Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.PADMINI PANDEY -BOBS5488	Registered On	: 10/Dec/2021 10:03:33
Age/Gender	: 27 Y 5 M 0 D /F	Collected	: 10/Dec/2021 10:17:24
UHID/MR NO	: IKNP.0000015835	Received	: 10/Dec/2021 10:19:53
Visit ID	: IKNP0061262122	Reported	: 10/Dec/2021 15:15:46
Ref Doctor	: Dr.MediWheel Knp	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	А			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	11.50	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	12,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	82.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	13.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	22.00	Mm for 1st hr.		
Corrected	14.00	Mm for 1st hr.	< 20	
PCV (HCT)	36.00	cc %	40-54	
Platelet count				
Platelet Count	3.33	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	30.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.34	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.31	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	67.40	fl	80-100	CALCULATED PARAMETER
МСН	21.60	pg	28-35	CALCULATED PARAMETER
	32.10	%	30-38	
	14.00	%	11-16	ELEC
	34.30	fL	35-60	ELEC TY
trophils Count	9,840.00	/cu mm	3000-7000	7
sinophils Count (AEC)	120.00	/cu mm	40-440	Dr. Seema Nagar(MD Path)



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UHID/MR NO	: IKNP.0000015835	Received	: 10/Dec/2021 10:19:53
Visit ID	: IKNP0061262122	Reported	: 10/Dec/2021 11:35:51
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	al Method
GLUCOSE FASTING, Plasma				
Glucose Fasting	88.50	0,	< 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

•			
Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	97	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



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Method

Patient Name	: Mrs.PADMINI PANDEY -BOBS5488	Registered On	: 10/Dec/2021 10:03:34
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Bio. Ref. Interval

*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

Result

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<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

demonstrate HbA1C levels in this area.

*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.

BUN (Blood Urea Nitrogen) * Sample:Serum	7.80	mg/dL 7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.74	mg/dl 0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	94.10	ml/min/1.73m2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	3.92	mg/dl 2.5-6.0	URICASE

L.F.T.(WITH GAMMA GT) * , Serum



Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.PADMINI PANDEY -BOBS5488	Registered On	: 10/Dec/2021 10:03:34
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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	ι	Jnit	Bio. Ref. Interva	l Method
SGOT / Aspartate Aminotransferase (AST)	19.40	U/L	< 35		IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	24.50	U/L	< 40		IFCC WITHOUT P5P
Gamma GT (GGT)	26.40	IU/L	11-50		OPTIMIZED SZAZING
Protein	7.20	gm/dl	6.2-8.	0	BIRUET
Albumin	3.97	gm/dl	3.8-5.4	4	B.C.G.
Globulin	3.23	gm/dl	1.8-3.	6	CALCULATED
A:G Ratio	1.23		1.1-2.	0	CALCULATED
Alkaline Phosphatase (Total)	154.53	U/L	42.0-1	.65.0	IFCC METHOD
Bilirubin (Total)	0.47	mg/dl	0.3-1.	2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30		JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8		JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum					
Cholesterol (Total)	169.00	mg/dl		Desirable 39 Borderline High High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	45.50	mg/dl	30-70	-	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	106	mg/dl	100-12 Optima 130-15 160-18	Optimal 29 Nr. al/Above Optimal i9 Borderline High 39 High /ery High	CALCULATED
VLDL	17.00	mg/dl	10-33		CALCULATED
Triglycerides	85.00	mg/dl	150-19 200-49	Normal 19 Borderline High 19 High Yery High	GPO-PAP





Dr. Seema Nagar(MD Path)



Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



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UHID/MR NO	: IKNP.0000015835	Received	: 10/Dec/2021 10:19:53
Visit ID	: IKNP0061262122	Reported	: 10/Dec/2021 15:05:33
Ref Doctor	: Dr.MediWheel Knp	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 * , <i>u</i>	Irine			
Color	LIGHT YELLOW			
Specific Gravity	1.025			
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	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (+++) & 1 \\ (++++) & 1 \\ (++++) & > 2 \end{array}$



Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Method

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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval







SIN No:51706000

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.PADMINI PANDEY -BOBS5488	Registered On	: 10/Dec/2021 10:03:34
Age/Gender	: 27 Y 5 M 0 D /F	Collected	: 10/Dec/2021 10:17:24
UHID/MR NO	: IKNP.0000015835	Received	: 10/Dec/2021 10:19:53
Visit ID	: IKNP0061262122	Reported	: 10/Dec/2021 17:36:08
Ref Doctor	: Dr.MediWheel Knp	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)	102.30	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.25	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.09	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU/m	nL First Trimest	er
		0.5-4.6 μIU/m	nL Second Trim	ester
		0.8-5.2 μIU/m	nL Third Trimes	ter
		0.5-8.9 μIU/n		55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU/	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.





(*) Test not done under NABL accredited Scope



NE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRAS Dr. Seema Nagar(MD Path)

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.

