



बैंक ऑफ़ बड़ोदा Bank of Baroda



To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	SHALU KUMARI
DATE OF BIRTH	19-04-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	27-07-2024
BOOKING REFERENCE NO.	24S165799100108844S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SAROJ HEMANT
EMPLOYEE EC NO.	165799
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	KAUSHAMBI
EMPLOYEE BIRTHDATE	08-01-1985

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 **23-07-2024** till **31-03-2025**. 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 & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



भारत सरकार  
Government of India



Aadhaar No. Issued: 15/04/2016



शैलु कुमारी

Shalu Kumari

जन्म तिथि / DOB : 19/04/1986

महिला / Female



Shalu

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या ब्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline XML).

**7445 9507 7621**

मेरा आधार, मेरी पहचान



# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-3559261  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:59
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 2024-08-10 09:19:39
UHID/MR NO	: ALDP.0000146072	Received	: 2024-08-10 09:19:39
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 10:06:04
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### ECG/ EKG

1. Machnism, Rhythm	Sinus, Regular
2. Atrial Rate	71 /mt
3. Ventricular Rate	71 /mt
4. P - Wave	Normal
5. P R Interval	Normal
6. Q R S	Axis : Normal R/S Ratio : Normal Configuration : Normal
7. Q T c Interval	Normal
8. S - T Segment	Normal
9. T - Wave	Normal

### FINAL IMPRESSION

**Abnormal: Low Voltage Complexes, Sinus Rhythm, Short PR Interval. Please correlate clinically.**

  
Dr. R K VERMA  
MBBS, PGDGM







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CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:56
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 10/Aug/2024 09:21:02
UHID/MR NO	: ALDP.0000146072	Received	: 10/Aug/2024 09:49:40
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 12:50:55
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
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#### Blood Group (ABO & Rh typing) , Blood

Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) , Whole Blood

Haemoglobin	12.60	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 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)	7,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	64.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	18.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	-	Mm for 1st hr.	<20	
PCV (HCT)	37.00	%	40-54	
Platelet count				
Platelet Count	1.46	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.18	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.60	fl	80-100	CALCULATED PARAMETER
MCH	30.20	pg	27-32	CALCULATED PARAMETER
MCHC	33.70	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,480.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	280.00	/cu mm	40-440	

AS

Dr.Akanksha Singh (MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:58
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 10/Aug/2024 09:21:02
UHID/MR NO	: ALDP.0000146072	Received	: 10/Aug/2024 09:49:46
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 12:26:08
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
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	88.60	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

125.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.20	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 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)	8.55	mg/dL	7.0-23.0	CALCULATED
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Sample:Serum

#### **Interpretation:**

**Note: Elevated BUN levels can be seen in the following:**

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

**Low BUN levels can be seen in the following:**







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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Low-protein diet, overhydration, Liver disease.

Creatinine <i>Sample:Serum</i>	0.80	mg/dl	0.5-1.20	MODIFIED JAFFES
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#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample:Serum</i>	4.36	mg/dl	2.5-6.0	URICASE
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#### Interpretation:

##### Note:-

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	19.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	10.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.29	gm/dl	6.2-8.0	BIURET
Albumin	4.19	gm/dl	3.4-5.4	B.C.G.
Globulin	2.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.88	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.58	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	237.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
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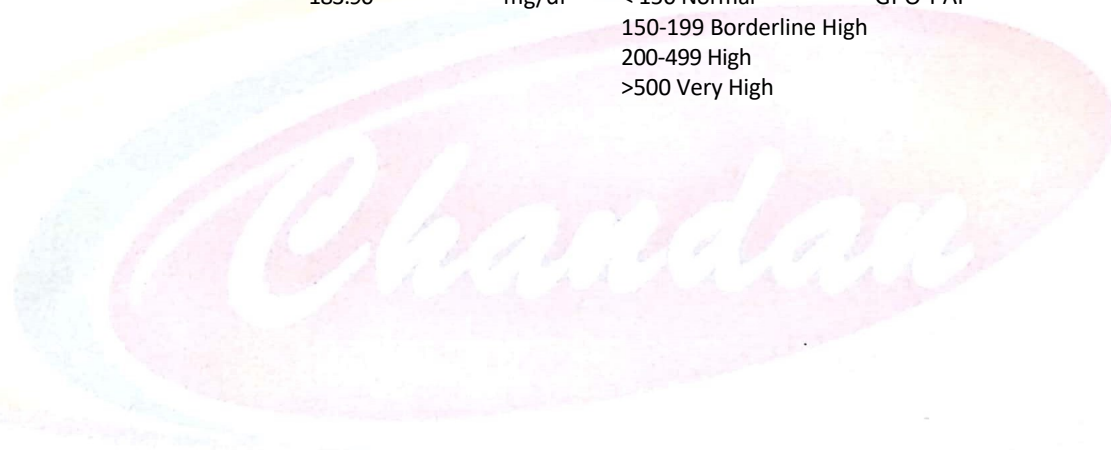
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
HDL Cholesterol (Good Cholesterol)	81.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	119	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	36.78	mg/dl	10-33	CALCULATED
Triglycerides	183.90	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Result Rechecked



AS

Dr.Akanksha Singh (MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:57
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 10/Aug/2024 14:40:58
UHID/MR NO	: ALDP.0000146072	Received	: 10/Aug/2024 14:57:29
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 19:31:07
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE, *Urine*

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Appearance	CLEAR			
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	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

#### SUGAR, FASTING STAGE, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:57
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 10/Aug/2024 14:40:58
UHID/MR NO	: ALDP.0000146072	Received	: 10/Aug/2024 14:57:29
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 19:31:07
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### 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%

AS

Dr.Akanksha Singh (MD Pathology)







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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	156.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	10.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.200	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.

