

MEDICAL EXAMINATION REPORT

Name: - Mr. ANURANJAN SONI

Age/Sex: 33Y/M

DOB: 07.09.1990

ADDRESS: 232-COD COLONY KOYLA NAGAR – KANPUR – 208011

He is not suffering from following disease.

1. DM-No
2. HTN -No
3. COPD -No
4. TB – NO
5. Eye Disorder-No
6. Paralysis -No
7. Epilepsy -No
8. Dental -Normal

9. EAR: Normal B/E

BP: 120/70 mmhg

PR: 88 bpm

WEIGHT: 80 Kg

RR: 19 pm

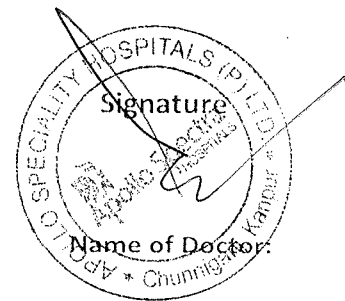
Height: 172 cm

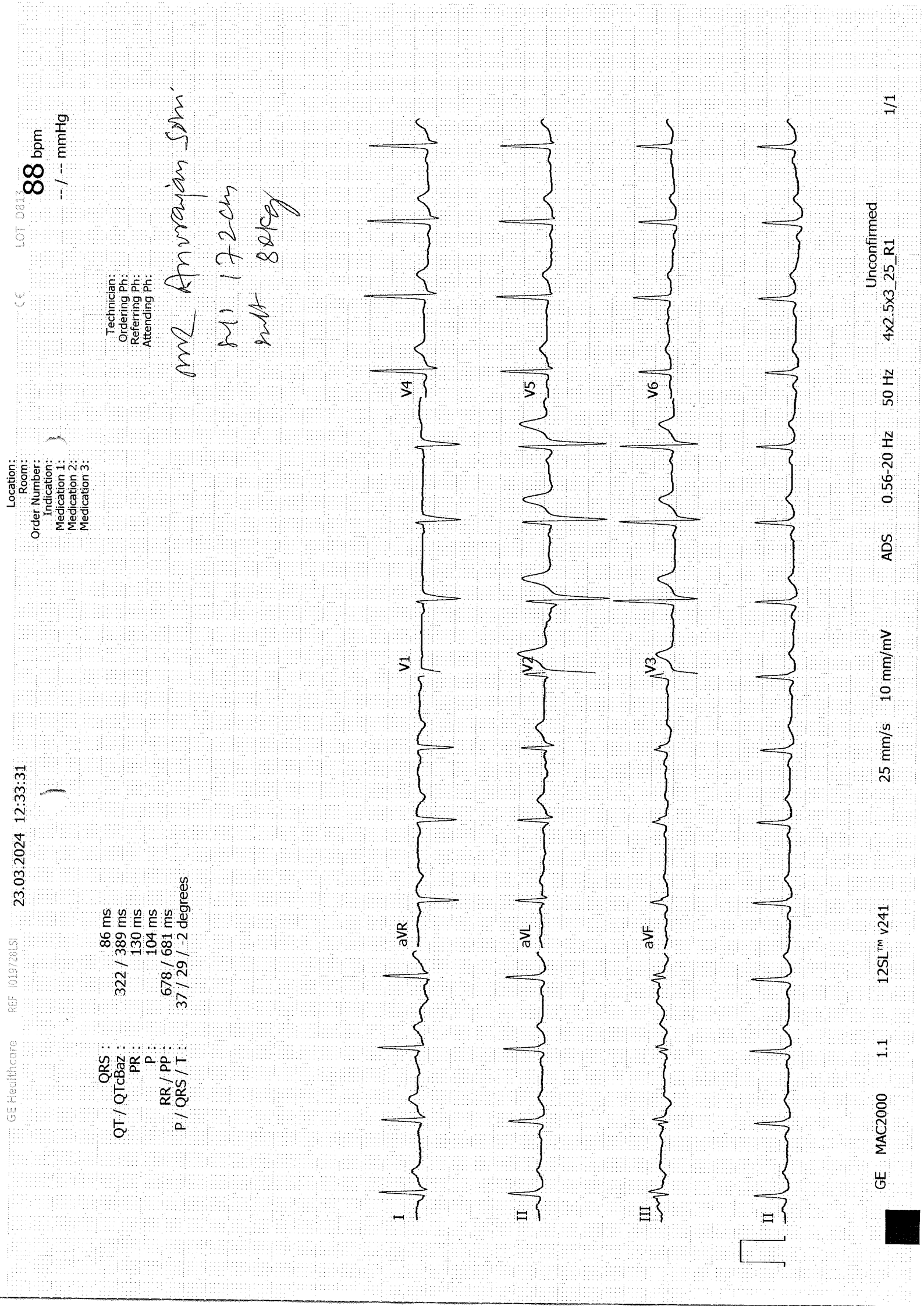
BMI: 27 kg/m²

- *Advice for low fat diet due to Grade – II Fatty Liver*

Place: - Kanpur

Date: - 23.03.2024





GE Healthcare REF 1019726151 23.03.2024 12:33:31

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 322 / 389 ms
PR : 130 ms
P : 104 ms
RR / PP : 678 / 681 ms
P / QRS / T : 37 / 29 / -2 degrees

LOT D817
88 bpm
-- / -- mmHg

*MR Anurajin Sam,
M1172cm
mtt 80kg*

MR - Anurajam Devi - 33/10/2018

Lve { Rpt 1.00 x 20 G/G
 Lve 0.75 x 20 G/G

(Disturb)

Rve { Rpt
 Rpt

Colour Vision { W all
 L all

no active intervention
 310 10/11/2018
 10/11/2018
 10/11/2018

Patient Name : Mr. ANURANJAN SONI

Age : 33 Y M

UHID : SKAN.0000134106

OP Visit No : SKANOPV164156

Reported on : 23-03-2024 11:51

Printed on : 23-03-2024 11:51

Adm/Consult Doctor :

Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:23-03-2024 11:51

---End of the Report---



Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB

Radiology

Patient Name : Mr. ANURANJAN SONI Age : 33 Y M
UHID : SKAN.0000134106 OP Visit No : SKANOPV164156
Reported on : 23-03-2024 11:59 Printed on : 23-03-2024 12:13
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver- normal in size shape & Diffuse grade II fatty liver No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.
G[♂]Bladder- Normal in distension and wall thickness.No sizeable calculus or mass lesion.
CBD normal in course, caliber & clear in visualized region.
Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion. Main Pancreatic duct not dilated.
Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.
Retroperitoneum -obscured by bowel gas.
Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved. Pelvicalyceal system not dilated.No calculus or mass lesion. Bilateral ureter not dilated.
Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.
Prostate - is normal in size, shape and outline.

No evidence of ascites.

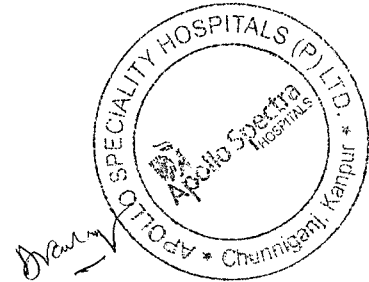
IMPRESSION:

Diffuse grade II fatty liver

ULTRASOUND - WHOLE ABDOMEN

Printed on:23-03-2024 11:59

---End of the Report---



Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology

Please correlate clinically
Kindly Note

- ❖ Ultrasound is not the modality of choice to rule out subtle bowel lesions.
- ❖ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ❖ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

Patient Name :- MR ANURANJAN SONI

Date :- 23 March 2024

Referred By :- MHC

Age/Sex: 33Y/MALE

IPD/OPD:- OPD

UHID NO-134106

HEART STATION ECHO REPORT

PROCEDURES:	M-MODE/2D/DOPPLER/COLOR/CONTRAST	B.S.A. M ²
MEASUREMENTS:		NORMAL
Aortic root diameter	3.6	2.0-3.7 cm < 2.2 cm
Aortic valve opening	1.8	1.5-2.6 cm
Right ventricular dimension	2.5	0.7-2.6 cm < 1.4 cm / M ²
Right atrial dimension	3.3	0.3-2.9 cm
Left atrial dimension	3.2	1.9-4.0 cm < 2.2 cm / M ²
Left ventricular ED dimension	4.3	3.7-5.6 cm < 3.2 cm / M ²
Left ventricular ES dimension	2.6	2.2-4.0 cm
Interventricular septal thickness	ED 0.9 ES 1.6	0.6-1.2 cm
Left vent PW thickness	ED 1.2 ES 1.8	0.5-1.0 cm

INDICES OF LEFT VENTRICLE FUNCTION

LV Ejection Fraction 60% 60-62%

DOPPLER

MV	90	Cm/sec	MR	Nil
AoV	111	Cm/sec	AI	Nil
TV	85	Cm/sec	TR	Nil
PV	72	Cm/sec	PI	Nil

FINAL DIAGNOSIS:

- Normal cardiac chamber dimensions.
 - No regional wall motion abnormality.
 - LVEF 58%
 - Normal valves and flows.
 - No evidence of pericardial effusion.
 - No evidence of RHD/ASD/VSD/PDA.
 - No LA/LV, Clot/Vegetation.
- (Kindly correlate clinically and further investigation)

(Please correlate clinically)



DR. V/K YADAV
MD, DM (Cardiology)
Consultant Cardiologist

Kindly Note

☆ Please Intimate us for any typing mistakes and send the report for correction within 7 days.

