

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 SUDHANSHU
EC NO.	123529
DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
PLACE OF WORK	MOKAMEH
BIRTHDATE	25-01-1992
PROPOSED DATE OF HEALTH CHECKUP	08-01-2022
BOOKING REFERENCE NO.	21M123529100009208E

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 **06-01-2022** 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.

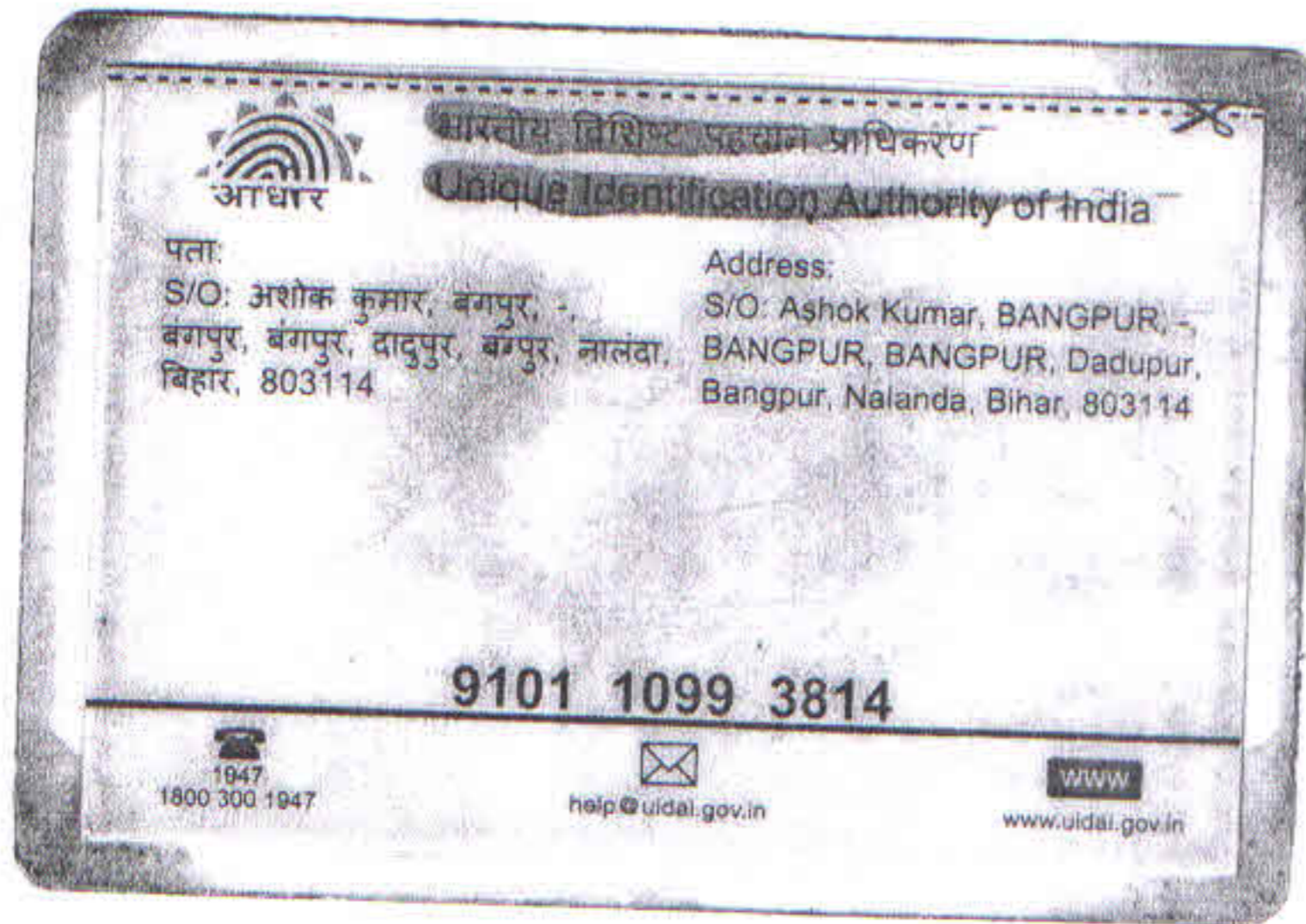
We solicit your co-operation in this regard.

