

INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mr.AMIT KUMAR	Registered On	: 16/Dec/2022 12:46:39
Age/Gender	: 45 Y 5 M 15 D /M	Collected	: 16/Dec/2022 15:26:45
UHID/MR NO	: IKNP.0000022359	Received	: 16/Dec/2022 15:27:10
Visit ID	: IKNP0055432223	Reported	: 16/Dec/2022 17:52:35
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	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	9.30	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)	3,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	63.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	24.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	40.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr. <9		
PCV (HCT)	29.00	%	40-54	
Platelet count				
Platelet Count	0.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.04	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.73	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	83.80	fl	80-100	CALCULATED PARAMETER
MCH	25.00	pg	28-35	CALCULATED PARAMETER
MCHC	29.80	%	30-38	CALCULATED PARAMETER
RDW-CV	18.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	56.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	1,890.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	180.00	/cu mm	40-440	



A handwritten signature in black ink, appearing to read 'Seema'.

Dr. Seema Nagar(MD Path)

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Visit ID	: IKNP0055432223	Reported	: 16/Dec/2022 16:14:38
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	325.00	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



A handwritten signature in black ink, appearing to read 'Seema Nagar'.

Dr. Seema Nagar(MD Path)

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Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

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Patient Name	: Mr.AMIT KUMAR	Registered On	: 16/Dec/2022 12:46:40
Age/Gender	: 45 Y 5 M 15 D /M	Collected	: 18/Dec/2022 12:08:14
UHID/MR NO	: IKNP.0000022359	Received	: 18/Dec/2022 12:08:35
Visit ID	: IKNP0055432223	Reported	: 18/Dec/2022 13:07:17
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
Glucose PP <i>Sample: Plasma After Meal</i>	338.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



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Age/Gender	: 45 Y 5 M 15 D /M	Collected	: 16/Dec/2022 15:26:45
UHID/MR NO	: IKNP.0000022359	Received	: 18/Dec/2022 10:47:56
Visit ID	: IKNP0055432223	Reported	: 18/Dec/2022 11:52:39
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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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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	7.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	57.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	165	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 1diabetics. 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.

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

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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)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	10.10	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	1.07	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	4.61	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	54.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	35.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	53.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.45	gm/dl	6.2-8.0	BIRUET
Albumin	3.29	gm/dl	3.8-5.4	B.C.G.
Globulin	3.16	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.04		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	336.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.37	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.46	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.91	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	112.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	30.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	64	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	17.38	mg/dl	10-33	CALCULATED
Triglycerides	86.90	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP

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DEPARTMENT OF BIOCHEMISTRY

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>500 Very High



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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	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	PRESENT (+++)	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			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	PRESENT	gms%
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Interpretation:



1.5
-1.0

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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, PP STAGE * , Urine

Sugar, PP Stage	PRESENT (+)
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Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Visit ID	: IKNP0055432223	Reported	: 16/Dec/2022 17:56:07
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)	128.80	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.91	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.59	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 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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Patient Name	: Mr.AMIT KUMAR	Registered On	: 16/Dec/2022 12:46:40
Age/Gender	: 45 Y 5 M 15 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000022359	Received	: N/A
Visit ID	: IKNP0055432223	Reported	: 17/Dec/2022 15:47:12
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 Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

() Test Performed at Chandan Speciality Lab.**

Result/s to Follow:

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



Dr Raveesh Chandra 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.

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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

