

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	NIKITA KUMARI
DATE OF BIRTH	20-03-1995
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	31-03-2023
BOOKING REFERENCE NO.	22M167369100055596S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. KUMAR SUJEET
EMPLOYEE EC NO.	167369
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	DHANBAD, JORA PHATAK
EMPLOYEE BIRTHDATE	04-11-1987

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 31-03-2023 till 31-03-2023. 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





बैंक ऑफ़ बड़ीदा Bank of Baroda

माघ Name सुजीत कुमार Sujeet Kumar

EC. No.

167369





314

धारक के हस्ताक्षर Signature of Holder







### क्षा है। है। है। Government of Incha

### අතුලේදිගෝ ක්වක් තාමාජා යනු බලාම Unique Identification Authority of India

ನೋಂದರ ಸಂಖ್ಯ Enrolment No.: 0648/11141/01221

निकेता कुनारी Nikta Kumari D/O Arun Kumar Pandit MAKDAMPUR PANDIT BART PO- TATANAGAR THANA- PARSUDUH JAMSHEDEFUR Purbi Singhbhum Jharkhand - 831002





ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. : 7291 1247 2700 VID: 9168 5159 8764 7667 ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ Government of India



Date, 27:11:2011

विकेता पुग्यरी Nikta Kumari EM DAGGE/DOB: 20/03/1995 A FEMALE

7291 1247 2700 VID: 9168 5159 8764 7667 ಆಧಾರ್, ನನ್ನ ಗುರುತು





#### ಬಾಹಿತಿ / INFORMATION

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವರ್ಯ ಹೊರತು ಪೌರತ್ನ ಪಲ್ಲ
- ಅಧಾರ್ ವಿಶಿಷ್ಟರಾಗಿದೆ ಮತ್ತು ಸುರಕ್ಷಿತವಾಗಿದೆ.
- ಸುರಕ್ಷಿತ QR ಕೋಡ/ ಅಧ್ಯನ್ XMUಅನೈನ್ ದೃರೀಕರಣವನ್ನು ಬಳಸಿಕೊಂಡು ಗುರುತನ್ನು ಪರಿಚಲಿಸಿ
- ಅಧಾರ್ ಪಡ್ಡ, PVC ಕಾರ್ಥಳು, ಇ ಅಧಾರ್ ಮತ್ತು ಎಂ ಅಧಾರ್ವಂತತೆ ಎಲ್ಲಾ ರೀತಿಯ ಅರಾರ್ಗಳು ಸಮಾನರಾಗಿ ಮಾನ್ಯವಾಗಿರುತ್ತವೆ. 12 ಅಂಕಿಗಳ ಅರಾರ್ ಸಂಖ್ಯೆಯ ಬದರಿಗೆ ಮರ್ಬದಲ್ ಅಧಾರ್ ಪಡೆಯಿಲಿ (VID) ಅಮೈ ಸಹ ಬಳಸೆಲತುದು.
- ಕನಿದ್ದ 10 ರರ್ಷಗಳಿಗೊಮ್ಮ ಅರಾಶ್ ಅನ್ನು ನವೀತರಿಸಿ.
- ಪಿಪಿರ ಸರ್ಕಾರಿ ಮತ್ತು ಸರ್ಕಾರೇತರ ಪ್ರಯೋಜನಗಳು / ಸೇವೆಗಳನ್ನು ಪರೆಯಲು ಆರಾರ್ ನಿಮಗೆ ಸಕಾಯ ಮಾಡುವುದೆ.
- ನಿಮ್ಮ ದೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇದೇಲ್ ರಡಿಯನ್ನು ಅಧಾರ್ನಲ್ಲಿ ನವೀಕರಿಸಿ,
- ಅವಾರ್ ನಟ್ಟಗಳನ್ನು ವರಯಲು ಸ್ಕಾರ್ಟ್ಫೋನ್ಗಳಲ್ಲಿ mAadhaar ಅಫಿಕೇಶನ್ ಅನ್ನು ರೌಸ್ಕೋರ್ ಮಾಡಿ.
- ಭದ್ರತಮನ್ನು ಒಚಿತಪಡಿಸಿಕೊಳ್ಳಲು ರಾಶ/ಅನ್ನಾಶ ಅಧಾರ/ಬಹೊಂದುಬ್ರಿಶ್ನ ಶೃಶಿಷ್ಣ ವಸ್ತು ಬಳಸಿ.
- ಆಧಾರ್ ಕೋರುವ ಘಟಕಗಳು ಸಮ್ಮ ತಿಯುವು ಪಡೆಯಲು ಬದ್ಧವಾಗಿರುತ್ತವೆ.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due



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२९२८: D/O अरुण कुमार स्टेंत, मककारुर स्टेंत सरी, से-टाटानगर थान- परस्केंड, अनहेंदरु, दुर्वे सिंहमून, इत्रस्थन्ट - 831002

DOO ALD Kumar Pandst, MAKDAMPUR PANDIT BARI, PO-TATANACAR THANA-PARSUDU JAMSHEDEPUR, Purbi Singhidhum, Jharthand - 831002



7291 1247 2700 VID: 9168 5159 8764 7667

₩ 1947 |

M help@uldal.gov.in | @ www.uldal.gov.in





# असफी हॉस्पी

## े सबके लिए स्वास्थ्य

### **OUT PATIENT DEPARTMENT**

Department of General Medicine

Read. No.