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))



Sudhanshu kumar

8/1/2022

For Health check up

मिलने पर, निम्नलिखित को लौटाएं

उप महाप्रबंधक (सुरक्षा)

बैंक ऑफ़ बड़ोदा, बड़ोदा कॉर्पोरेट सेंटर
सी-26, जी-ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स, मुंबई - 400 051, भारत
फोन 91 22 6698 5196 फ़ैक्स 91 22 2652 5747

If found, please return to

Dy. General Manager (Security)

Bank of Baroda, Baroda Corporate Centre
C-26, G-Block, Bandra-Kurla Complex, Mumbai-400 051, India
Phone 91 22 6698 5196 Fax 91 2 2652 5747

रक्त समूह / Blood Group B+

पहचान चिह्न / Identification Marks ACUTMARKONLEFTEYE




बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम: SUDHANSHU KUMAR

Name:

कर्मचारी कूट क्र. 123529
E.C. No.:


जारीकर्ता प्राधिकारी
Issuing Authority

Sudhanshu kuma

धारक के हस्ताक्षर
Signature of Ho

Sudhanshu kumar

8/1/2022

For Health check up

632300

08-01-2022 13:54:45

Female Years

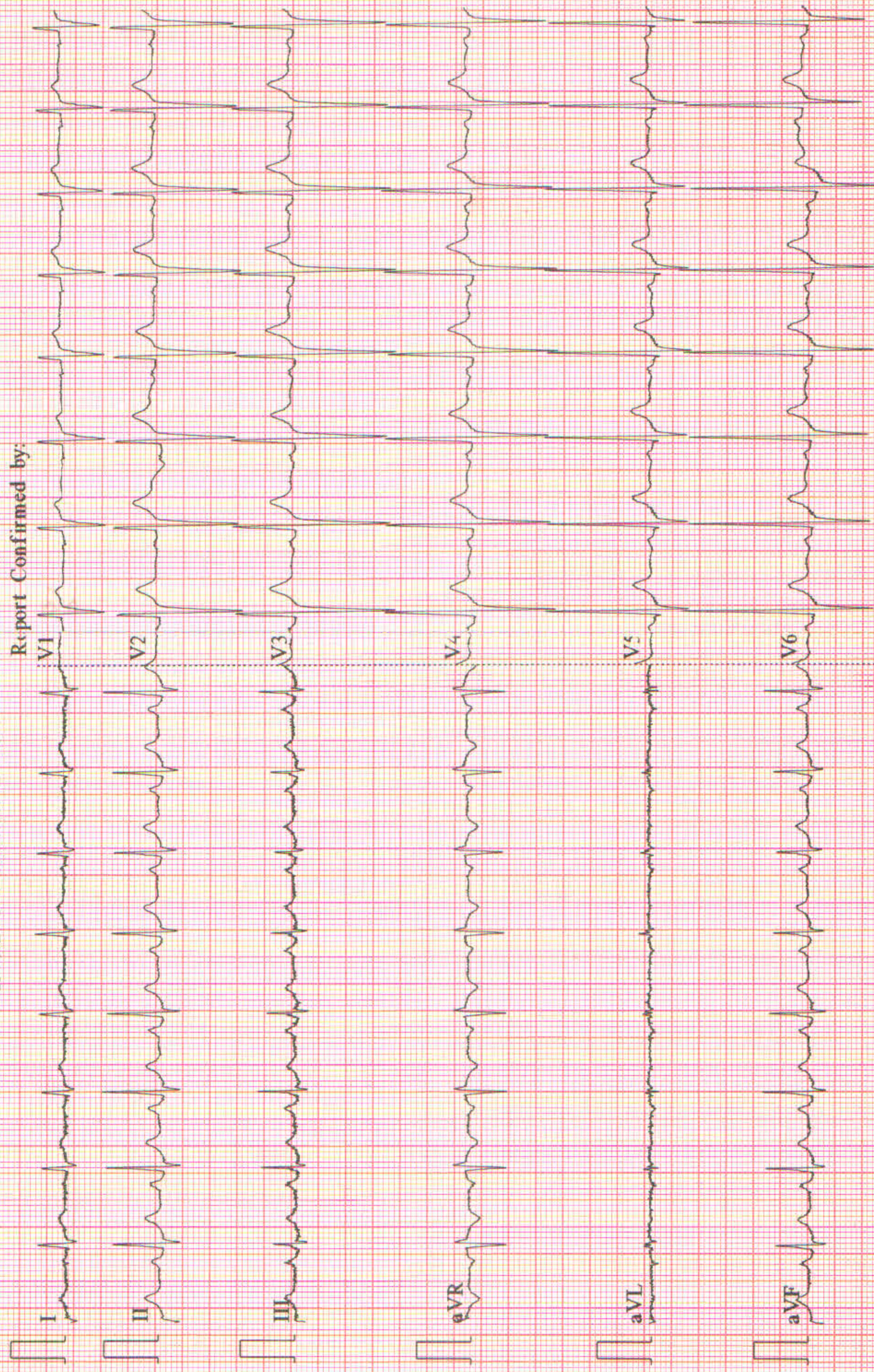
Diagnosis Information

Sinus rhythm
Normal ECG

Sudharmabe Kennen

Age - 30 yrs / 19

HR : 97 bpm
 P : 92 ms
 PR : 140 ms
 QRS : 98 ms
 QT/QTc : 308/392 ms
 P/QRS/T : 77/64/66 °
 RV5/SV1 : 1.92/0.772 mV



Report Confirmed by:

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227915	Report Date	: 08-Jan-2022 03:08 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

HEMATOLOGY
PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Complete Blood Count (CBC)				
Haemoglobin	13.7	g/dL	13-17	Colorimetric Method
RBC Count	5.2	10 ¹² /L	4.5-5.5	Cell Impedance
Haematocrit (HCT)	47.4	%	40-50	Calculated
MCV	91.9	fl	81-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	28.9	g/dL	32.5-34.5	Calculated
RDW-CV	14.8	%	11.6-14.0	Calculated
