

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. NANGIA NARINDER KUMAR
EC NO.	50717
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	GHAZIABAD, G T ROAD
BIRTHDATE	07-09-1963
PROPOSED DATE OF HEALTH CHECKUP	09-07-2022
BOOKING REFERENCE NO.	22S50717100021594E

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 07-07-2022 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

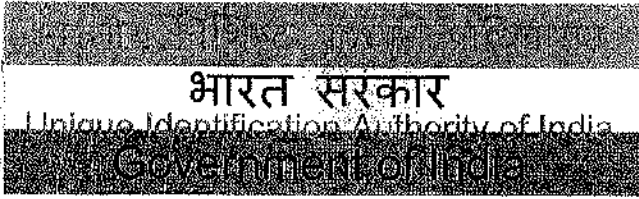
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार



आधार



नामांकन क्रम / Enrollment No 1047/90380/02341

20/06/2014
 To,
 नरेन्द्र कुमार नांगिया
 Narinder Kumar Nangia
 S/O: Sonun Ram Nangia
 A-2
 NEAR RAJAPUR FLY OVER JEEVAN VIHAR, SHASTRI
 NAGAR
 Ghaziabad
 Kavi Nagar Ghaziabad Ghaziabad
 Uttar Pradesh 201002
 9456034603

Ref: 17 / 24S / 31246 / 32814 / P



SE142543195FT



आपका आधार क्रमांक / Your Aadhaar No. :

7229 1177 0781

आधार - आम आदमी का अधिकार

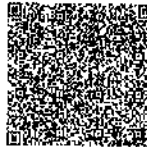


भारत सरकार

Government of India



नरेन्द्र कुमार नांगिया
 Narinder Kumar Nangia
 जन्म तिथि / DOB : 07/09/1963
 पुरुष / Male



7229 1177 0781

आधार - आम आदमी का अधिकार

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

59years
Male
Caucasian

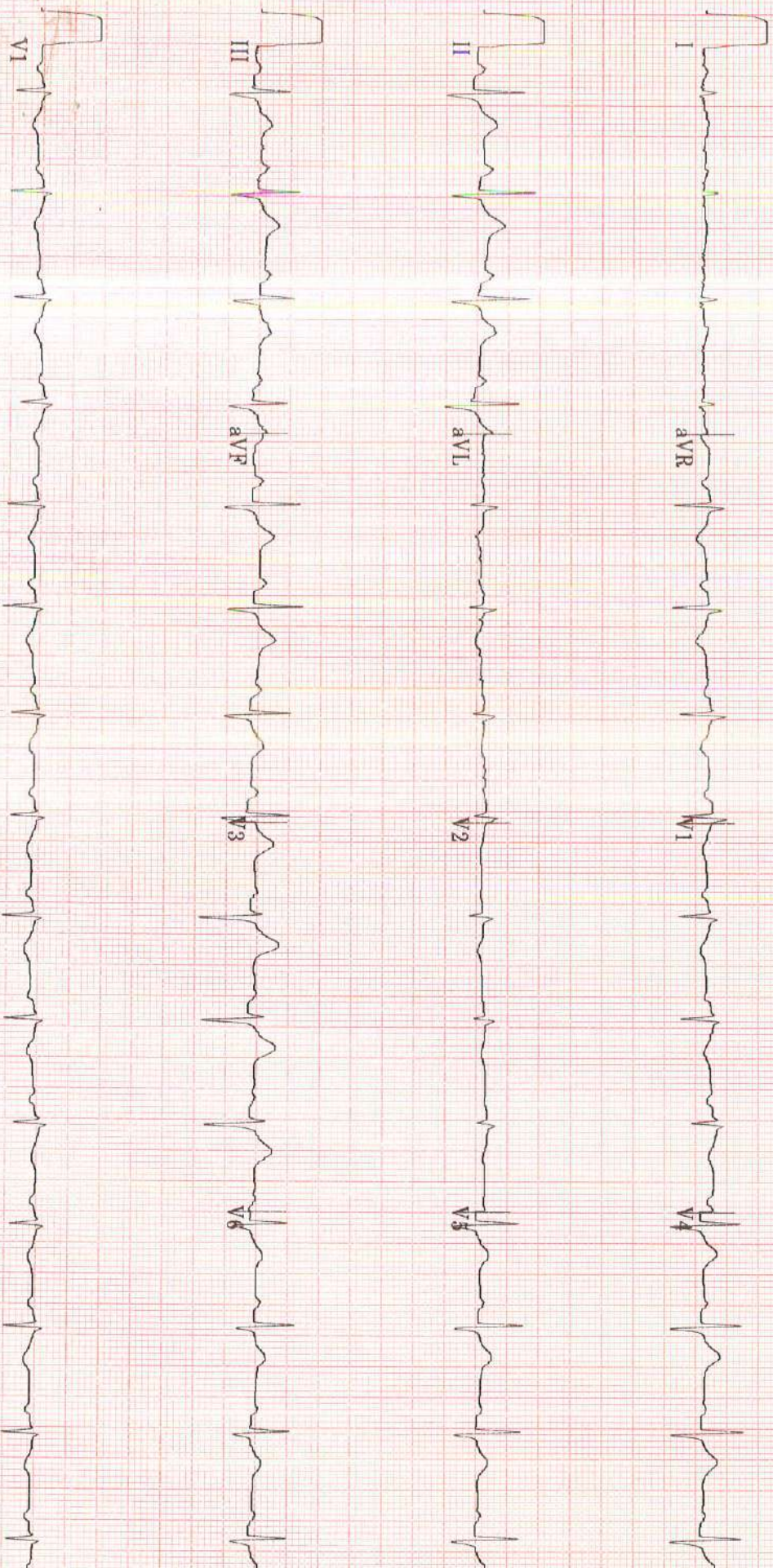
Vent. rate 90 bpm
PR interval 156 ms
QRS duration 74 ms
QT/QTc 342/418 ms
P-R-T axes 75 55 77