AS

Dr.Akanksha Singh (MD Pathology)





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Ph: 9235447965,0532-3559261  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:59
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 2024-08-10 09:28:51
UHID/MR NO	: ALDP.0000146072	Received	: 2024-08-10 09:28:51
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 16:23:11
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

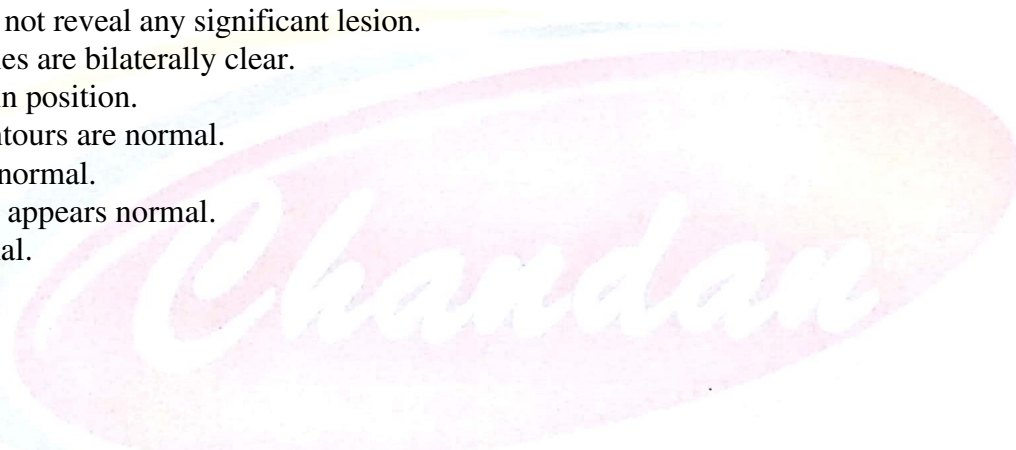
X-RAY DIGITAL CHEST PA

### X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)  
CHEST P-A VIEW

- 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 correlate clinically.



Dr. Aishwarya Neha (MD Radiodiagnosis)





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-3559261  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:59
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 2024-08-10 11:14:26
UHID/MR NO	: ALDP.0000146072	Received	: 2024-08-10 11:14:26
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 14:27:18
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:** - Normal in size (12.6 cm), shape and echogenicity. **A simple cyst measuring ~ 14 x 10 mm is seen in the right lobe. Few hyperechoic lesions, largest measuring ~ 8.9 x 7.1 mm are seen in right lobe of liver, likely hemangioma.** No intra hepatic biliary radicle dilation is seen.

**GALL BLADDER :-** Well distended. Normal wall thickness is seen. No evidence of calculus/focal mass lesion/pericholecystic fluid is seen.

**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 evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

**SPLEEN:** - Normal in size (9.2 cm), shape and echogenicity. No evidence of mass lesion is seen.

**RIGHT KIDNEY:** - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY:** - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Is adequately distended. No evidence of wall thickening/calculus is seen.

**UTERUS :-** Is normal in size (8.3 x 3.9 cm). No focal myometrial lesion is seen. **A relatively well defined homogeneously echogenic lesion with stalk like vascularity is seen in the endometrial cavity. it measures ~ 1.1 x 1.2 x 0.7 cm in size.**

**OVARIES :-** Bilateral ovaries are normal in size, shape and echogenicity. Right ovary - 37 x 17 mm, Left ovary - 25 x 11 mm.

**ADNEXA :-** No obvious adnexal pathology is seen.

**HIGH RESOLUTION :-** No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

**IMPRESSION :** Features suggestive of endometrial polyp.

**Please correlate clinically.**

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, Tread Mill Test (TMT)







# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-3559261  
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844	Registered On	: 10/Aug/2024 09:10:59
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 2024-08-10 11:14:26
UHID/MR NO	: ALDP.0000146072	Received	: 2024-08-10 11:14:26
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 14:27:18
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS



**Dr. Aishwarya Neha (MD Radiodiagnosis)**

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





# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.SHALU KUMARI-24S165799100108844S	Registered On	: 10/Aug/2024 09:11AM
Age/Gender	: 38 Y 3 M 22 D /F	Collected	: 10/Aug/2024 11:45AM
UHID/MR NO	: ALDP.0000146072	Received	: 10/Aug/2024 12:01PM
Visit ID	: ALDP0163292425	Reported	: 10/Aug/2024 07:27PM
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD.[52610]CREDIT

## DEPARTMENT OF CYTOLOGY

SPECIMEN: PAP SMEAR

CYTOLOGY NO: 254/24-25

GROSS: 2 Slides.

MICROSCOPIC: Adequate for evaluation.  
Cellular smears show superficial and intermediate squamous cells of unremarkable cytology with mild inflammation.  
Endocervical cells are not seen.

IMPRESSION: Negative for intraepithelial lesion or malignancy.

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

Result/s to Follow:  
STOOL, ROUTINE EXAMINATION, Tread Mill Test (TMT)

**Dr.Akanksha Singh (MD Pathology)**

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, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2S 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\*  
365 Days Open

\*Facilities Available at Selected Location



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Home Sample Collection  
1800-419-0002