



## 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                            | MS PRASAD REEMA      |
| EC NO                           | 54405                |
| DESIGNATION                     | HEAD CASHIER "E" _II |
| PLACE OF WORK                   | DHANBAD              |
| BIRTHDATE                       | 12-03-1964           |
| PROPOSED DATE OF HEALTH CHECKUP | 22-04-2023           |
| BOOKING REFERENCE NO.           | 23J54465100057850E   |

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 **13-04-2023** till **31-03-2024**. 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



Issue Date: 24.07.2011



नाम / Name  
**Hoema Prasad**  
जन्म तिथि / DOB: 12/09/1964  
लिंग / Gender

4864 3835 6184

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

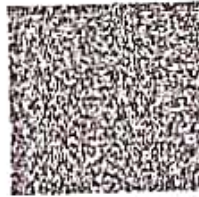
Unique Identification Authority of India



Print Date: 22.03.2011

पता: W/O अजीत कुमार, सी.ओ.एम.एफ.आर. गेट के सामने, शिवा  
वाटिका, सूर्य विहार कॉलोनी, धनबाद, धनबाद, झारखण्ड, 826001

Address: W/O Aji Kumar, OPP. C.I.M.F.R  
GATE, BEEMA VATIKA, SURYA VIHAR  
COLONY, DHANBAD, Dhanbad, Jharkhand,  
826001



4864 3835 6184



1947



help@uidai.gov.in



www.uidai.gov.in



Regd. No. : MAY23-93502 Visit : OPD/50523/15931  
 Patient Name : MRS. REEMA PRASAD Mobile : 9931115513  
 Age/Sex : 59 Y 1 M 0 D / Female Date : 5-May-2023 12:53 pm  
 Address : REEMA VATIKA, SURYA VIHAR COLONY, DHANBAD - 826001, Jharkhand, INDIA  
 Doctor : Dr. Uday Shankar MBS, MD, D. Cardio., FCCS OPD Timing : MON-SAT (10AM - 2PM)

Referred By :

Allergies : Height : Ft In Temp. : 77.5 F SPO2 : 95 %  
 Weight : 70 Kg Pulse : 82 BPM B.P. : 160/100 mm/Hg

History and complaints :

Type II DM (+) - uncontrolled  
 HTN (+)

Examination:

Asymptomatic.

Diagnosis:

Wb A1C - 9.8  
 Creat - 1.5

Medicines Prescribed:

- T. Gema 1 DS OD BBF 1 →
- T. Telisk 40, OD 1 →
- T. Cilaca 10, OD 1 →

Investigations:

FAs  
 PPDS.

Follow up:

Days

Advice  
 (Diet/ Lifestyle / Rehab)

Date :

Time :



Signature of Doctor

\*This document is not valid for Medico-Legal purposes.







# असर्फी हॉस्पिटल

सबके लिए स्वास्थ्य

## OUT PATIENT DEPARTMENT

Department of Obstetrics & Gynaecology

Regd No. : MAY23-53502 Visit : OPD/50523/15841  
 Patient Name : MRS. REEMA PRASAD Mobile : 9931115513  
 Age/Sex : 59 Y 1 M 0 D / Female Date : 5-May-2023 10:30 am  
 Address : REEMA VATIKA, SURYA VIHAR COLONY, DHANBAD - 826001, Jharkhand, INDIA  
 Doctor : Dr. Nupur MGBS (RIMS), MS (Obs. & Gynae.) (LJMC, New Delhi) OPD Timing :  
 Referred By :

Allergies :  
 Height : Ft In Temp : 73.5 C SPO2 : 95 %  
 Weight : 70 Kg Pulse : 72 BPM B.P. : 160/100 mm/Hg

History and complaints :  
 59 yr / Post menopause (syndrome).

Examination:  
 - c/o Constipation  
 - c/o Pain abdomen.