Normal sinus rhythm
RSR or QR pattern in V1 suggests right ventricular conduction delay
Septal infarct, age undetermined
Abnormal ECG

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ v239



TMT INVESTIGATION REPORT

Patient Name : Mr. NARINDER KUMAR NANGIA	Location : Ghaziabad
Age/Sex : 59Year(s)/male	Visit No : V0000000001-GHZB
MRN No : GHZB-0000010554	Order Date : 09/7/2022
Ref. Doctor : HCP	Report Date : 09/7/2022

Protocol : Bruce **MPHR** : 161BPM
Duration of exercise : 3min 20sec **85% of MPHR** : 136BPM
Reason for termination : Patient fatigue **Peak HR Achieved** : 141BPM
Blood Pressure (mmHg) : Baseline BP : 128/80mmHg **% Target HR** : 87%
 Peak BP : 140/84mmHg **METS** : 5.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	103	128/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	133	136/80	Nil	No ST changes seen	Nil
STAGE 2	0:20	141	140/84	Nil	No ST changes seen	Nil
RECOVERY	3:04	99	130/84	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
 MD, DM (CARDIOLOGY),FACC
 Sr. Consultant Cardiology


Dr. Abhishek Singh
 MD, DNB (CARDIOLOGY),MNAMS
 Sr.Consultant Cardiology

Dr. Sudhanshu Mishra
 MD
 Cardiology Registrar

Human Care Medical Charitable Trust



Registered Office : Sector-6, Dwarka, New Delhi- 110075

HCMCT

Manipal Hospitals

LIFE'S ON



Name : MR NARINDER KUMAR NANGIA Age : 53 Yr(s) Sex : Male
Registration No : MH008565418 RefHosp No. : ghzb-00000010554 Lab No : 32220703171
Patient Episode : R03000040061 Collection Date : 09 Jul 2022 21:22
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 10 Jul 2022 08:28
Receiving Date : 09 Jul 2022 22:01

BIOCHEMISTRY

THYROID PROFILE, Serum

			Adult > 20 yrs
T3 - Triiodothyronine (ECLIA)	1.21	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.14	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.100	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. Factors such as change of seasons, hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125. PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Human Care Medical Charitable Trust

Adjoining MTNL Building, Main Road, Sector 6, Dwarka, New Delhi - 110075.

