

#### BILL OF SUPPLY (Original) INDRA DIAGNOSTIC CENTRE

(Unit Of Chandan Healthcare Ltd.)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 Email: customercare@chandan.co.in ISO 9001:2015





CIN: U85110DL2003PLC308206

GSTIN:09AACCC1996N1Z2

HSN:999316

Name

Mr. Abhay Verma -126406

Bill

ALDPB/21-22/00028892

Age/Gender

35 Y 0 M 0 D /Male

Visit/Reg Date

Contact No.

6306040582

16-Jan-2022 09:36AM Dr.Mediwheel - Arcofemi

Refered By

Health Care Ltd.

Address

Allahabad

Contract By

Mediwheel - Arcofemi Health

Care Ltd.[52610]Credit

UHID Visit ID ALDP.0000088631 ALDP0288922122

1800

S.No. Test Name

Mediwheel Bank Of Baroda Male & Female

Rate Rebate Card Disc. Manual Disc. Total

0

0 1800

0

Bill Amount: 1800

Net Bill Amount: 1800

Total Paid Amount:

Due Amount: 1800

Received with thanks: Zero

Below 40 Yrs

Richa Mishra

View Your Test Reports on Chandan 24\*7 App.

For any query, kindly get in touch with us on

customercare@chandandiagnostic.com

गर्भ में पल रहे भूण के लिंग की जाँच करना एक दंडनीय अपराध है.

Attention Please!!

Download Chandan24x7 app to view your report and get discount coupons.



#### 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. VERMA ABHAY
EC NO.	126406
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	PHAPHAMAU
BIRTHDATE	06-03-1987
PROPOSED DATE OF HEALTH CHECKUP	02-01-2022
BOOKING REFERENCE NO.	21M126406100008776E

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 27-12-2021 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))



# 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	

Bank of Baroda
नाम - अपय वर्षा
Name - Abhay Verma
कर्मवारी कुट क - 126406
E.C. No. - 126406
Sec. No. - 126406
Signature of Holder
issuing Authority
Signature of Holder

Dermi.





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

CIN: U85110DL2003PLC308206



: 16/Jan/2022 09:36:20 Patient Name : Mr.ABHAY VERMA -126406 Registered On Age/Gender : 35 Y 0 M 0 D /M Collected : 16/Jan/2022 09:45:55 UHID/MR NO : ALDP.0000088631 Received : 16/Jan/2022 09:58:18 : ALDP0288922122 Visit ID Reported : 16/Jan/2022 12:37:43

В

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

#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) \*, Blood

Blood Group

Rh ( Anti-D) POSITIVE

**COMPLETE BLOOD COUNT (CBC) \***, Blood

Haemoglobin	14.10	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	5,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	. <9	
PCV (HCT)	36.00	cc %	40-54	
Platelet count				
Platelet Count	1.63	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	51.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.36	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	83.70	fl	80-100	CALCULATED PARAMETER
MCH	32.50	pg	28-35	CALCULATED PARAMETER
	38.80	%	30-38	CALCIII ATED DADAMETED
	14.00	%	11-16	1 links
	55.70	fL	35-60	Kantons
utrophils Count	3,472.00	/cu mm	3000-7000	Dr. Akanksha Singh (MD Pathology)

/cu mm

40-440



sinophils Count (AEC)



Dr. Akanksha Singh (MD Pathology)

168.00



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Patient Name : Mr.ABHAY VERMA -126406 Registered On : 16/Jan/2022 09:36:20 Age/Gender : 35 Y 0 M 0 D /M Collected : 16/Jan/2022 13:17:31 UHID/MR NO : ALDP.0000088631 Received : 16/Jan/2022 13:28:32 Visit ID : ALDP0288922122 Reported : 16/Jan/2022 13:42:27

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

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
CLUCOSE FASTING				
GLUCOSE FASTING , Plasma				
Glucose Fasting	95.50	mg/dl	< 100 Normal	GOD POD
			100-125 Pre-diabetes	
			≥ 126 Diabetes	

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP	109.00	mg/dl	<140 Normal	<b>GOD POD</b>
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.



Dr. Akanksha Singh (MD Pathology)







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Patient Name : Mr.ABHAY VERMA -126406 Registered On : 16/Jan/2022 09:36:20 Age/Gender : 35 Y 0 M 0 D /M Collected : 16/Jan/2022 09:45:55 UHID/MR NO : ALDP.0000088631 Received : 17/Jan/2022 12:34:31 Visit ID : ALDP0288922122 Reported : 17/Jan/2022 13:53:20

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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)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	39.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	117	mg/dl	

#### **Interpretation:**

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



UHID/MR NO

Visit ID

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#### **DEPARTMENT OF BIOCHEMISTRY**

Registered On

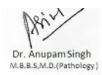
#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

#### **Clinical Implications:**

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- \*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- \*Pregnancy d. chronic renal failure. Interfering Factors:
- \*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.













