

प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पित जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

7/4/4	स्वास्थ्य जांच लाभार्थी केविवरण
नाम	PRIYANKA VERMA
जन्म की तारीख	07-11-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य	28-09-2023
जांच की प्रस्तावित तारीख	
बुकिंग संदर्भ सं.	23S109905100070516S
	पत्नी/पति केविवरण
कर्मचारी का नाम	MR. VERMA PANKAJ
कर्मचारी की क.कूसंख्या	109905
कर्मचारी का पद	JOINT MANAGER
कर्मचारी के कार्य का स्थान	GAUR CHOWK NOIDA
कर्मचारी के जन्म की तारीख	03-05-1985

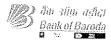
यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 27-09-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पित की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग वैंक ऑफ़ बडौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)



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	PRIYANKA VERMA
DATE OF BIRTH	07-11-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-09-2023
BOOKING REFERENCE NO.	23S109905100070516S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. VERMA PANKAJ
EMPLOYEE EC NO.	109905
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	GAUR CHOWK NOIDA
EMPLOYEE BIRTHDATE	03-05-1985

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 27-09-2023 till 31-03-2024. 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

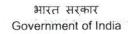
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



## SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	TOD TERMALE
	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)
(3.2010 10 30370)	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
VINITALI I ONIOURANON	1 Oynaco Consultation







प्रियंका वर्मा Priyanka Verma जन्म तिथि / DOB : 07/11/1987 महिला / Female



2510 0022 6443

ज्याद - आम आदमी का अधिकार

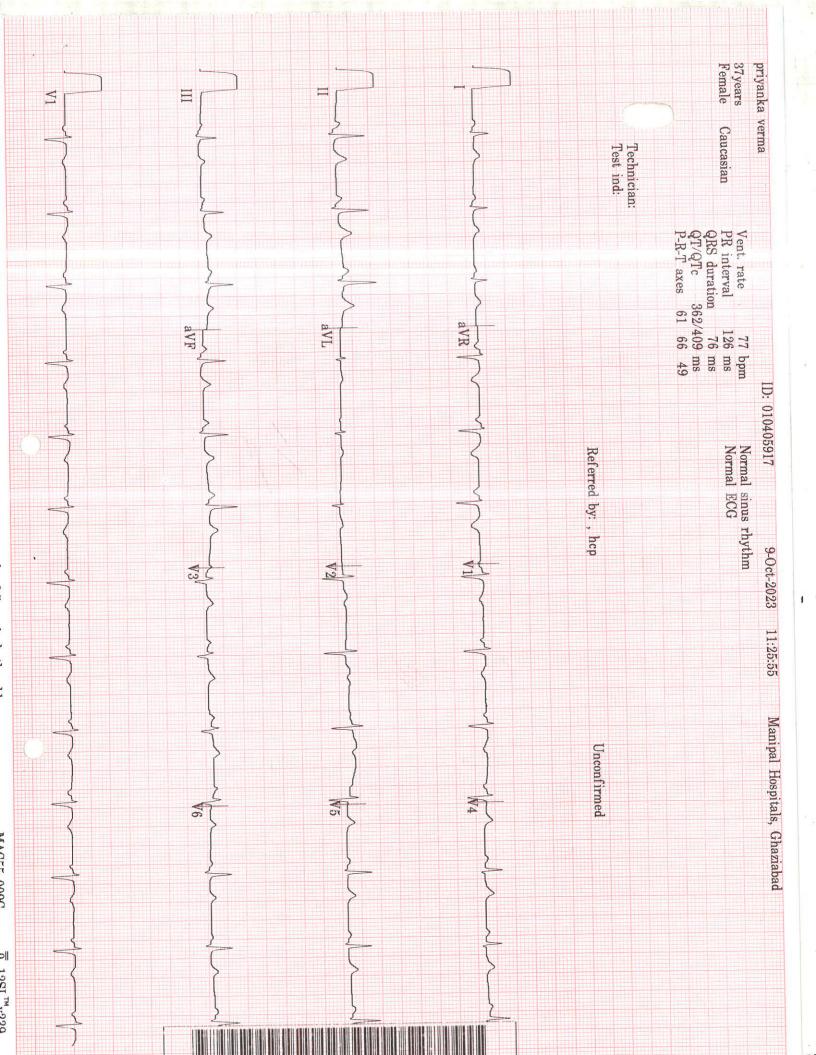
# Unique Identification Authority of India

पता. D/O: विजय कुमार. 234/13, Address: D/O: Vijay Kumar. 234/13, purva पूर्वा शेखलाल मेज रोड सुभाष नगर. shekhlal main road subhash nagar. मेरठ, शिवपुरी, शिवपुरी, मेरठ, उत्तर MEERUT, shivpury, shivpury, Meerut. प्रदेश, 250001

