

LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|----------------------|
| NAME | MR. KUMAR MUKESH |
| EC NO. | 66213 |
| DESIGNATION | HEAD CASHIER "E" _II |
| PLACE OF WORK | LUCKNOW, HEWETT ROAD |
| BIRTHDATE | 10-06-1973 |
| PROPOSED DATE OF HEALTH CHECKUP | 12-02-2022 |
| BOOKING REFERENCE NO. | 21M66213100011128E |

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 **10-02-2022** 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 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))



You @ IDC ASHIYANA REFERRAL

today at 12:31 pm



Download Date: 18/09/2019

Issue Date: 26-07/2011

मुकेश कुमार
Mukesh Kumar
जन्म तिथि / DOB : 10/06/1973
पुरुष / MALE
Mobile No. 9454320369
9109 1683 7812
VID : 9157 2517 1841 7055

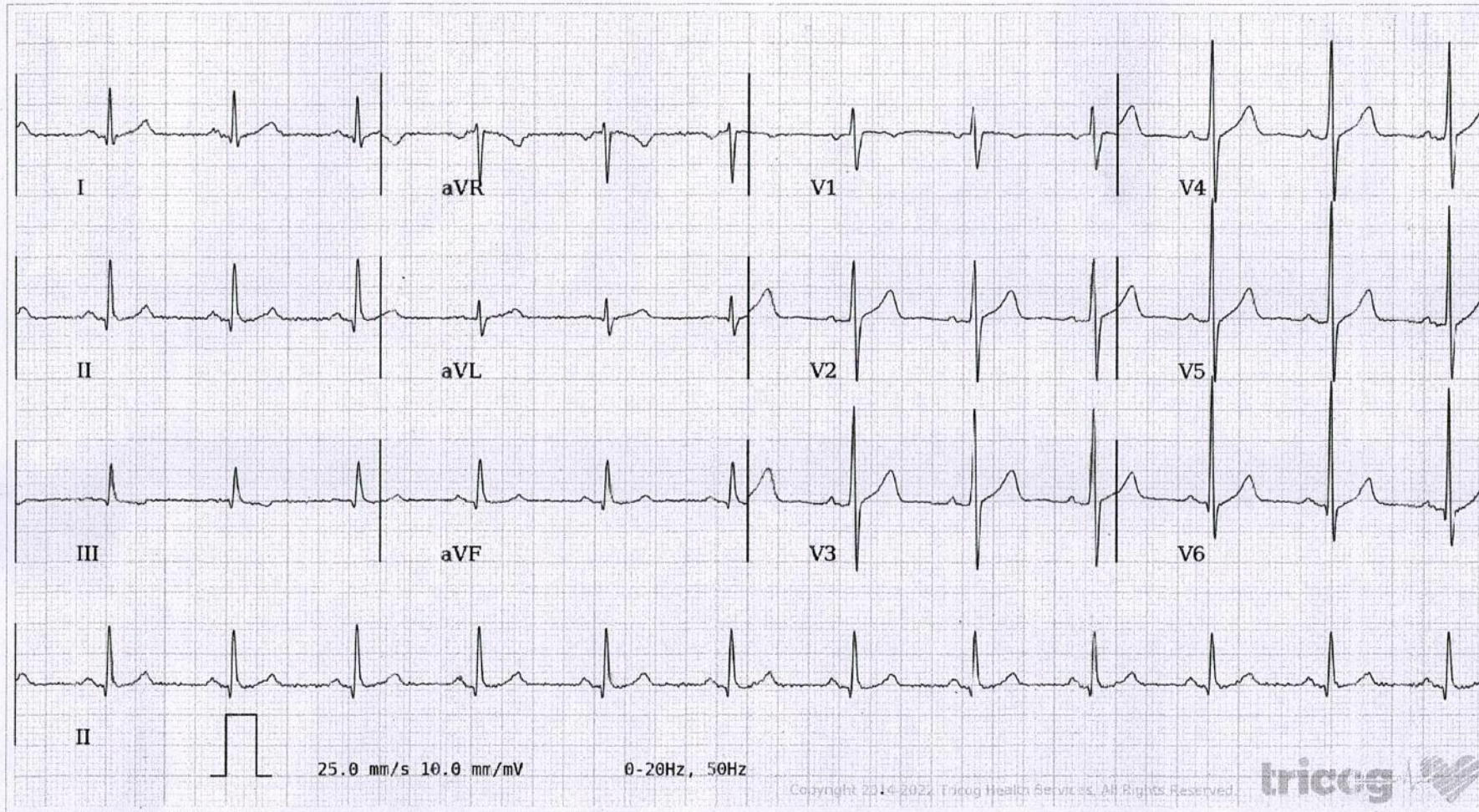
मेरा आधार, मेरी पहचान





Age / Gender: 48/Male
 Patient ID: CDCA0287542122
 Patient Name: Mr.MUKESH KUMAR

Date and Time: 12th Feb 22 10:22 AM



AR: 75 bpm VR: 75 bpm QRSD: 84 ms QT: 364 ms QTc: 406 ms PRI: 140 ms P-R-T: 43° 52° 14°

Sinus Rhythm, Normal Axis, Voltage Criteria for Left Ventricular Hypertrophy. Please correlate clinically.

AUTHORIZED BY

REPORTED BY

Dr. Charit
 MD, DM: Cardiology

Dr. Avinash K

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.

63382

76720



INDRA DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.MUKESH KUMAR | Registered On | : 12/Feb/2022 09:40:41 |
| Age/Gender | : 48 Y 0 M 0 D /M | Collected | : 12/Feb/2022 10:01:27 |
| UHID/MR NO | : CDCA.0000080179 | Received | : 12/Feb/2022 10:39:56 |
| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 15:49:43 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | O |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) * , Blood

| | | | |
|---------------------------------------|----------|----------------|---|
| Haemoglobin | 14.10 | g/dl | Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl |
| TLC (WBC) | 7,300.00 | /Cu mm | 4000-10000 |
| DLC | | | |
| Polymorphs (Neutrophils) | 56.00 | % | 55-70 |
| Lymphocytes | 36.00 | % | 25-40 |
| Monocytes | 4.00 | % | 3-5 |
| Eosinophils | 3.00 | % | 1-6 |
| Basophils | 1.00 | % | < 1 |
| ESR | | | |
| Observed | 12.00 | Mm for 1st hr. | |
| Corrected | 2.00 | Mm for 1st hr. | < 9 |
| PCV (HCT) | 40.00 | cc % | 40-54 |
| Platelet count | | | |
| Platelet Count | 1.2 | LACS/cu mm | 1.5-4.0 |
| PDW (Platelet Distribution width) | 16.60 | fL | 9-17 |
| P-LCR (Platelet Large Cell Ratio) | NR | % | 35-60 |
| PCT (Platelet Hematocrit) | 0.16 | % | 0.108-0.282 |
| MPV (Mean Platelet Volume) | 14.00 | fL | 6.5-12.0 |
| RBC Count | | | |
| RBC Count | 4.20 | Mill./cu mm | 4.2-5.5 |
| Blood Indices (MCV, MCH, MCHC) | | | |
| MCV | 95.23 | fl | 80-100 |
| MCH | 33.80 | pg | 28-35 |
| MCHC | 35.25 | % | 30-38 |
| RDW | 13.50 | % | 11-16 |
| RDW-CV | 50.20 | fL | 35-60 |
| Neutrophils Count | 4,080.00 | /cu mm | 3000-7000 |
| Eosinophils Count (AEC) | 219.00 | /cu mm | 40-440 |



Dr. R.K. Khanna
(MBBS,DCP)





INDRA DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



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| Patient Name | : Mr.MUKESH KUMAR | Registered On | : 12/Feb/2022 09:40:41 |
| Age/Gender | : 48 Y 0 M 0 D /M | Collected | : 12/Feb/2022 15:11:33 |
| UHID/MR NO | : CDCA.0000080179 | Received | : 12/Feb/2022 19:34:30 |
| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 19:41:00 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING * , Plasma

| | | | | |
|-----------------|--------|-------|--|---------|
| Glucose Fasting | 121.97 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|--------|-------|--|---------|

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

Glucose PP *

Sample: Plasma After Meal

| | | | |
|--------|-------|--|---------|
| 193.48 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|--------|-------|--|---------|

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



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(MBBS, DCP)





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| Age/Gender | : 48 Y 0 M 0 D /M | Collected | : 12/Feb/2022 10:01:27 |
| UHID/MR NO | : CDCA.0000080179 | Received | : 12/Feb/2022 16:58:42 |
| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 18:24:32 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

| | | | | |
|-----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 6.50 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 48.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 140 | 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 1diabetics. 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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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.

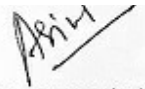
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency 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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| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 13:47:35 |
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|---------------------------|---|-------------------|
| BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i> | 13.56 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine * <i>Sample:Serum</i> | 1.16 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) * <i>Sample:Serum</i> | 67.00 | ml/min/1.73m ² | 90-120 Normal - 60-89 Near Normal | CALCULATED |
| Uric Acid * <i>Sample:Serum</i> | 9.00 | mg/dl | 3.4-7.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 50.40 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 83.40 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 67.75 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 7.33 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 3.99 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 3.34 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.19 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 130.96 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.68 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.25 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.43 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 178.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 39.33 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 109 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 29.86 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 149.30 | mg/dl | < 150 Normal 150-199 Borderline High | GPO-PAP |





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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200-499 High
>500 Very High



Dr. R.K. Khanna
(MBBS,DCP)