365 Days Open

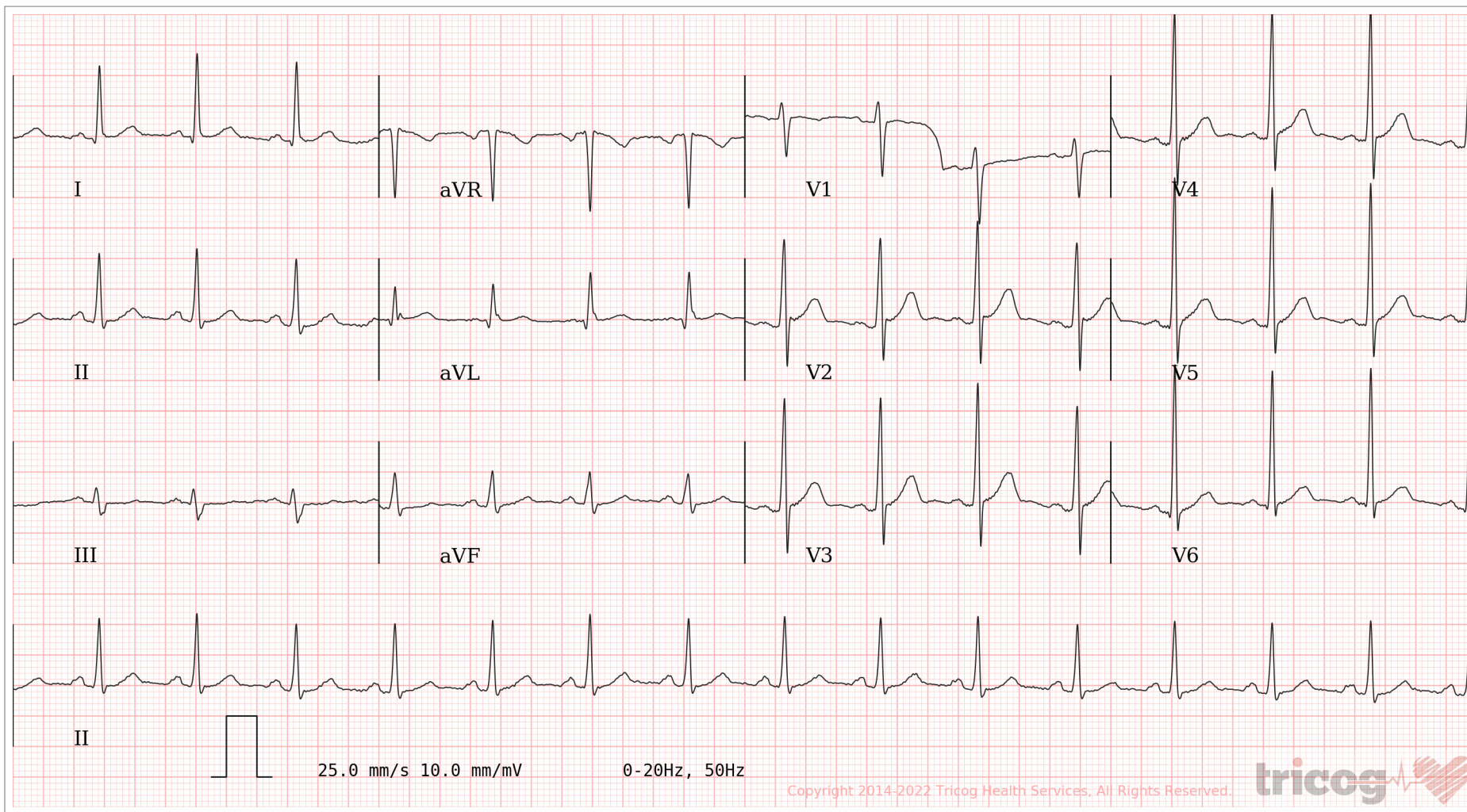
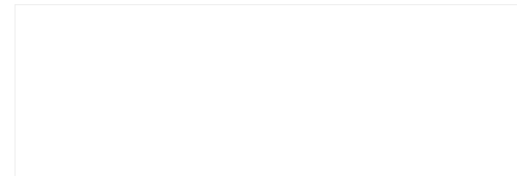
*Facilities Available at Select Location

Chandan Diagnostic



Age / Gender: 45/Male
Patient ID: IKNP0055432223
Patient Name: Mr.AMIT KUMAR

Date and Time: 17th Dec 22 8:17 PM



AR: 93bpm VR: 93bpm QRSD: 84ms QT: 340ms QTc: 422ms PRI: 144ms P-R-T: 54° 27° 34°

ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Preethi Chandramouli

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.

63382

72169

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. KUMAR AMIT
EC NO.	58497
DESIGNATION	BRANCH HEAD
PLACE OF WORK	KANPUR, CHAMDAMANDI
BIRTHDATE	02-07-1977
PROPOSED DATE OF HEALTH CHECKUP	08-10-2022
BOOKING REFERENCE NO.	22D58497100027548E

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 **07-10-2022** 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 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))

BOB



भारत सरकार
GOVERNMENT OF INDIA



अमित कुमार

Amit Kumar

जन्मतिथि / DOB 02/07/1977

पुरुष / MALE



3187 3945 4395

VID : 9163 7100 2223 7661

मेरा आधार, मेरी पहचान

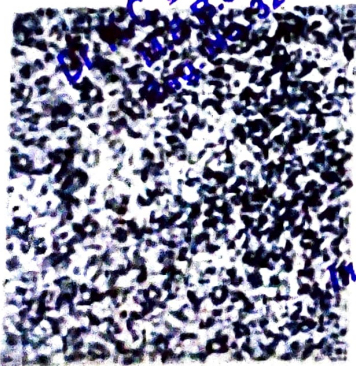
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1800 300 1947



Handwritten:
Dr. C. BHARADWAJ
M.D. B.S. D CARD
Phone No. 92760



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O Radhey Lal Kueel, B-473

1208021

नगर नौबस्ता, कानपुर, कानपुर नगर

10 राधा लाल कुएल, बी-473 आवास विकास कानपुर

OR Code With PROGRAM

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA





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Dr. K.C. BHAKADWAR
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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: MR.AMIT KUMAR

AGE: 45 SEX: M

REF.BY: DR. I.D.C

DATE: 18-12-2022

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : **LIVER IS HIGHLY ENLARGED WITH FATTY CHANGES GRADE 3RD**
NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL
.THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
GALL BLADDER : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN &
THERE IS NO EVIDENCE OF GALLSTONES
- 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 CALCULUS/HYDRONEPHROSIS
LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY
DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS
LESION SEEN.
- SPLEEN** : **SPLEEN IS ENLARGED IN SIZE 195.5MM** .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.RESIDUAL URINE VOLUME 4
ML
- PROSTATE** : PROSTATE IS NORMAL IN SIZE WEIGHT 14.2GMS
- IMPRESSION** : **HEPATOMEGALY WITH FATTY CHANGES GRADE 3RD**
:
:
SPEENOMEGALY

SONOLOGIST



Diagnostic Centre
22/22, Karachi Khana
Mall Road, Kanpur

DR. RACHIT GUPTA

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

PNDT Registration No- PNDT/REG/94/2012

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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