☆ The science of Radiological diagnosis is based on the interpretation of various shades of gray and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The Report should be used for clinical correlation only. The Report should be used for clinical correlation only. The Report should be used for clinical correlation only. The Report should be used for clinical correlation only.

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000134106	OP Visit No : SKANOPV164156
Sample Collected on : 23-03-2024 10:26	Reported on : 23-03-2024 17:17
LRN# : LAB13411253	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23M76778100089110E	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	14.2	13 - 17	g/dL
RBC Count Method: Electrical Impedance	4.59	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	40.2	40 - 50	%
MCV Method: Calculated	87.6	83 - 101	fl
MCH Method: Calculated	30.9	27 - 32	pg
MCHC Method: Calculated	35.3*	31.5 - 34.5	g/dl
RDW	12.8	11.6 - 14	%
Platelet Count Method: Electrical Impedance	1.87	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	7400	4000 - 11000	cells/cumm

Results are to be correlated clinically



NOTE : All pathological test have technical limitations which Technicians/Technologists interpretative errors. Clinical/Physiological pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH
 14/188, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 Pathology Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI UHID/MR No. : SKAN.0000134106 Sample Collected on : 23-03-2024 10:26 LRN# : LAB13411253 Ref Doctor : SELF Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 Emp/Auth/TPA ID : 23M76778100089110E Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	Age / Gender : 33Y/Male OP Visit No : SKANOPV164156 Reported on : 23-03-2024 17:17 Specimen : Blood(EDTA) Adm/Consult Doctor :
--	---

Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	56	40 - 80	%
Lymphocytes	40	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR)	12	0 - 14	mm/hr

Method: Westergrens Method.

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD GROUP ABO AND RH FACTOR			
ABO	B		
Method: Microplate Hemagglutination			
Rh (D) Type:	POSITIVE		
Method: Microplate Hemagglutination			
End of the report			



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathologist relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.
 Dr. SATINDER SINGH
 1408 Chunniganj, Kanpur - 208001
 MD Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 Pathology
 Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI
UHID/MR No. : SKAN.0000134106
Sample Collected on : 23-03-2024 10:26
LRN# : LAB13411253
Ref Doctor : SELF
Emp/Auth/TPA ID : 23M76778100089110E
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

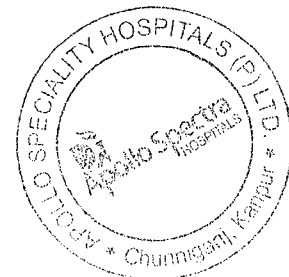
Age / Gender : 33Y/Male
OP Visit No : SKANOPV164156
Reported on : 23-03-2024 17:18
Specimen : Blood(EDTA)
Adm/Consult Doctor :

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : within normal limits. DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Lab Technician / Technologist

NOTE: All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH

SONI

MD

M/138, Chunniganj, Kanpur - 208001

Ph. 0512-2555991, 2555992

Email : excelhospitals@gmail.com

♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000134106	OP Visit No : SKANOPV164156
Sample Collected on : 23-03-2024 10:26	Reported on : 23-03-2024 17:48
LRN# : LAB13411253	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23M76778100089110E	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GAMMA GLUTAMYL TRANSFERASE (GGT)			
GAMMA GT Method: Kinetic Photometric	53	< 55	U/L
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	1.0	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	8.1*	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	33	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	8.12*	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	15.38	9-20	mg/dl
PHOSPHORUS Method: Phosphomolybdate -UV	4.49	2.5 - 4.5	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	134*	135 - 145	meq/L
ELECTROLYTES (K)	4.1	3.5 - 5.1	meq/L

Results are to be correlated clinically



Excel Hospitals (P) Ltd.

