#### 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 RAJ
EC NO.	90409
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	ALLAHABAD, ANDAWA
BIRTHDATE	08-07-1974
PROPOSED DATE OF HEALTH	06-08-2023
BOOKING REFERENCE NO.	23S90409100065672E

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 05-08-2023 till 31-03-2024 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.

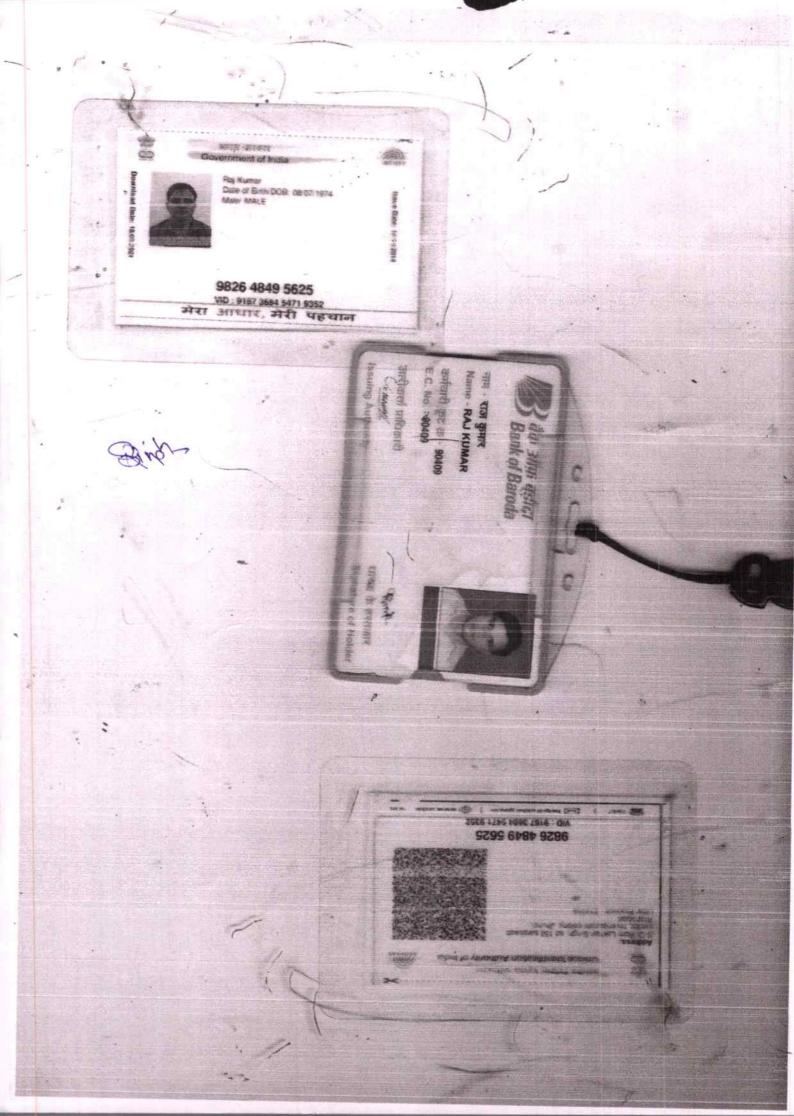
We solicit your co-operation in this regard.

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 Fluiditheare Limited))



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:12:00

 Age/Gender
 : 47 Y 11 M 18 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000098180
 Received
 : N/A

Visit ID : ALDP0132652324 Reported : 07/Aug/2023 10:19:16

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

#### DEPARTMENT OF CARDIOLOGY-EOG

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG/ EKG\*

**62** 

**1. Machnism, Rhythm** Sinus, Regular

2. Atrial Rate 62 /mt

62 /mt

4. P - Wave Normal

**5. P R Interval** Normal

6. Q R S

Axis: Normal Normal Configuration: Normal

**7. Q T c Interval** Normal

8. S - T Segment Normal

9. T – Wave Normal

9. T – Wave <u>FINAL IMPRESSION</u>

EOG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Dr. R K VERMA MBBS, PGDGM

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:11:58 Age/Gender : 47 Y 11 M 18 D /M Collected : 06/Aug/2023 09:30:54 UHID/MR NO : ALDP.0000098180 Received : 06/Aug/2023 10:48:28 Visit ID : ALDP0132652324 Reported : 06/Aug/2023 13:48:54

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 B
Rh ( Anti-D) POSITIVE

Dr. Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:11:57 Age/Gender Collected : 06/Aug/2023 09:30:55 : 47 Y 11 M 18 D /M UHID/MR NO : ALDP.0000098180 Received : 06/Aug/2023 10:48:28 Visit ID : ALDP0132652324 Reported : 07/Aug/2023 13:02:57

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
Complete Blood Count (CBC) * , Who	le Blood			
Haemoglobin	12.50	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) <u>DLC</u>	4,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	38.00	%	40-54	
Platelet Count	0.74	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	63.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.08	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBC Count	15.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.10	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	95.00	fl	80-100	CALCULATED PARAMETER
MCH	30.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE

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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
RDW-SD Absolute Neutrophils Count	47.50 3,128.00	fL /cu mm	35-60 3000-7000	ELECTRONIC IMPEDANCE
Absolute Eosinophils Count (AEC)	46.00	/cu mm	40-440	

Dr.Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:11:59 Age/Gender Collected : 06/Aug/2023 09:30:54 : 47 Y 11 M 18 D /M UHID/MR NO : 06/Aug/2023 10:48:28 : ALDP.0000098180 Received Visit ID Reported : 06/Aug/2023 12:11:00 : ALDP0132652324

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 98.00 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 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.

