

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY				
NAME	SHASHI BALA RAI			
DATE OF BIRTH	01-07-1975			
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	04-02-2024			
BOOKING REFERENCE NO.	23M112558100084168S			
	SPOUSE DETAILS			
EMPLOYEE NAME	MR. RAI SURESH KUMAR			
EMPLOYEE EC NO.	112558			
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A			
EMPLOYEE PLACE OF WORK	ALLAHABAD,G T B NAGAR			
EMPLOYEE BIRTHDATE	10-09-1973			

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 **15-01-2024** 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's spouse 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.

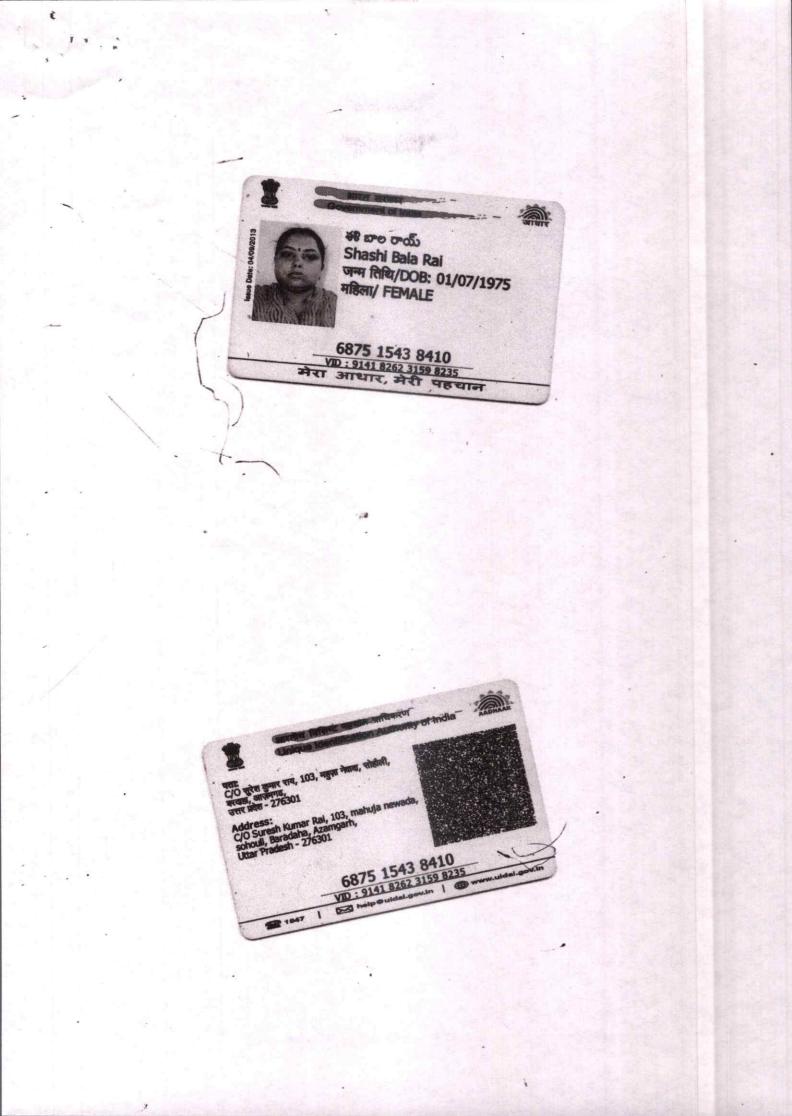
Yours faithfully,

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))







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



Patient Name	: Mrs.SHASHI BALA RAI-112558	Registered On	: 04/Feb/2024 08:20:54
Age/Gender	: 48 Y 7 M 5 D /F	Collected	: 04/Feb/2024 08:44:41
UHID/MR NO	: ALDP.0000089828	Received	: 04/Feb/2024 10:07:03
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 11:48:28
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			- -	
Blood Group (ABO & Rh typing) *, Bl	and			
Blood Group	0			ERYTHROCYTE MAGNETIZED
				TECHNOLOGY / TUBE
				AGGLUTINA
Rh (Anti-D)	POSITIVE	,		ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin	12.70	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl	
		NO YOY	1 Mo- 10.0-18.0 g/dl	
			3-6 Mo- 9.5-13.5 g/dl	
	A Martin		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) <u>DLC</u>	5,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	8.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	, 4 	Mm for 1st hr.		
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.94	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	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 FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	11.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.03	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
MCV	96.10	fl	80-100	CALCULATED PARAMETER
MCH	31.60	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,477.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	432.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)