Platelet Count	268	10 ⁹ /L	150-410	Cell Impedance
WBC count, Total	6.3	10 ⁹ /L	4.0-10.0	Cell Impedance
Neutrophils	63.0	%	40-70	Microscopy
Neutrophil-Absolute Count	3.97	10 ⁹ /L	2.0-7.0	Calculated
Lymphocytes	31.0	%	20-40	Microscopy
Lymphocytes-Absolute Count	1.95	10 ⁹ /L	1.0-3.0	Calculated
Monocytes	3.0	%	2-10	Microscopy
Monocytes-Absolute Count	0.19	10 ⁹ /L	0.2-1.0	Calculated
Eosinophils	3.0	%	1-6	Microscopy
Eosinophils-Absolute Count	0.19	10 ⁹ /L	0.02-0.5	Calculated
Basophils	0.0	%	0-2	Microscopy
Basophils-Absolute Count	0.00	10 ⁹ /L	0.0-0.3	Calculated
Others	0.0	%	00	Microscopy
Remarks				

Sample is Processed on Automated CBC Analyzer

Note: Haematocrit (HCT) is derived from calculated MCV based on RBC Histogram as per Manufacturer's Manual

Correlate Clinically.

Result rechecked and verified for abnormal cases.

*** End Of Report ***




 DR. SAURAV SINGH
 MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227916	Report Date	: 08-Jan-2022 05:10 PM
Sample Type	: Plasma-Sodium Fluoride	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

CLINICAL BIOCHEMISTRY

PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Glucose-Blood-Fasting	84.0	mg/dL	Normal < 100 Pre-diabetic 100-125 Diabetic >= 126	Hexokinase

Comments:

- Glucose is the major carbohydrate present in blood. Its oxidation in the cells is the source of energy for the body. Increased levels of Glucose are found in Diabetes Mellitus, Hyperparathyroidism, Pancreatitis and renal failure.
- Decreased levels are found in Insulinoma, Hypothyroidism, Hypopituitarism and extensive Liver disease

Biological Reference Interval : Source: American Diabetic Association, Diabetes Care 2018:41 (Suppl.1) S13-S27

