

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	VIVEK KUMAR
जन्म की तारीख	29-10-1983
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	02-03-2024
बुकिंग संदर्भ सं.	23M168382100094968S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. BARANWAL PRITI
कर्मचारी की क.कू.संख्या	168382
कर्मचारी का पद	CREDIT
कर्मचारी के कार्य का स्थान	VADODARA, DARBAR CHOWKDI
कर्मचारी के जन्म की तारीख	10-10-1983

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 29-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)
मानव संसाधन प्रबंधन विभाग
बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

भारत सरकार
Government of India

विवेक कुमार
Vivek Kumar

जन्म तिथि / DOB : 29/10/1983

पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).**

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मेरा आधार, मेरी पहचान

Aadhaar No. Issued: 06/10/2013



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: दवारा, अशोक कुमार वर्मा, 22/18एफ/1बी,
कंधईपुर धूमनगंज, इलाहाबाद, प्रयागराज, उत्तर
प्रदेश, 211011

Address: C/O: Ashok Kumar Varma,
22/18F/1B, Kandhaipur, Dhoomanganj,
Allahabad, PO: Dhoomanganj,
DIST: Prayagraj, Uttar Pradesh, 211011

Details as on 02/12/2023



2633 3713 6192

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help@uidai.gov.in

www.uidai.gov.in



CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.VIVEK KUMAR	Registered On	: 03/Mar/2024 10:39:38
Age/Gender	: 40 Y 4 M 4 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000135938	Received	: N/A
Visit ID	: ALDP0382392324	Reported	: 04/Mar/2024 15:42:41
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG/ EKG *

1. Machnism, Rhythm	Sinus, Regular
2. Atrial Rate	69 /mt
3. Ventricular Rate	69 /mt
4. P - Wave	Normal
5. P R Interval	Normal
6. Q R S	Axis : Normal R/S Ratio : Normal Configuration : Normal
7. Q T c Interval	Normal
8. S - T Segment	Normal
9. T - Wave	Normal

FINAL IMPRESSION

Abnormal: Sinus Rhythm, Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.


Dr. R K VERMA
MBBS, PGDGM





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Patient Name	: Mr.VIVEK KUMAR	Registered On	: 03/Mar/2024 10:39:36
Age/Gender	: 40 Y 4 M 4 D /M	Collected	: 03/Mar/2024 10:49:20
UHID/MR NO	: ALDP.0000135938	Received	: 03/Mar/2024 11:46:27
Visit ID	: ALDP0382392324	Reported	: 03/Mar/2024 13:06:41
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	14.80	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)	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	4.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT)	44.00	%	40-54	
Platelet count				
Platelet Count	1.63	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.05	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.00	fL	80-100	CALCULATED PARAMETER
MCH	29.30	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,864.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	276.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)





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Visit ID	: ALDP0382392324	Reported	: 03/Mar/2024 14:00:44
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING* , Plasma

Glucose Fasting	106.20	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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C)* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	44.40	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	132	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





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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*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 VARIANT II TURBO 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 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	11.58	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample: Serum	1.20	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample: Serum	8.49	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	66.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	93.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	48.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	8.60	gm/dl	6.2-8.0	BIURET
Albumin	4.50	gm/dl	3.4-5.4	B.C.G.
Globulin	4.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.10		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	111.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	203.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	110	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	30.18	mg/dl	10-33	CALCULATED
Triglycerides	150.90	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr.Akanksha Singh (MD Pathology)





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Patient Name	: Mr.VIVEK KUMAR	Registered On	: 03/Mar/2024 10:39:37
Age/Gender	: 40 Y 4 M 4 D /M	Collected	: 03/Mar/2024 13:39:07
UHID/MR NO	: ALDP.0000135938	Received	: 03/Mar/2024 14:11:09
Visit ID	: ALDP0382392324	Reported	: 03/Mar/2024 15:04:47
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE* , Urine

Color	DARK YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%
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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

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



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Dr.Akanksha Singh (MD Pathology)





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Age/Gender	: 40 Y 4 M 4 D /M	Collected	: 03/Mar/2024 10:49:20
UHID/MR NO	: ALDP.0000135938	Received	: 04/Mar/2024 09:23:29
Visit ID	: ALDP0382392324	Reported	: 04/Mar/2024 11:20:13
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample: Serum	1.35	ng/mL	<4.1	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)





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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	204.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.400	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.

AS

Dr.Akanksha Singh (MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110DL2003PLC308206



Patient Name	: Mr.VIVEK KUMAR	Registered On	: 03/Mar/2024 10:39:38
Age/Gender	: 40 Y 4 M 4 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000135938	Received	: N/A
Visit ID	: ALDP0382392324	Reported	: 03/Mar/2024 13:42:47
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

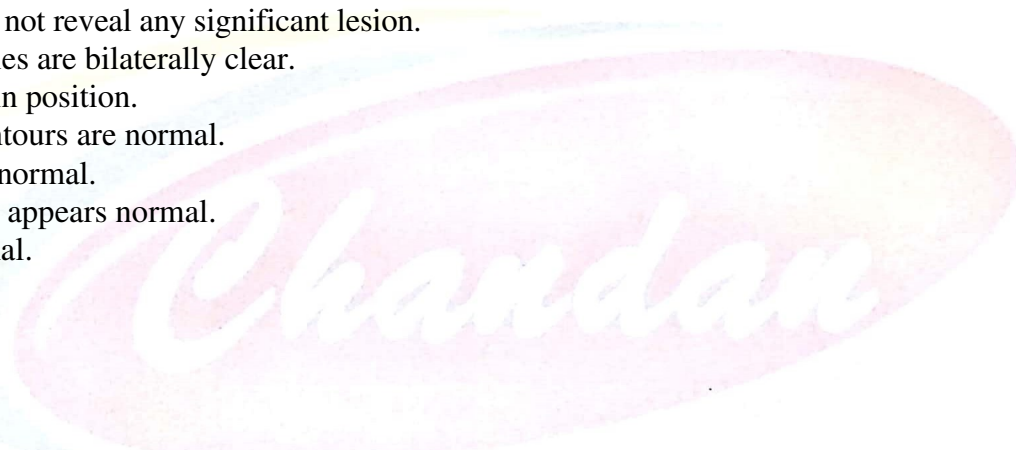
X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)
CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.



K N Singh

DR K N SINGH (MBBS,DMRE)





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Visit ID	: ALDP0382392324	Reported	: 03/Mar/2024 11:57:12
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (13.3 cm), shape and **shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I / II fatty changes.** No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size , shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.1 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE :- Normal in size (3.4 x 2.7 x 2.4 cm vol - 12.1 cc), shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : Grade I / II fatty liver.

Please correlate clinically

DR K N SINGH (MBBS,DMRE)





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Patient Name	: Mr.VIVEK KUMAR	Registered On	: 03/Mar/2024 10:39:39
Age/Gender	: 40 Y 4 M 4 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000135938	Received	: N/A
Visit ID	: ALDP0382392324	Reported	: 04/Mar/2024 15:45:37
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT) *

NORMAL

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE




Dr. R K VERMA
MBBS, PGDGM

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

