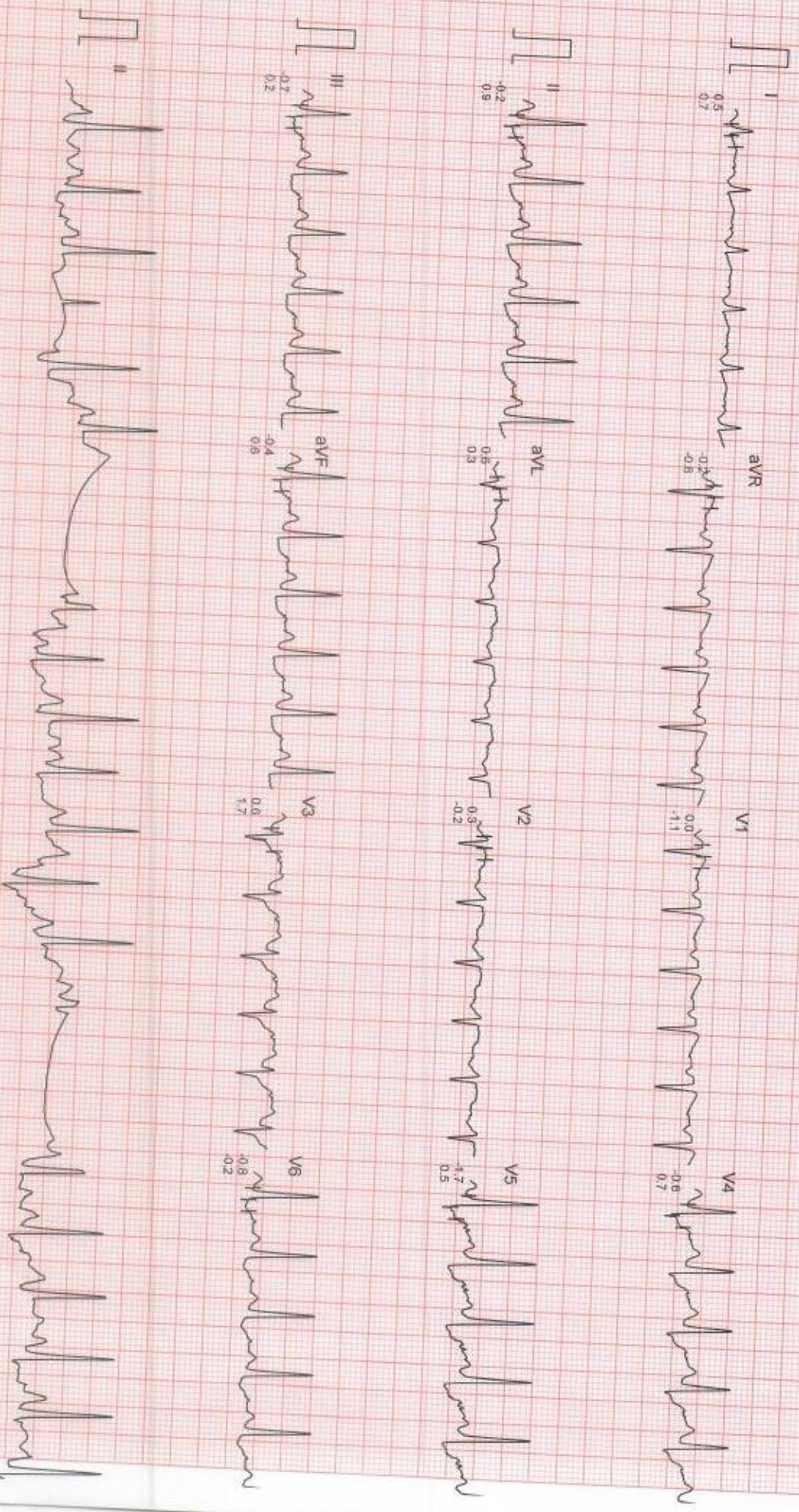
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Ms. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 0:59

