



### Asarfi Hospital Limited.

Baramuri, P.O.- Bishunpur Polytechnic, Dhanbad (Jharkhand)

Phone : 03262295147 Fax : 08817844529

Email: asarfihospital@hotmail.com



#### Medi Wheel Full Body Health Checkup

Bill No: AHL/Medi Wheel/2024/82

Bill Date : 29.03.2024

TIN NO. 20861605701

#### Patient Details

Registration no :MAR24-80698

Patient Name : MRS. ARCHANA KUMARI

Age : 28 Yrs

Address :KUSUM VIHAR, DHANBAD, JHARKHAND

Gender :FEMALE

Mobile No :8757950547

SL.No.	Service(S) Name	Rate	Quantity	Discount	Total
1	Medi Wheel Full Body Health Checkup Below 40 Years (Package)	1800.00	1	0.00	1800.00
				<b>Total Rs.</b>	<b>1800.00</b>
<b>(Rupees One Thousand Eight Hundred Only)</b>			<b>Net Amount.</b>	<b>1800.00</b>	
<b>Prepared By :</b>			<b>Ms. Tamanna</b>		





पति,

सहस्रचक्र,

Mediwheel (ArcyMed) Healthcare Limited

हेल्पलाइन नंबर: 011-41195050

भटोदरा/ भटोदरा,

विषय: बैंक ऑफ बड़ोदा के कर्मचारियों के ESOP संबंधित प्रमाण पत्र।

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

नाम	सहस्रचक्र कर्मचारी के विवरण
जन्म की तारीख	31-03-2006
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	31-03-2024
बुकिंग संदर्भ सं.	31-03-2024/05/05/05/05
कर्मचारी का नाम	सहस्रचक्र कर्मचारी के विवरण
कर्मचारी की क.संख्या	31-03-2024
कर्मचारी का पद	31-03-2024
कर्मचारी के कार्य का स्थान	31-03-2024
कर्मचारी के जन्म की तारीख	31-03-2024

यह अनुमोदन/ संज्ञापित पत्र सभी बैंक ऑफ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन/ संज्ञापित पत्र 31-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच के अंतर्गत स्वास्थ्य जांच हमारी टाईम पर व्यवस्था के अंतर्गत कर्मचारी की पत्नी/पति की स्वास्थ्य जांच संबंधी प्राथमिकता तथा उच्चतम संसाधन उपलब्धता का उल्लेख अनिवार्य रूप से इस पत्र में किया जाएगा।

हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच सुविधा का लाभ लेने के लिए हमें सूचित करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता का उल्लेख अनिवार्य रूप से इस पत्र में किया जाए।

हम इस संबंध में आपके सहयोग के लिए कृतज्ञ हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रशासन विभाग

बैंक ऑफ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया

Mediwheel (ArcyMed) Healthcare Limited



कर्मचारी के स्वास्थ्य जांच सुविधा का लाभ लेने के लिए हमें सूचित करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता का उल्लेख अनिवार्य रूप से इस पत्र में किया जाए।

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

HJDPK6435C

24072010

नाम / Name  
ARCHANA KUMARI

पिता का नाम / Father's Name  
ANIL KUMAR

जन्म की तारीख /  
Date of Birth  
01/05/1990

*Archana Kumari*  
हस्ताक्षर / Signature



Rate 88 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 PR 176 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 QRS 74 . Consider right atrial enlargement.....P >0.24mV limb lead  
 QT 334 . Abnormal R-wave progression, early transition.....QRS area>0 in V2  
 QTc 404

