

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. DISHA GUPTA

AGE: 30 SEX: F

REF. BY: DR. Z. D. C.

DATE: 23-10-2021

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS NORMAL IN SIZE 122.4MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY.RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : OPERATED
- 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 AND CONTOUR. ENDOMETRIAL THICKNESS IS NORMAL ENDOMETRIAL & MYOMETRIAL ECHO PATTERNS ARE NORMAL.
- B/L OVARIES** : BOTH OVARIES ARE NORMAL .NO T.O MASS LESION SEEN
- IMPRESSION** : **NORMAL SCAN WHOLE ABDOMEN**

SONOLOGIST

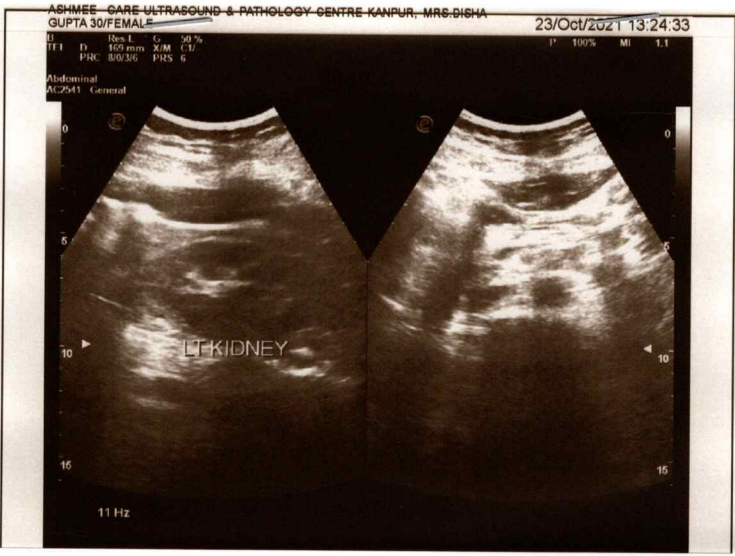
DR. RACHIT GUPTA

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

PNDT Registration No- PNDT/REG/94/2012

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

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.



C.B. Ojha



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	DISHA GUPTA
DATE OF BIRTH	03-11-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-10-2021
BOOKING REFERENCE NO.	21D106918100005876S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. GUPTA MOHIT
EMPLOYEE EC NO.	106918
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	KANPUR, RAWATPUR GAON
EMPLOYEE BIRTHDATE	11-09-1988

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 **22-10-2021** till **31-03-2022**. 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,

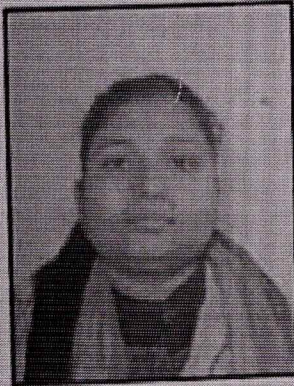
Sd/-

Chief General Manager
HRM Department
Bank of Baroda

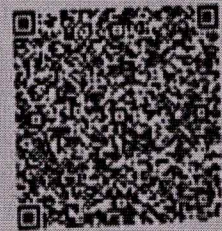
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार
GOVERNMENT OF INDIA



दिशा गुप्ता
Disha Gupta
जन्म तिथि/DOB: 03/11/1993
महिला/ FEMALE
Mobile No: 9783000370
2769 6141 8538



मेरा आधार, मेरी पहचान

P.P.
9001

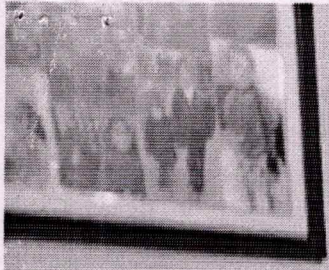
Sample not required

Indira Diagnostics Centre
24/22 Karachi Khimra
1st Floor, Karachi

[Signature]