: APR23-46205

Visit

: OPD/180423/11593

Patient Name

: MRS. NIKITA KUMARI

Mobile

: 9611952660

1:55 pm

Age/Sex

: 27 Y O M 28 D Female Date

: 18-Apr-2023

Address

: MAIN ROAD JODHADIH MORE, CHAS , BOKARO - 827013 , Jharkhand , INDIA

: MON-SAT (10AM - 2PM)

Doctor

: Dr. Uday Shankar MBBS, MD, D. Cardio., FCCS OPD Timing

Referred By In Temp. :

Allergies :

Height: Weight:

45 Kg

Pulse :

97.31C

BPM B.P.

History and complaints :

Examination:

Diagnosis:

For roubine check up.

Hypothypiodism on Eldosia
25my
stopped since 15day

Medicines Prescribed:

Refeat 754.
To Tu Zmonks.

Follow up:

Advice (Diet/ Lifestyle / Rehab)

Date :

Time :

\*Prescription to be valid for 7 Days only.

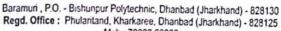
\*This document is not valid for Medico-Legal purposes.

of Doctor



ASARFI INST. OF CARDIAC SCIENCES 45 74 94 Unconfirmed Diagnosis - BORDERLINE ECG -5 72 V3 aVL aVF aVR P 67 QRS 65 T 27 12 Lead; Standard Placement 136 72 352 445 96 --AXIS--Rate PR ORSD OTC ij H

6 ď PH100B F 50~ 0.50-100 HZ W Chest: 10.0 mm/mV Vm/mm Limb: 10 Speed: 25 mm/sec Device: II



Mob.: 78083 68888 CIN: U85110JH2005PLC011673



# RADIOLOGY REPORT

Patient Information			
Patient Name	MRS NIKITA KUMARI	Patient ID	46205
Age   Gender	27Y/F	Scan Date	APR 18 2023
Referring Doctor	DR SELF	Report Date	APR 18 2023

#### **CHEST X-RAY PA VIEW**

- Soft tissue opacity and thoracic bony cage appears to be normal.
- Both lungs fields are clear.
- Mediastinum appears to be normal.
- Trachea is in midline.
- Bilateral hilar shadow appears to be normal.
- · Cardiac shadow is normal.
- Both domes of diaphragm appear normal.
- Both costo-phrenic and cardio-phrenic angles appear to be clear and sharp.
- · Pleura is normal.

#### IMPRESSION: CHEST XRAY PA VIEW REVEALS:

No Obvious Abnormality noted .

Dr. Sanjay Khemuka

**MD** Radiology

Consultant Radiologist

Maharashtra Medical Council

Registration Number: 56467



MRS NIKITA KUMARI 27Y/F DR SELF | 1





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Baramuri , P.O. - Bishunpur Polytechnic, Dhanbad (Jharkhand) - 828130 Regd. Office: Phularitand, Kharkaree, Dhanbad (Jharkhand) - 828125

Mob.: 78083 68888 CIN: U85110JH2005PLC011673

## RADIOLOGY REPORT

Reg. No.	46205	Ref. Dr.	SELF
Name	MRS. NIKITA KUMARI	Study	USG WHOLE ABDOMEN
Age & Sex	27Y /F	Reporting Date	18.04.2023

#### USG WHOLE ABDOMEN

LIVER

: Liver is normal in size, shape & echotexture. No obvious focal

lesion is seen. IHBR are not dilated.

GALL BLADDER

: GB is well distended. No obvious calculus or mass lesion is seen.

The wall thickness is normal.

CBD

: CBD is normal in course & caliber.

PV

: PV is normal in course & caliber.

**PANCREAS** 

: Pancreas is normal in size, shape & echotexture. Peripancreatic

soft tissues appear normal. MPD is not dilated.

**SPLEEN** 

: Spleen is normal in shape, size & echotexture. It measures 9.5cm

in size.

KIDNEYS

: The right kidney measures 9.2x 3.7cm. The left kidney measures 9.6x 3.5cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary

differentiation is maintained. No focal lesion is seen.

