

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. PATHAK DEVINDER KUMAR
EC NO.	61399
DESIGNATION	UNIVERSAL TELLER
PLACE OF WORK	RAMGANJ
BIRTHDATE	07-07-1964
PROPOSED DATE OF HEALTH CHECKUP	23-04-2022
BOOKING REFERENCE NO.	22J61399100018104E

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 **20-04-2022** 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  
GOVERNMENT OF INDIA



देवेन्द्र कुमार पाठक  
Devendra Kumar Pathak  
जन्म तिथि/DOB: 07/07/1964  
पुरुष / MALE



6503 5551 4431

आधार-आम आदमी का अधिकार

सम्पत्तिका  
815299  
E.C.N. - 61399



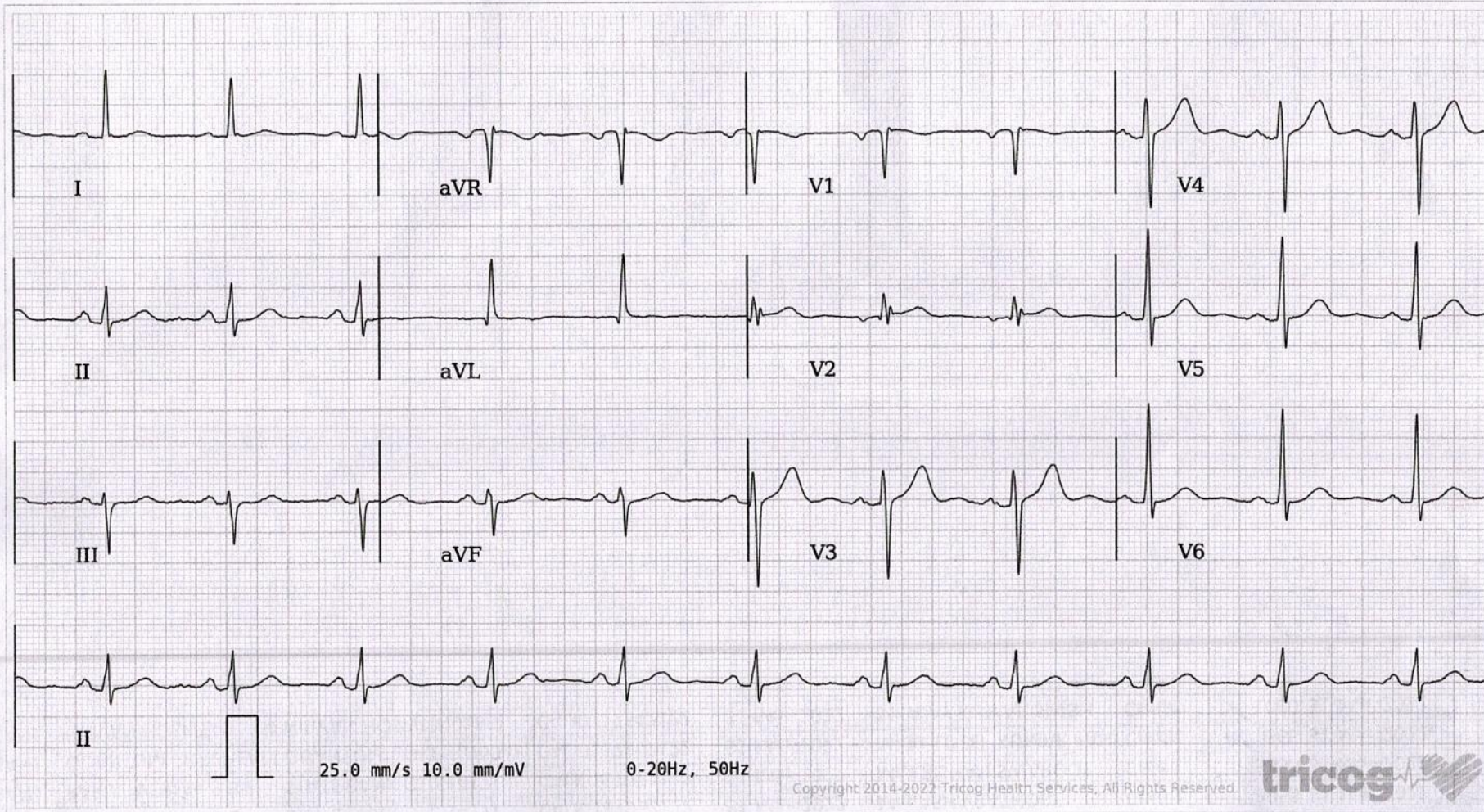


Age / Gender: 57/Male

Date and Time: 23rd Apr 22 11:28 AM

Patient ID: idcd0022752223

Patient Name: Mr.DEVENDRA KUMAR PATHAK



AR: 70bpm VR: 70bpm QRSD: 88ms QT: 396ms QTc: 427ms PRI: 174ms P-R-T: 67° -11° 54°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Divya N