RATE : 103 BPM

B.P. : 162/90 mmHg

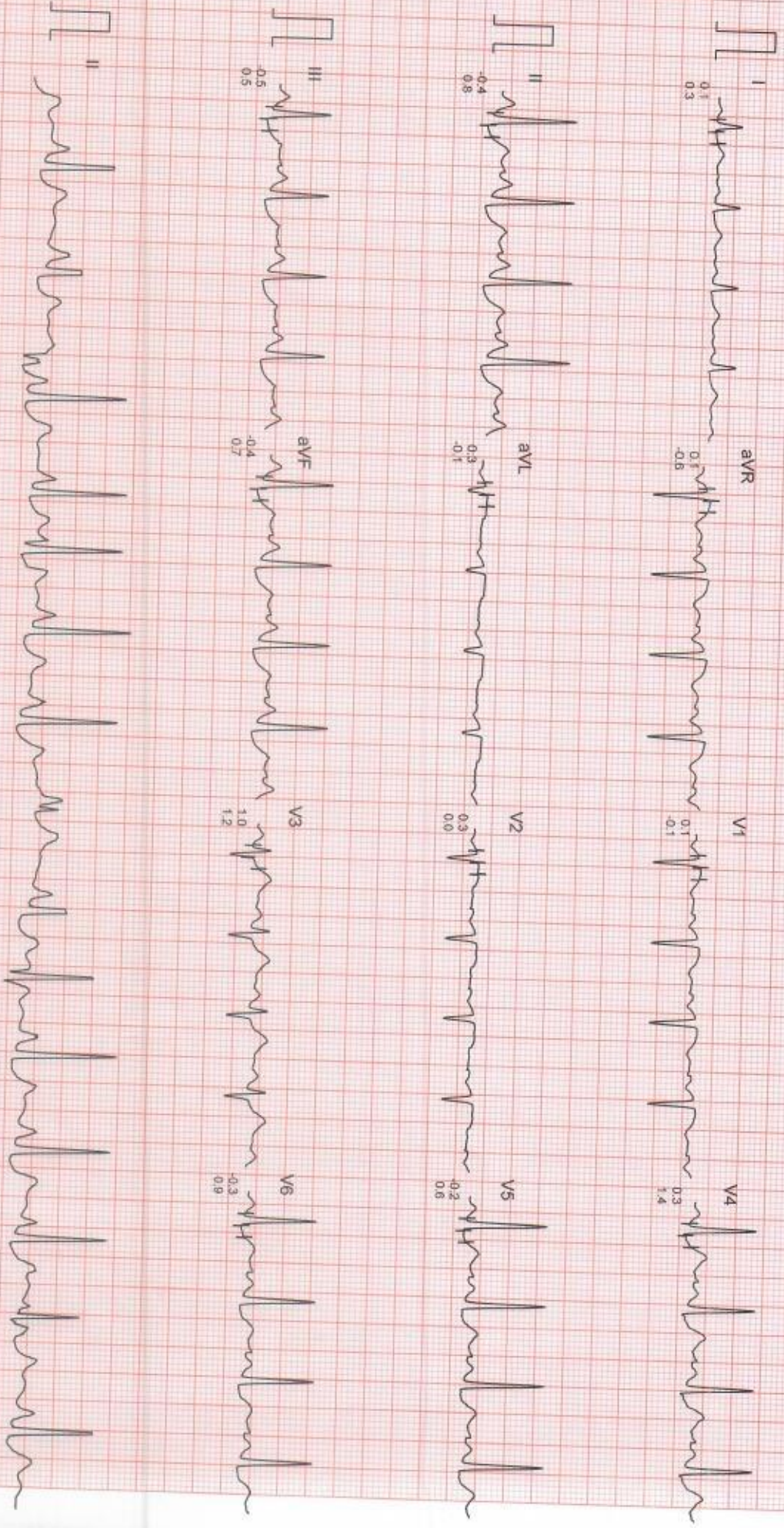
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN

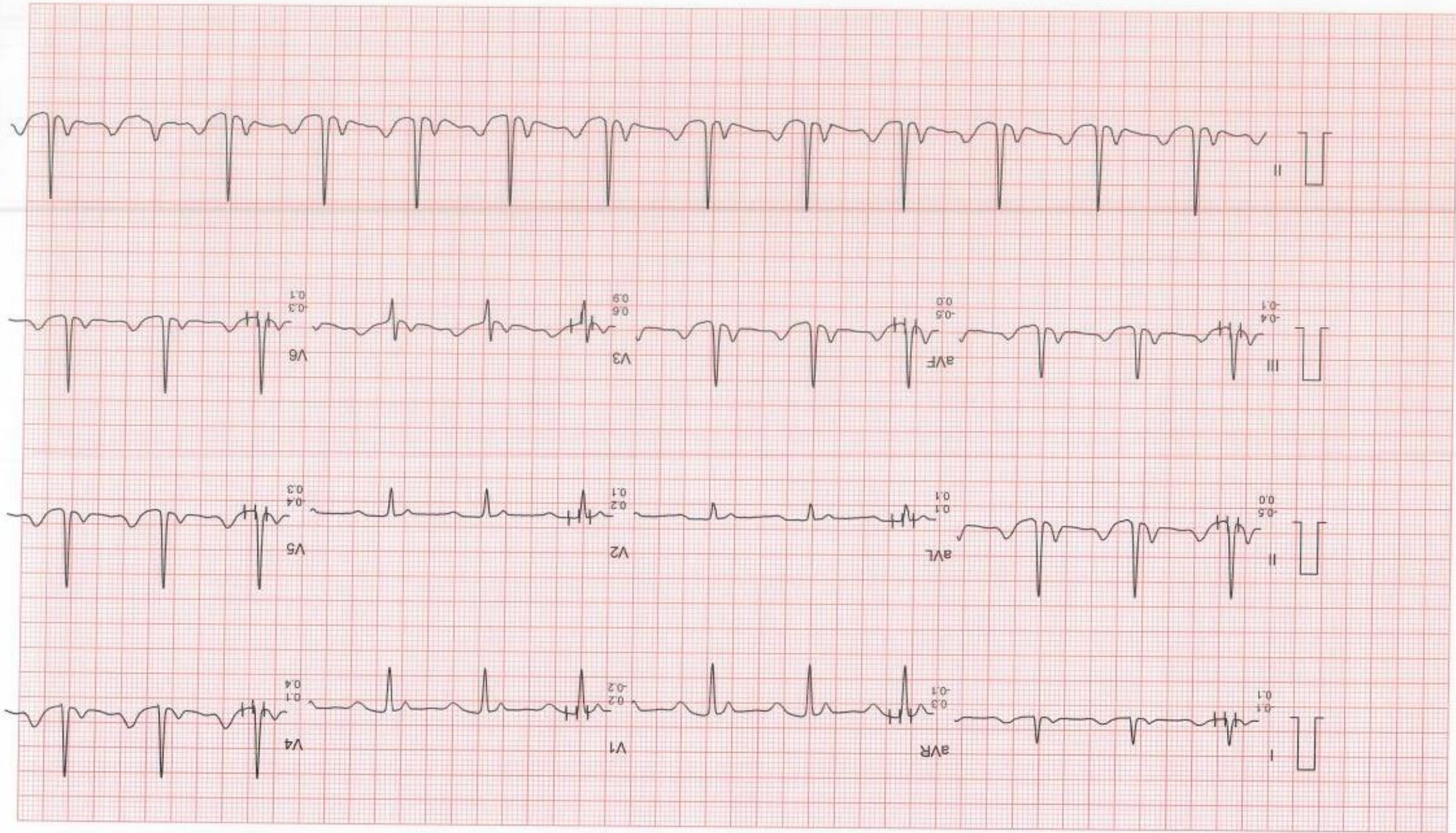


Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740 Telefax:091 731 2421244



MS. SUNITA NEGI

I.D : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

RATE : 80 BPM
B.P. : 148/88 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 2:59

ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN

Ms. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 5:59

RATE : 80 BPM

B.P. : 140/88 mmHg

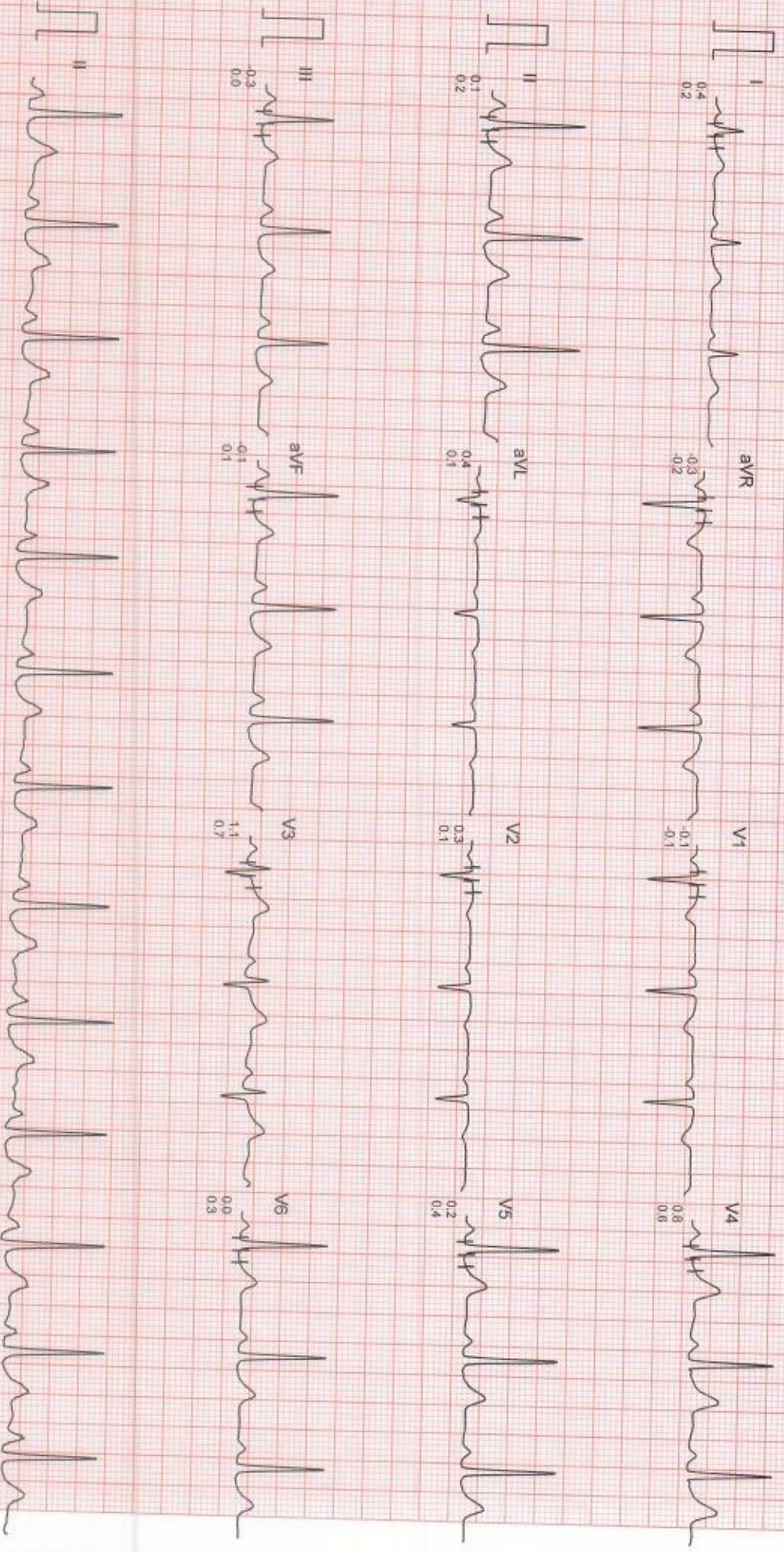
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740 TeleFax:091-731-2431234

DR. CHARU KOHLI'S CLINIC

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

MS. SUNITA NEGI

I.D. : 197

AGE/SEX : 46/F

RECORDED : 31-1-2022 12:23

RATE : 74 BPM

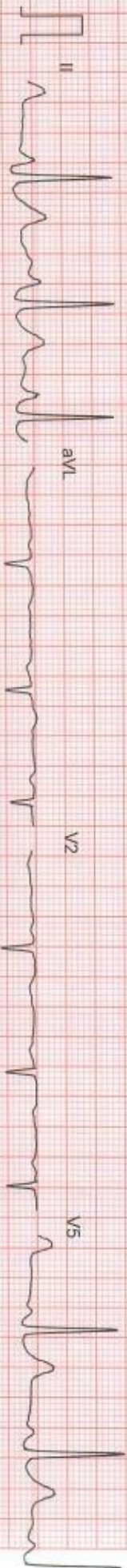
B.P. : 130/86 mmHg

RAW E.C.G. *ECC*

Sunita Negi

24/1/2022

Dr. D.R. Rajiv
DR. D. R. RAJIV
MBBS, MD
DMC-46748
CONSULTANT CARDIOLOGIST





Registration No.	102124008	Mobile No.	9871804419
Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	01/02/2022 14:02:27
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43
Test Name	Value	Unit	Biological Ref Interval

HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	13.4	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	04.48	10 ⁹ /L	04.0 - 10.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	54.0	%	40.0 - 75.0
Lymphocyte ,EDTA	36.1	%	20.0 - 45.0
Eosinophil ,EDTA	3.1	%	1.0 - 6.0
Monocyte ,EDTA	6.8	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 1.0
ESR* ,EDTA <i>Method : Westergreen</i>	14	mm/1st hr.	00 - 20
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.50	10 ⁶ /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	41.9	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	93.1	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	29.7	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	31.9	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance Microscopy</i> * The test outside of the scope of NABL.	242.00	10 ³ /uL	150.00 - 450.00

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Registration No.	102124008	Mobile No.	9871804419
Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	01/02/2022 14:02:27
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43
Test Name		Value	Unit
			Biological Ref Interval

RDW- CV%* ,EDTA	12.9	%	10.0 - 14.5
Blood Group ABO* ,EDTA <i>Method : Forward Grouping</i>	"B"		
Rh Typing ,EDTA <i>Method : Forward Grouping</i>	POSITIVE		
HbA1c* ,EDTA <i>Method : Photometric method</i>	5.5	%	

INTERPRETATIONS:-

NORMAL RANGE 4.00 - 5.60 %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-
Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

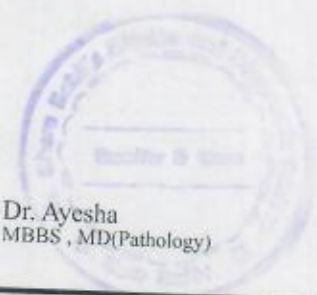
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Registration No.	102124008	Mobile No.	9871804419
Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	01/02/2022 14:02:27
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	606	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	224	mg/dl	80 - 200
Serum Triglycerides ,Serum Plain <i>Method : GOD-POD</i>	158	mg/dl	40 - 200
Serum HDL Cholesterol* ,Serum Plain <i>Method : Direct Method</i>	47.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol* ,Serum Plain <i>Method : Calculated</i>	145.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol* ,Serum Plain <i>Method : Calculated</i>	32.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio* ,Serum Plain <i>Method : Calculated</i>	4.77		
LDL/HDL Cholesterol Ratio* ,Serum Plain <i>Method : Calculated</i>	3.09		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

LDL Reference Range :

Levels in terms of risk for coronary heart disease :

Adult levels

Optimal	<100 mg/dL
Near Optimal/above optimal	100 - 129 mg/dL
Borderline high	130 - 159 mg/dL
High	160 - 189 mg/dL
Very High	≥190 mg/dL

* The test outside of the scope of NABL.

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Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	31/01/2022 16:45:38
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

Test Name	Value	Unit	Biological Ref Interval
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KIDNEY FUNCTION TEST (KFT)

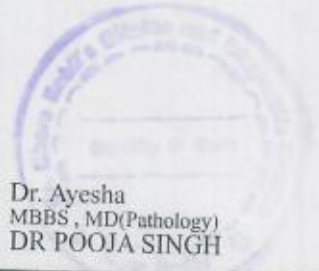
Blood Urea .Serum Plain <i>Method : Urease -GLDH</i>	27.1	mg/dl	15.0 - 45.0
Serum Creatinine .Serum Plain <i>Method : Modified Jaffe's</i>	0.60	mg/dl	0.50 - 1.50
Serum Uric Acid .Serum Plain <i>Method : Uricase- POD</i>	4.20	mg/dl	2.40 - 5.70
Serum Sodium# .Serum Plain <i>Method : ISE Direct</i>	136.0	mmol/L	135.0 - 148.0
Serum Potassium* .Serum Plain <i>Method : ISE Direct</i>	4.02	mmol/L	3.50 - 5.00
Serum Chloride* .Serum Plain <i>Method : ISE DIRECT</i>	99.00	mmol/L	97.00 - 107.00
Serum Calcium .Serum Plain <i>Method : Arsenazo III</i>	8.90	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl

* The test outside of the scope of NABL.

