



Metro Hospital & Heart Institute, Haridwar

Health Check-up Certificate

COMPANY Medi Wheel (15012)

EMPLOYEE NO. 76492 DEPTT. Cashier DATE 29/01/23

NAME Gaurav Yadav AGE/SEX 40/M DOB 01/7/83

DESIGNATION Cashier / Spouse MOBILE NO 9627608890

CHEST (INSP) 015 cm. CHEST (EXP) 90 cm. CHEST EXPANSION 05 cm

HEIGHT 165 cm. WEIGHT 68 Kg. BMI 24.97 (Normal)

P/R 76 per mt. BP 120/93 mmHg SIGN OF EMP Gaurav Yadav

EXAMINATION/INVESTIGATIONS

No	Investigations	Room No	Result
1	LAB INVESTIGATIONS <u>CHE</u>	Path Lab	Hb <u>12.8 gm%</u> TLC <u>4660</u> / DLC <u>60/30/10</u>
	BLOOD SUGAR F/PP/RANDOM	Path Lab	F <u>70</u> / PP <u>97</u> / RBS <u>ms%</u>
	BLOOD GROUP	Path Lab	<u>O+</u>
2	URINE	Path Lab	<u>Alb NIL / Sugar NIL</u>
3	STOOL	Path Lab	<u>SNR</u>
4	X RAY CHEST PA ✓	Radiology	<u>NAD</u>
5	ULTRASONOGRAPHY (Whole Abd)	Radiology	<u>Sr I fatty liver</u>
6	ECG ✓	Health check up	<u>WNL</u>
7	ECHO ✓	Radiology	<u>Normal study</u>
8	TMT	Radiology	<u>-</u>
9	PFT	Health check up	<u>-</u>
10	AUDIOMETRY	25	<u>-</u>
11	ENT EXAM	25	<u>-</u>
12	DENTAL EXAMINATION	24	<u>-</u>
13	ACUITY OF VISION/COLOUR VISION ✓	13	<u>Dx 6/6 NV 5 M/C 6/6 N/C N/C (M)</u>
14	EXAMINATION BY PHYSICIAN ✓	23	<u>NAD</u>
15	<u>Thyroid Profile</u>	<u>5-87</u>	<u>WNL</u>

Observations Lipid Profile - 231/245/50/132

Advice- LFT - WNL

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/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	GAURAV YADAV
जन्म की तारीख	10-07-1983
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	29-08-2023
बुकिंग संदर्भ सं.	23S76492100067882S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MRS. KUSHWAHA MRIDULA
कर्मचारी की क.कू.संख्या	76492
कर्मचारी का पद	HEAD CASHIER "E" _II
कर्मचारी के कार्य का स्थान	HARIDWAR, SIDCUL
कर्मचारी के जन्म की तारीख	09-09-1986

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 **28-08-2023** 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/पति 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 इनबॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

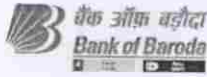
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(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	GAURAV YADAV
DATE OF BIRTH	10-07-1983
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	29-08-2023
BOOKING REFERENCE NO.	23S76492100067882S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. KUSHWAHA MRIDULA
EMPLOYEE EC NO.	76492
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	HARIDWAR,SIDCUL
EMPLOYEE BIRTHDATE	09-09-1986

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 **28-08-2023** 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.

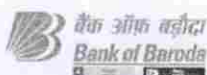
We solicit your co-operation in this regard.

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	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

Fwd: Health Check up Booking Confirmed Request(bobS45319),Package Code-
PKG10000227, Beneficiary Code-8886

Kakuli yadav <ritu.bob123@gmail.com>

Mon 28-08-2023 16:35

To:Sidcul, Haridwar, UP & Uttarakhand Zone <Sidhar@bankofbaroda.com>

मेल के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटें
IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OI

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, 28 Aug 2023, 1:46 pm

Subject: Health Check up Booking Confirmed Request(bobS45319),Package Code-PKG10000227,
Beneficiary Code-8886

To: <ritu.bob123@gmail.com>

Cc: <customer-care@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **Gaurav yadav**,

Please find the confirmation for following request.

