

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. SAXENA UTSAV
EC NO.	119551
DESIGNATION	JOINT MANAGER
PLACE OF WORK	KAKWAN
BIRTHDATE	13-08-1989
PROPOSED DATE OF HEALTH CHECKUP	18-09-2022
BOOKING REFERENCE NO.	22S119551100025980E

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 **17-09-2022** 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.

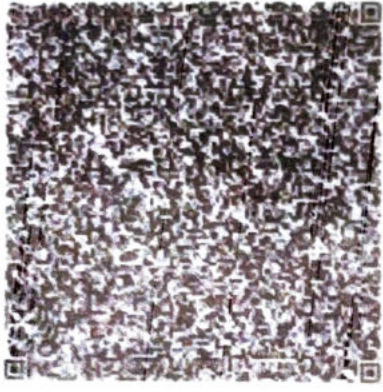
Yours faithfully,

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))

4872 5291 7613
VID : 9175 2752 0489 4260



पति: S/O: मनीष कुमार साखेरा, 278/174, - लखनऊ, उत्तर प्रदेश, 211001
Address: S/O: Manoj Kumar Saxena, 278/174, - LUKERGANJ, Allahabad, Uttar Pradesh - 211001



भारत सरकार
Unique Identification Authority of India



Download Date: 11/10/2020



उत्सव साखेरा
Utsav Saxena
जन्म तिथि/DOB: 13/08/1989
पुरुष/ MALE

In: a Diagnostic Centre
2A/22, Karachi Khana
Mall Road, Kanpur

K. Saxena

Issue Date: 27/01/2018

Dr. K.C. BHARADWAJ
M.B.B.S. D.C.
Reg. No. 3575

4872 5291 7613
VID : 9175 2752 0489 4260

मेरा आधार, मेरी पहचान

Saxena

PLEASE

WELCOME

Khanday
Dr. K.C. BHARADWAJ
M.B.B.S. D.C.A.R.
Reg. No. 32749
Indra Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kampur



INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mr.UTSAV SAXENA	Registered On	: 20/Nov/2022 11:16:05
Age/Gender	: 33 Y 3 M 8 D /M	Collected	: 20/Nov/2022 11:48:45
UHID/MR NO	: IKNP.0000021980	Received	: 20/Nov/2022 18:46:00
Visit ID	: IKNP0050882223	Reported	: 20/Nov/2022 19:55:11
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
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Blood Group (ABO & Rh typing) **, Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	15.10	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)	8,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT)	47.00	%	40-54	
Platelet count				
Platelet Count	2.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	43.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.33	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.02	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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Blood Indices (MCV, MCH, MCHC)

MCV	96.20	fl	80-100	CALCULATED PARAMETER
MCH	30.10	pg	28-35	CALCULATED PARAMETER
MCHC	31.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,265.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	324.00	/cu mm	40-440	



Dr. Shoalb Irfan (MBBS, MD, PDCC)





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UHID/MR NO	: IKNP.0000021980	Received	: 20/Nov/2022 18:55:36
Visit ID	: IKNP0050882223	Reported	: 20/Nov/2022 19:20:14
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. Interval	Method
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GLUCOSE FASTING **, Plasma

Glucose Fasting	104.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.




Dr. Anupam Singh
M.B.B.S, M.D.(Pathology)





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Age/Gender	: 33 Y 3 M 8 D /M	Collected	: 20/Nov/2022 18:58:45
UHID/MR NO	: IKNP.0000021980	Received	: 21/Nov/2022 18:08:44
Visit ID	: IKNP0050882223	Reported	: 21/Nov/2022 18:10:23
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. Interval	Method
Glucose PP <i>Sample: Plasma After Meal</i>	126.60	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.



Dr. Seema Nagar(MD Path)





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Patient Name	: Mr.UTSAV SAXENA	Registered On	: 20/Nov/2022 11:16:07
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Visit ID	: IKNP0050882223	Reported	: 20/Nov/2022 19:18:29
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Blo. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	114	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 management.