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

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	13.10	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	87.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	6.92	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin	75.00 239.00 38.00 7.30 4.10	U/L U/L IU/L gm/dl gm/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G.
Globulin A:G Ratio	3.20 1.28	gm/dl	1.8-3.6 1.1-2.0	CALCULATED CALCULATED
Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct)	101.60 0.80 0.30	U/L mg/dl mg/dl	42.0-165.0 0.3-1.2 < 0.30	IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	219.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	63.50 115	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	DIRECT ENZYMATIC CALCULATED
VLDL	40.32	mg/dl	10-33	CALCULATED
Triglycerides	201.60	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







Since 1991

# INDRA DIAGNOSTIC CENTRE

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Patient Name

: Mr.ABHAY VERMA -126406

Registered On

: 16/Jan/2022 09:36:21 : 16/Jan/2022 09:45:55

Age/Gender UHID/MR NO : 35 Y 0 M 0 D /M

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Visit ID

: ALDP.0000088631 : ALDP0288922122

Reported

: 16/Jan/2022 12:44:42

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High





Dr. Akanksha Singh (MD Pathology)









Add: Kamla Nehru Road, Old Katra, Prayagraj

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: 16/Jan/2022 09:36:20 Patient Name : Mr.ABHAY VERMA -126406 Registered On Age/Gender : 35 Y 0 M 0 D /M Collected : 16/Jan/2022 13:17:31 UHID/MR NO : ALDP.0000088631 Received : 16/Jan/2022 13:33:14 Visit ID : ALDP0288922122 Reported : 16/Jan/2022 14:40:53

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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE $*$ , $\upsilon$	lrine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT		and the same of	A STATE OF THE STA
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			
Urine Microscopy is done on centrifuged	urine sediment.			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Jugar, rusting stuge	ADJENT	g111370		

## **Interpretation:**

(+)< 0.5

(++)0.5 - 1.0







Since 1991

# INDRA DIAGNOSTIC CENTRE

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Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : I

: Mr.ABHAY VERMA -126406

Registered On

: 16/Jan/2022 09:36:20

Age/Gender UHID/MR NO : 35 Y 0 M 0 D /M

Collected Received : 16/Jan/2022 13:17:31 : 16/Jan/2022 13:33:14

Visit ID

: ALDP.0000088631 : ALDP0288922122

Reported

: 16/Jan/2022 14:40:53

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: Dr.Mediwheel - Arcofemi Health Care Ltd. Status

: Final Report

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

(+++) 1-2

(++++) > 2

**SUGAR, PP STAGE \***, Urine

Sugar, PP Stage

**ABSENT** 

#### **Interpretation:**

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(+++++) > 2 gms%



Dr. Akanksha Singh (MD Pathology)









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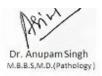
#### **DEPARTMENT OF IMMUNOLOGY**

#### 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)	129.67	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.18	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		-		
		0.3-4.5 µIU/r 0.5-4.6 µIU/r 0.8-5.2 µIU/r 0.5-8.9 µIU/r 0.7-27 µIU/r 2.3-13.2 µIU/r 0.7-64 µIU/r 1-39 µIU 1.7-9.1 µIU/r	nL Second Trim nL Third Trimes nL Adults nL Premature nL Cord Blood nL Child(21 wk /mL Child	ester tter 55-87 Years 28-36 Week > 37Week

- 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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 Age/Gender
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 Collected
 : N/A

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Visit ID : ALDP0288922122 Reported : 16/Jan/2022 11:55:28

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

#### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

# X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Widhirant (MBBS,DMRD,DNB)







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Visit ID : ALDP0288922122 Reported : 16/Jan/2022 15:19:28

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

#### **DEPARTMENT OF CARDIAC**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG \*

**1. Machnism, Rhythm** Sinus, Regular

2. Atrial Rate 69 /mt

3. Ventricular Rate 69 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

**FINAL IMPRESSION** 

Sinus Rhythm, Normal Axis, Abnormal T waves suggestive of Inferior Wall Ischemia.Please correlate clinically











Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : 16/Jan/2022 09:36:21 : Mr.ABHAY VERMA -126406 Registered On

Age/Gender : 35 Y 0 M 0 D /M Collected : N/A UHID/MR NO : ALDP.0000088631 Received : N/A

Visit ID : ALDP0288922122 Reported : 16/Jan/2022 13:17:18

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

#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

# **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

LIVER: - Normal in size (14.3 cm), shape and shows diffuse increase in the liver parenchymal echogenecity with patchy attenuation of portal venous walls, suggestive of grade II fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER**: - Not visualized-? Contracted.

**CBD**:- Normal in calibre at porta.

**PORTAL VEIN:** - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN**: - Normal in size (8.9 m), shape and echogenicity.

**RIGHT KIDNEY:** - Normal in size (9.9 x 4.0 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (9.6 x 4.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE:** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION**: Hepatic steatosis grade II.

Please correlate clinically

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

(\*\*) Test Performed at Chandan Speciality Lab.



NE EXAMINATION

Widhirant. Dr Nidhikant (MBBS, DMRD, DNB)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \* \*Facilities Available at Select Location 365 Days Open



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