Diagnosis:  
 - c/o skin moisture  
 - Constipation delay

Investigations:  
 Lipid Profile  
 TGL - 185  
 HDL - 102  
 FBS - 106  
 HbA1c - 9.8  
 USG/A - Ad 1 fully lined

Medicines Prescribed:  
 Adv  
 → Syrup Duphalac 10ml us (DS)  
 Medicine refer for DM/HTN  
 → Geminal D3 1+50D → Cont  
 → Blood & report

| Follow up: | Days | Advice (Diet/ Lifestyle / Rehab) |
|------------|------|----------------------------------|
| Date :     |      |                                  |
| Time :     |      |                                  |

Signature of Doctor

\*This document is not valid for Medico-Legal purposes.



# असर्फी हॉस्पिटल

## सबके लिए स्वास्थ्य

### OUT PATIENT DEPARTMENT

Department of Dental Sci. & Maxillo Facial Surgery

Mediwheel

Regd. No. : MAY23-53502 Visit : OPD/50523/15835  
 Patient Name : MRS. REEMA PRASAD Mobile : 9931115513  
 Age/Sex : 59 Y 1 M 0 D / Female Date : 5-May-2023 10:19 am  
 Address : REEMA VATIKA , SURYA VIHAR COLONY , DHANBAD - 826001 , Jharkhand , INDIA  
 Doctor : Dr. Urmi Agarwal MDS (Dental Surgeon) OPD Timing :  
 Referred By :

Allergies : Height : Ft In Temp. : 97.5 C SPO2 : 95 %  
 Weight : 70 Kg Pulse : 82 BPM B.P. : 160/100 mm/Hg

History and complaints :  
 Pt came for general check up :

Examination:  
 Full mouth prosthesis .

Diagnosis:  
 CGG .

Investigations:

Medicines Prescribed:

JOPG

R - ① PROXA BRUSH (ANS) - ①  
 C to be use regular before bed .



Follow up: 15 Days  
 Date : 19/05/23  
 Time :

Advice (Diet/ Lifestyle / Rehab)

Adv ① lukewarm saline rinse  
 3-4 times daily

Signature of Doctor  
 5/5/23

\*This document is not valid for Medico-Legal purposes.





## RADIOLOGY REPORT

| Patient Information |                  |             |             |
|---------------------|------------------|-------------|-------------|
| Patient Name        | MRS REEMA PRASAD | Patient ID  | 53502       |
| Age   Gender        | 59Y/FEMALE       | Scan Date   | MAY 05 2023 |
| Referring Doctor    | DR SELF          | Report Date | MAY 05 2023 |

### CHEST

Trachea and mediastinum central.

Heart Shadow enlarged.

Both diaphragm are of equal height and normal in shape.

Left hilum prominent.

Right lung field clear.

Right Cp indistinct.

*Homogeneous opacity left lower zone with blunting of Cp angle. ? Consolidation with pleural effusion*

**Impression. Cardiomegaly with Consilidation left and . ? Pleural effusion**

**Advised USG for both Cp angles and Abdomen.**

*R. K. Airon*

**Dr. R. K. Airon**

MD Radiodiagnosis (HN-008701/77)

Consultant Radiologist

MRS REEMA PRASAD 59Y/F DR SELF | 1

**24 HOUR EMERGENCY**

© AHL/D/0070/4115/March/23



**"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"**



59 Years

MRS REENA PRASAD  
Female

05-May-23 12:29:23

ASARFI INST. OF CARDIAC SCIENCES

|      |     |  |                                  |        |
|------|-----|--|----------------------------------|--------|
| Rate | 72  | . Sinus rhythm.....                            | normal P axis, V-rate            | 50- 99 |
| PR   | 149 | . Probable left atrial enlargement.....        | P >50ms, <-0.10mV V1             |        |
| QRSD | 115 | . LVE with IVCD and secondary repol abnrm..... | multi-criteria, wQRSd, abnr ST-T |        |
| QT   | 453 | . Borderline prolonged QT interval.....        | QTc >485ms                       |        |
| QTc  | 496 |  |                                  |        |