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Home Sample Collection 1800-419-0002



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



Patient Name	: Mrs.SHASHI BALA RAI-112558	Registered On	: 04/Feb/2024 08:20:56
Age/Gender	: 48 Y 7 M 5 D /F	Collected	: 04/Feb/2024 08:44:41
UHID/MR NO	: ALDP.0000089828	Received	: 04/Feb/2024 10:07:03
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 11:52:03
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	al Method
GLUCOSE FASTING * , Plasma Glucose Fasting	88.50	1	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
Interpretation:	1 1			

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) 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.c) I.G.T = Impared Glucose Tolerance.

Glucose PP * Sample:Plasma After Meal	107.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) 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.c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEM OGLOBIN (HBA1C)*, EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.50	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	mg/dl	

Interpretation:

<u>NOTE</u>:-

- 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 mnagement.









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval	Method
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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 1 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	8.03	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid * Sample:Serum	7.13	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , Serum

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Interva	al Method
SGOT / Aspartate Aminotransferase (AST)	29.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	31.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.90	gm/dl	6.2-8.0	BIURET
Albumin	3.80	gm/dl	3.4-5.4	B.C.G.
Globulin	3.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	106.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	169.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	60.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	66	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
vLDL	42.62	mg/dl	10-33	CALCULATED
Triglycerides	213.10	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	: Mrs.SHASHI BALA RAI-112558	Registered On	: 04/Feb/2024 08:20:55
Age/Gender	: 48 Y 7 M 5 D /F	Collected	: 04/Feb/2024 13:55:33
UHID/MR NO	: ALDP.0000089828	Received	: 04/Feb/2024 14:02:22
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 15:10:20
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
IRINE EXAMINATION, ROUTINE*	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	^{′′} mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
		1 1 1	>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT		and the state of the	
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIDCTICK
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
-				EXAMINATION
Puscells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
Cost	ADCENT			EXAMINATION
Cast	ABSENT			MICDOCCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
				LANNINATION
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT
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gms%

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UHID/MR NO	: ALDP.0000089828	Received	: 04/Feb/2024 14:02:22
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 15:10:20
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Interpretation: (+) < 0.5 (++) 0.5-1.0 (+++) 1-2				
(+++) > 2				
SUGAR, PP STAGE*, Urine				
Sugar, PP Stage	ABSENT			
Interpretation: (+) < 0.5 gms%				

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Dr.Akanksha Singh (MD Pathology)

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



Patient Name	: Mrs.SHASHI BALA RAI-112558	Registered On	: 04/Feb/2024 08:20:56
Age/Gender	: 48 Y 7 M 5 D /F	Collected	: 04/Feb/2024 08:44:41
UHID/MR NO	: ALDP.0000089828	Received	: 04/Feb/2024 10:07:03
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 13:58:19
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	125.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.400	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimeste	r
		0.5-4.6 µIU/	mL Second Trime	ster
		0.8-5.2 μIU/	mL Third Trimeste	er
		0.5-8.9 uIU/	mI Adults	55-87 Years

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.Akanksha Singh (MD Pathology)

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Patient Name	: Mrs.SHASHI BALA RAI-112558	Registered On	: 04/Feb/2024 08:20:57
Age/Gender	: 48 Y 7 M 5 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000089828	Received	: N/A
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 12:58:03
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- 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 correlare clinically.

Icrohilh

DR K N SINGH (MBBS, DMRE)

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



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Age/Gender	: 48 Y 7 M 5 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000089828	Received	: N/A
Visit ID	: ALDP0351192324	Reported	: 04/Feb/2024 09:58:45
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Enlarged in size (17.6 cm), with normal 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 (9.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (10.8 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.

UTERUS :- Anteverted, and is Bulky in size (10.5 x 4.3 x 5.7 cm vol - 139.4 cc). No focal myometrial lesion seen. Endometrium is normal in thickness.

OVARIES :- Bilateral ovaries are normal in size, shape and echogenicity.

ADNEXA :- No obvious adnexal pathology

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

No free fluid is seen in the abdomen/pelvis.

IMPRESSION:

- Mild hepatomegaly with grade I / II fatty liver.
- Bulky uterus.

Please correlate clinically.

*** End Of Report ***

ISO 9001:2015

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Crohh

DR K N SINGH (MBBS, DMRE)

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

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