URINARY BLADDER

: Urinary bladder is well distended. No obvious calculus or mass

lesion is seen. The wall thickness is normal.

**UTERUS** 

: Uterus is normal in size, shape & echotexture. It measures 7.8 x

4.1 x 4.6cm. Endometrium is central and measures 9.4mm.

**OVARIES** 

: The right ovary measures 3.2 x 2.3cm. The left ovary measures 2.6

x 1.9cm. Both ovaries are normal in shape, size & position.

**OTHERS** 

: No ascites or retroperitoneal lymphadenopathy is seen.

IMPRESSION

No significant abnormality detected.



Dr. VAISHALI PATEL MBBS, DNB (Radio-diagnosis) Consultant Radiologist





# ASARFI INSTITUTE OF CARDIAC SCIENCES

सबके लिए स्वास्थ्य

### **ECHOCARDIOGRAPHY REPORT**

Name: MRS NIKITA KUMARI

Age: 27

Sex: Female

Date: 18/04/2023

2D & M-MOD	E MEASUREMENTS	2D & M-MOD	E CALCULATIONS
LA Diam	3.0 cm	EDV(Teich)	65 ml
Ao Diam	2.5 cm	ESV(Teich)	24 ml
IVSd	1.0 cm	EF(Teich)	63 %
LVIDd	3.9 cm	%FS	33 %
LVPWd	1.1 cm	SV(Teich)	41 ml
IVSs	1.3 cm	LVd Mass	140.42 g
LVIDs	2.6 cm	RWT	0.55

MITRAL VALVE

TRICUSPID VALVE

**AORTIC VALVE** 

1.53 m/s

9.42 mmHg

MV E Vel	0.91 m/s
MV DecT	182 ms
MV Dec Slope	5.0 m/s <sup>2</sup>
MV A Vel	0.62 m/s
MV E/A Ratio	1.45
E'	0.15 m/s
E/E'	6.15

AV Vmax AV maxPG

PULMONARY VALVE

PV Vmax 1.15 m/s PV maxPG 5.29 mmHg

#### **COMMENTS:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-61%)
- NORMAL MITRAL INFLOW PATTERN
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

#### **IMPRESSION:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOQD LV SYSTOLIC FUNCTION (EF-61%)

DR.S.H CHAVAN (CONSULTANT CARDIOLOGIST)

TECH. SIG



**Asarfi Hospital Limited** 

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(A Unit of Asarfi Hospital Ltd.)
Baramuri, Bishnupur Polytechnic, Dhanbad 828 130
Ph. No.: 7808368888,9297862282,9234681514







Name

: MRS. NIKITA KUMARI

Age / Sex

: 28 Yrs / Female

Doctor

Reg. No.

: APR23-46205

Pat. Type

: Mediwheel

Collection Time: 18-04-2023 1:36 pm

Receiving Time: 18-04-2023 1:38 pm Reporting Time: 18-04-2023 2:44 pm

Publish Time : 18-04-2023 2:47 pm

Test Name	Result	Flag	Unit	Reference Range

Biochemistry				
Creatinine, Serum Method: Enzymatic			Machine Name:	XL640
Creatinine, Serum	0.6		mg/dl	0.6-1.4
Jric Acid, Serum Method: Enzymatic			Machine Name:	XL640
Uric Acid, Serum	4.9		mg/dl	3.4-7.0
Blood Urea Nitrogen (BUN) Method: Calculated			Machine Name:	XL640
Blood Urea Nitrogen (BUN)	10.1		mg/dl	07-21
Fasting Blood Glucose, Plasma Method: GOD-POD			Machine Name:	XL640
Fasting Blood Glucose, Plasma	84.7		mg/dl	70-110
IPID PROFILE, SERUM Method: Spectrophotometry			Machine Name:	XL640
Cholesterol, Total (CHOD/PAP)	136.0		mg/dl	0-200
Triglycerides (Enzymatic)	65.0		mg/dl	0-150
HDL Cholesterol (Enzymatic)	55.3	н	mg/dl	0-50
LDL Cholesterol (Calculated)	67.7		mg/dl	0-100
VLDL Cholesterol (Calculated)	13.0		mg/dl	0-30
GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOK  Method: HPLC / Nephelometry	D 		Machine Name:	BIO-RAD, D-10 / MISPA
HbA1C	5.6		%	4.4-6.2
Estimated average glucose (eAG)	114		mg/dl	





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Condition of Leberstery Testing & Reporting

1) It is presumed that the test(s) performed are on the specimen(s) (Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her epresentative at the point of generation of the said specimen(s) (Sample(s) (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are epresentative at the point of generation of the said specimen(s) Sample(s)(2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (1) Encouraged via the point of generation of the said specimen(s) Sample(s)(2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (1) Testing at the point of the said specimen(s) Sample(s)(2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool tool facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool tool facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Testing are only tool facilitate in arriving at diagnosis and should be clini



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Name

MRS. NIKITA KUMARI

Age / Sex

28 Yrs / Female

Doctor

Reg. No.

