

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	ARCHANA PATHAK
DATE OF BIRTH	04-10-1977
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-04-2022
BOOKING REFERENCE NO.	22J61399100018106S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. PATHAK DEVINDER KUMAR
EMPLOYEE EC NO.	61399
EMPLOYEE DESIGNATION	UNIVERSAL TELLER
EMPLOYEE PLACE OF WORK	RAMGANJ
EMPLOYEE BIRTHDATE	07-07-1964

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 20-04-2022 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))



Indra Diagnostic Centre, Indira Nagar



Age / Gender:

44/Female

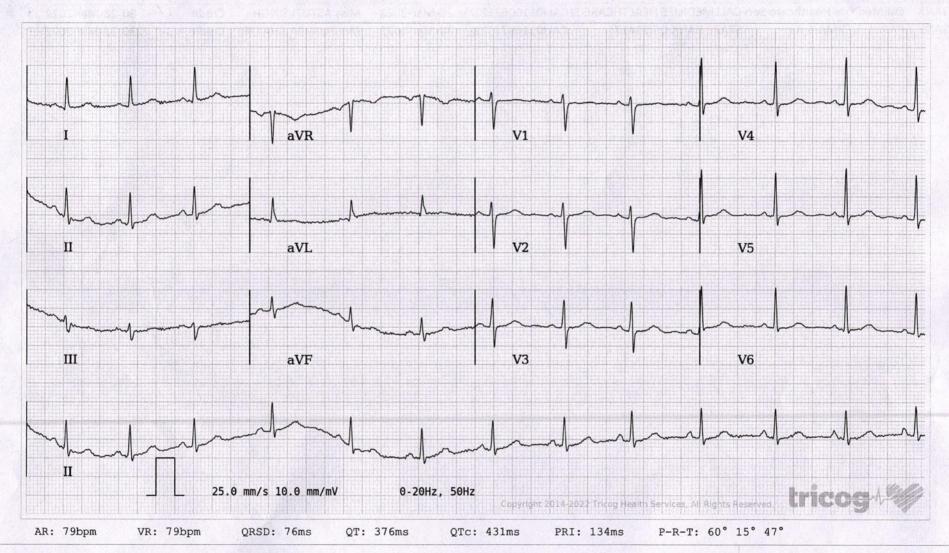
Date and Time: 23rd Apr 22 11:41 AM

Patient ID:

IDCD0022762223

Patient Name:

Mrs.ARCHANA PATHAK



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

AUTHORIZED BY

REPORTED BY

a 18

Dr. Charit MD, DM: Cardiology

63382

Kurja A. A. A.

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.



Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075



Patient Name : Mrs.ARCHANA PATHAK Registered On : 23/Apr/2022 10:15:43 Age/Gender Collected : 44 Y 6 M 18 D /F : 23/Apr/2022 10:30:14 UHID/MR NO : IDCD.0000140673 Received : 23/Apr/2022 16:00:42 Visit ID : IDCD0022762223 Reported : 23/Apr/2022 17:32:19

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) **, Blood

Blood Group

Α

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin 14.60 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

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

			remale- 12.0-13.3 g/c	וג
TLC (WBC)	9,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
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
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	. < 20	
PCV (HCT)	44.00	cc %	40-54	
Platelet count				
Platelet Count	2.50	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	36.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.29	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.90	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







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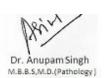
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	88.00	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,272.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	196.00	/cu mm	40-440	











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Patient Name : Mrs.ARCHANA PATHAK Registered On : 23/Apr/2022 10:15:43 Age/Gender : 44 Y 6 M 18 D /F Collected : 23/Apr/2022 14:38:16 UHID/MR NO : IDCD.0000140673 Received : 23/Apr/2022 16:05:13 Visit ID : IDCD0022762223 Reported : 23/Apr/2022 16:48:57

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING , Plasma					
Glucose Fasting	85.90	mg/dl	< 100 Normal 100-125 Pre-diabete ≥ 126 Diabetes	GOD POD s	

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP	165.20	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impared Glucose Tolerance.



Dr. Shoaib Irfan (MBBS, MD, PDCC)







Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075



HPLC (NGSP)

Patient Name : Mrs.ARCHANA PATHAK : 23/Apr/2022 10:15:44 Registered On Age/Gender : 44 Y 6 M 18 D /F Collected : 23/Apr/2022 10:30:14 UHID/MR NO : IDCD.0000140673 Received : 23/Apr/2022 13:29:56 Visit ID : IDCD0022762223 Reported : 23/Apr/2022 14:13:24

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

% NGSP

mmol/mol/IFCC

mg/dl

Interpretation:

NOTE:-

Glycosylated Haemoglobin (HbA1c)

Glycosylated Haemoglobin (Hb-A1c)

Estimated Average Glucose (eAG)

- 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.