Ultar Pradesh, 250001

2510 0022 6443









### TMT INVESTIGATION REPORT

Patient Name PRIYANKA VERMA

Location

: Ghaziabad

Age/Sex

: 37Year(s)/Female

Visit No

: V000000001-GHZB

MRN No

MH010405917

Order Date

: 09/10/2023

Ref. Doctor : HCP

Report Date

: 09/10/2023

**Protocol** 

: Bruce

MPHR

: 183BPM

**Duration of exercise** 

: 5min 08sec

85% of MPHR

: 155BPM

Reason for termination

: THR achieved

Peak HR Achieved : 158BPM

Blood Pressure (mmHg): Baseline BP: 110/63mmHq

% Target HR

: 86%

Peak BP

: 130/68mmHg

**METS** 

: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	88	110/63	Nil	No ST changes seen	Nil
STAGE 1	3:00	139	120/63	Nil	No ST changes seen	Nil
STAGE 2	2:08	157	130/68	Nil	No ST changes seen	Nil
RECOVERY	3:21	94	114/68	Nil	No ST changes seen	Nil

### **COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.

### **IMPRESSION:**

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC

MD, DNB (CARDIOLOGY), MNAMS MD

Sr. Consultant Cardiology

Sr.Constant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

p: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Read, Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

manipalhospitalistad Office: Sector-6, Dwarka: New Delhi 110 075

Ph. +91 120 353 5353 M. 88609 45566 Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566

www.manipalhospitals.com

LIFE'S ON Department Of Laboratory Medicine

# LABORATORY REPORT

Name

: PRIYANKA VERMA

Age

35 Yr(s) Sex :Female

Registration No

: MH010405917

Lab No

32231003578

Patient Episode

: R03000054955

**Collection Date:** 

09 Oct 2023 20:46

Referred By

: MANIPAL HOSPITALS GHAZIABAD

Reporting Date:

10 Oct 2023 09:21

Receiving Date

: 09 Oct 2023 21:33

#### **BIOCHEMISTRY**

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.300	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	9.160	µg/dl	[5.500-11.000]
Thyroid Stimulating Hormone (ECLIA)	2.940	μIU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL hd Trimester: 0.37 - 3.6 micIU/mL 3rd Trimester: 0.38 - 4.04 micIU/mL

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm. Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

- \* References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Page 1 of 1

----END OF REPORT----

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Managed by Manipal Hospitals (Dwarka) Private Limited





### LABORATORY REPORT

Name

PRIYANKA VERMA

Age

35 Yr(s) Sex :Female

Registration No

MH010405917

Lab No

202310001767

Patient Episode

H18000001297

**Collection Date:** 

09 Oct 2023 10:20

Referred By

HEALTH CHECK MGD

Reporting Date:

09 Oct 2023 16:11

**Receiving Date** 

09 Oct 2023 10:20

#### **BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
H			
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, perox	155 kide	mg/dl	[<200] Moderate risk:200-239
GLYCERIDES (GPO/POD)	73	mg/dl	High risk:>240 [<150] Borderline high:151-199
HDI - CHOL DOMEDOT			High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhik	48.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	92.0	mg/dl	[<120.0]
Above optimal-100-129	÷		Near/
			Borderline High: 130-159 High Risk: 160-189
T.Chol/HDL.Chol ratio(Calcula	3.2		<4.0 Optimal 4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calcul	ated) 1.9		<pre>&lt;3 Optimal 3-4 Borderline &gt;6 High Risk</pre>

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

Page 1 of 2

-----END OF REPORT-----





Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

## **LABORATORY REPORT**

Name : PRIYANKA VERMA

Age : 35 Yr(s) Sex :Female

Registration No

: MH010405917

**Lab No** : 202310001767

Patient Episode

: H18000001297

**Collection Date:** 09 Oct 2023 10:20

Referred By

HEALTH CHECK MGD

09 Oct 2023 18:34

BIOLOGICAL REFERENCE INTERVA

Receiving Date

TEST

Eosinophils

Basophils

ESR

09 Oct 2023 10:20

**Reporting Date:** 09 Oct 202

### HAEMATOLOGY

UNIT

00

mm/1sthour

RESULT

	3		
COMPLETE BLOOD COUNT (AUTOMATED	)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.49	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.1	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorim		5,	
HEMATOCRIT (CALCULATED)	41.1	96	[36.0-46.0]
MCV (DERIVED)	91.5	fL	[83.0-101.0]
MCH (CALCULATED)	29.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.7	96	[11.6-14.0]
Platelet count	212	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.2		
WBC COUNT (TC) (IMPEDENCE)	6.40	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	70.0	90	[40.0-80.0]
Lymphocytes	20.0	90	[20.0-40.0]
Monocytes	9.0	9	[2.0-10.0]

1.0

0.0

14.0

Page1 of 8

[0.