Booking Date : 28-08-2023

Package Name : Medi-wheel Full Body Health Checkup Male Below 40

**Name of
Diagnostic/Hospital** : Metro Hospital & Heart Institute

**Address of
Diagnostic/Hospital** : Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated
Industrial Estate, BHEL Township

Contact Details : 8191902625

City : Haridwar

State : Uttarakhand

Pincode : 249403

Appointment Date : 29-08-2023

**Confirmation
Status** : Confirmed

Preferred Time : 8:00am-9:00am

Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Unique Identification Authority of India

पता: अजीत, 47 कुसमरा भाग 2, कुसमरा भाग 3,
कुसमरा, मैतपुरी,
उत्तर प्रदेश - 206302

Address:
C/O: Ajit, 47 kusmara bhag 2, kusmara bhag
3, Kusmara, Mainpuri,
Uttar Pradesh - 206302




9989 1118 2557
VID : 9109 3448 5156 3590

1947 | help@uidai.gov.in | www.uidai.gov.in

Gaurav Gaurav

9989 1118 2557
VID : 9109 3448 5156 3590

श्री गौरव
गौरव
पुरुष/ MALE
DOB: 10/07/1983



Issue Date: 20/09/2022

भारत सरकार
Government of India



2D ECHOCARDIOGRAPHY

Name:	Mr. Gaurav Yadav	UHID No:	2023014221
Age/Sex:	40Y/M	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	29.08.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	1.0	(0.6 – 1.1 cm)
LVPW (ED)	0.9	(0.6 – 1.1 cm)
LVID (ED)	4.5	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.9	(2.0 – 3.7 cm)
LA dimension	3.7	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 81, A – 60, E/A>1	
Aortic	Nil	Vel – 114	
Tricuspid	Trace	Vel – 204	PASP – 21
Pulmonary	Trace	Vel – 103	



METRO
HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, Trace PR, PASP 21 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Ajit Kumar
Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569



(Note: This document is not for medico-legal purpose)

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403
Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043
E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com
Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092
CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01



FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, Trace PR, PASP 21 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)



we treat...HE CURES

Metro Hospital & Heart Institute

(A unit of Sunhill Hospital Private Limited)

OPD CONSULTATION

Patient Name Gaurav Yadav Age/Sex 40M/M Reg. No. _____
 Doctor's Name Sushil Kumar
 Date 29/8/23 Time _____

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt — 6/6
 Lt — 6/6

NEAR VISION-

Rt — N/6
 Lt — N/6

COLOUR VISION

Normal

EYE EXAMINATION

Cornea
 Ant Chamber
 Pupil
 Fundus Examination

} WNL

ADVICE-

Sushil Kumar
 Dr. Sushil Kumar, MBBS, MS (Ophtho)
 Consultant Ophthalmology
 Metro Hospital & Heart Institute
 Sidcul, Haridwar, Reg. No.-2672 (UK)

Mr Gaurav Yadav

40y/M

29-8-23

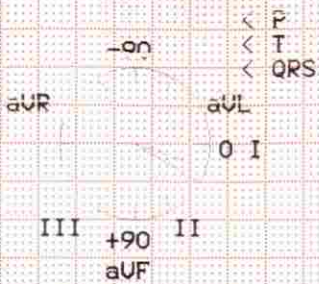
AR

Measurement Results:

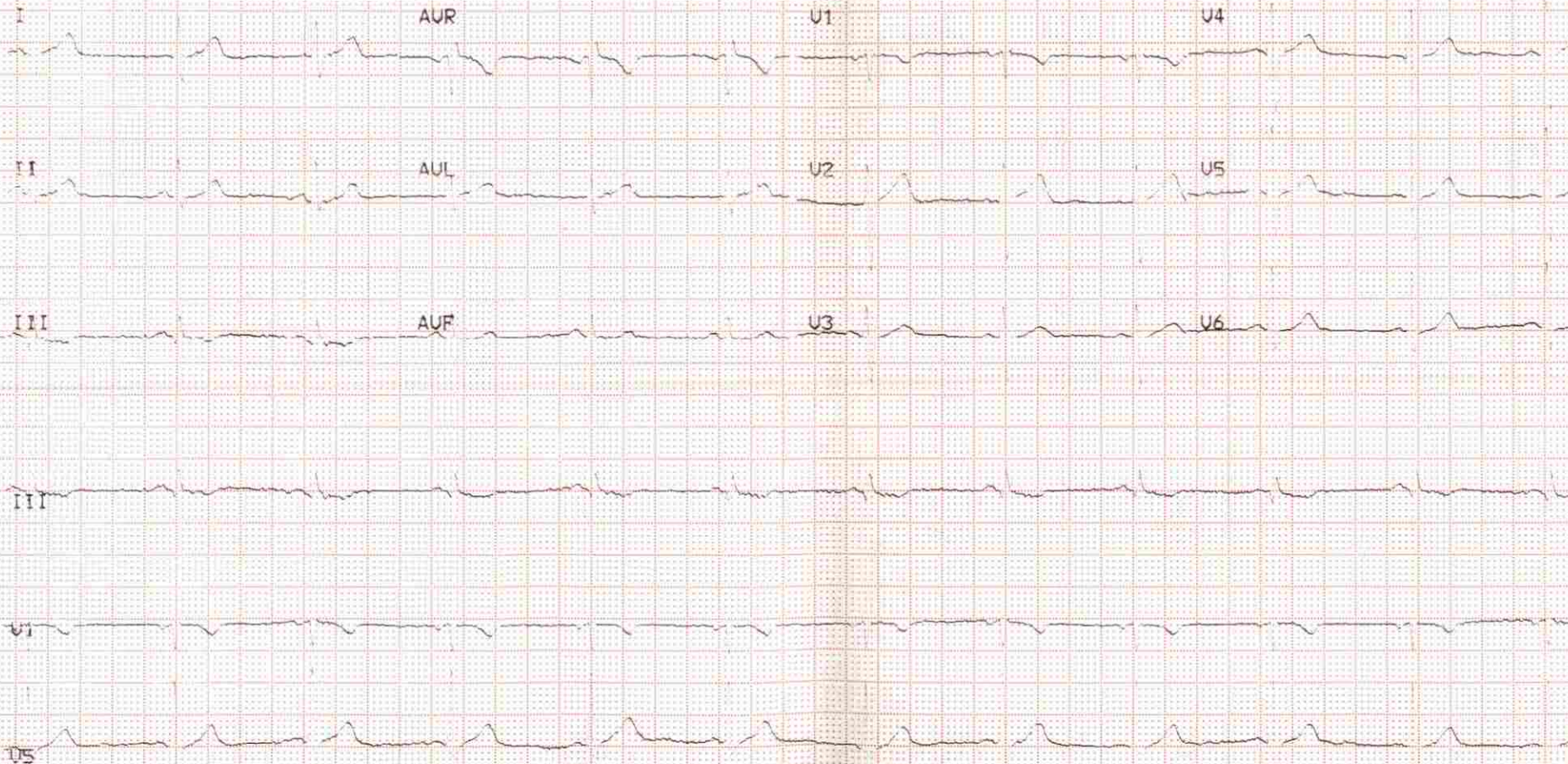
QRS	96 ms
QT/QTcB	352 / 377 ms
PR	110 ms
P	92 ms
RR/PP	870 / 870 ms
P/QRS/T	65 / 30 / 20 degrees
QTd/QTcBD	32 / 34 ms
Sokolow	1.4 mV
NK	9

Interpretation:

short PR interval
borderline ECG



Unofficial report



Radiology Investigation Report (Provisional)

**METRO****HOSPITAL & HEART INSTITUTE**

(A unit of Sunhill Hospitals Private Limited)

NABH ISO 9001: 2008 Certified

Name : Mr. Gaurav Yadav
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202309060
Date : 29/08/2023

Age/Sex :
UHID NO : 2023014221
Request No : 70235739

X-RAY CHEST PA View

Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.

DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

**Note:**

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

30-Aug-23 1:09 PM

**METRO**
HOSPITAL & HEART INSTITUTE**Radiology Investigation Report** (A unit of Sunhill Hospitals Private Limited)

(NABH & ISO 9001: 2008 Certified)

Name : Mr. Gaurav Yadav
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202309060
Date : 29/08/2023

Age/Sex : 40 Y/M
UHID NO : 2023014221
Request No : 70235739

USG WHOLE ABDOMEN

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in size, shape, outline & **raised echotexture**. No focal area of abnormal echogenecity is seen in liver. Intrahepatic biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is normal in shape & size. Gall bladder wall is not thick. No mass lesion / calculus is seen in gall bladder. Common bile duct is normal in course & caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is normal. Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus is seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesical calculus is seen in bladder. Ureterovesical junctions appear normal.

Prostate is normal in shape, outline & echotexture. Prostatic capsule & periprostatic facial planes appear normal.

IMPRESSION : Grade I fatty liver.

DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

- 1. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- 2. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- 3. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Pathology Report



Name : Mr. Gaurav Yadav
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202309060
 Sample Date : 29/08/2023
 Reporting Date: 29/08/2023

Age/Sex of Sunhill Hospital Private Limited)
 UHID : 20230142 (ISO & NABL Certified)
 Request No. : 10363766
 Sample Time : 13:31
 Reporting Time : 21:18

Test	Result	Unit	Bio. Ref. Inter. Test Method
------	--------	------	------------------------------

Hematology

CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)

HB	13.8	gm/dl	M - 13-18
TLC	4660	/cumm	4000-11000
DLC (WBC DIFFERENTIAL)			
NEUTROPHILS	60	%	45-75
LYMPHOCYTES	30	%	25-45
EOSINOPHILS	04	%	1-6
MONOCYTES	06	%	2-8
BASOPHILS	00	%	<2
RBC	4.07	million	3.5-5.5
PCV	43.9	%	36-52
MCV	107.9	fL	80-100
MCH	33.9	PG	27-32
MCHC	31.4	gm/dl	31-37
PLATELET COUNT	2.04	lakh/cumm	1.5-4.5
RDW	13.8	%	11.5-15
BLOOD GROUP			
ABO	O		
Rh	POSITIVE		
ESR	18	mm/hr	20

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)



Note:

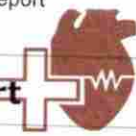
1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website : www.metrohospitals.com

Pathology Report



METRO PATH LABS

Name : Mr. Gaurav Yadav
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202309060
 Sample Date : 29/08/2023
 Reporting Date: 29/08/2023

Ag. (Center of Sunhill Hospital Private Limited)
 UHID : 2023091229 (NABL Certified)
 Request No. : 10363766
 CIN No. U33201DL2006PTC156918
 Sample Time : 13:31
 Reporting Time : 21:18