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

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

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

Clinical Implications:

*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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

*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	7.00	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.87	mg/dl	0.7-1.3	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.90	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	20.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	27.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.08	gm/dl	6.2-8.0	BIRUET
Albumin	4.61	gm/dl	3.8-5.4	B.C.G.
Globulin	2.47	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.87		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	112.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.57	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.34	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	229.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	78.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	106	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	45.00	mg/dl	10-33	CALCULATED
Triglycerides	225.00	mg/dl	< 150 Normal	GPO-PAP



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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150-199 Borderline High
200-499 High
>500 Very High



Anupam

Dr. Anupam Singh
M.B.B.S., M.D. (Pathology)





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Age/Gender	: 33 Y 3 M 8 D /M	Collected	: 20/Nov/2022 11:48:45
UHID/MR NO	: IKNP.0000021980	Received	: 20/Nov/2022 18:43:49
Visit ID	: IKNP0050882223	Reported	: 20/Nov/2022 19:08:13
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
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URINE EXAMINATION, ROUTINE **, Urine

Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Neutral (7.0)			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	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



Dr. Shoaib Irfan (MBBS, MD, PDCC)





INDRA DIAGNOSTIC CENTRE

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CIN : U85110DL2003LC308206



Patient Name	: Mr.UTSAV SAXENA	Registered On	: 20/Nov/2022 11:16:06
Age/Gender	: 33 Y 3 M 8 D /M	Collected	: 20/Nov/2022 11:48:45
UHID/MR NO	: IKNP.0000021980	Received	: 20/Nov/2022 18:43:49
Visit ID	: IKNP0050882223	Reported	: 21/Nov/2022 11:56:56
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
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STOOL, ROUTINE EXAMINATION **, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



Dr. Shoalb Irfan (MBBS, MD, PDCC)





INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000021980	Received	: 20/Nov/2022 18:43:49
Visit ID	: IKNP0050882223	Reported	: 20/Nov/2022 18:51:59
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
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SUGAR, FASTING STAGE **, Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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UHID/MR NO	: IKNP.0000021980	Received	: 21/Nov/2022 18:08:38
Visit ID	: IKNP0050882223	Reported	: 21/Nov/2022 18:10:43
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
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

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Visit ID	: IKNP0050882223	Reported	: 20/Nov/2022 19:15:28
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
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THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	95.36	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.54	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/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 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	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.



Dr. Anupam Singh
M.B.B.S., M.D. (Pathology)





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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

() Test Performed at Chandan Speciality Lab.**

Result/s to Follow:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

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.

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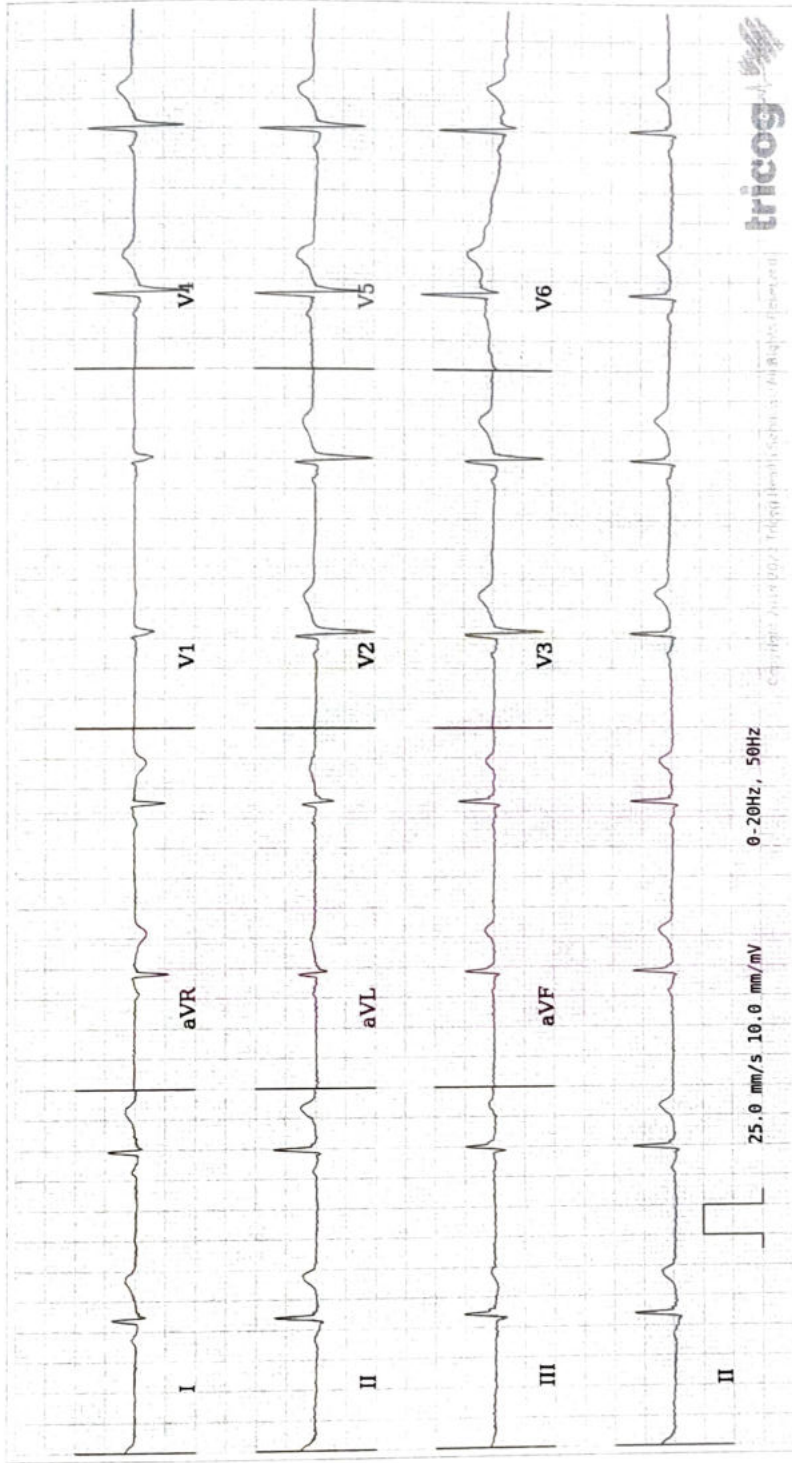
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Chandan Diagnostic

Age / Gender: 33/Male
Date and Time: 20th Nov 22 1:19 PM
Patient ID: IKNP0050882223
Patient Name: Mr.UTSAV SAXENA



AR: 53bpm VR: 53bpm QRSd: 84ms QT: 406ms QTc: 380ms P-R-T: 13° 60° 43°
P-R-T: 13° 60° 43°

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

AUTHORIZED BY

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MD, DM, Cardiology
61382

REPORTED BY

Dr. Muhammad Zakriya
KMC 11043

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.



DR. A.K. GUPTA

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ASHMEE CARE

**ULTRASOUND
&
CARDIO CENTRE**

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

NAME OF PATIENT: MR.UTSAV SAXENA

AGE: 33 SEX: M

REF.BY: DR. I.D.C

DATE: 20-11-2022

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS ENLARGED WITH FATTY CHANGES GRADE 1ST NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : 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** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : 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 CALCULUS/HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : SPLEEN IS NORMAL IN SIZE 121. 1MM .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.RESIDUAL URINE VOLUME 4 ML
- PROSTATE** : PROSTATE IS NORMAL IN SIZE WEIGHT 14.2GMS
- IMPRESSION** : HEPATOMEGALY WITH FATTY CHANGES GRADE 1ST

SONOLOGIST



PNDT Registration No- PNDT/REG/94/2012

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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.

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