[1.0-6.0]

[0.0-2.0]





Name

: PRIYANKA VERMA

Age

35 Yr(s) Sex: Female

Registration No

MH010405917

Lab No

202310001767

Patient Episode

: H18000001297

**Collection Date:** 

09 Oct 2023 10:20

Referred By

09 Oct 2023 17:09

Receiving Date

: HEALTH CHECK MGD

Reporting Date:

09 Oct 2023 10:20

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

李克

BIOLOGICAL REFERENCE INTERVA

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.2

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (A

HbA1c in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

103

mg/dl

Comments: HbAlc provides an index of average blood glucose levels over the past

8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

appearance

CLEAR

Reaction[pH]

6.5

(4.6 - 8.0)

Specific Gravity

1.015

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

Normal

(NORMAL)

Page 2 of 8





## **LABORATORY REPORT**

Name

PRIYANKA VERMA

Age

35 Yr(s) Sex: Female

Registration No

MH010405917

Lab No

(0-5/hpf)

202310001767

Patient Episode

H18000001297

**Collection Date:** 

09 Oct 2023 11:13

Referred By

HEALTH CHECK MGD

2-3/hpf

Reporting Date:

09 Oct 2023 16:35

**Receiving Date** 

Pus Cells

09 Oct 2023 11:13

MICROSCOPIC EXAMINATION (Automated/Manual)

#### **CLINICAL PATHOLOGY**

RBC Epithelial Cells ASTS Crystals Bacteria OTHERS	NIL 4-6 NIL NIL NIL	/hpf		(0-2/hpf)		
Serum LIPID PROFILE					er (1905)	
Serum TOTAL CHOLESTEROL Method:Oxidase, esterase,	peroxide	155	m	ng/dl	[<200] Moderate risk:200-239	
TRIGLYCERIDES (GPO/POD)		73	m	ıg/dl	High risk:>240 [<150] Borderline high:151-1 High: 200 - 499	99
HDL- CHOLESTEROL Method : Enzymatic Immuno		48.0	m	g/dl	Very high:>500 [35.0-65.0]	
VLDL- CHOLESTEROL (Calcul HOLESTEROL, LDL, CALCULA		15 92.0		g/dl g/dl	[0-35] [<120.0]	
Above optimal-100-129					Near/	
T.Chol/HDL.Chol ratio(Ca.	lculated)	3.2			Borderline High:130 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk	-159
LDL.CHOL/HDL.CHOL Ratio(Ca	alculated)	1.9			<pre>&lt;3 Optimal 3-4 Borderline &gt;6 High Risk</pre>	

Page 3 of 8





**LABORATORY REPORT** 

Name

: PRIYANKA VERMA

Age

35 Yr(s) Sex :Female

Registration No

: MH010405917

Lab No

202310001767

Patient Episode

: H18000001297

**Collection Date:** 

09 Oct 2023 10:20

Referred By

HEALTH CHECK MGD

Reporting Date:

09 Oct 2023 16:11

**Receiving Date** 

09 Oct 2023 10:20

#### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseas and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

#### KIDNEY PROFILE

Specimen: Serum			
UREA	25.3	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay		mg/ ar	[13.0-40.0]
BUN, BLOOD UREA NITROGEN	11.8	mg/dl	[8.0-20.0]
Method: Calculated		97 41	[8.0-20.0]
CREATININE, SERUM	0.54 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standa	rdization "		[0.70-1.20]
URIC ACID	3.5 #	mg/dl	[4.0-8.5]
Method:uricase PAP			[4.0 0.5]
ODIUM, SERUM	136.30	mmol/L	[136.00-144.00]
DOM: A CONTROL			
POTASSIUM, SERUM	4.12	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)			
Technical Note	122.6	ml/min/1.73sq.m	[>60.0]
ocenical note			

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolys Icterus / Lipemia.