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
LIPID PROFILE				
TOTAL CHOLESTEROL	231.0	mg/dl	00-250.0	
HDL-CHOLESTEROL	50.0	mg/dl	00-50.0	
LDL	132.0	mg/dl	00-150.0	
TRIGLYCERIDES	245.0	md/dl	30-150	
VLDL	49.0	mg/dl	0-50	
CHOL/HDL Ratio	4.62		<-4.5	
LFT (LIVER FUNCTION TEST)				
BILIRUBIN INDIRECT	0.30	mg/dl	0.2-0.8	
SGOT	29.0	U/L	10-42	
SGPT	36.0	U/L	10-42	
BILIRUBIN TOTAL	0.60	mg/dl	0.2-1.0	
ALKALINE PHOSPHATASE	70.0	IU/L	28-111	
BILIRUBIN DIRECT	0.30	mg/dl	0.1-0.4	
TOTAL PROTEIN	7.5	gm/dl	6.4-8.2	
ALBUMIN	4.0	g/dl	3.5-5.0	
GLOBULIN	3.5	gm/dl	2.0-4.0	
AG RATIO	1.1			
KFT (KIDNEY FUNCTION TEST)				
UREA	23.2	mg/dl	15-45	
SODIUM	140.0	mmol/L	135-155	
CREATININE	0.60	mg/dl	0.6-1.3	
URIC ACID	7.0	mg/dl	3.0-7.6	
BUN	11.0	mg/dl	05-20	
POTASSIUM	4.2	mmol/L	3.5-5.5	
CALCIUM	8.4	mg/dl	8.5-10.5	

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

**Note:**

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

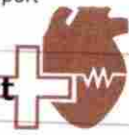
Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website : www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

MHHI/CL/0116/Rev. No. 01

Pathology Report



METRO PATH LABS

Name : Mr. Gaurav Yadav
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202309060
 Sample Date : 29/08/2023
 Reporting Date: 29/08/2023

Agencies of Sunhill Hospitals Private Limited)
 UHID : 2023014221
 Request No. : 10363766
 Sample Time : 13:31
 Reporting Time : 21:18

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
HbIAC	5.8	%	4.5-6.3	
BLOOD SUGAR -FASTING	70.0	mg/dl	70.0-110.0	
BLOOD SUGAR -PP	97.0	mg/dl	70.0-140.0	
Serology & Immunology				
THYROID PROFILE				
T3	1.88	nmol/L	1.70-3.10	
T4	6.9	µg/dl	5.95-15.4	
TSH	2.4	µIU/L	0.46-4.68	

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

**Note:**

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

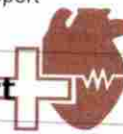
Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metrorharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

MHHI/CL/0116/Rev. No. 01

Pathology Report



METRO PATH LABS

Name : Mr. Gaurav Yadav
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202309060
Sample Date : 29/08/2023
Reporting Date: 29/08/2023

Agg. (Smt. of Sunhill Hospitals Private Limited)
UHD : 2023014954 (Certified)
Request No. : 10303766
CIN No. : U33201DL2006PTC156918
Sample Time : 13:31
Reporting Time : 21:18

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Urine Examination				
URINE SUGAR	NIL			
URINE ROUTINE ANALYSIS				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
S. GRAVITY	1.025			
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
pH	6.0			
BLOOD	NIL			
KETONE	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3			
EPITHELIAL CELLS	1-2			
RBC	NIL			
CRYSTALS	NIL			
CAST	NIL			
BACTERIA	NIL			
AMORPHOUS PHOSPHATE	NIL			
AMORPHOUS URATES	NIL			
Stool Examination				
STOOL ROUTINE EXAMINATION				
MACROSCOPIC EXAMINATION				
COLOUR	YELLOWISH		-NA	
CONSISTENCY	SEMI SOLID		-NA	
BLOOD	NIL		-NIL	
MUCUS	ABSENT		-NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	0-1		-NIL	
RBC	NIL		-NIL	
VEGETABLE CELLS	NIL		-NIL	
OVA	NIL		-NIL	
CYSTS	NIL		-NIL	
OTHERS	NIL		-NIL	

*** End of Reports ***

Dr. Vishal Arora
MBBS, DCP
(Consultant Pathologist)



Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403
Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metronharidwar@metronhospitals.com, Website: www.metronhospitals.com