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HCMCT

ManipalHospitals

LIFE'S ON



Name : MR NARINDER KUMAR NANGIA Age : 53 Yr(s) Sex :Male
Registration No : MH008565418 RefHosp No. : ghzb-00000010554 Lab No : 32220703171
Patient Episode : R03000040061 Collection Date : 09 Jul 2022 21:22
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 10 Jul 2022 08:29
Receiving Date : 09 Jul 2022 22:01

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	1.160	ng/mL	[<3.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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-----END OF REPORT-----

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Website : www.hcmct.in, delhi.manipalhospitals.com | Email : mailus@manipalhospitals.com | Phone: 011-49674967

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NARINDER KUMAR NANGIA-G000322170

PID NO: P1082200012547
Age: 54.0 Year(s) Sex: Male



Reference:
Sample Collected At:
Manipal Hospital
NH-24, HAPUR ROAD, OPP. BAHMETA,
GHAZIABAD 201002
201002

VID: 220108000008538
Registered On:
09/07/2022 12:25 PM
Collected On:
09/07/2022 12:25PM
Reported On:
09/07/2022 02:00 PM

HbA1c Glycated Haemoglobin

(EDTA Whole Blood)

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C- Glycated Haemoglobin (HPLC)	5.6	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG) \$	114.02	mg/dL	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

-- End of Report --

Dr. Mohit Jain
MD Pathology



RADIOLOGY REPORT

Name	NARINDER KUMAR NANGIA	Modality	US
Patient ID	GHZB-0000010554	Accession No	1115378
Gender/Age	M / 53Y 10M 1D	Scan Date	09-07-2022 11:06:44
Ref. Phys	Dr. Deepak Verma	Report Date	09-07-2022 11:56:32

USG ABDOMEN & PELVIS WITH PVR**FINDINGS**

LIVER: appears normal in size (measures 135 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 78 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 88 x 47 mm.

Left Kidney: measures 102 x 47 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

Pre-void urine volume 415 cc.

Post-void residual urine volume 44 cc (Significant).

PROSTATE: is enlarged in size with median lobe enlargement (measures 44 x 44 x 43 mm with volume ~ 43 cc) but normal in echotexture. Prostatic parenchymal calcification is seen.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Prostatomegaly with median lobe enlargement and significant post-void residual urine volume (ADV: Serum PSA estimation).

Recommend clinical correlation.

RADIOLOGY REPORT

Name	NARINDER KUMAR NANGIA	Modality	US
Patient ID	GHZB-0000010554	Accession No	1115378
Gender/Age	M / 53Y 10M ID	Scan Date	09-07-2022 11:06:44
Ref. Phys	Dr. Deepak Verma	Report Date	09-07-2022 11:56:32



Dr. Monica Shekhawat, MBBS, DNB,
Consultant Radiologist, Reg No MCI 11 10887

RADIOLOGY REPORT

Name	NARINDER KUMAR NANGIA	Modality	DX
Patient ID	GHZB-0000010554	Accession No	1115379
Gender/Age	M / 53Y 10M 1D	Scan Date	09-07-2022 10:29:28
Ref. Phys	Dr. Deepak Verma	Report Date	09-07-2022 13:08:43

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
 TRACHEA: Normal.
 CARINA: Normal.
 RIGHT AND LEFT MAIN BRONCHI: Normal.
 PLEURA: Normal on right side. There is blunting of left costophrenic angle suggesting pleural thickening/trace left sided pleural effusion.
 HEART: Normal.
 RIGHT HEART BORDER: Normal.
 LEFT HEART BORDER: Normal.
 PULMONARY BAY: Normal.
 PULMONARY HILA: Normal.
 AORTA: Normal.
 THORACIC SPINE: Normal.
 OTHER VISUALIZED BONES: Normal.
 VISUALIZED SOFT TISSUES: Normal.
 DIAPHRAGM: Normal.
 VISUALIZED ABDOMEN: Normal.
 VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.
Blunting of left costophrenic angle suggesting pleural thickening/trace left sided pleural effusion.