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

Disha
9783000370



K. Bhargava

Indra Diagnostic Centre
24/22 Karachi Khana
17 " Road, Kanpur

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

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mrs.DISHA GUPTA -106918	Registered On	: 23/Oct/2021 11:38:35
Age/Gender	: 27 Y 11 M 19 D /F	Collected	: 23/Oct/2021 11:54:50
UHID/MR NO	: IKNP.0000015111	Received	: 23/Oct/2021 11:55:18
Visit ID	: IKNP0053252122	Reported	: 23/Oct/2021 18:25:34
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
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	B			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	12.10	mg/dl	Male-13.5-17.5 mg/dl Female-12.0-15.5mg/dl	
TLC (WBC)	7,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	cc %	40-54	
Platelet count				
Platelet Count	1.30	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	62.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.20	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.50	fl	80-100	CALCULATED PARAMETER
MCH	28.80	pg	28-35	CALCULATED PARAMETER
MCHC	31.10	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,032.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	148.00	/cu mm	40-440	



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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

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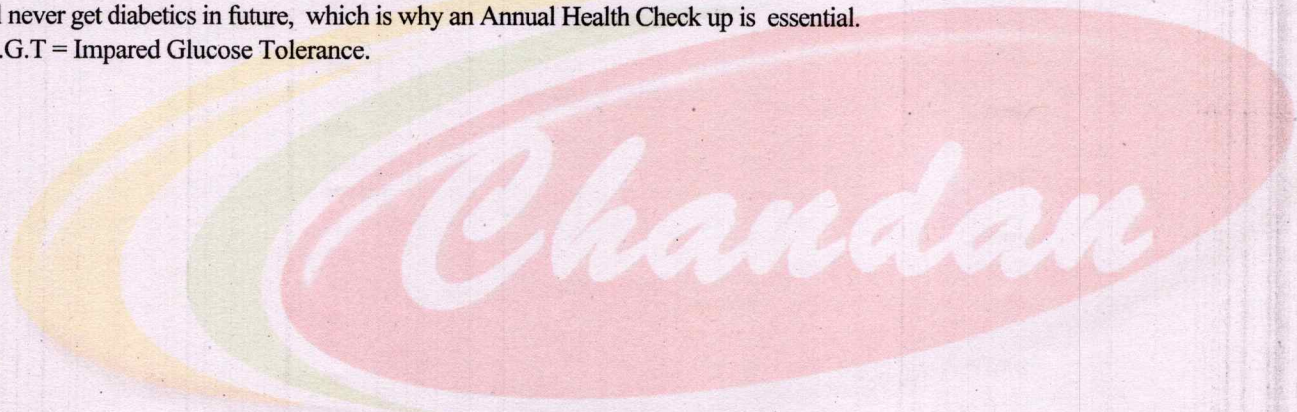
DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting Sample:Plasma	91.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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



Dr. Seema Nagar(MD Path)



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	30.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	94	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 I 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)



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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) * Sample:Serum	10.50	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.87	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	78.10	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	4.39	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	9.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.01	gm/dl	6.2-8.0	BIRUET
Albumin	4.01	gm/dl	3.8-5.4	B.C.G.
Globulin	3.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.34		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	104.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.54	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.28	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.26	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	136.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	83	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.80	mg/dl	10-33	CALCULATED
Triglycerides	84.00	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP



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Since 1991



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200-499 High
>500 Very High



Dr. Seema Nagar(MD Path)



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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	1.000			
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			DIPSTICK
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			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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



INDRA DIAGNOSTIC CENTRE

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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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Dr. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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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)	120.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.15	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.70	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.



Dr. Seema Nagar(MD Path)





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Patient Name	: Mrs.DISHA GUPTA -106918	Registered On	: 23/Oct/2021 11:38:37
Age/Gender	: 27 Y 11 M 19 D /F	Collected	: N/A
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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