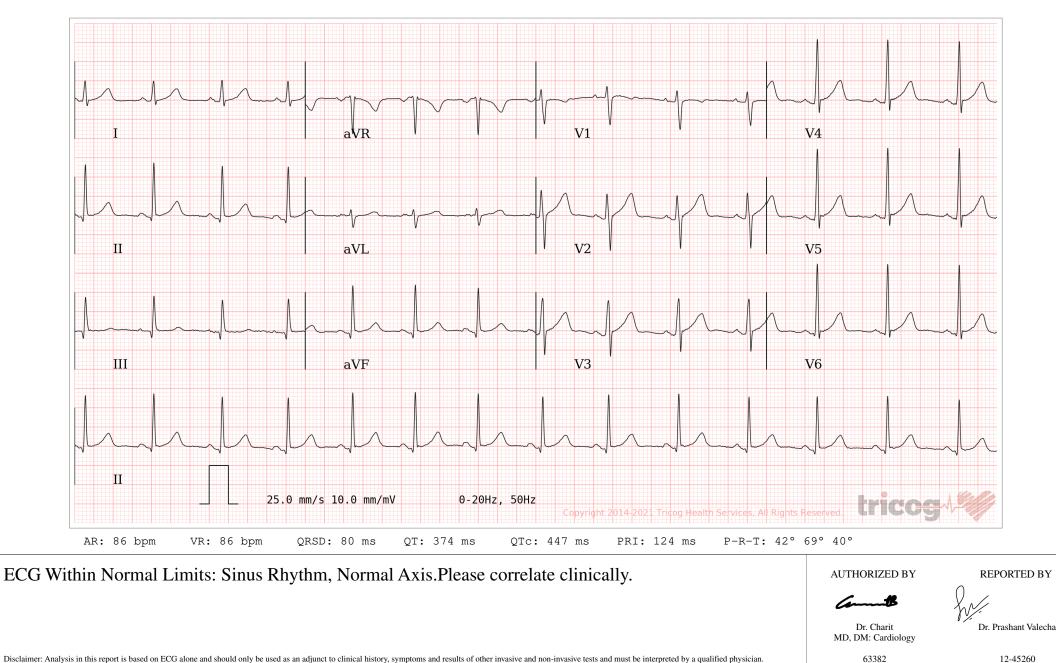
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography,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



Indira Diagnostic Centre Kanpur

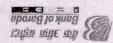


Age / Gender: 27/Female Date and Time: 10th Dec 21 10:47 AM Patient ID: IKNP0061262122 Patient Name: PADMINI PANDEY -BOBS5488



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.

12-45260



'OL

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

	04-02-1991	EMPLOYEE BIRTHDATE	
	100 00 1000 LENI	EMPLOYEE PLACE OF WORK	
	SINGLE WINDOW OPERATOR A	EMPLOYEE DESIGNATION	
	62988	EMPLOYEE EC NO.	
	MR. DWIVEDI ANKIT	EMPLOYEE NAME	
	SPOUSE DETAILS		
	21D188579100007842S	BOOKING REFERENCE NO.	
		SPOUSE	
		CHECKND FOR EMPLOYEE	
	11-15-2021	HTJAJH JO JTAD DJROPORA	
	711-02-11	НТЯІВ ЯО ЭТАО	
	YAQNA9 INIMQA9	AMAN	
Contraction of the	PARTICULARS OF HEALTH CHECK UP BENEFICIARY		

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 **09-12-2021** 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'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.

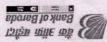
We solicit your co-operation in this regard.

Yours faithfully,

-/PS

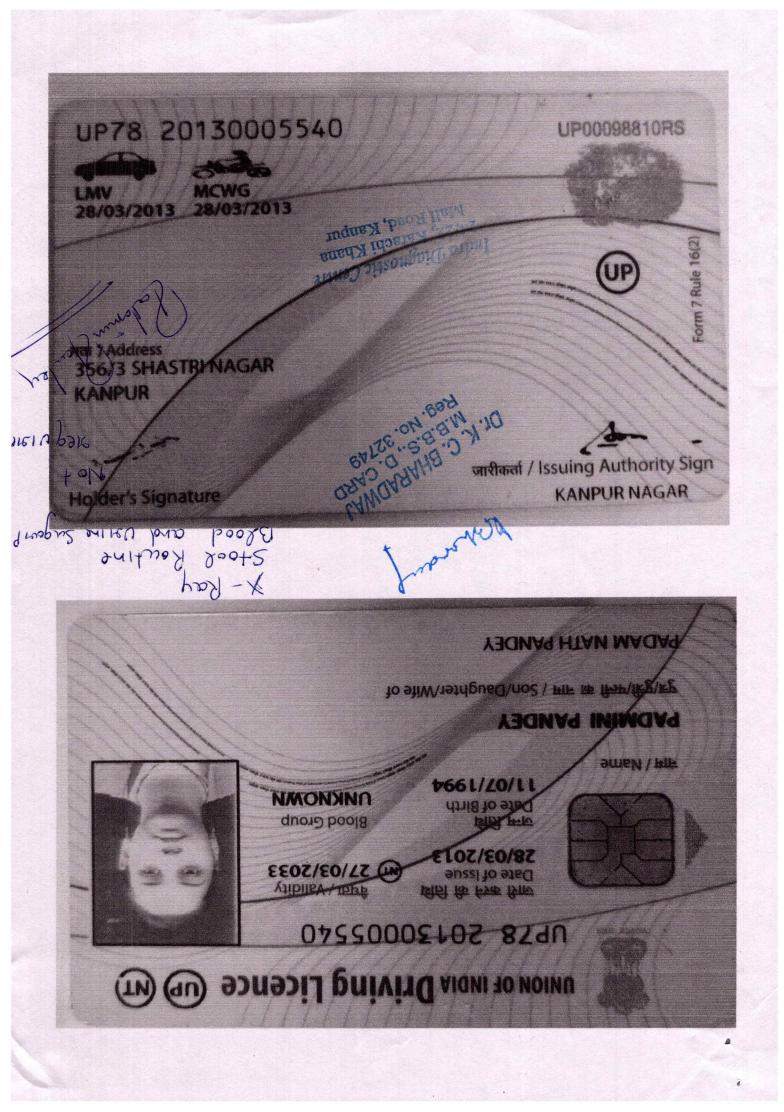
Chief Ceneral Manager HRM Department Bank of Baroda