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227915	Report Date	: 08-Jan-2022 04:33 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

CLINICAL BIOCHEMISTRY

PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Glycosylated Hemoglobin(GHb/HbA1c)	5.5	%	<5.7 Non diabetic, 5.7 – 6.4 Borderline diabetic, >6.5 Diabetic	High-performance liquid chromatography
*Glycosylated Hemoglobin	36.61	mmol/mol		Calculated
*Mean Blood Glucose	111.15	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested >211 :Panic Value	Calculated

Comments:

- HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227913	Report Date	: 08-Jan-2022 04:49 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

CLINICAL BIOCHEMISTRY

PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Lipid Profile				
Cholesterol Total	174	mg/dL	< 200 : Desirable	CHOD PAP
Cholesterol HDL	52.6	mg / dL	40 - 60	Direct Homogenous
Cholesterol - LDL	104.4	mg/dL	<100 Optimal	Calculated
Cholesterol VLDL	17	mg/dL	7-40	Calculated
Non-HDL cholesterol	121.4	mg/dL	Optimal < 130	Calculated
Triglycerides	85	mg/dL	Normal: <150 Borderline High: 150-199 High: 200-499	Glycerol Phosphate Oxidase
Cholesterol Total/Cholesterol HDL Ratio	3.31		0 - 4.0	Calculated
Cholesterol LDL/Cholesterol HDL	1.98		0 - 3.5	Calculated

COMMENTS: Therapeutic target levels of lipids as per NCEP – ATP III recommendations:

Total Cholesterol (mg/dL)	<200 - Desirable, 200-239 - Borderline High, >240 - High
HDL Cholesterol (mg/dL)	<40 - Low, >60 - High
LDL Cholesterol (mg/dL)	<100 Optimal, [Primary Target of Therapy], 100-129 - Near Optimal/Above Optimal, 130-159 - Borderline High, 160-189 - High, >190 Very High
Serum Triglycerides (mg/dL)	<150 Normal, 150-199 Borderline High, 200-499 High, >500 Very High

NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with Lipid lowering agents, however, if Triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL Cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.

ATP III Guidelines:

Risk Category	LDL Goal	LDL Level at Which to Initiate Therapeutic Lifestyle Changes (TLC)	LDL Level at Which to Consider Drug Therapy
CHD or CHD Risk Equivalents (10-year risk >20%)	<100 mg/dL	>100 mg/dL	>130 mg/dL (100-129 mg/dL: drug optional)*
2+ Risk Factors (10-year risk <20%)	<130 mg/dL	>130 mg/dL	10-year risk 10-20%: >130 mg/dL 10-year risk <10%: >160 mg/dL
0-1 Risk Factor	<160 mg/dL	>160 mg/dL	>190 mg/dL (160-189 mg/dL: LDL-lowering drug optional)

Result rechecked and verified for abnormal cases.

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227913	Report Date	: 08-Jan-2022 05:10 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

CLINICAL BIOCHEMISTRY

PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Liver Function Test (LFT)				
Bilirubin Total	0.57	mg/dL	0.2-1.2	Diazonium Salt
Bilirubin Direct	0.11	mg/dL	0-0.5	Diazo Reaction
Bilirubin Indirect	0.46	mg/dL	0.2 - 1.0	Calculated
Alkaline Phosphatase (ALP)	117	U/L	40-150	Para-Nitrophenyl-phosphate
Aspartate Aminotransferase (SGOT)	23.5	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (ALT/SGPT)	13.5	U/L	0-65	NADH w/o P-5'-P
Gamma Glutamyl Transferase (GGT)	18	U/L	12-64	L-g-g-3-Carboxy-4-Nitroanilide subs
Protein Total	8.1	g/dL	6.4-8.3	Biuret
Albumin	4.2	g/dL	3.5-5.2	Bromcresol green
Globulin	3.9	g/dl	2.5 - 3.8	Calculated
Albumin / Globulin Ratio	1.08		1.0 - 2.1	Calculated

Liver function tests are blood tests used to help diagnose and monitor Liver disease or damage.