Page 4 of 8





Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

202310001767

Name : PRIYANKA VERMA Age :

Age : 35 Yr(s) Sex :Female

Registration No : MH010405917

Patient Episode

H18000001297 Collection Date: 09 Oct 2023 10:20

Lab No

Referred By : HEALTH CHECK MGD Reporting Date : 09 Oct 2023 16:11

**Receiving Date** : 09 Oct 2023 10:20

### **BIOCHEMISTRY**

	TEST	RESULT	UNIT	BIOLOG	GICAL REFERENCE INTERV	VA	
	LIVER FUNCTION TEST						
1	BILIRUBIN - TOTAL Method: D P D	0.69	n	mg/dl	[0.30-1.20]		
	BILIRUBIN - DIRECT Method: DPD	0.15		mg/dl	[0.00-0.30]		
	INDIRECT BILIRUBIN (SERUM) . Method: Calculation	0.54		mg/dl	[0.10-0.90]		
	TOTAL PROTEINS (SERUM) Method: BIURET	6.90		gm/dl	[6.60-8.70]		
	ALBUMIN (SERUM) Method: BCG	4.25		g/dl	[3.50-5.20]		
	GLOBULINS (SERUM) Method: Calculation	2.70		gm/dl	[1.80-3.40]		
(	PROTEIN SERUM (A-G) RATIO lethod: Calculation	1.60			[1.00-2.50]		
	AST (SGOT) (SERUM) Method: IFCC W/O P5P	24.00		U/L	[0.00-40.00]		
	ALT(SGPT) (SERUM) Method: IFCC W/O P5P	24.60		U/L	[14.00-54.00]		
	Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	69.0		IU/L	[40.0-98.0]		
	GGT	10.0		U/L	[7.0-50.0]		

Page 5 of 8





Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

Name

: PRIYANKA VERMA

Age

35 Yr(s) Sex :Female

Registration No

: MH010405917

Lab No

202310001767

Patient Episode

: H18000001297

**Collection Date:** 

09 Oct 2023 10:20

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Oct 2023 16:11

**Receiving Date** 

: 09 Oct 2023 10:20

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 6 of 8

----END OF REPORT-----





MITZA, FIAPUT KOAU, NEAT LANGCTART GOMINKS, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

Name

PRIYANKA VERMA

Age

35 Yr(s) Sex :Female

Registration No

MH010405917

Lab No

202310001768

Patient Episode

H18000001297

**Collection Date:** 

:

09 Oct 2023 10:20

Referred By

: HEALTH CHECK MGD

Reporting Date:

09 Oct 2023 16:11

**Receiving Date** 

09 Oct 2023 10:20

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

GLUCOSE-Fasting

Method: Hexokinase

'pecimen: Plasma

GLUCOSE, FASTING (F)

86.0

mg/dl

[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocorti insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

-----END OF REPORT-----





LABORATORY REPORT

Name

PRIYANKA VERMA

Age

35 Yr(s) Sex :Female

Registration No

MH010405917

Lab No

202310001769

Patient Episode

H18000001297

**Collection Date:** 

09 Oct 2023 13:53

Referred By

HEALTH CHECK MGD

Reporting Date:

09 Oct 2023 15:43

**Receiving Date** 

: 09 Oct 2023 13:53

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

PLASMA GLUCOSE

recimen: Plasma

LUCOSE, POST PRANDIAL (PP), 2 HOURS

105.0

mg/dl

[80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to

fasting glucose are excessive insulin release, rapid gastric emptying,

brisk glucose absorption , post exercise

Page 8 of 8

----END OF REPORT----



### RADIOLOGY REPORT

NAME	PRIYANKA VERMA	STUDY DATE	09/10/2023 10:39AM
AGE / SEX	35 y / F	HOSPITAL NO.	MH010405917
ACCESSION NO.	R6221744	MODALITY	CR
REPORTED ON	09/10/2023 10:45AM	REFERRED BY	HEALTH CHECK MGD

#### **XR- CHEST PA VIEW**

FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER:Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

Note made of shadow of metallic surgical clips overlying left lower hemithorax region.

#### **IMPRESSION:**

No significant abnormality noted in chest.

Shadow of metallic surgical clips overlying left lower hemithorax.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marica.

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

**MANIPAL HOSPITALS** 

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



### RADIOLOGY REPORT

NAME	PRIYANKA VERMA	STUDY DATE	09/10/2023 10:54AM
AGE / SEX	35 y / F	HOSPITAL NO.	MH010405917
ACCESSION NO.	R6221745	MODALITY	US
REPORTED ON	09/10/2023 1:45PM	REFERRED BY	HEALTH CHECK MGD

### **USG ABDOMEN & PELVIS**

FINDINGS

LIVER: Liver is normal in size (measures 126 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 102 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 95 x 31 mm. Left Kidney: measures 102 x 46 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is minimally distended. Wall thickness is normal and lumen is echofree.

Rest normal.

UTERUS: Uterus is anteverted, normal in size (measures 55 x 52 x 41 mm), shape and echotexture.

Endometrial thickness measures 8.6 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 27 x 24 x 21 mm with volume 7.0 cc.

Left ovary measures 28 x 26 x 23 mm with volume 8.8 cc.

Trace free fluid is seen in cul-de-sac.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

-No significant abnormality noted.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

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

**MANIPAL HOSPITALS** 

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com