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Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	01/02/2022 14:02:27
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43
Test Name		Value	Unit
			Biological Ref Interval

LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.58	mg/dl	0.00 - 1.30
Serum Bilirubin (Direct)* ,Serum Plain <i>Method : DSA Method</i>	0.18	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect)* ,Serum Plain <i>Method : Calculated Parameter</i>	0.40	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	26.0	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	29.0	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	148.0	IU/l	30.0 - 310.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.00	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	3.80	gm/dl	3.50 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.20	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.19		1.00 - 2.10
Serum GGTP* ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	27.0	U/L	0.0 - 50.0

* The test outside of the scope of NABL.

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Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	01/02/2022 14:02:27
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

Test Name	Value	Unit	Biological Ref Interval
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Blood Sugar (Fasting) ,Plasma F
Method : GOD POD 98.0 mg/dl 70.0 - 110.0

Blood Sugar (PP) ,Plasma PP
Method : GOD POD 155.0 mg/dl 70.0 - 140.0

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia, possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..

Blood Urea Nitrogen* ,Serum Plain
Method : Calculated 12.66 mg/dl 0.00 - 30.00

* The test outside of the scope of NABL.

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Registration No.	102124008	Mobile No.	9871804419
Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	01/02/2022 10:59:57
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

TOTAL THYROID PROFILE# ,Serum Plain

Triiodothyronine(T3)	1.22 ng/ml	0.97-1.69
Thyroxin (T4)	8.46 ug/dl	4.87-11.72
Thyroid Stimulating Hormone (TSH)	1.64 uIU/mL	0.35-4.94

Comments :

The levels of thyroid hormone(T3&T4) are low in case of primary secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also. Increased levels are found in grave-s disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

In Pregnancy:

LEVEL	TOTAL T3	TOTAL T4	TSH
Ist Trimester	81-90	6.6-12.4	0.1-2.5
IInd Trimester	100-260	6.6-15.5	0.2-3.0
IIIrd Trimester	100-260	6.6-15.5	0.3-3.0

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Registration No.	102124008	Mobile No.	9871804419
Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	31/01/2022 16:45:38
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION*

URE PHYSICAL EXAMINATION*

Colour URINE	Pale Yellow		Pale Yellow
Volume URINE	15	mL	
Appearance URINE	Clear		Clear

URE CHEMICAL EXAMINATION*

Reaction URINE	Acidic		Acidic
Ph (Strip Method) URINE	6.5		5.0 - 8.0
Specific Gravity URINE	1.020		1.001 - 1.035
Protein (Strip Method) URINE	Nil		Not-Detected
Glucose (Strip Method) URINE	Nil		Nil

URE MICROSCOPY EXAMINATION

Pus Cells URINE	2-3	/HPF	0 - 2
Epithelial Cells URINE	4-6	/HPF	0 - 2
RBC's URINE	NIL	/HPF	0 - 2
Casts URINE	Nil		
Crystals URINE	Calcium Oxalate Present (+)		
Bacteria URINE	Absent		Absent
Mucus Thread URINE	Nil		Nil
Other URINE	Nil		

* The test outside of the scope of NABL.

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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	31/01/2022 16:45:38
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

Test Name	Value	Unit	Biological Ref Interval
URINE SPOT SUGAR (FASTING) .URINE	Nil		Nil
URINE SPOT SUGAR (PP) .URINE	Nil		Nil
URINE ALBUMIN .URINE	TRACE		NIL

*** End of Report ***

* The test outside of the scope of NABL.

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Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/02/2022 10:17:36
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

PAP SMEAR ,SLIDE SMEAR

LAB ID: P- 95/22
SPECIMEN TYPE: Conventional Smear
SPECIMEN ADEQUACY : Satisfactory for evaluation.

MICROSCOPY: Smear are cellular but limited due to absence of T- Z cells sheets of superficial & intermediate cells are seen in a background of few RBC'S & inflammatory cells.
No atypical cells are seen.

INTERPRETATION/RESULTS: Negative for intra-epithelial lesion or malignancy (NILM).