- Screen for Liver infections, such as Hepatitis, monitor possible side effects of medications
- Monitor the progression of a disease, such as viral or alcoholic Hepatitis, and determine how well a treatment is working
- Measure the severity of a disease, particularly scarring of the Liver (Cirrhosis)
- **Alanine Transaminase (ALT)**- an enzyme found in the Liver that helps your body metabolize protein. When the Liver is damaged, ALT is released into the bloodstream and levels increase.
- **Aspartate Transaminase (AST)**- an enzyme that helps metabolize Alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate Liver damage or disease or Muscle damage.
- **Alkaline Phosphatase (ALP)**- an enzyme in the Liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.
- **Albumin and Total Protein**- Albumin is one of several proteins made in the Liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate Liver damage or disease.
- **Bilirubin**- a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.
- **Gamma-Glutamyltransferase (GGT)**- GGT is an enzyme in the blood. Higher-than-normal levels may indicate liver or bile duct damage.

Result rechecked and verified for abnormal cases.

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227913	Report Date	: 08-Jan-2022 04:47 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

CLINICAL BIOCHEMISTRY

PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Kidney Function Test (KFT) - I				
Creatinine	0.84	mg/dL	0.72-1.25	Kinetic Alkaline Picrate
Urea	32.8	mg/dL	19.0-44.0	Calculated
Uric Acid	6.0	mg/dL	3.5 - 7.2	Uricase
Sodium (Na)	141.2	mmol/L	135 - 145	ISE Direct
Potassium (K)	4.10	mmol/L	3.8 - 5.2	ISE Direct
Chloride(CL)	103.2	mmol/L	98 - 108	ISE Direct

Urea is the end product of protein metabolism. It is synthesized in Liver from Ammonia produced by the catabolism of amino acids. It is transported by blood to Kidneys, from where it is excreted.

- Increased levels are found in renal diseases, urinary obstructions, shock, Congestive Heart Failure and burns.
- Decreased levels are found in Liver failure and pregnancy.

Creatinine is the catabolic product of Creatinine Phosphate, which is used by the skeletal Muscle.

- The daily production depends on muscular mass and it is excreted out of the body entirely by the Kidneys.
- Elevated levels are found in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive Heart Failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

Uric acid is the end product of purine metabolism.

- Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.
- Increased levels are found in Gout, Arthritis, impaired renal functions and starvation.
- Decreased levels are found in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080143
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-048
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:56 PM
Vial ID	: L1227913	Report Date	: 08-Jan-2022 04:43 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: 1st Floor, R.K. Estate, opp: I.G.I.M.S. Hospital, Near Axis Bank, Raja		

CLINICAL BIOCHEMISTRY

PATH 60

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
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Thyroid Profile I

Tri-Iodothyronine Total (TT3)	133.30	ng/dL	70-204	
Thyroxine - Total (TT4)	10.19	µg/dL	4.6-10.5	CLIA
Thyroid Stimulating Hormone (TSH)	2.978	µIU/mL	0.4-4.2	CLIA

TSH	(µIU/mL)	Pregnancy			TT4	(µg/dL)	TT3	(ng/dL)	
Cord Blood > 37 wk	2.3-13.2				Cord Blood	7.4-13.1	Cord Blood	5-141	
Premature Infant (28-36 wk)	0.7-27.0	TSH(µIU/mL)	TT3(ng/dL)	TT4(µg/dL)	Birth-3 Days	11.8-22.6	Birth-3Days	100-700	
Birth-4 Days	1.0-39.0	1 Trimester	0.10-2.50	89.9-196.6	4.4-11.5	4 Days-5 Yrs	7.2-16.6	4Days-1Month	160-240
2-20 Weeks	1.7-9.1	2 Trimester	0.2-3.00	86.1-217.4	4.9-12.2	5-15 Yrs	5.6-13.3	1 Month-1Yr	105-245
21 wk-20 Yrs	0.3-5.0	3 Trimester	0.3-3.00	79.9-186	5.1-13.2	16-100 Yrs	4.87-11.72	1-5Yrs	105-269
21-54 Yrs	0.35-4.94							5-15 Yrs	82-241
55-100 Yrs	0.5-8.9							16-100 Yrs	58-159

Interpretation:

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.
- Hyperthyroidism (overactive thyroid):**
Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.
- Hypothyroidism (underactive thyroid):**
Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

Correlate Clinically.

