

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	preeti pandey
DATE OF BIRTH	20-06-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-08-2022
BOOKING REFERENCE NO.	22S99019100023308S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. PANDEY RAGHUNANDAN
EMPLOYEE EC NO.	99019
EMPLOYEE DESIGNATION	HEAD CASHIER "E"_II
EMPLOYEE PLACE OF WORK	MASUDHA
EMPLOYEE BIRTHDATE	22-09-1982

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 10-08-2022 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/-

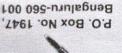
Chief General Manager HRM Department Bank of Baroda

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

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Pradesh, 224133 Dabha Samer, Faizabad, Uttar harvansh, Dabhasemar, pajajibniam, chandpur 333, allahabad road, Address:W/O Raghunandan,

फैजाबाद, उत्तर प्रदेश, 224133 हरवंश, डामासेमर, डामा सेमर, इलाहाबाद रोड, बालाजीपुरम, चांदपुर पताः : W/O रधुनन्दम, ३३३,



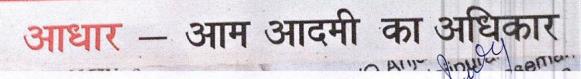


ni.vog.lsbiu.www



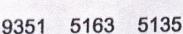
7461 081 0081 1947

人山人

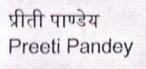








जन्म वर्ष / Year of Birth : 1987 महिला / Female











 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:21 Age/Gender Collected : 35 Y 1 M 23 D /F : 13/Aug/2022 10:29:12 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 10:40:10 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 13:30:00

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. 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

AB

Rh (Anti-D)

NEGATIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 10.10 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)	4,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	51.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	45.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	16.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 20	
PCV (HCT)	32.20	cc %	40-54	
Platelet count				
Platelet Count	2.41	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.74	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE









 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : 13/Aug/2022 10:09:21 : Mrs.PREETI PANDEY Registered On Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 10:29:12 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 10:40:10 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 13:30:00

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	86.20	fl	80-100	CALCULATED PARAMETER
MCH	31.30	pg	28-35	CALCULATED PARAMETER
MCHC	27.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,244.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	132.00	/cu mm	40-440	









Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:22 Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 17:41:43 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 17:47:33 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 18:10:32

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. Interval	Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	86.89	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 diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP	102.96	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.











 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:22 Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 10:29:12 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 17:26:01 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 19:00:34

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. Interval	Method	

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	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 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.





Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY : 13/Aug/2022 10:09:22 Registered On Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 10:29:12 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 17:26:01 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 19:00:34

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

DEPARTMENT OF BIOCHEMISTRY

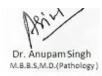
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. 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.













Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



: 13/Aug/2022 10:09:22 Patient Name : Mrs.PREETI PANDEY Registered On Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 10:29:11 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 10:47:44 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 11:34:39

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. Interval	Method
BUN (Blood Urea Nitrogen)	8.07	mg/dL	7.0-23.0	CALCULATED
Sample:Serum	0.07	1118/ 412	7.0 23.0	CALCOLATED
Creatinine Sample:Serum	0.62	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid Sample:Serum	3.03	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	21.66	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	16.61	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	5.48	gm/dl	6.2-8.0	BIRUET
Albumin	3.76	gm/dl	3.8-5.4	B.C.G.
Globulin	1.72	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.19		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	45.54	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.38	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.17	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.21	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	124.18	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.46	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	73	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High	CALCULATED
			> 190 Very High	
mWWww.m	15.15	mg/dl	10-33	CALCULATED
	75.75	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GP () (D)









 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:21 Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 11:40:56 UHID/MR NO : CHFD.0000207589 : 13/Aug/2022 11:54:37 Received Visit ID : CHFD0234012223 Reported : 13/Aug/2022 14:13:52

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
URINE EXAMINATION, ROUTINE *	, Urine			
Color	CLEAR			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
riotem	ABSEIVI	, 1116 70	10-40 (+)	DII STICK
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
Katana	ADCENT		> 2 (++++)	DIOCHEMICTOV
Ketone Bile Salts	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		1	
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
and the second s	State of the state			EXAMINATION
Pus cells	ABSENT			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
Cost	ADCENT			EXAMINATION
Cast	ABSENT			MICDOCCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			LAAMINATION
Others	ADSEINT			











Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:22 Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 17:43:37 UHID/MR NO : CHFD.0000207589 : 13/Aug/2022 17:49:44 Received Visit ID : CHFD0234012223 Reported : 14/Aug/2022 09:17:38

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 EXAMINATION *, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT









Add: Mukut Complex, Rekabganj, Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name Age/Gender

Since 1991

: Mrs.PREETI PANDEY : 35 Y 1 M 23 D /F

Registered On Collected

: 13/Aug/2022 10:09:22 : 13/Aug/2022 17:43:36

UHID/MR NO

: CHFD.0000207589 : CHFD0234012223

Received Reported

: 13/Aug/2022 17:49:44 : 13/Aug/2022 18:43:29

Ref Doctor

Visit ID

: 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

(++++) > 2

SUGAR, PP STAGE *, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+)

< 0.5 gms%

(++)

0.5-1.0 gms%

(+++++) > 2 gms%

(+++) 1-2 gms%









Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY : 13/Aug/2022 10:09:22 Registered On Age/Gender : 35 Y 1 M 23 D /F Collected : 13/Aug/2022 10:29:11 UHID/MR NO : CHFD.0000207589 Received : 13/Aug/2022 17:24:36 Visit ID : CHFD0234012223 Reported : 13/Aug/2022 17:45:42

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

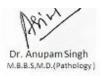
DEPARTMENT OF IMMUNOLOGY

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)	117.96	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.59	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.27	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
· ·		0.3-4.5 μIU/n	nL First Trimes	ter
		0.5-4.6 μIU/n	nL Second Trim	nester
		0.8-5.2 μIU/n	nL Third Trimes	ster
		0.5-8.9 μIU/n	nL Adults	55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/n	nL Cord Blood	> 37Week
		0.7-64 μIU/n	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU		0-4 Days
		1.7-9.1 μIU/n		2-20 Week
		1 4 4 4		

- 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.











Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:23

Age/Gender Collected : 35 Y 1 M 23 D /F : N/A UHID/MR NO : N/A : CHFD.0000207589 Received

Visit ID Reported : 13/Aug/2022 12:40:29 : CHFD0234012223

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 *

CHEST P-A VIEW

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

- 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:

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.



MD Radiodiagnosis







Add: Mukut Complex, Rekabganj,Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY Registered On : 13/Aug/2022 10:09:23

 Age/Gender
 : 35 Y 1 M 23 D /F
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000207589
 Received
 : N/A

Visit ID : CHFD0234012223 Reported : 13/Aug/2022 11:13:40

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 ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

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

GREAT VESSELS

• Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical 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 pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

• Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or mass.



Home Sample Collection 1800-419-0002





Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PREETI PANDEY : 13/Aug/2022 10:09:23 Registered On

Age/Gender : 35 Y 1 M 23 D /F Collected : N/A UHID/MR NO : CHFD.0000207589 Received : N/A

Visit ID : CHFD0234012223 Reported : 13/Aug/2022 11:13:40

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

UTERUS

- The uterus is anteverted and normal in size 83 x 34 x 29 mm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size and texture.

FINAL IMPRESSION:-

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



Ultrasonologist

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

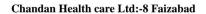
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, 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





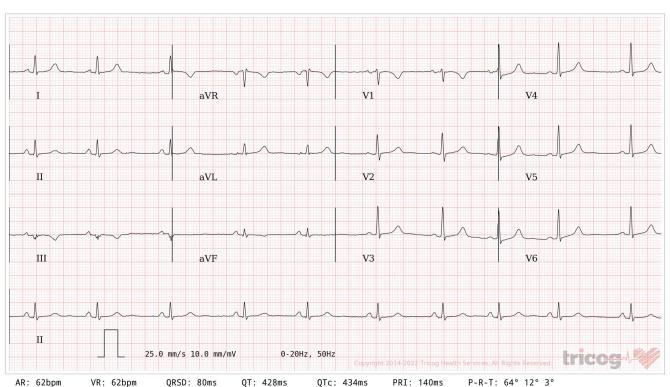






Date and Time: 13th Aug 22 10:48 AM Age / Gender: 35/Female

Patient ID: CHFD0234012223 Mrs.PREETI PANDEY Patient Name:



AR: 62bpm

clinically.

VR: 62bpm

QRSD: 80ms

QT: 428ms

QTc: 434ms

PRI: 140ms

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

Dr. Charit MD, DM: Cardiology

63382

REPORTED BY

2000/08/2914

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.