

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 केविवरण
नाम	PRATEEK
जन्म की तारीख	26-03-1988
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	10-09-2023
बुकिंग संदर्भ सं.	23S114365100068974S
HER STATE OF A SUPPORT	पत्नी/पति केविवरण
कर्मचारी का नाम	MS. SHRIVASTAVA KAMNA
कर्मचारी की क.कूसंख्या	114365
कर्मचारी का पद	WEALTH EXECUTIVE
कर्मचारी के कार्य का स्थान	ALLAHABAD, NYAYNAGAR
कर्मचारी के जन्म की तारीख	28-09-1988

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 08-09-2023 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/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 इनवॉइस 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।)

पता: S/O: कमल कुमार, 5/10 ए, nod george bum, Allahobod, मालवीय रोड जॉर्ज टाउन, Allahobod, utar Pradeah - 211002 Aadhaar-Aam Admi ka Adhikar इलाहाबाद, इलाहाबाद, उत्तर प्रदेश - 211002 भारतीय विशिष्ट पहचान प्राधिकरण 1.000 हादाहां विशिष्ट पहचान प्राधिकरण 9716/0982 2801 . Ś

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.आधार-आम ओदमी का अधिकार जन्म तिथि/ DOB: 26/03/1988 * SUCCERTAINENT OF INDIA 9746/0982 2801 पुरुष / MALE Prateek प्रतीक a garden a 德日 4





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:24
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000127174	Received	: N/A
Visit ID	: ALDP0205772324	Reported	: 02/Oct/2023 17:34:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG/EKG*

1. M	lachnism, Rhythm	Sinus, Regular	
2. A	trial Rate	67	/mt
3. V	entricular Rate	67	/mt
4. P	- Wave	Normal	
5. P	R Interval	Normal	
6. Q	R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
7. Q	T c Interval	Normal	
8. S	- T Segment	Normal	
9. T <u>FINAL IMPRESSIO</u>	– Wave	Normal	

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







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Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:22
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: 01/Oct/2023 10:30:58
UHID/MR NO	: ALDP.0000127174	Received	: 01/Oct/2023 11:04:08
Visit ID	: ALDP0205772324	Reported	: 01/Oct/2023 13:04:40
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blo	od			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , <i>Whole</i>	Blood			
Haemoglobin TLC (WBC) DLC Polymorphs (Neutrophils) Lymphocytes Monocytes Eosinophils Basophils	13.60 5,000.00 53.00 38.00 6.00 3.00 0.00	g/dl /Cu mm % % % % %	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 4000-10000 55-70 25-40 3-5 1-6 < 1	
ESR	C 00	Name for a dist but		
Observed Corrected	6.00	Mm for 1st hr. Mm for 1st hr.		
PCV (HCT) Platelet count	40.00	%	40-54	
Platelet Count	1.84	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width) P-LCR (Platelet Large Cell Ratio)	16.00 40.70	fL %	9-17 35-60	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE







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DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.62	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	87.70	fl	80-100	CALCULATED PARAMETER
MCH	29.50	pg	28-35	CALCULATED PARAMETER
MCHC	33.70	%	30-38	CALCULATED PARAMETER
RDW-CV	14.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,650.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	150.00	/cu mm	40-440	

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Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:23
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: 01/Oct/2023 10:30:57
UHID/MR NO	: ALDP.0000127174	Received	: 01/Oct/2023 11:04:08
Visit ID	: ALDP0205772324	Reported	: 01/Oct/2023 13:23:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	al Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	93.30	1	< 100 Normal L00-125 Pre-diabetes 2 126 Diabetes	GOD POD
Interpretation:	. 1	,		

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 * Sample:Plasma After Meal	116.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
			· Loo 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.

GLYCOSYLATED HAEM OGLOBIN (HBA1C) *	, EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.80	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	104	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 mnagement.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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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 VARIANT II TURBO 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

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.

BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	0.50	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	0.5-1.30 Spot Urine-Male Female-20-320	MODIFIED JAFFES e- 20-275
Uric Acid * Sample:Serum	5.16	mg/dl	3.4-7.0	URICASE





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	Init Bio. Ref. Interv	al Method
LFT (WITH GAMMA GT) * , <i>Serum</i>				
SGOT / Aspartate Aminotransferase (AST)	26.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.50	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.83		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	112.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	277.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	77.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	168	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	1
VLDL	30.88	mg/dl	10-33	CALCULATED
Triglycerides	154.40	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High >500 Very High	GPO-PAP 1

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Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:22
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: 01/Oct/2023 11:13:42
UHID/MR NO	: ALDP.0000127174	Received	: 01/Oct/2023 11:18:56
Visit ID	: ALDP0205772324	Reported	: 01/Oct/2023 13:50:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE 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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT		1 C M O	1
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and a second	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	/p			EXAMINATION
Puscells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifug	ed urine sediment			

Urine Microscopy is done on centrifuged urine sediment.

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Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:22
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: 02/Oct/2023 09:34:26
UHID/MR NO	: ALDP.0000127174	Received	: 02/Oct/2023 10:24:03
Visit ID	: ALDP0205772324	Reported	: 02/Oct/2023 14:00:58
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
STOOL, ROUTINE EXAMINATIO	DN*, stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Neutral (7.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENTA			
Cysts	ABSENT			
Others	ABSENT			
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Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:23
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: 01/Oct/2023 14:18:22
UHID/MR NO	: ALDP.0000127174	Received	: 01/Oct/2023 15:16:51
Visit ID	: ALDP0205772324	Reported	: 01/Oct/2023 18:30:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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				
(+++) 1-2 (++++) > 2				
SUGAR, PP STAGE*, Urine				
Sugar, PP Stage	ABSENT			
Interpretation:		12		
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%			to a state of the	
(+++) 1-2 gms%				
(++++) > 2 gms%				

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Dr.Akanksha Singh (MD Pathology)

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UHID/MR NO	: ALDP.0000127174	Received	: 01/Oct/2023 11:04:08
Visit ID	: ALDP0205772324	Reported	: 01/Oct/2023 17:08:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	157.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.800	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/		
		0.5-4.6 μIU/		
		0.8-5.2 μIU/1	mL Third Trimester	r

1) Patients having low T3 and T4 levels but high TSH le	vels suffer from primary	y hypothyroidism, c	retinism, juvenile m	iyxedema or
autoimmune disorders.		and the state		

0.5-8.9

0.7-27

0.7-64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

Adults

Child

Child

Premature

Cord Blood

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

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.

Dr.Akanksha Singh (MD Pathology)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:24
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000127174	Received	: N/A
Visit ID	: ALDP0205772324	Reported	: 02/Oct/2023 10:05:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- 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.

Please correlare clinically.

Icrohilh

DR K N SINGH (MBBS, DMRE)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name	: Mr.PRATEEK	Registered On	: 01/Oct/2023 10:12:25
Age/Gender	: 35 Y 6 M 6 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000127174	Received	: N/A
Visit ID	: ALDP0205772324	Reported	: 01/Oct/2023 11:12:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Normal in size (12.6 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (8.9 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.7 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE :- Normal in size (3.3 x 3.1 x 3.5 cm vol - 19), shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

End Of Report ***