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| UHID/MR NO | : CDCA.0000080179 | Received | : 12/Feb/2022 11:57:39 |
| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 13:45:36 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| Reaction PH | Acidic (5.0) | | | 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 | mg/dl | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | Few | | | MICROSCOPIC EXAMINATION |
| Pus cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |
| ABSENT | | | | |

SUGAR, FASTING STAGE * , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

| | |
|------|---------|
| (+) | < 0.5 |
| (++) | 0.5-1.0 |





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DEPARTMENT OF CLINICAL PATHOLOGY

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(+++) 1-2
(++++) > 2



Dr. R.K. Khanna
(MBBS,DCP)





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| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 17:32:47 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------|
| PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i> | 0.640 | ng/mL | < 2.0 | CLIA |

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL **, Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 114.52 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.62 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.60 | 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.





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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. Anupam Singh
M.B.B.S., M.D. (Pathology)





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| Age/Gender | : 48 Y 0 M 0 D /M | Collected | : N/A |
| UHID/MR NO | : CDCA.0000080179 | Received | : N/A |
| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 14:30:01 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

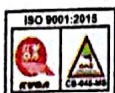
- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.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

IMPRESSION

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**




Dr. Vandana Gupta
MBBS,DMRD,DNB





INDRA DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206



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| UHID/MR NO | : CDCA.0000080179 | Received | : N/A |
| Visit ID | : CDCA0287542122 | Reported | : 12/Feb/2022 12:43:05 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size measuring 13.1 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta. (2.7 mm)
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (10.0 x 4.5 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (11.1 x 4.7 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- The spleen is normal in size (11.3 cm) and has a homogenous echotexture.

ILIAC FOSSA

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

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume - 329 cc.**
- **Post-void residual urine volume - Nil.**

PROSTATE

- The prostate gland is mildly enlarged measuring 4.4 x 4.1 x 3.2 cm (Vol- 31.4 cc).

IMPRESSION

- ◊ **Grade - I fatty liver.**
- ◊ **Grade - I prostatomegaly.**




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MBBS,DMRD,DNB





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

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) *

2D ECHO & COLOUR DOPPLER REPORT

2D ECHO & M-MODE EXAMINATION VALUES

MITRAL VALVE STUDY

| | | |
|-------------------|------|-----------------|
| DE Excursion : | 2.09 | cm/sec |
| E F Slope : | 0.14 | m/s |
| EPSS : | 1.36 | cm |
| VALVE AREA (MVOA) | | cm ² |
| PERIMETRY | 3.66 | |
| PHT : | 3.70 | Cm ² |

AORTIC VALVES STUDY

| | | |
|---------------|------|----|
| Aortic Diam : | 3.25 | cm |
| LA Diam. | 3.59 | cm |
| AV Cusp. | 1.12 | cm |

LEFT VENTRICLE

| | | |
|--------|------|----|
| IVSD | 1.07 | Cm |
| IVSS | 1.12 | Cm |
| LVIDD | 4.47 | Cm |
| LVIDS | 3.06 | Cm |
| LV PWD | 0.97 | Cm |
| LV PWS | 1.12 | Cm |
| EDV | 90 | MI |
| ESV | 36 | MI |

| | | |
|----------------------|------|-------------|
| EJECTION FRACTION : | 60% | (60 ± 7 %) |
| SV (Teich) | 54ml | |
| SHORTENING FRACTION: | 31% | (30 ± 5%) |

RIGHT VENTRICLE

RVID : 2.60 cm.





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DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

DIMENSIONAL IMAGING

| | |
|---|--------|
| MITRAL VALVE : | Normal |
| AORTIC VALVE : | Normal |
| PULMONARY VALVE : | Normal |
| TRICUSPID VALVE : | Normal |
| INTER VENTRICULAR SEPTA : | Normal |
| INTERATRIAL SEPTUM : | Normal |
| INTRACARDIAC CLOT / VEGETATION / MYXOMA : | Absent |
| LEFT ATRIUM : | Normal |
| LEFT VENTRICLE : | Normal |
| RIGHT VENTRICLE : | Normal |
| RIGHT ATRIUM : | Normal |
| PERICARDIUM : | Normal |
| OTHER : | Normal |

COLOUR FLOW MAPPING

DOPPLER STUDY

| | VELOCITY cm/s | PRESSURE GRADIENT | REGURGITATION |
|----------------|--------------------------|-------------------|---------------|
| MITRAL FLOW | E: 69 cm/s A: 47 cm/s | Normal | |
| AORTIC FLOW | 96 cm/s | Normal | |
| TRICUSPID FLOW | 40 cm/s | Normal | |
| PULMONARY FLOW | 76 cm/s | Normal | |

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LVEF – 60 %
- RWMA not seen.
- No Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- No vegetation.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG



Sudhanshu
DR_SUDHANSHU_VERMA

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