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



SUGGESTIVE LIST OF MEDICAL TESTS

Gynaec Consultation	Sk:n/ENT consultation		
Skin/ENT consultation	Eye Check-up consultation		
Eye Check-up consultation	Physician Consultation		
Physician Consultation	Dental Check-up consultation		
Dental Check-up consultation	Thyroid Profile (T3, T4, TSH)		
and Pap Smear (above 30 years).			
Mammography (above 40 years)	PSA Male (above 40 years)		
Thyroid Profile (T3, T4, TSH)	Stress Test		
SD/3D ECHO / LWL	2D/3D ECHO / TMT		
ECC	ECG		
X Ray Chest	X Ray Chest		
General Tests	General Tests		
USG Whole Abdomen	nemobdA elonW DSU		
Routine urine analysis	Routine urine analysis		
HBAIC	· DIABH		
Uric Acid	Uric Acid		
Block Mean Nitrogen	Blood Ures, Nitrogen		
Serum creatinine	Serum creatinine		
Kidney Profile	Kidney Profile		
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)		
ALP ALP	ALP		
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)		
199	661		
ALTA	TJA		
TSA	TSA		
Liver Profile	Liver Profile		
HDL / LDL ratio	HDL / LDL ratio		
Triglycerides	Triglycerides		
ארטר	ארטר		
רםר	רםר		
НОГ	НDГ		
Total Cholesterol	Total Cholesterol		
Lipid Profile	Lipid Profile		
Stool Routine	Stool Routine		
Blood and Urine Sugar PP	Blood and Urine Sugar PP		
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting		
Blood Group & RH Factor	Blood Group & RH Factor		
ESR	<u> </u>		
CBC	CBC		
FOR FEMALE	EOR MALE		



DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S. **Ex Chief Medical Superintendent** Senior Consultant

2D ECHO * COLOUR DOPPLER * ULTRASOUND * TMT * ECG

NAME OF PATIENT:MRS.PADMINI PANDEY

REF.BY: DR. I.D.C

AGE: 27SEX: F

ASHMEE CARE

ULTRASOUND

x **CARDIO CENTRE**

DATE: 10-12-2021

ULTRASOUND REPORT WHOLE ABDOMEN

LIVER	•	LIVER IS NORMAL IN SIZE 125.2MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY.RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
PORTAL VIEN	i	NORMAL IN COURSE & CALIBER
GALL BLADDER	•	WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
C B D : PANCREAS :		NORMAL IN COURSE & CALIBER. NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
RT. KIDNEY		NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI/ HYDRONEPHROSIS LESION SEEN.
LT. KIDNEY :		NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATIONIS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
SPLEEN :		NORMAL IN SIZE AND ECHO TEXTURE. SPLENIC VEIN IS NORMAL IN DIAMETER.
U. BLADDER :	:	NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED.
UTERUS 🦛	: I	UTERUS IS ANTIVERTED NORMAL IN SIZE ENDOMETRIAL THICKNESS IS NORMAL ENDOMETRIAL &MYOMETRIAL ECHO PATTERNS ARE NORMAL.
B/L OVARIES :		BOTH OVARIES ARE NORMAL .NO T.O MASS LESION SEEN
EXCESS BOWEL GASES SEEN IN ABDOMEN		
IMPRESSION :	B	OWEL INFLAMMATION .



DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician) PG Diploma in Clinical Cardiology

PNDT Registration No- PNDT/REG/94/2012

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 * M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

NOT FOR MEDICO LEGAL PURPOSE



10/Dec/2021 11:31:3 P 100% MI 1.1 TIS 0.1 ASHMEE