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,
 Consultant Radiologist, Reg No MCI 11 10887

LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322169	Collected On	09/07/2022 10:19AM	Received On	09/07/2022 10:19AM
Referred By	Deepak Verma	Reported On	09/07/2022 11:34AM		

Test Name	Result	Criticality Factor	Biological Reference Interval	Test Method
GLUCOSE, FASTING (F) (Serum Fasting)	99 mg/dl		70 - 110 mg/dl	

***** END OF REPORT *****

Processed by :- SHAHRUKH KHAN

Charu Agarwal
Registration No: 40422
DR CHARU AGARWAL
CONSULTANT PATHOLOGIST
Pathologist

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LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322195	Collected On	09/07/2022 11:25AM	Received On	09/07/2022 11:25AM
Referred By	Deepak Verma	Reported On	09/07/2022 3:09PM		

Test Name	Result	Criticality Factor	Biological Reference Interval
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URINE EXAMINATION, ROUTINE (Urine)

PHYSICAL EXAMINATION

Colour	P. YELLOW
Appearance	CLEAR
pH	7.0
Specific gravity	1.005

CHEMICAL EXAMINATION

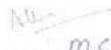
Glucose	Nil
Protein	Absent
Ketone bodies	Absent
Urobilinogen	Absent

MICROSCOPIC EXAMINATION

Leukocytes	1-2/HPF
Erythrocytes	NIL
Epithelial Cells	1-2/HPF
Casts	NIL
Crystals	NIL
Others	NIL

***** END OF REPORT *****

Processed by :- robin DHIRANIYA


 MCT-39093
DR ALKA DIXIT VATS
 CONSULTANT PATHOLOGIST
 PATHOLOGIST

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Page 1 of 1

LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322226	Collected On	09/07/2022 2:40PM	Received On	09/07/2022 2:40PM
Referred By	Deepak Verma	Reported On	09/07/2022 4:35PM		

Test Name	Result	Criticality Factor	Biological Reference Interval	Test Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (Serum Post Prandial)	111 mg/dl		80 -140 mg/dl	

***** END OF REPORT *****

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 MCT-39093
DR ALKA DIXIT VATS
 CONSULTANT PATHOLOGIST
 PATHOLOGIST

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LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322170	Collected On	09/07/2022 10:19AM	Received On	09/07/2022 10:19AM
Referred By	Deepak Verma	Reported On	09/07/2022 5:28PM		

Test Name	Result	Criticality Factor	Biological Reference Interval
BLOOD GROUP (A, B, O) AND RH FACTOR WITH REVERSE GROUPING (Whole Blood)			
BLOOD GROUPING	"B"		
RH TYPING	POSITIVE		

..... END OF REPORT

Processed by :- SHAHRUKH KHAN

Alka
MCT-39093
DR ALKA DIXIT VATS
CONSULTANT PATHOLOGIST
PATHOLOGIST

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LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322170	Collected On	09/07/2022 10:19AM	Received On	09/07/2022 10:19AM
Referred By	Deepak Verma	Reported On	09/07/2022 12:50PM		

Test Name	Result	Criticality Factor	Biological Reference Interval
ESR (WESTERGREIN),AUTOMATED ERYTHROCYTE SEDIMENTATION RATE	8 mm/1st hour		0 - 15 mm/Hr
HEMOGLOBIN, HB	16.0 g/dl		12 - 16 gm/ dl
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION, MCHC	34.7 g/dl		33 - 36%
MEAN CORPUSCULAR HAEMOGLOBIN, MCH	30.8 pg		26 -34 pg
MEAN CORPUSCULAR VOLUME, MCV	88.8 fl		77 - 97 fl
PLATELET COUNT	125 x10³ cells/ Cumm	L	150x10 ³ - 400x10 ³ cells/cumm
RED BLOOD CELLS, RBC COUNT	5.19 million/cu mm		3.8 - 5.3 millions /cumm
RED CELL DISTRIBUTION WIDTH, RDW	12.3 %		11.5 - 14.5 %
LEUCOCYTE COUNT, TOTAL (TLC), AUTOMATED	7.04 x10 ³ cells/ Cumm		4x10 ³ - 11x10 ³ cells/cumm
HEMATOCRIT (HCT)	46.1 %		34 -45%
BASOPHILS	00 %		0 - 2%
EOSINOPHILS	01 %		2 -7 %
LYMPHOCYTES	22 %		17 - 45 %
MONOCYTES	06 %		4 -13%
NEUTROPHILS	71 %		40 - 80%

***** END OF REPORT *****

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Reshma
Registration No: 48422
DR CHARU AGARWAL
CONSULTANT PATHOLOGIST
Pathologist

