



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	Neha Gupta
DATE OF BIRTH	22-06-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	17-04-2022
BOOKING REFERENCE NO.	22J177319100017914S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. GUPTA ANAND
EMPLOYEE EC NO.	177319
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	LUCKNOW, JOPLING ROAD
EMPLOYEE BIRTHDATE	01-01-1991

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **13-04-2022** 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**

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



नेहा गुप्ता

Neha Gupta

जन्म तिथि/DOB: 22/06/1992

महिला/ FEMALE

Indra Diagnostic Centre  
2A/22, Karachi Khana  
Mall Road, Kanpur

*K. C. Bharadwaj*

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

Issue Date: 24/06/2021

**8904 5545 2896**

VID : 9122 2208 4521 8223

मेरा आधार, मेरी पहचान



*K. C. Bharadwaj*

**Indra Diagnostic Centre**  
24/22, Karachi Khana  
Mall Road, Kanpur

**Dr. K. C. BHARADWAJ**  
M.B.B.S., D. CARD  
Reg. No. 32749



Since 1991

# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757.  
CIN : U85110DL2003LC308206



Patient Name	: Mrs.NEHA GUPTA -PKG10000239	Registered On	: 15/Apr/2022 11:16:59
Age/Gender	: 29 Y 10 M 9 D /F	Collected	: 15/Apr/2022 12:23:40
UHID/MR NO	: IKNP.0000017947	Received	: 15/Apr/2022 12:24:05
Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 17:48:34
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Blood

Haemoglobin	12.40	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	9,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	20.00	Mm for 1st hr.		
Corrected	18.00	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	46.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	5.23	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	75.00	fl	80-100	CALCULATED PARAMETER
MCH	23.80	pg	28-35	CALCULATED PARAMETER
MCHC	31.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	37.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,824.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	182.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)





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Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mrs.NEHA GUPTA -PKG10000239	Registered On	: 15/Apr/2022 11:17:00
Age/Gender	: 29 Y 10 M 9 D /F	Collected	: 15/Apr/2022 17:40:01
UHID/MR NO	: IKNP.0000017947	Received	: 15/Apr/2022 17:40:19
Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 18:37:32
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	98.20	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

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

#### Glucose PP

Sample: Plasma After Meal

115.30	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

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



Dr. Seema Nagar(MD Path)





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Age/Gender	: 29 Y 10 M 9 D /F	Collected	: 15/Apr/2022 12:23:40
UHID/MR NO	: IKNP.0000017947	Received	: 16/Apr/2022 11:15:46
Visit ID	: IKNP0003102223	Reported	: 16/Apr/2022 12:38:49
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	28.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	88	mg/dl		

#### Interpretation:

##### NOTE:-

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

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

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

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

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

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





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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### 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.



Dr. Anupam Singh  
M.B.B.S,M.D.(Pathology)







Since 1991

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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	15.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.73	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	94.30	ml/min/1.73m <sup>2</sup>	90-120 Normal 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	2.62	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	28.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.16	gm/dl	6.2-8.0	BIRUET
Albumin	4.44	gm/dl	3.8-5.4	B.C.G.
Globulin	2.72	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.63		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	82.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.36	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.12	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	192.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	43.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	123	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	25.88	mg/dl	10-33	CALCULATED
Triglycerides	129.40	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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Age/Gender	: 29 Y 10 M 9 D /F	Collected	: 15/Apr/2022 12:23:40
UHID/MR NO	: IKNP.0000017947	Received	: 15/Apr/2022 12:24:05
Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 14:15:34
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High  
>500 Very High



Dr. Seema Nagar(MD Path)





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Age/Gender	: 29 Y 10 M 9 D /F	Collected	: 15/Apr/2022 12:23:40
UHID/MR NO	: IKNP.0000017947	Received	: 15/Apr/2022 12:24:05
Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 17:54:36
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



Dr. Seema Nagar(MD Path)





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Since 1991



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Age/Gender	: 29 Y 10 M 9 D /F	Collected	: 15/Apr/2022 12:23:40
UHID/MR NO	: IKNP.0000017947	Received	: 16/Apr/2022 11:10:42
Visit ID	: IKNP0003102223	Reported	: 16/Apr/2022 13:21:38
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### STOOL, ROUTINE EXAMINATION \*\*, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



*ASIM*

Dr. Anupam Singh  
M.B.B.S.,M.D.(Pathology)





Since 1991

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UHID/MR NO	: IKNP.0000017947	Received	: 15/Apr/2022 12:24:05
Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 16:21:57
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 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. Seema Nagar(MD Path)



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Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 16:32:14
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-Iodothyronine)	112.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.02	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.86	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly asymptomatic 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.