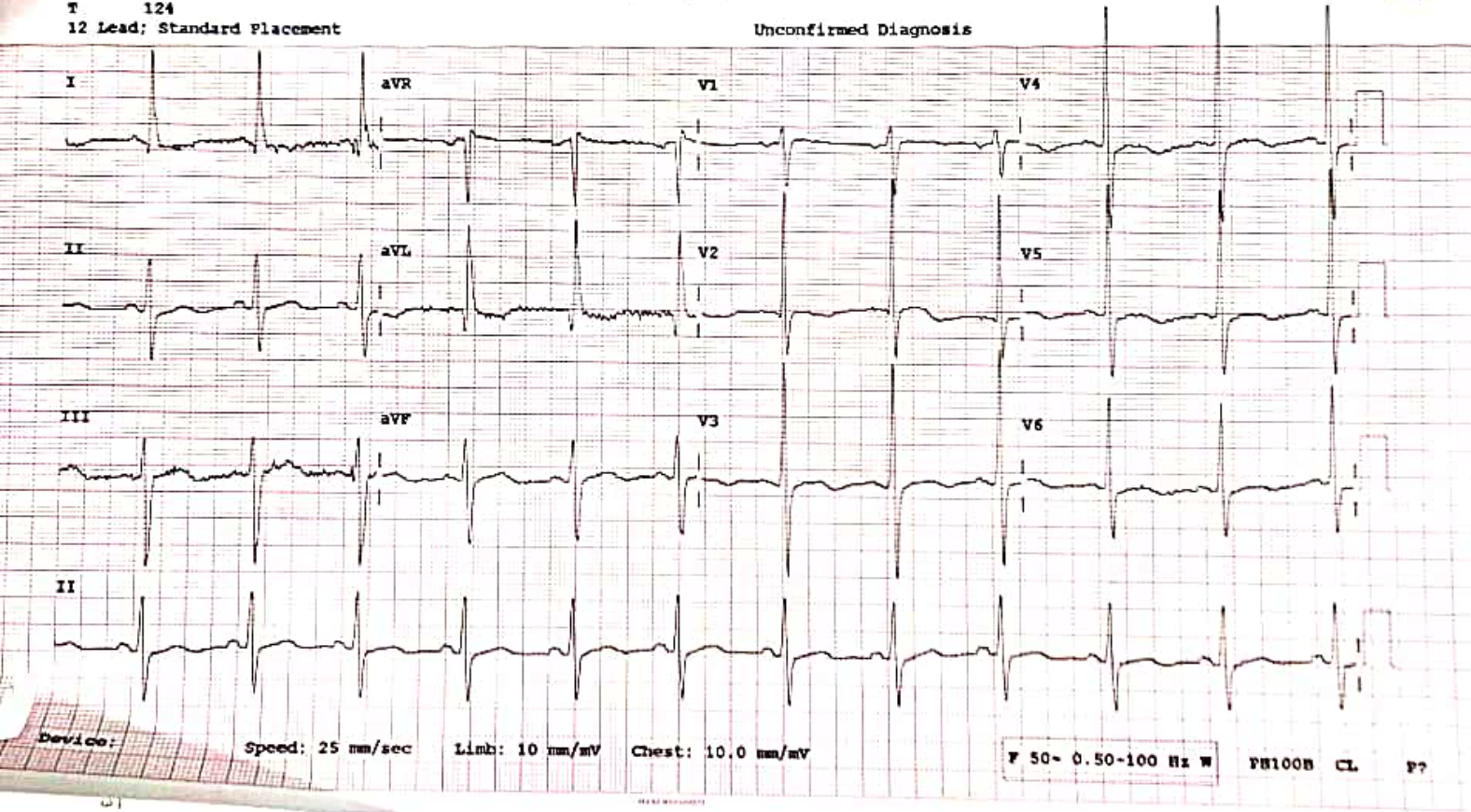
--AXIS--

|     |     |
|-----|-----|
| P   | 43  |
| QRS | -25 |
| T   | 124 |

- ABNORMAL ECG -

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W PH100B CL P?





## RADIOLOGY REPORT

|           |                   |          |                  |
|-----------|-------------------|----------|------------------|
| Reg. No.  | 53502             | Ref. Dr. | SELF             |
| Name      | MRS. REEMA PRASAD | Study    | USG BOTH BREASTS |
| Age & Sex | 59Y /F            | Date     | 05.05.2023       |

### USG BOTH BREASTS

#### Technique

Ultrasonography of both breasts was done using a high frequency linear transducer.

#### Observation

H/o right mastectomy for carcinoma breast.

The left breast shows mixed fatty and fibroglandular parenchyma.

There is no evidence of any solid mass or cystic lesion in the left breast.

The left nipple and retroareolar region appear unremarkable.

No evidence of architectural distortion is seen.

No significant axillary lymph nodes are seen.

#### IMPRESSION -

- No significant abnormality detected.



Dr. VAISHALI PATEL  
MBBS, DNB (Radio-diagnosis)  
Consultant Radiologist



24 HOUR EMERGENCY

© AHU/D/0070/4115/March/23

KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL



## RADIOLOGY REPORT

|           |                   |                |                   |
|-----------|-------------------|----------------|-------------------|
| Reg. No.  | 53502             | Ref. Dr.       | SELF              |
| Name      | MRS. REEMA PRASAD | Study          | USG WHOLE ABDOMEN |
| Age & Sex | 59Y /F            | Reporting Date | 05.05.2023        |

### USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size & shape. It appears bright in echotexture. No obvious focal lesion is seen. IIRB are not dilated.
- GALL BLADDER** : Past cholecystectomy status.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is normal in shape, size & echotexture. It measures 10.4cm in size.
- KIDNEYS** : The right kidney measures 9.9 x 4.6cm. The left kidney measures 9.5 x 4.7cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- UTERUS & OVARIES** : Uterus shows postmenopausal atrophy. Endometrium is thin. No adnexal mass is seen.
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** :
  - **Grade I diffuse fatty infiltration of liver.**



**Dr. VAISHALI PATEL**  
MBBS, DNB (Radio-diagnosis)  
Consultant Radiologist



### ECHOCARDIOGRAPHY REPORT



Name: MRS REEMA PRABAD

Age: 69

Sex: Female

Date: 05/06/2023

#### 2D & M MODE MEASUREMENTS

|         |        |
|---------|--------|
| LA Diam | 3.8 cm |
| Ao Diam | 2.8 cm |
| IVSd    | 1.4 cm |
| LVIDd   | 4.8 cm |
| LVPWd   | 1.2 cm |
| IVTs    | 1.6 cm |
| LVIDs   | 3.2 cm |

#### 2D & M MODE CALCULATIONS

|          |          |
|----------|----------|
| EDV(Lch) | 106 ml   |
| ESV(Lch) | 40 ml    |
| EF(Lch)  | 62%      |
| %FS      | 33%      |
| SV(Lch)  | 65 ml    |
| LVI Mass | 277.50 g |
| HWI      | 0.49     |

#### MITRAL VALVE

|              |          |
|--------------|----------|
| MV E Vel     | 0.85 m/s |
| MV DecT      | 227 ms   |
| MV Dec Slope | 3.8 m/s* |
| MV A Vel     | 1.14 m/s |
| MV E/A Ratio | 0.75     |
| E'           | 0.06 m/s |
| E/E'         | 14.00    |

#### AORTIC VALVE

|          |            |
|----------|------------|
| AV Vmax  | 2.60 m/s   |
| AV maxPG | 15.94 mmHg |

#### TRICUSPID VALVE

|          |           |
|----------|-----------|
| PV Vmax  | 1.17 m/s  |
| PV maxPG | 5.47 mmHg |

#### COMMENTS:

- MILD CONCENTRIC LVH
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-65%)
- GRADE I DIASTOLIC DYSFUNCTION
- NO MR, AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

#### IMPRESSION:

- MILD CONCENTRIC LVH
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-65%)
- GRADE I DIASTOLIC DYSFUNCTION

DR B H CHAVAN  
(CONSULTANT CARDIOLOGIST)

TECH. 810



Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Mediwheel



Collection Time : 05-05-2023 9:56 am  
Receiving Time : 05-05-2023 10:16 am  
Reporting Time : 05-05-2023 2:10 pm  
Publish Time : 05-05-2023 2:12 pm

| Test Name                                     | Result     | Flag | Unit  | Reference Range |
|---|------------|------|-------|-----------------|
| <b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b> |            |      |       |                 |
| Method: HPLC / Nephelometry                   |            |      |       |                 |
| HbA1C   | <u>9.8</u> | H    | %     | 4.4-6.2         |
| Estimated average glucose (eAG)               | <u>234</u> |      | mg/dl |                 |

Machine Name: BIO-RAD, D-10 / M:SPA

### Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

### FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | MEASUREMENT | OF HbA1C RESULTS |

Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements | Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) | will falsely lower HbA1c test results | regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c |

\*This Document is not valid for Medico-Legal purposes.

  
DR N N SINGH  
(PATHOLOGIST)

Page 2 of 9

#### Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) (Sample(s)) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory investigations are only test to facilitate in arriving at diagnosis and should be critically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test request(s) might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/clotted/serum etc. (c) Incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unobscured test results please call at +91 9297862282. E-mail: asarfi@gmail.com

**24 HOUR EMERGENCY**

© AHL/D/0068/4068/March /23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"



Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Mediwheel

Collection Time : 05-05-2023 9:56 am  
Receiving Time : 05-05-2023 10:16 am  
Reporting Time : 05-05-2023 2:10 pm  
Publish Time : 05-05-2023 2:12 pm

| Test Name                      | Result       | Flag | Unit  | Reference Range |
|--------------------------------|--------------|------|-------|-----------------|
| Glucose, PP<br>Method: GOD-POD |              |      |       |                 |
| Glucose, PP                    | <u>225.0</u> | H    | mg/dl | 70-140          |

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine

  
DR N N SINGH  
(PATHOLOGIST)

\*This Document is not valid for Medico-Legal purposes.

Page 3 of 9

**Conditions of Laboratory Testing & Reporting**  
(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/serum etc.) (b) incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (e) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297662282. E-mail- labasarfi@gmail.com

**24 HOUR EMERGENCY**

© AHL/D/0086/4068 March /23

**"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"**





Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Mediwheel



Collection Time : 05-05-2023 9:56 am  
Receiving Time : 05-05-2023 10:16 am  
Reporting Time : 05-05-2023 2:10 pm  
Publish Time : 05-05-2023 2:12 pm

| Test Name                               | Result        | Flag | Unit  | Reference Range |
|---|---------------|------|-------|-----------------|
| <b>Routine Urine Examination; Urine</b> |               |      |       |                 |
| <i>Method: Microscopic</i>              |               |      |       |                 |
| Proliens                                | NEGATIVE      | .    |       |                 |
| Bilirubin                               | NEGATIVE      | .    |       |                 |
| Casts                                   | NOT SEEN      |      | /hpf. |                 |
| Colour                                  | STRAW         | .    |       |                 |
| PH                                      | 8.0           | .    |       |                 |
| Bile Salts                              | XX            | .    |       |                 |
| Epithelial Cells                        | 3-4           |      | /hpf. |                 |
| Appearance                              | SLIGHTLY HAZY | .    |       |                 |
| Glucose                                 | NEGATIVE      | .    |       |                 |
| Ketone Bodies                           | XX            | .    |       |                 |
| Pus Cells                               | 1-2           |      | /hpf. |                 |
| Crystals                                | NOT SEEN      |      | /hpf. |                 |
| Volume                                  | 10            |      | ml.   |                 |
| Specific Gravity                        | 1.005         | .    |       |                 |
| Bile Pigments                           | XX            | .    |       |                 |
| R.B.C.                                  | NIL           |      | /hpf. |                 |

\*This Document is not valid for Medico-Legal purposes.

  
**DR N N SINGH**  
(PATHOLOGIST)

Page 6 of 9

**Condition of Laboratory Testing & Reporting**  
(1) It is presumed that the test(s) performed are on the specimen(s) (Sample) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample. (2) Laboratory investigations are only to facilitate in arriving at diagnosis and should be clinically correlated. (3) Test results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Incomplete/incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexplained test results please call at +91 9297862282. Email- asarfi@gnwv.com





Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Mediwheel



Collection Time : 05-05-2023 9:56 am  
Receiving Time : 05-05-2023 10:16 am  
Reporting Time : 05-05-2023 2:10 pm  
Publish Time : 05-05-2023 2:12 pm

| Test Name                            | Result | Flag | Unit  | Reference Range |
|--------------------------------------|--------|------|-------|-----------------|
| <b>Biochemistry</b>                  |        |      |       |                 |
| <b>Creatinine, Serum</b>             |        |      |       |                 |
| <i>Method: Enzymatic</i>             |        |      |       |                 |
| Creatinine, Serum                    | 0.5    | L    | mg/dl | 0.6-1.4         |
| <i>Machine Name: XL640</i>           |        |      |       |                 |
| <b>Uric Acid, Serum</b>              |        |      |       |                 |
| <i>Method: Enzymatic</i>             |        |      |       |                 |
| Uric Acid, Serum                     | 6.6    |      | mg/dl | 3.4-7.0         |
| <i>Machine Name: XL640</i>           |        |      |       |                 |
| <b>Blood Urea Nitrogen (BUN)</b>     |        |      |       |                 |
| <i>Method: Calculated</i>            |        |      |       |                 |
| Blood Urea Nitrogen (BUN)            | 7.0    |      | mg/dl | 07-21           |
| <i>Machine Name: XL640</i>           |        |      |       |                 |
| <b>Fasting Blood Glucose, Plasma</b> |        |      |       |                 |
| <i>Method: GOD-POD</i>               |        |      |       |                 |
| Fasting Blood Glucose, Plasma        | 186.7  | H    | mg/dl | 70-110          |
| <i>Machine Name: XL640</i>           |        |      |       |                 |
| <b>LIPID PROFILE, SERUM</b>          |        |      |       |                 |
| <i>Method: Spectrophotometry</i>     |        |      |       |                 |
| <i>Machine Name: XL640</i>           |        |      |       |                 |
| Cholesterol, Total (CHOD/PAP)        | 120.0  |      | mg/dl | 0-200           |
| Triglycerides (Enzymatic)            | 185.0  | H    | mg/dl | 0-150           |
| HDL Cholesterol (Enzymatic)          | 48.0   |      | mg/dl | 0-50            |
| LDL Cholesterol (Calculated)         | 35.0   |      | mg/dl | 0-100           |
| VLDL Cholesterol (Calculated)        | 37.0   | H    | mg/dl | 0-30            |

\*This Document is not valid for Medico-Legal purposes.

  
DR N N SINGH  
(PATHOLOGIST)

Page 1 of 9

**Conditions of Laboratory Testing & Reporting**  
(1) It is presumed that the tests performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory investigations are only for diagnostic purposes and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolysed/clotted/penic etc. (c) Incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (f) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. E-mail: lab@asarfi@gmail.com

**24 HOUR EMERGENCY**

© AHL/D/0066/406B/March /23

**"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"**

Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Mediwheel



Collection Time: 05-05-2023 9:56 am  
Receiving Time: 05-05-2023 10:16 am  
Reporting Time: 05-05-2023 2:10 pm  
Publish Time: 05-05-2023 2:12 pm

| Test Name                            | Result | Flag | Unit  | Reference Range      |
|--------------------------------------|--------|------|-------|----------------------|
| <b>Liver Function Test (LFT)</b>     |        |      |       |                      |
| Method: Spectrophotometry            |        |      |       | Machine Name: XL-640 |
| Bilirubin Total (Diazo)              | 0.5    |      | mg/dl | 0.3-1.2              |
| Bilirubin Direct (Diazo)             | 0.2    |      | mg/dl | 0.00-0.2             |
| Bilirubin Indirect (Calculated)      | 0.3    |      | mg/dl | 0.00-1.0             |
| SGPT (IFCC without PDP)              | 12.4   |      | U/L   | 7-50                 |
| SGOT (IFCC without PDP)              | 22.3   |      | U/L   | 5-45                 |
| Alkaline Phosphate (PNP AMP Kinetic) | 162.5  |      | U/L   | 70-306               |
| GGT (Enzymatic)                      | 16.9   |      | U/L   | 0-55                 |
| Protein Total (Biuret)               | 6.0    | L    | g/dl  | 6.4-8.3              |
| Albumin (BCG)                        | 3.8    |      | g/dl  | 3.5-5.2              |
| Globulin (Calculated)                | 2.2    | L    | g/dl  | 2.3-3.5              |
| A : G Ratio (Calculated)             | 1.7    |      |       | 0.8-2.0              |

\*This Document is not valid for Medico-Legal purposes.

  
DR N N SINGH  
(PATHOLOGIST)

Page 4 of 9

**Guidelines of Laboratory Testing & Reporting**

(1) It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s). (2) Results of Laboratory Investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Test(s) results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Haemolysed/clotted/leptic etc. (c) incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test may vary from lab to lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9097862282. Email- lab@asarfi@gmail.com



# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramun, Bishnupur Polytechnic, Dhanbad 826 130  
Ph. No.: 7806368888, 9297862782, 9234581514



Collection Time : 05-05-2023 9:56 am  
Receiving Time : 05-05-2023 10:16 am  
Reporting Time : 05-05-2023 2:10 pm  
Publish Time : 05-05-2023 2:12 pm

Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Mediwheel

| Test Name | Result | Flag | Unit | Reference Range |
|-----------|--------|------|------|-----------------|
|-----------|--------|------|------|-----------------|

## Haematology

### BLOOD GROUP, ABO & RH TYPING

Method : Agglutination

|           |          |   |  |     |
|-----------|----------|---|--|-----|
| ABO GROUP | B        | - |  | 0-0 |
| RH TYPING | POSITIVE | - |  | 0-0 |

### ESR (Erythrocyte Sedimentation Rate)

Method : Westergren

|     |    |   |       |      |
|-----|----|---|-------|------|
| ESR | 21 | H | mm/hr | 0-10 |
|-----|----|---|-------|------|

Machine Name: VES-MATIC 20

\*This Document is not valid for Medico-Legal purposes.

DR N N SINGH  
(PATHOLOGIST)

Page 7 of 9

**Guidelines of Laboratory Testing & Reporting**  
(1) It is presumed that the test(s) performed are on the specimen(s), Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the test specimen(s). Sample(s) & necessary investigations are only sent to facilitate in making an diagnosis and should be correctly correlated. (2) These results are not valid for medico-legal purposes. (3) Test requested might not be performed due to various reasons. (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/iced/clotted specimen etc. (c) Incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the name on the test requisition form. (f) The results of the Test may vary from lab to lab and also from time to time for the same patient. (g) The results of a laboratory test are dependent on the quality of the sample as well as the assay technique. (7) In case of queries or unexpected test results please call at +91 9297862782, Email: info@asarfi.com

**24 HOUR EMERGENCY**

© A.H.L.D/0066-4066 March /23

**"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"**






Collection Time: 05-05-2023 9:56 am  
Receiving Time: 05-05-2023 10:16 am  
Reporting Time: 05-05-2023 2:10 pm  
Publish Time: 05-05-2023 2:12 pm

Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-S3502  
Pat. Type : Medlwheel

| Test Name                         | Result | Flag                        | Unit                    | Reference Range |
|-----------------------------------|--------|-----------------------------|-------------------------|-----------------|
| <b>Complete Blood Count (CBC)</b> |        |                             |                         |                 |
| Method: Electronical Impedence    |        | Machine Name: Sysmex 6 part |                         |                 |
| Hemoglobin                        | 11.8   | L                           | g/dl                    | 13-18           |
| Total Leukocyte Count (TLC)       | 8,300  |                             | /cu-mm                  | 4000-11000      |
| PCV                               | 35.3   | L                           | %                       | 40-50           |
| MCH                               | 27.9   |                             | Pg                      | 27-31           |
| MCHC                              | 33.4   |                             | g/dl                    | 31.5-35.5       |
| Red Cell Distribution Width (RDW) | 14.6   | H                           | %                       | 11.6-14         |
| Neutrophils                       | 51     | L                           | %                       | 55-75           |
| Lymphocytes                       | 39     | H                           | %                       | 15-30           |
| Eosinophils                       | 06     |                             | %                       | 1-6             |
| Monocytes                         | 04     |                             | %                       | 2-10            |
| Basophils                         | 00     |                             | %                       | 0-1             |
| RBC Count                         | 4.23   | L                           | million/mm <sup>3</sup> | 4.5-5.5         |
| Mean Corpuscular Volume (MCV)     | 27.9   | L                           | fL                      | 83-101          |
| Platelet Count                    | 1.36   | L                           | lakhs/cumm              | 1.5-4.5         |

\*This Document is not valid for Medico-Legal purposes.

  
DR N N SINGH  
(PATHOLOGIST)

Page 8 of 9

**Consent of Laboratory Testing & Reporting**

(1) It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/Sample(s). (2) A laboratory investigation is only a tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/collected/spenic etc. (c) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email: labasarfi@gnml.com



# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishnupur Polytechnic, Dhanbad B28 130  
Ph. No.: 7808368888, 9297862282, 9234681514



Name : MRS. REEMA PRASAD  
Age / Sex : 59 Yrs / Female  
Doctor :  
Reg. No. : MAY23-53502  
Pat. Type : Medlwheel



Collection Time : 05-05-2023 9:56 am  
Receiving Time : 05-05-2023 10:16 am  
Reporting Time : 05-05-2023 2:10 pm  
Publish Time : 05-05-2023 2:12 pm

| Test Name                            | Result | Flag                    | Unit   | Reference Range |
|--------------------------------------|--------|-------------------------|--------|-----------------|
| <b>Immunology and Serology</b>       |        |                         |        |                 |
| <b>THYROID PROFILE, TOTAL, SERUM</b> |        |                         |        |                 |
| Method : ECLIA                       |        | Machine Name: Vitros EG |        |                 |
| T3, Total                            | 1.02   |                         | ng/ml  | 0.8-2.0         |
| T4, Total                            | 9.52   |                         | µg/dL  | 5.10-14.10      |
| TSH (Ultrasensitive)                 | 3.97   |                         | mIU/mL | 0.27-4.2        |

### Interpretation:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free, T4 / Free, T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

### CA 125 (Cancer Antigen 125), SERUM

|                |     |                         |      |      |
|----------------|-----|-------------------------|------|------|
| Method : ECLIA |     | Machine Name: Vitros EG |      |      |
| CA -125        | 5.5 |                         | U/mL | <-35 |

### Interpretation:

\*This Document is not valid for Medico-Legal purposes.

DR N N SINGH  
(PATHOLOGIST)

Page 9 of 9

#### Conditions of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Test results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/Clotted/Spasmodic etc. (c) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email: asarfi@gmail.com

24 HOUR EMERGENCY

© AHL/D/0066/4068/March /23

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"