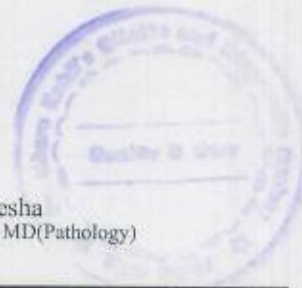
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Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/02/2022 10:17:36
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

NOTE:-

Cervical cytology is screening test primarily for squamous cancer and its precursors and has been Associated with false positive and false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false negative results

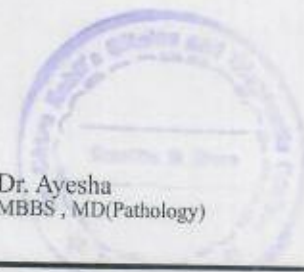
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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/02/2022 10:17:36
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

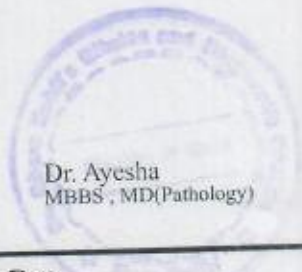
*** End of Report ***

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NAME : SUNITA NEGI

AGE/SEX : 46Y/F

DATE : 31.01.2022

X RAY CHEST PA :

Cardiac shadow is normal.

Aorta is normal.

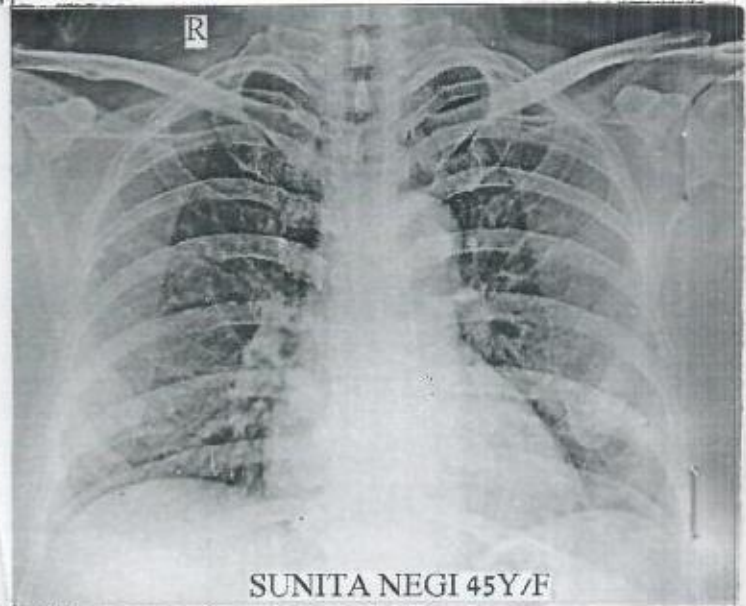
Both lung fields are clear.

Both costophrenic angles are clear.

Raised right dome of diaphragm and left is normal.

No bony injury noted.

IMPRESSION: Normal chest skiagram



for
DR. CHARU KOHLI
MBBS, DMIRD

DR. CHARU KOHLI
DMC-3008
CONSULTANT RADIOLOGIST
MBBS, MID
Consultant Radiologist

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medical aspect.



Registration No.	102124008	Mobile No.	9871804419
Patient Name	Ms. SUNITA NEGI	Registration Date/Time	31/01/2022 10:27:54
Age / Sex	45 Yrs Female	Sample Collected Date/Time	31/01/2022 16:38:00
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/02/2022 10:17:36
Collected At	DCKC	Printed Date/Time	01/02/2022 14:04:43

(The Bethesda System 2014)

SCREENING GUIDELINES:- 21-29 year Cytology only 3 yrs, 30-65years—Co-testing every 5 years;
<21&> 65 yrs - Screening not recommended.

ASCO/CA & GUIDELINES: -

	HPV unknown	HPV positive	HPV Negative
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping /repeat co-testing @ 1 year	Routine screening
NILM without EC/TZ	HPV testing	Repeat co-testing @ 1 year	Routine screening
ASCUS	HPV testing	Colposcopy	Repeat co-testing@ 3year
LSIL	Colposcopy	Colposcopy	Cotesting @ 1 year
ASC -H	Colposcopy	Colposcopy	Colposcopy
HSIL	"Immediate LEEP"	"Immediate LEEP"	"Immediate LEEP"
AGC	EB & EndocervicalBx	EB & EndocervicalBx	EB & EndocervicalBx

* The test outside of the scope of NABL.

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CHECKED BY

Dr.Piyali Dhar
MBBS, DCP Pathology



Dr. Ayesha
MBBS, MD(Pathology)

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service • Diagnostic & Preventive • Health Assessment • Periodic Preventive Health Camps • Corporate Health Check

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometer