

### 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. ANSARI MD RASHID		
EC NO.	102223		
DESIGNATION	BRANCH HEAD		
PLACE OF WORK	PADILA		
RTHDATE	15-05-1984		
PROPOSED DATE OF HEALTH CHECKUP	26-06-2022		
BOOKING REFERENCE NO.	22J102223100020806E		

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 23-06-2022 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 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.

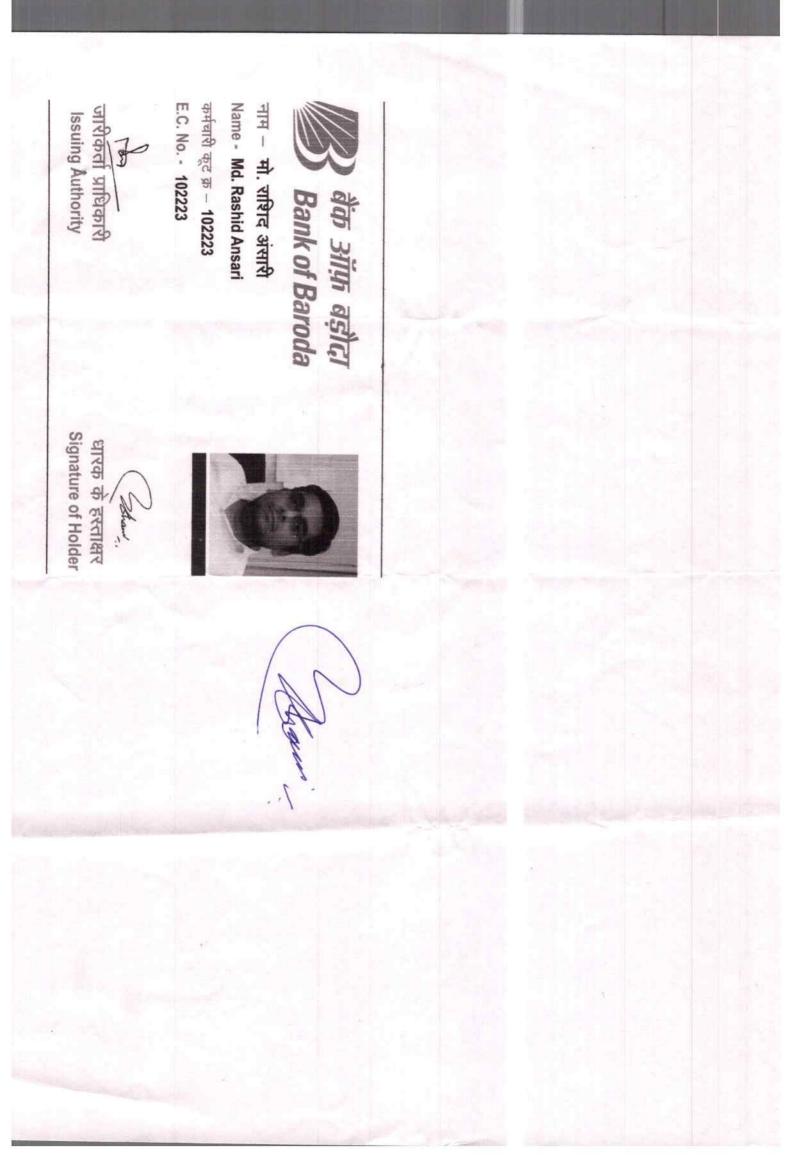
We solicit your co-operation in this regard.

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))



Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name	: Mr.MD RASHID ANSARI-102223	Registered On	: 26/Jun/2022 09:19:09
Age/Gender	: 38 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000098176	Received	: N/A
Visit ID	: ALDP0076492223	Reported	: 27/Jun/2022 10:42:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF CARDIOLOGY-ECG

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG \*

	1. Machnism, Rhythm	Sinus, Regular	
	2. Atrial Rate	86	/mt
	3. Ventricular Rate	86	/mt
	4. P - Wave	Normal	
	5. P R Interval	Normal	
	6. Q R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
	7. Q T c Interval	Normal	
	8. S - T Segment	Normal	
FINAL IMPRE	9. T – Wave <u>SSION</u>	Normal	

Sinus Rhythm, Normal Axis.Please correlate clinically





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Visit ID	: ALDP0076492223		Reported	: 26/Jun/2022 1	
Ref Doctor	: Dr.Mediwheel - Arcofem	i Health Care Ltd.		: Final Report	
		DEPARTMENT (	OF HAEMATO	LOGY	
	MEDIWHEEL B	ANK OF BAROD	A MALE & FEI	MALE BELOW 40 YRS	5
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (Af	BO & Rh typing) * , Blood				
Blood Group		В			
Rh ( Anti-D)		POSITIVE			
Complete Blood	Count (CBC) * , Whole Blo	od			
Haemoglobin		13.20	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/d	1
				12-18 Yr 13.0-16.0	I
				g/dl	
				Male- 13.5-17.5 g/dl	
				Female- 12.0-15.5 g/d	I
TLC (WBC)		6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC		,			
Polymorphs (Neu	itrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
	itrophils /		%	25-40	ELECTRONIC IMPEDANCE
Lymphocytes		40.00			
Monocytes		3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR					
Observed		8.00	Mm for 1st hr.		
Corrected		-	Mm for 1st hr.	< 9	
PCV (HCT)		35.00	cc %	40-54	
Platelet count					
Platelet Count		1.63	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Dis	stribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La		60.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hem		0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plate		15.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	,				
		1 25	Mill /ou mm	1 2 5 5	
RBC Count		4.25	Mill./cu mm	4.2-3.3	ELECTRONIC IMPEDANCE