APR23-46205

Pat. Type

Mediwheel

Collection Time: 18-04-2023 1:36 pm

Receiving Time: 18-04-2023 1:38 pm Reporting Time: 18-04-2023 1:53 pm

Publish Time 18-04-2023 2:39 pm

Test Name

Result

Flag

Unit

Reference Range

#### Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

# FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | | MEASUREMENT | OF HBA1C RESULTS |

| Hemoglobin variants, elevated fetal | Any condition that shortens erythrocyte | hemoglobin (HbF) and chemically | survival or decreases mean erythrocyte | modified derivatives of hemoglobin | age (e.g., recovery from acute blood loss, | (e.g. carbamylated Hb in patients | hemolytic anemia, HbSS, HbCC, and HbSC) | with renal failure) can affect the | will falsely lower HbA1c test results | accuracy of HbA1c measurements | regardless of the assay method used.Iron | | deficiency anemia is associated with |

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DR N N SINGH (PATHOLOGIST)

Page 2 of 5

endition of Laboratory Testing & Reporting

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24 HOUR EMERGENCY

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Name

MRS. NIKITA KUMARI

Age / Sex

28 Yrs / Female

Doctor

Reg. No.

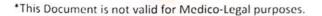
APR23-46205

Pat. Type

Mediwheel

Collection Time: 18-04-2023 1:36 pm Receiving Time: 18-04-2023 1:38 pm Reporting Time: 18-04-2023 1:53 pm Publish Time: 18-04-2023 2:39 pm

Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				
Method: Spectrophotometry			Machine Name:	XL-640
Bilirububin Total (Diazo)	0.5		mg/dl	0.3-1.2
Bilirububin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirububin Indirect (Calculated)	0.3		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	19.7		U/L	7-50
SGOT (IFCC without PDP)	10.1		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	215.0		U/L	70-306
GGT (Enzymatic)	10.9		U/L	0-55
Protein Total (Biuret)	7.0		g/dl	6.4 8.3
Albumin (BCG)	4.2		g/dl	3.5-5.2
Globulin (Calculated)	2.8		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.5			0.8-2.0





DR N N SINGH (PATHOLOGIST)

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condition of Laboratory Testing & Reporting

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24 HOUR EMERGENCY

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Publish Time : 18-04-2023 2:39 pm

at. Type : Mediwheel	Result	Flag	Unit	Reference Range
rest Name	Resure		9-0017-07-07	
Haematology				
Complete Blood Count (CBC)			Machine Name:	Sysmex 6 part
Method: Electronical Impedence	11.0	L	g/dl	13-18
Hemoglobin	11.0		/cu-mm	4000-11000
Total Leukocyte Count (TLC)	3,900	L	150	40-50
PCV	33.6	L	%	10 to
	27.3		Pg	27-31
МСН	32.8		g/dl	31.5-35.5
MCHC		н	%	11.6-14
Red Cell Distribution Width (RDW)	14.6	0.5.50	%	55-75
Neutrophils	61			15-30
Lymphocytes	30		%	
Section Control Contro	04		%	1-6
Eosinophils	05		%	2-10
Monocytes	00		%	0-1
Basophils		L	million/mm3	4.5 5.5
RBC Count	4.05	L		83-101
Mean Carpuscular Volume (MCV)	83.0		fL	
Platelet Count	1.78		lakhs/cumm	1.5-4.5
Platelet Count				



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Name

MRS. NIKITA KUMARI

Age / Sex

28 Yrs / female

Doctor

Reg. No.

APR23-46205

pat. Type

Mediwheel

Collection Time: 18 04 2023 1:36 pm

Receiving Time: 18-04-2023 1:38 pm

Reporting Time: 18-04-2023 1:53 pm

Publish Time : 18-04-2023 2:39 pm

Test Name	Result	Flag	Unit	Reference Range
Immunology and Serology				
THYROID PROFILE, TOTAL, SERUM				
Method: ECLIA			Machine Name:	Vitros ECi
T3, Total	1.52		ng/ml	0.8-2.0
T4, Total	7.53		μg/dL	5.10-14.10
TSH (Ultrasensitive)	6.33	н	mIII/mI	0 27-4 2

#### Interpretation:

- $1.\ TSH\ levels\ are\ subject\ to\ circadian\ variation,\ reaching\ peak\ levels\ between\ 2-4.a.m.\ and\ at\ a\ minimum\ between\ 6-10\ pm\ .$ The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- 2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
- 3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
- 4. Values < 0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.



DR N N SINGH (PATHOLOGIST)

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24 HOUR EMERGENCY

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