Dr. Seema Nagar(MD Path)



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CIN : U85110DL2003LC308206



Patient Name	: Mrs.NEHA GUPTA -PKG10000239	Registered On	: 15/Apr/2022 11:17:01
Age/Gender	: 29 Y 10 M 9 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000017947	Received	: N/A
Visit ID	: IKNP0003102223	Reported	: 15/Apr/2022 13:56:42
Ref Doctor	: Dr.MediWheel Knp	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.

#### IMPRESSION :- N O R M A L

Please correlate clinically.

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandrā Roy (MD-Radio)

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

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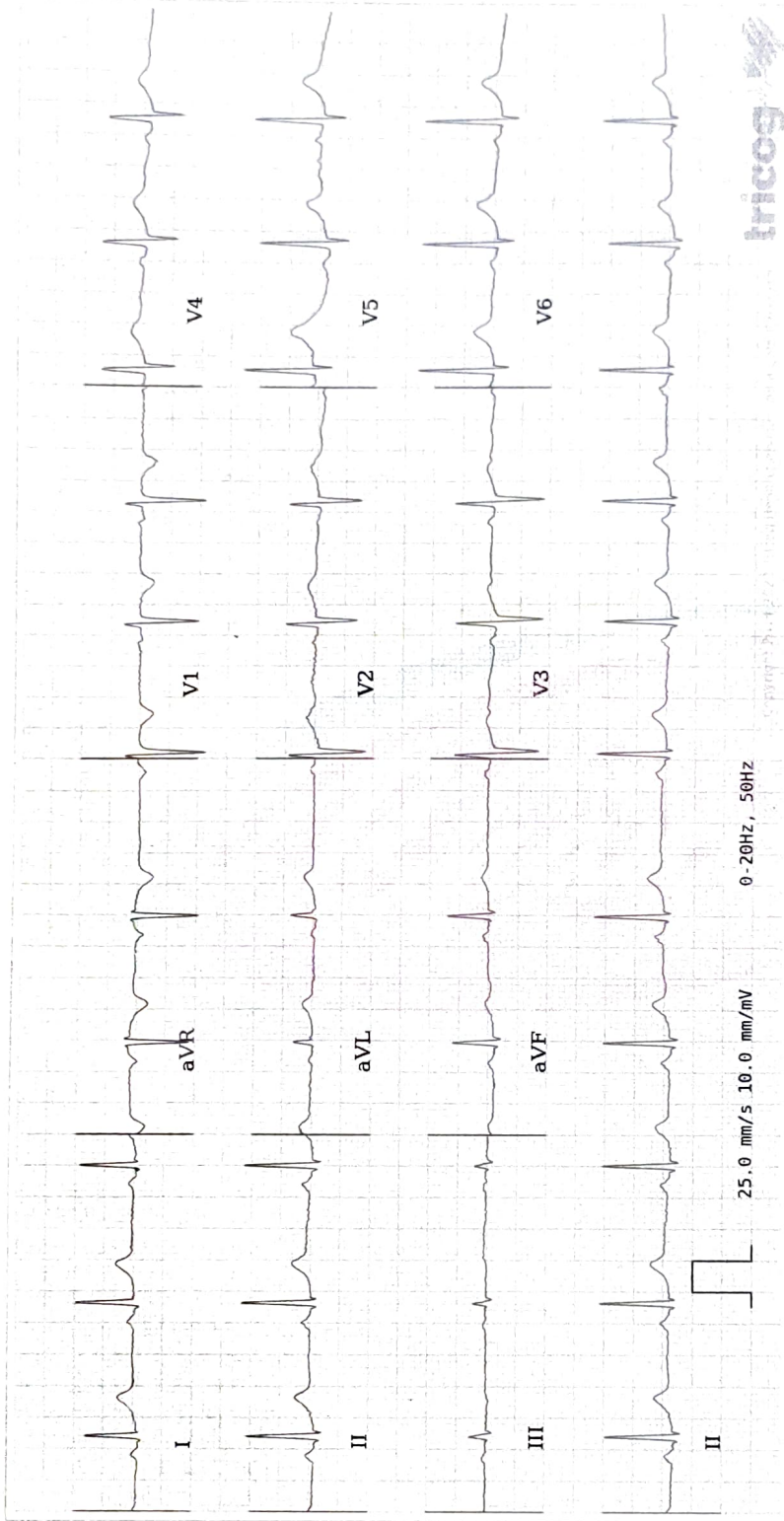
Indira Diagnostic Centre Kanpur

Age / Gender: 29/Female  
Patient ID: IKNP0003102223  
Patient Name: Mrs.NEHA GUPTA -PKG10000239

Date and Time: 15th Apr 22 11:37 AM



Since 1991



AR: 71bpm VR: 71bpm QRSd: 78ms QT: 378ms QTc: 410ms PRI: 130ms P-R-T: 43° 41° 24°

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.**

AUTHORIZED BY

Dr. Chait  
MD, DAI, Cardiology  
63382

REPORTED BY

Dr. Jansila Tambaawala

88212

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other (invasive and non-invasive) tests and must be interpreted by a qualified physician.





**DR. A.K. GUPTA**

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

**ASHMEE CARE**

**ULTRASOUND  
&  
CARDIO CENTRE**

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

\*\*\*\*\*

**NAME OF PATIENT: MRS. NEHA GUPTA**

**AGE: 29 SEX: F**

**REF. BY: DR. I.D.C**

**DATE: 15-04-2022**

\*\*\*\*\*

**ULTRASOUND REPORT WHOLE ABDOMEN**

- LIVER** : **LIVER IS MILDLY ENLARGED IN SIZE 148.2MM** NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY. RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : GALL BLADDE WALL THICIKNESS NORMAL . **THERE IS MULTIPLE SMALL CALCULI OF SIZE 8.6MM & 6.2MM SEEN IN G.B LUMEN**
- C B D** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI/ HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : NORMAL IN SIZE AND ECHO TEXTURE. SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED.
- UTERUS** : UTERUS IS ANTIVERTED NORMAL IN SIZE . ENDOMETRIAL THICKNESS IS 6MM . ENDOMETRIAL & MYOMETRIAL ECHO PATTERNS ARE NORMAL.
- B/L OVARIES** : BOTH OVARIES ARE NORMAL .NO T.O MASS LESION SEEN

**IMPRESSION :**

- **MILD HEPATOMEGALY**
- **CHOLELITHIASIS**

**SONOLOGIST**



**DR. RACHIT GUPTA**

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

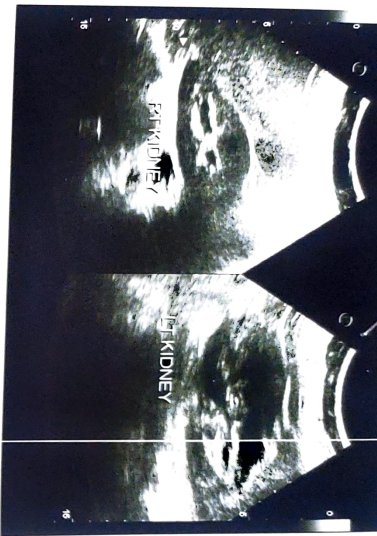
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Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

**NOT FOR MEDICO LEGAL PURPOSE**

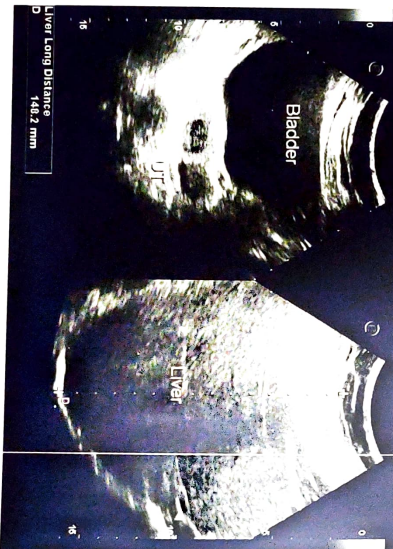
ASHMEE CARE ULTRASOUND & PATHOLOGY CENTRE KANPUR MRS NEHA G 15/Apr/2022 13 31 01  
PT D 169 mm XM 67% P 100% MI 1.1  
TEI D 169 mm XM 67% P 100% TIS 0.1  
PAC 80/26 PMS 6  
Abdominal  
AC2541 General



ASHMEE CARE ULTRASOUND & PATHOLOGY CENTRE KANPUR MRS NEHA G 15/Apr/2022 13 30 35  
PT D 169 mm XM 67% P 100% MI 1.1  
TEI D 169 mm XM 67% P 100% TIS 0.1  
PAC 80/26 PMS 6  
Abdominal  
AC2541 General



ASHMEE CARE ULTRASOUND & PATHOLOGY CENTRE KANPUR MRS NEHA G 15/Apr/2022 13 29 58  
PT D 169 mm XM 67% P 100% MI 1.1  
TEI D 169 mm XM 67% P 100% TIS 0.1  
PAC 80/26 PMS 6  
Abdominal  
AC2541 General



Liver Long Distance  
148.2 mm