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name	: Mr.MD RASHID ANSARI-102223	Registered On	: 26/Jun/2022 09:19:08
Age/Gender	: 38 Y 0 M 0 D /M	Collected	: 26/Jun/2022 09:41:21
UHID/MR NO	: ALDP.0000098176	Received	: 26/Jun/2022 09:51:20
Visit ID	: ALDP0076492223	Reported	: 26/Jun/2022 12:39:49
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	82.90	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	37.30	%	30-38	CALCULATED PARAMETER
RDW-CV	14.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	57.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,472.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	62.00	/cu mm	40-440	



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Dr. Akanksha Singh (MD Pathology)

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Age/Gender	: 38 Y 0 M 0 D /M	Collected	: 26/Jun/2022 13:16:04
UHID/MR NO	: ALDP.0000098176	Received	: 26/Jun/2022 13:37:01
Visit ID	: ALDP0076492223	Reported	: 26/Jun/2022 14:30:19
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	86.30	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 * Sample:Plasma After Meal	99.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
			>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.

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Dr. Akanksha Singh (MD 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
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c) Glycosylated Haemoglobin (Hb-A1c)	5.40 36.00	% NGSP mmol/mol/IFCC		HPLC (NGSP)

#### 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)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated 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

Method

**Bio. Ref. Interval** 

#### **<u>Clinical Implications:</u>**

\*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

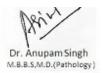
c. Alcohol toxicity d. Lead toxicity

\*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.





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Age/Gender	: 38 Y 0 M 0 D /M		Collected	: 26/Jun/2022 09:41	
UHID/MR NO Visit ID	: ALDP.0000098176 : ALDP0076492223		Received	: 26/Jun/2022 09:51 : 26/Jun/2022 11:57	
Ref Doctor	: ALDP0076492223 : Dr.Mediwheel - Arcofemi	Health Care I to	Reported Status	: 26/Jun/2022 11:57: : Final Report	00
			OF BIOCHEMIST	RY LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea I Sample:Serum	Nitrogen) *	9.25	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> Sample:Serum		1.10	mg/dl	0.5-1.3	MODIFIED JAFFES
•	Glomerular Filtration	85.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum		6.62	mg/dl	3.4-7.0	URICASE
LFT (WITH GAM	MA GT) * , Serum				
SGOT / Aspartate	e Aminotransferase (AST)	23.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine A	minotransferase (ALT)	20.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	)	16.70	IU/L	11-50	OPTIMIZED SZAZING
Protein		7.10	gm/dl	6.2-8.0	BIRUET
Albumin		4.70	gm/dl	3.8-5.4	B.C.G.
Globulin		2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.96		1.1-2.0	CALCULATED
Alkaline Phospha	itase (Total)	176.90	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect	t)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (	MINI ) * , Serum				
Cholesterol (Tota	al)	117.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (	(Good Cholesterol)	32.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (		62	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL		22.74	mg/dl	10-33	CALCULATED
Triglycerides		113.70	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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UHID/MR NO	: ALDP.0000098176	Received	: 26/Jun/2022 09:51:20
Visit ID	: ALDP0076492223	Reported	: 26/Jun/2022 11:57:08
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

Method

200-499 High >500 Very High

Bio. Ref. Interval



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Dr. Akanksha Singh (MD Pathology)

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UHID/MR NO	: ALDP.0000098176	Received	: 26/Jun/2022 13:37:01
Visit ID	: ALDP0076492223	Reported	: 26/Jun/2022 13:43:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	PRESENT (+)	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	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	1-3/h.p.f			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ADCENT			EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

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

Sugar, I	Fasting stage	ABSENT	gms%
Interpr	retation: < 0.5		
(++)	0.5-1.0		

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### DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

rest Name on bio. Ken interval method	Test Name	Result	Unit	Bio. Ref. Interval	Method	
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(+++) 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%



Dr. Akanksha Singh (MD Pathology)

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Visit ID	: ALDP0076492223	Reported	: 27/Jun/2022 11:44:49
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#### **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)	112.32	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.87	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/n	nL First Trimeste	er
		0.5-4.6 μIU/n	nL Second Trime	ester
		0.8-5.2 μIU/m	nL Third Trimest	er
		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/m	nL Cord Blood	> 37Week
		0.7-64 μIU/n	nL Child(21 wk -	20 Yrs.)
		•	/mL Child	0-4 Days
		1.7-9.1 μIU/n	nL 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.

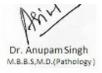
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

**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.





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### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### X-RAY DIGITAL CHEST PA \*

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

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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### DEPARTMENT OF ULTRASOUND

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

**LIVER**: - Normal in size (12.3 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

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

**CBD** :- Normal in calibre at porta.

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

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

SPLEEN: - Normal in size (9.4 cm), shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (10.0 x 4.9 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (10.0 x 4.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

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

**PROSTATE :-** Normal in size (vol - 15.3 cc), shape and echo pattern.

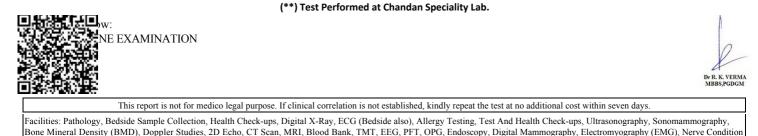
Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

### **IMPRESSION :** No significant abnormality seen.

#### **Please correlate clinically**

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



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*