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LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322170	Collected On	09/07/2022 10:19AM	Received On	09/07/2022 10:19AM
Referred By	Deepak Verma	Reported On	09/07/2022 11:34AM		

Test Name	Result	Criticality Factor	Biological Reference Interval	Test Method
KIDNEY FUNCTION TESTS (Serum)				
UREA	17.3 mg/dl		15 - 40 mg/dl	
CREATININE, SERUM	0.99 mg/dl		0.7 - 1.2 mg/dl	
URIC ACID	6.9 mg/dl		4 - 8.5 mg/dl	
SODIUM, SERUM	136.7 mmol/L		136 - 144 mmol/ L	
POTASSIUM, SERUM	4.30 mmol/L		3.6 - 5.1 mmol/L	
CHLORIDE, SERUM	99.9 mmol/L		101 - 111 mmol/L	
LIPID PROFILE (Serum)				
CHOLESTEROL, TOTAL	194 mg/dl		Upto 200 mg/dl	
TRIGLYCERIDES, SERUM	88 mg/dl		Upto 150 mg/dl	
CHOLESTEROL, HDL, DIRECT	59 mg/dl		35 - 65 mg/dl	
CHOLESTEROL, LDL, DIRECT	117 mg/dl		0 -120 mg/dl	
Cholesterol, VLDL	18 mg/dl		0 - 35 mg/dl	
LIVER FUNCTION TESTS (Serum)				
BILIRUBIN, TOTAL	0.46 mg/dl		0.3 -1.2 mg/dl	
BILIRUBIN, DIRECT	0.11 mg/dl		0 - 0.3 mg/dl	
Report Printed On:	12/7/2022	12:21PM		

LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 1d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322170	Collected On	09/07/2022 10:19AM	Received On	09/07/2022 10:19AM
Referred By	Deepak Verma	Reported On	09/07/2022 11:34AM		

Test Name	Result	Criticality Factor	Biological Reference Interval	Test Method
Indirect Bilirubin	0.35		0.1 - 0.3 mg/dl	
TOTAL PROTEIN, SERUM	6.7 g/dl		6.6 - 8.7 g/dl	
ALBUMIN, SERUM	4.47 g/dl		3.5 - 5.2 gm/dl	
A/G RATIO (ALBUMIN / GLOBULIN RATIO)	2.00		1:1 - 2.5:1	
GLOBULIN, SERUM	2.2			
SGPT	17 IU/L		17 - 63 IU/L	
SGOT	21 IU/L		0 - 40 IU/L	
GGTP, GGT, GAMMA GT, GAMMA GLUTAMYL TRANSPEPTIDASE	11 IU/L		7 - 50 U/L	
ALKALINE PHOSPHATASE, ALP	81 IU/L		32 - 91 IU/L	

***** END OF REPORT *****

Processed by :- SHAHRUKH KHAN

Charu
Registration No: 409422

DR CHARU AGARWAL
CONSULTANT PATHOLOGIST
Pathologist

Report Printed On: 12/7/2022 12:21PM

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LABORATORY REPORT

Name	NARINDER KUMAR NANGIA	Age	53y 10m 2d	Gender	MALE
MRN	GHZB-0000010554	Visit No	V0000000002-GHZB		
Lab No	G000322291	Collected On	10/07/2022 11:43AM	Received On	10/07/2022 11:50AM
Referred By	Deepak Verma	Reported On	11/07/2022 5:57PM		

Test Name	Result	Criticality Factor	Biological Reference Interval
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STOOL EXAMINATION, ROUTINE, STOOL, R/E (Stool)

PHYSICAL EXAMINATION

Colour	BROWNISH
Consistency	SEMI SOLID
Mucus	ABSENT

CHEMICAL EXAMINATION

Occult Blood	NEGATIVE
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MICROSCOPIC EXAMINATION

Cyst	NOT SEEN
Erythrocytes	NOT SEEN
Pus cells	NOT SEEN
Ova	NOT SEEN

***** END OF REPORT *****

Processed by :- robin DHIRANIYA

ALKA
MCT-39093
DR ALKA DIXIT VATS
CONSULTANT PATHOLOGIST
PATHOLOGIST

Report Printed On: 12/7/2022 12:22PM

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