NOTE : All pathological test have technical limitations which may, at times, cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Dr. SATINDER SINGH
 14/138, Churnidani, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 Emergency No. 9935577550
 Pathology

DEPARTMENT OF LABORATORY SERVICES

Patient Name	: Mr. ANURANJAN SONI	Age / Gender	: 33Y/Male
UHID/MR No.	: SKAN.0000134106	OP Visit No	: SKANOPV164156
Sample Collected on	: 23-03-2024 10:26	Reported on	: 23-03-2024 17:48
LRN#	: LAB13411253	Specimen	: Serum
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: 23M76778100089110E	Adm/Consult Doctor	:
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

Method: ISE-Direct

GLUCOSE, FASTING

FASTING SUGAR	100	70 - 110	mg/dl
----------------------	-----	----------	-------

Method: GOD-PAP

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	128	70 - 140	mg/dl
---	-----	----------	-------

Method: Glucose Oxidase-Peroxidase

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.74	0.2 - 1.3	mg/dL
------------------------	------	-----------	-------

Method: Azobilirubin/dyphylline

BILIRUBIN (DIRECT)	0.28	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
---------------------------	------	--	-------

Method: Dual Wavelength Spectrophotometric

BILIRUBIN UNCONJUGATED(INDIRECT)	0.46	0.0 - 1.1	mg/dL
---	------	-----------	-------

Method: Dual Wavelength Spectrophotometric

ALBUMIN	4.0	3.0 - 5.0	g/dL
----------------	-----	-----------	------

Method: Bromocresol Green dye binding

PROTEIN TOTAL	6.6	6.0 - 8.2	g/dL
----------------------	-----	-----------	------

Method: Biuret Reaction

AST (SGOT)	38*	14 - 36	U/L
-------------------	-----	---------	-----

Method: Kinetic (Leuco dye) with P 5 P

GLOBULIN	2.6*	2.8 - 4.5	g/dL
-----------------	------	-----------	------

Method: Calculation



Results are to be correlated clinically

NOTE : All pathological test have technical limitations with technical errors. Interpretative errors. Collaborative pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH

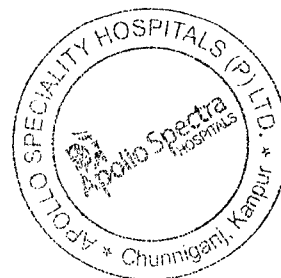
150081 Chunniganj, Kanpur - 208001
Ph. 0512-2555991, 2555992
MD Email : excelhospitals@gmail.com
Pathology Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000134106	OP Visit No : SKANOPV164156
Sample Collected on : 23-03-2024 10:26	Reported on : 23-03-2024 17:48
LRN# : LAB13411253	Specimen : Serum
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23M76778100089110E	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

ALT(SGPT)	92*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL	176	<200 - Desirable 200-239 - Borderline High ≥240 - High	mg/dL
Method: CHOD-End Point POD (Enzymatic)			
HDL	49	<40 - Low ≥60 - High	mg/dL
Method: Direct Measure PEG			
LDL	104.4	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
TRIGLYCERIDES	113	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : ≥ 500	mg/dl
Method: Enzymatic GPO/POD/End Point		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
VLDL	22.6	10-40	mg/dL
Method: Calculated			

End of the report



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may at times cause interpretative errors. Corroborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.
Dr. SATINDER SINGH
14501 Chunniganj, Kanpur - 208001
Ph. 0512-2555991, 2555992
MD Email : excelhospitals@gmail.com
Pathology Emergency No. 9935577550

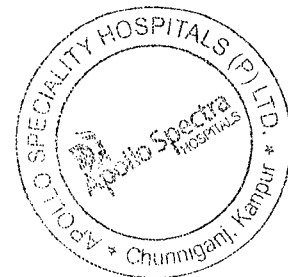
DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000134106	OP Visit No : SKANOPV164156
Sample Collected on : 23-03-2024 10:26	Reported on : 23-03-2024 17:54
LRN# : LAB13411253	Specimen : Blood(bio/EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23M76778100089110E	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN	5.6	<=5.6:Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
HbA1c, GLYCATED HEMOGLOBIN Method:HPLC			
eAG (estimated Average Glucose) Method: Calculated	114.02		mg/dL

End of the report



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may cause interpretative errors. Collaborative pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.
Dr. SATINDER SINGH