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

REPORT

Patient Name	: Mr. SUDHANSHU	Reg. No.	: 01082201080140
Age and Sex	: 29 Yrs / Male	PCC Code	: PCL-BH-149
Referring Doctor	: GETWELL HOSPITAL	Sample Drawn Date	: 08-Jan-2022 02:10 PM
Referring Customer	: AROGYAM PATH LAB	Registration Date	: 08-Jan-2022 02:53 PM
Vial ID	: L1227914	Report Date	: 08-Jan-2022 05:10 PM
Sample Type	: Urine	Report Status	: Final Report
Client Address	: Achlasanam, Purani Bajar, Lakhisarai		

CLINICAL PATHOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Complete Urine Analysis (CUE)				
<u>PHYSICAL EXAMINATION</u>				
Colour	Pale Yellow	-	Straw to light amber	Visual Examination
Appearance	Clear		Clear	Visual Examination
<u>CHEMICAL EXAMINATION</u>				
Glucose	Nil		Negative	Reagent Strip Reflectance
Protein	Absent		Negative	Reagent Strip Reflectance
Bilirubin (Bile)	Negative	-	Negative	Reagent Strip Reflectance
Ketone Bodies	Negative		Negative	Reagent Strip Reflectance
Specific gravity	1.015		1.001 - 1.035	Reagent Strip Reflectance
Blood	Negative		Negative	Reagent Strip Reflectance
Reaction (pH)	7.0		4.6 - 8.0	Reagent Strip Reflectance
Nitrites	Negative		Negative	Reagent Strip Reflectance
Leukocyte Esterase	Negative		Negative	Reagent Strip Reflectance
<u>MICROSCOPIC EXAMINATION</u>				
PUS(WBC) Cells	2-3	/hpf	00-05	Microscopy
Red Blood Cells	Nil	/hpf	Nil	Microscopy
U.Epithelial Cells	1-2	/hpf	00-05	Microscopy
Casts	Absent	/hpf	Occasional Hyaline cast	Microscopy
Crystals	Absent	/hpf	Absent	Microscopy
Others	Absent			Microscopy

Correlate Clinically.

*** End Of Report ***



Saurav Singh

DR. SAURAV SINGH
MD PATHOLOGY

PROGYAM PATH LAB. COMPLETE DIAGNOSTIC SOLUTION

Shop No. 9A, 1st Floor, R.K. Estate
Raja Bazar, Opp. I.G.I.M.S. Hospital
Pillar No.-62, Near Axis Bank, Patna - 800 014
Ph. : 9546034567, 7250637776, 9386288288

NAME : SUDHANSHU
AGE/SEX : 29Y/MALE
REF.BY : GETWELL HOSPITAL

DATE OF REG. : 08/01/2022
REG.NO : R/6227

TRANSFUSION MEDICINE	VALUE	Unit	REF.RANGE
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BLOOD GROUPING & RH TYPING	"B" POSITIVE		
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A ABO Rh TYPE (BLOOD GROUP) IS A CLASSIFICATION OF BLOOD, BASED ON THE PRESENCE AND ABSENCE OF ANTIBODIES AND INHERITED ANTIGENIC SUBSTANCE ON THE SURFACE OF RBC CELL.

ERYTHROCYTE SENDIMENTATION RATE(ESR) WESTERGREN METHOD WESTERGREN METHOD		mm/hr	3-15
---	--	-------	------

ESR 1st.Hours	35	mm/hr	
ESR 2nd.Hours	70	mm/hr	
Average	35	mm/hr	

RA FACTOR IMMUNOTURBIDOMETRY	15	IU/mL	Negative < 20
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Technologist

Const. Pathologist
Dr. Ram Yash Ram
MD (PATH), PAT

• Completely automated biochemical analysis, hematology (Including bone marrow examination, Fluid examination, histopathology and cytology)

Timing : Monday - Saturday - 7:00 A.M. to 7:00 P.M. Sunday - 7:00 A.M. to 1:00 P.M.

• Results relate only to the sample as recieved.