95602





# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643,7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:23
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: 23/Apr/2022 10:32:43
UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 16:00:36
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 17:31:07
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	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \*\*, Whole Blood

Haemoglobin	14.70	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
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TLC (WBC)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	57.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	14.00	Mm for 1st hr.
Corrected	8.00	Mm for 1st hr. <9
PCV (HCT)	44.00	cc % 40-54

#### Platelet count

Platelet Count	2.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	33.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.94	Mill./cu mm	4.2-5.5	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
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	85.40	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	34.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,648.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	192.00	/cu mm	40-440	



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





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Ph: 7706041643,7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:24
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: 23/Apr/2022 14:36:00
UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 16:05:18
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 16:49:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## 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	109.20	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample:Plasma After Meal

176.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



Dr. Shoaib Irfan (MBBS, MD, PDCC)





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Age/Gender	: 57 Y 9 M 16 D /M	Collected	: 23/Apr/2022 10:32:43
UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 13:29:58
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 14:16:01
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	43.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	128	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 1diabetics. 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.







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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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#### 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.



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







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UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 12:09:23
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 14:51:13
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen)</b> <i>Sample:Serum</i>	8.53	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.88	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	89.30	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	5.44	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	29.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	22.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	<b>51.80</b>	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.91	gm/dl	6.2-8.0	BIRUET
Albumin	4.12	gm/dl	3.8-5.4	B.C.G.
Globulin	2.79	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.48		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.41	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.45	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.25	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	115.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	33.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	43	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>38.44</b>	mg/dl	10-33	CALCULATED
Triglycerides	192.20	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:24
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: 23/Apr/2022 10:32:43
UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 12:09:23
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 14:51:13
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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



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Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:24
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: 23/Apr/2022 12:20:28
UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 16:02:44
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 16:18:08
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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			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			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



  
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M.B.B.S.,M.D.(Pathology)





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Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:24
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: 23/Apr/2022 14:39:04
UHID/MR NO	: IDCD.0000140672	Received	: 23/Apr/2022 14:59:37
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 15:47:48
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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#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

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

#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
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#### Interpretation:

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



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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 ** <i>Sample:Serum</i>	0.700	ng/mL	< 3.0	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.

#### THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	126.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.87	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.





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Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 14:33:40
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

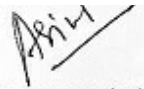
## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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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Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:25
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: N/A
UHID/MR NO	: IDCD.0000140672	Received	: N/A
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 12:37:44
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 \*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION :

- **N O R M A L   S K I A G R A M**



Dr. Anil Kumar Verma  
(MBBS,DMRD)





# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643, 7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mr.DEVENDRA KUMAR PATHAK	Registered On	: 23/Apr/2022 10:14:25
Age/Gender	: 57 Y 9 M 16 D /M	Collected	: N/A
UHID/MR NO	: IDCD.0000140672	Received	: N/A
Visit ID	: IDCD0022752223	Reported	: 23/Apr/2022 12:06:51
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

- Liver is mildly enlarged in size (~ 158 mm) with grade-II fatty changes. (Adv:- LFT correlation)
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

##### GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

##### KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Atleast four small concretions seen at mid & lower polar region of right kidney.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

##### SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

##### LYMPH NODES

- No significant lymph node noted.





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### URINARY BLADDER

- Urinary bladder is partially distended. Bladder wall is normal in thickness and is regular.
- **Pre void urine volume is ~ 100 cc.**
- **Post void residual urine volume is ~ 14 cc.**

#### PROSTATE

- **Prostate is enlarged in size & measures ~ 44 x 43 x 40 mm, weight ~ 39.2 grams with median lobe indenting bladder base. (Adv:- Serum PSA correlation)**

#### HRS finding:-

- **Gas filled bowel loops seen in right side of abdomen.**
- Possibility of bowel pathology can't be ruled out.

#### IMPRESSION

- **Mild hepatomegaly with grade-II fatty changes in liver. (Adv:- LFT correlation)**
- **Prostatomegaly with post void residual urine volume of ~ 14 cc. (Adv:- Serum PSA correlation)**

Typed by- shanaya

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

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

**(\*\*) Test Performed at Chandan Speciality Lab.**

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)



Dr. Anil Kumar Verma  
(MBBS, DMRD)

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

Page 14 of 14



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