14/68, Chunniganj, Kanpur - 208001
MD Ph. 0512-2555991, 2555992
Email : excelhospitals@gmail.com
Pathology
Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI	Age / Gender : 33Y/Male
UHID/MR No. : SKAN.0000134106	OP Visit No : SKANOPV164156
Sample Collected on : 23-03-2024 10:26	Reported on : 23-03-2024 17:33
LRN# : LAB13411253	Specimen : Urine
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
Emp/Auth/TPA ID : 23M76778100089110E	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Pale Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.015	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	6.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Occasional	2-3	/hpf



Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may lead to technical or interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.
 Dr. SATINDER SINGH
 14/138, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 Pathology Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. ANURANJAN SONI

Age / Gender : 33Y/Male

UHID/MR No. : SKAN.0000134106

OP Visit No : SKANOPV164156

Sample Collected on : 23-03-2024 10:26

Reported on : 23-03-2024 17:33

LRN# : LAB13411253

Specimen : Urine

Ref Doctor : SELF

Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY
ANNUAL PLUS MALE - 2D ECHO - PAN INDIA -
FY2324

Emp/Auth/TPA ID : 23M76778100089110E

Adm/Consult Doctor :

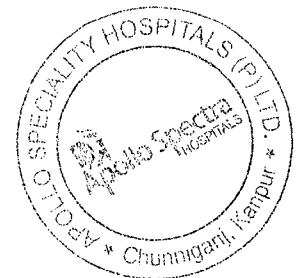
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

RBC	Nil	0 - 2	/hpf
------------	-----	-------	------

Crystals:	Nil
------------------	-----

Casts:	Nil	/hpf
---------------	-----	------

End of the report

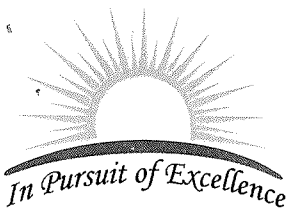


Results are to be correlated clinically

NOTE : All pathological test have technical limitations which may lead to false results. Collaborative clinical path. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospitals (P) Ltd.

DR. SATINDER SINGH
 SONI
 14/138, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email: excelhospitals@gmail.com
 ♦ Emergency No. 9935577550



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MR. ANURANJAN SONI

Age / Gender : 33 years / Male

Patient ID : 47371

Source : Excel Hospital

Referral : SELF

Collection Time : 23/03/2024, 01:17 p.m.

Reporting Time : 23/03/2024, 04:14 p.m.

Sample ID :



240830021

Test Description	Value(s)	Reference Range	Unit(s)
------------------	----------	-----------------	---------

T3, T4, TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	0.93	0.79 - 1.58	ng/mL
T4 Method : CLIA	7.46	5.2-12.7	µg/dL
TSH Method : CLIA	1.57	0.3-4.5	µIU/mL

Interpretation

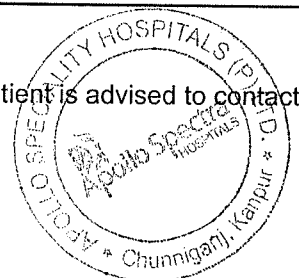
TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

****END OF REPORT****

All the reports have to be correlated clinically. If the result of the tests are unexpected, the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni

M.D. (PATHOLOGY)



All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.

Apollo Clinic

CONSENT FORM

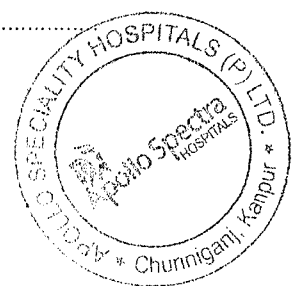
Patient Name: Anurajan Soni Age: 35
 UHID Number: 134104 Company Name: B.O.B.

I Mr/Mrs/Ms Anurajan Soni Employee of B.O.B.
 (Company) Want to inform you that I am not interested in getting ENT Checkup.

Tests done which is a part of my routine health check package.
 And I claim the above statement in my full consciousness.

Patient Signature: [Handwritten Signature]

Date: 23/03/24





भारत सरकार
GOVERNMENT OF INDIA



अनुरंजन सोनी
Anuranjan Soni

जन्म वर्ष / Year of Birth : 1990
पुरुष / Male



6550 7260 4993

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O लक्ष्मण प्रसाद, २३२ सी ओ
डी कॉलोनी कोयला नगर, किदवई नगर
स्.ओ, कानपुर नगर, उत्तर प्रदेश, 208011

Address: S/O Laxman Prasad,
232 C O D Colony Koyla Nagar,
Kidwai Nagar S.O, Kanpur Nagar,
Uttar Pradesh, 208011

1947
1800 180 1947

help@uidai.gov.in

www
www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

Submitted for
for check.