6.80

51.00

148

 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 mnagement.

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.

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





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



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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.











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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	7.15	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.83	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	74.70	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	5.94	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total)	30.00 19.40 25.20 6.68 4.11 2.57 1.60 87.50	U/L U/L IU/L gm/dl gm/dl gm/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD
Bilirubin (Total)	0.57	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.21	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.36	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	213.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	121	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	44.68	mg/dl	10-33	CALCULATED
Triglycerides	223.40	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







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Patient Name Age/Gender

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Collected Received

: 23/Apr/2022 10:15:44 : 23/Apr/2022 10:30:14

UHID/MR NO Visit ID

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Reported

Registered On

: 23/Apr/2022 12:09:20 : 23/Apr/2022 14:50:38

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

> 200-499 High >500 Very High





Dr. Shoaib Irfan (MBBS, MD, PDCC)







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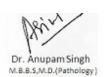
Patient Name : Mrs.ARCHANA PATHAK Registered On : 23/Apr/2022 10:15:43 Age/Gender : 44 Y 6 M 18 D /F Collected : 23/Apr/2022 12:21:29 UHID/MR NO : IDCD.0000140673 Received : 23/Apr/2022 16:02:44 Visit ID : IDCD0022762223 Reported : 23/Apr/2022 16:17:48

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE **	* , Urine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			The state of the s	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			











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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage

ABSENT

gms%

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. Shoaib Irfan (MBBS, MD, PDCC)







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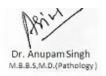
Unit Die Def Interval

DEPARTMENT OF IMMUNOLOGY

Result	Unit	Bio. Ref. Interval	Method
135.62	ng/dl	84.61-201.7	CLIA
9.36	ug/dl	3.2-12.6	CLIA
2.76	μIU/mL	0.27 - 5.5	CLIA
	0.3-4.5 μIU/1	mL First Trimes	ter
	0.5-4.6 μIU/1	mL Second Trin	nester
	0.8-5.2 μIU/1	nL Third Trime	ster
	0.5-8.9 μIU/1	nL Adults	55-87 Years
	0.7-27 μIU/1	mL Premature	28-36 Week
	2.3-13.2 μIU/1	nL Cord Blood	> 37Week
	0.7-64 μIU/ı	nL Child(21 wk	- 20 Yrs.)
	1-39 μΙΟ		0-4 Days
	4 60		2-20 Week
	135.62 9.36	135.62 ng/dl 9.36 ug/dl 2.76 μIU/mL 0.3-4.5 μIU/n 0.5-4.6 μIU/n 0.8-5.2 μIU/n 0.5-8.9 μIU/n 0.7-27 μIU/n 2.3-13.2 μIU/n 0.7-64 μIU/n 1-39 μIU/n	135.62 ng/dl 84.61–201.7 9.36 ug/dl 3.2-12.6 2.76 μΙU/mL 0.27 - 5.5 0.3-4.5 μΙU/mL First Trimes 0.5-4.6 μΙU/mL Second Trin 0.8-5.2 μΙU/mL Third Trime 0.5-8.9 μΙU/mL Adults 0.7-27 μΙU/mL Premature 2.3-13.2 μΙU/mL Cord Blood 0.7-64 μΙU/mL Child(21 wk 1-39 μΙU/mL Child

- 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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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *
(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION:

• NORMAL SKIAGRAM



Dr. Anil Kumar Verma (MBBS,DMRD)







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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~ 144 mm) with grade-I fatty changes with few areas of focal fat sparing.
- The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall
 thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

 The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No significant lymph node noted.

URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

UTERUS & CERVIX

- Uterus is bulky in size and measures ~ 106 x 46 x 40 mm, volume ~ 101.2 cc with heterogenous myometrial echotexture.....? Adenomyosis.
- Atleast two ill defined heterogeneously hypoechoic SOL seen along posterior & fundal wall of myometrium in intramural location, largest ~ approx 25 x 18 mm.....D.D Leiomyoma D/D endometrioma.
- The endometrial echo is in mid line and measures ~ 7.3 mm.
- Cervix appear bulky in size & measures ~ 53 x 39 mm. Cervico vesical interface appears normal on USG. (Adv:- PAP smear correlation if clinically indicated)

ADNEXA & OVARIES

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.

IMPRESSION

- Grade-I fatty changes in liver.
- Bulky uterus with heterogenous myometrial echotexture....? Adenomyosis with uterine fibroids with bulky cervix. (Adv:- PAP smear correlation if clinically indicated)

Typed by- shanaya

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)



Dr. Anil Kumar Verma (MBBS.DMRD)

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

*Facilities Available at Select Location