*** End Of Report ***

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



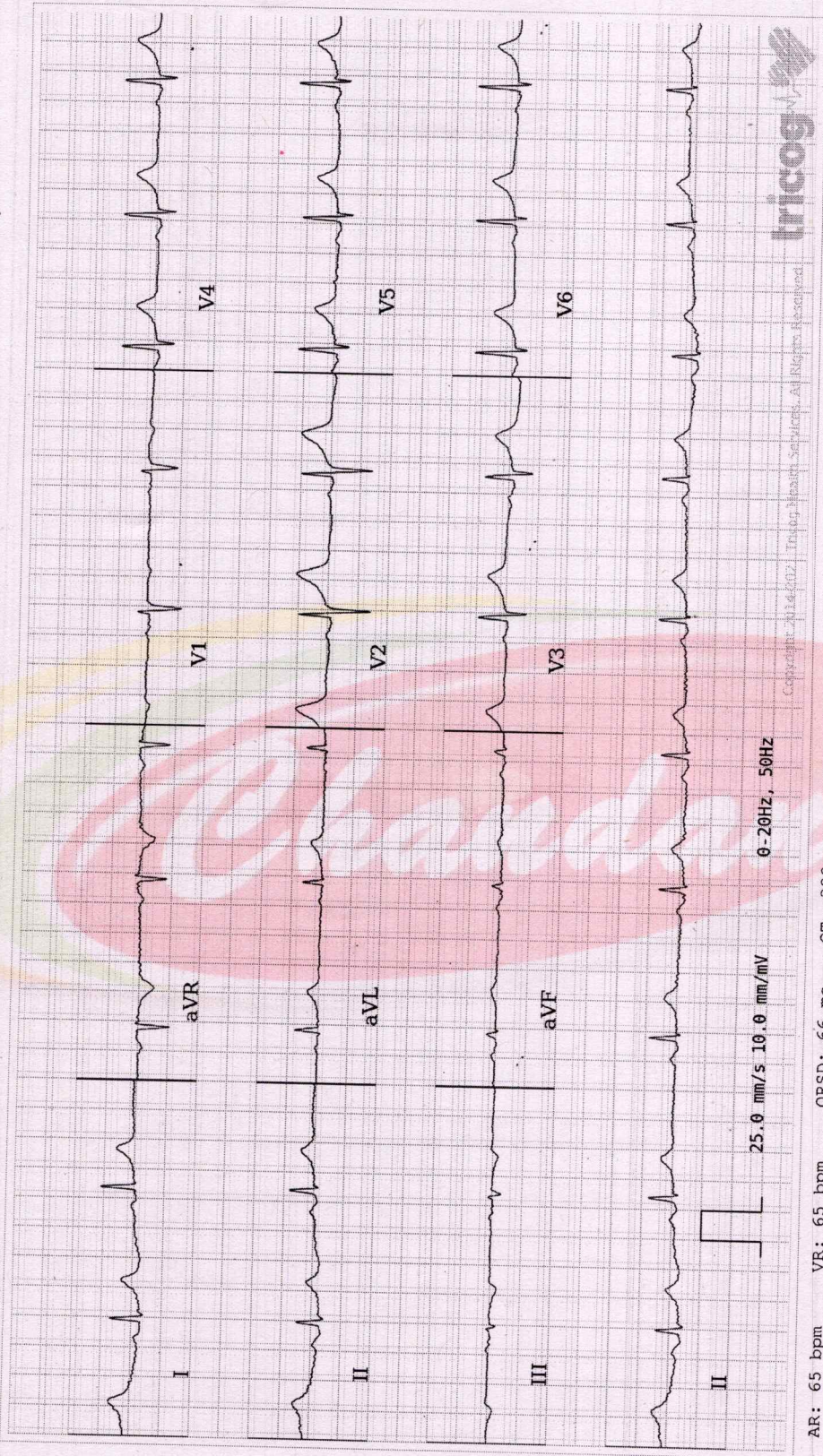
Dr Raveesh Chandra Roy (MD-Radio)

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 Condition 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



Age / Gender: 27/Female
 Patient ID: IKNP0053252122
 Patient Name: DISHA GUPTA -106918
 Date and Time: 23rd Oct 21 12:49 PM



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

REPORTED BY: *[Signature]*
 AUTHORIZED BY: *[Signature]*

Dr. Pannambalam
 Dr. Charit
 MD, DM: Cardiology
 63382



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.