Glucose PP \* 109.00 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.

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

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.20	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	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.

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

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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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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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **Clinical Implications:**

<sup>\*</sup>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) * Sample:Serum	8.59	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 2 Female-20-320	MODIFIED JAFFES 20-275
Uric Acid * Sample:Serum	4.10	mg/dl	3.4-7.0	URICASE

<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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 nondiabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

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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	L	Jnit Bio. Ref. Interv	al Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	26.70	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	13.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.60	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	127.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	1.00	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	140.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	44.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	81	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	14.76	mg/dl	10-33	CALCULATED
Triglycerides	73.80	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP h

Dr.Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : 06/Aug/2023 09:11:59 : Mr.RAJ KUMAR - 90409 Registered On Age/Gender : 47 Y 11 M 18 D /M Collected : 06/Aug/2023 12:04:31 UHID/MR NO : ALDP.0000098180 Received : 06/Aug/2023 12:51:04 Visit ID : ALDP0132652324 Reported : 06/Aug/2023 14:39:32

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	
URINE EXAMINATION, ROUTINE*, Urine					
Color	LIGHT YELLOW				

 Reaction PH
 Acidic ( 6.5 )
 DIPSTICK

 Protein
 ABSENT
 mg %
 < 10 Absent</td>
 DIPSTICK

 10-40 (+)
 40-200 (++)
 40-200 (++)

1.005

200-500 (+++) > 500 (++++)

Sugar ABSENT gms% < 0.5 (+) DIPSTICK

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

Ketone ABSENT mg/dl 0.2-2.81 BIOCHEMISTRY

Bile Salts ABSENT
Bile Pigments ABSENT
Urobilinogen(1:20 dilution) ABSENT
Microscopic Examination:

Specific Gravity

Epithelial cells 1-2/h.p.f MICROSCOPIC EXAMINATION

Pus cells 2-3/h.p.f

RBCs ABSENT MICROSCOPIC EXAMINATION

Cast ABSENT

Crystals ABSENT MICROSCOPIC EXAMINATION

Others ABSENT

Urine Microscopy is done on centrifuged urine sediment.

#### STOOL, ROUTINE EXAMINATION \*, Stool

Color	BROWNISH
Consistency	LIQUID
Reaction (PH)	Basic ( 7.5 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT

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Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:11:59 : 47 Y 11 M 18 D /M Age/Gender Collected : 06/Aug/2023 12:04:31 UHID/MR NO : ALDP.0000098180 Received : 06/Aug/2023 12:51:04 Visit ID : ALDP0132652324 Reported : 06/Aug/2023 14:39:32

Result

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

# DEPARTMENT OF CLINICAL PATHOLOGY

# M EDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Unit

Bio. Ref. Interval

Method

Pus cells	ABSENT		
RBCs	ABSENT		
Ova	ABSENT		
Cysts	ABSENT		
Others	ABSENT		

SUGAR, FASTING STAGE\*, Urine

Sugar, Fasting stage ABSENT gms%

#### **Interpretation:**

Test Name

(+) < 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%

Dr. Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:12:01 Age/Gender Collected : 06/Aug/2023 09:30:54 : 47 Y 11 M 18 D /M UHID/MR NO : 07/Aug/2023 09:56:08 : ALDP.0000098180 Received Visit ID Reported : 07/Aug/2023 11:31:36 : ALDP0132652324

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 ** Sample: Serum	0.650	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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:11:59 Age/Gender Collected : 06/Aug/2023 09:30:54 : 47 Y 11 M 18 D /M UHID/MR NO : ALDP.0000098180 Received : 06/Aug/2023 10:48:28 Visit ID Reported : 06/Aug/2023 15:19:11 : ALDP0132652324

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 Bi	io. Ref. Interval	Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	122.00	ng/dl 84	4.61–201.7	CLIA
T4, Total (Thyroxine)	10.30	ug/dl 3.	2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.50	μIU/mL 0.	27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU/mL	First Trimester	
		$0.5$ - $4.6$ $\mu$ IU/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 2	8-36 Week
		$2.3-13.2 \mu IU/mL$	Cord Blood >	37Week
		0.7-64 µIU/mL	Child(21 wk - 20	Yrs.)
		1-39 μIU/mI		Days
		1.7-9.1 $\mu IU/mL$	Child 2-2	0 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6)** In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8**) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Akanksha Singh (MD Pathology)

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

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Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:12:00

 Age/Gender
 : 47 Y 11 M 18 D /M
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 : N/A

 UHID/MR NO
 : ALDP.0000098180
 Received
 : N/A

Visit ID : ALDP0132652324 Reported : 06/Aug/2023 12:24:31

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 \*

# 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 correlare clinically.

Dr Nidhikant (MBBS, DMRD, DNB)

Hidhirant.

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Visit ID : ALDP0132652324 Reported : 06/Aug/2023 10:06:23

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**: - Normal in size (11.8 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, shape and echogenicity.

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

**LEFT KIDNEY**: - Normal in size, 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, 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

Dr Nidhikant (MBBS, DMRD, DNB)

Hidhirant.

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.RAJ KUMAR - 90409 Registered On : 06/Aug/2023 09:12:01

 Age/Gender
 : 47 Y 11 M 18 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000098180
 Received
 : N/A

Visit ID : ALDP0132652324 Reported : 07/Aug/2023 10:34:03

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

# DEPARTM ENT OF TM T M EDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) \*

**NORMAL** 

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

(\*\*) Test Performed at Chandan Speciality Lab.



Dr. R K VERMA MBBS, PGDGM

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