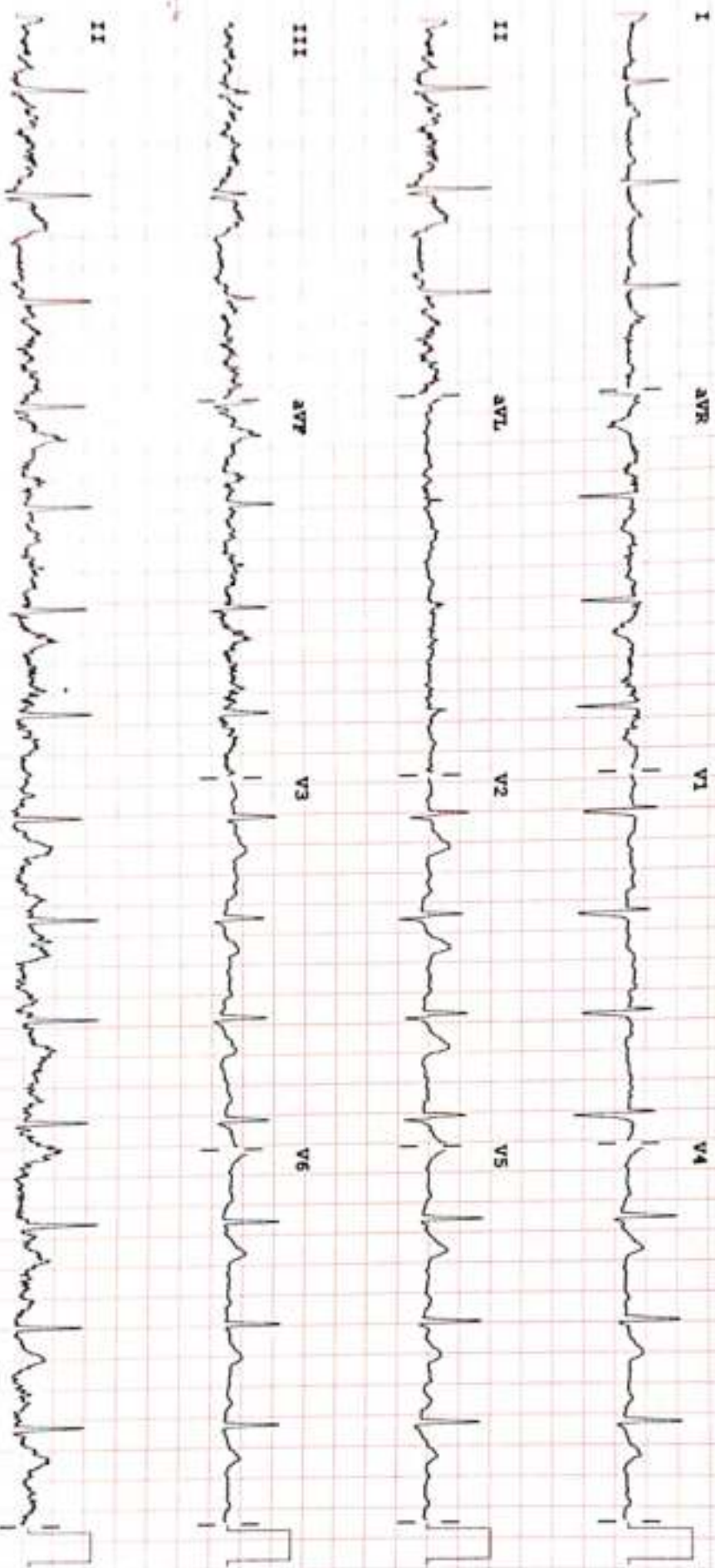
--AXIS--

P 69  
 QRS 60  
 T 54

- OTHERWISE NORMAL ECG -

12 lead: Standard Placement

Unconfirmed Diagnosis



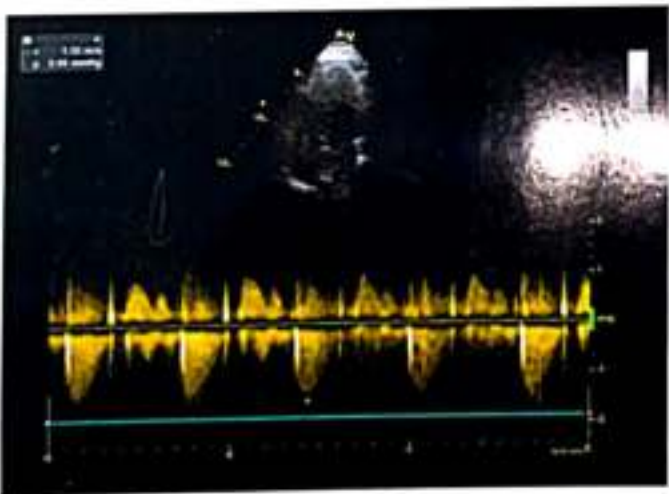
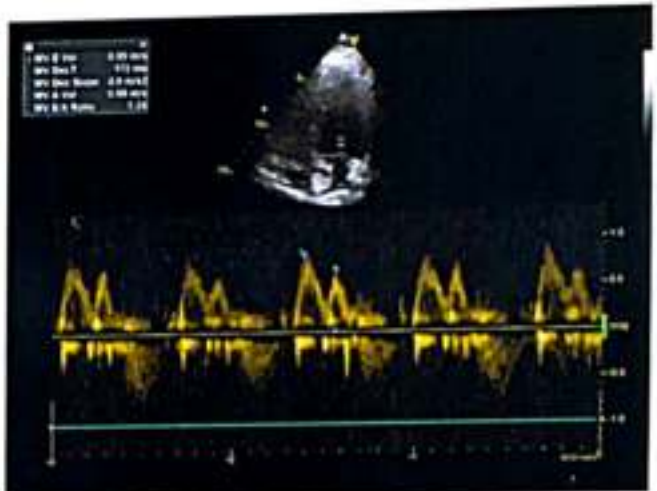
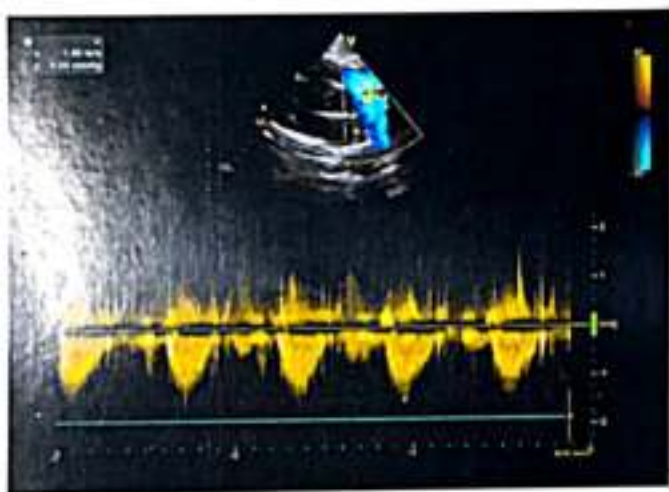
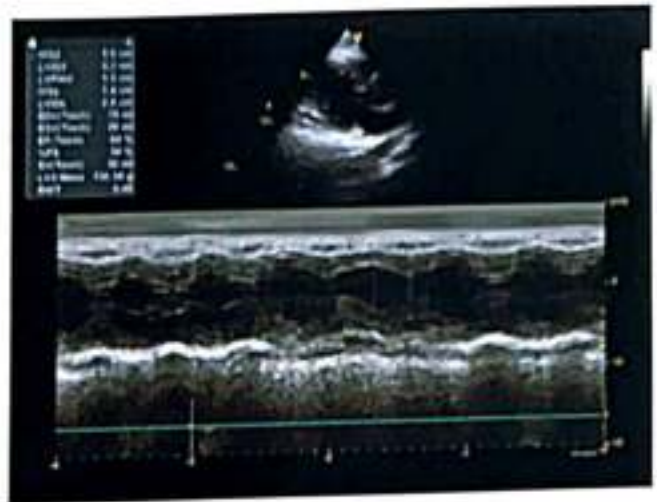
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV  
 P 50- 0.50-100 Hz W PH100B CL P?



# ASARFI INSTITUTE OF CARDIAC SCIENCES

Name : MRS ARCHANA KUMARI  
Patient Id : 80698

Date : 29/03/2024



## REPORT

### ECHOCARDIOGRAPHY REPORT

Name: MRS ARCHANA KUMARI

Age: 28

Sex: Female

Date: 29/03/2024

#### 2D & M-MODE MEASUREMENTS

LA Diam	2.8 cm
Ao Diam	2.4 cm
IVSd	1.0 cm
LVIDd	4.2 cm
LVPWd	1.0 cm
IVSs	1.4 cm
LVIDs	2.8 cm

#### 2D & M-MODE CALCULATIONS

EDV(Teich)	79 ml
ESV(Teich)	29 ml
EF(Teich)	64 %
%FS	34 %
SV(Teich)	50 ml
LVd Mass	150.59 g
RWT	0.46

#### MITRAL VALVE

MV E Vel	0.85 m/s
MV DecT	172 ms
MV Dec Slope	4.9 m/s <sup>2</sup>
MV A Vel	0.68 m/s
MV E/A Ratio	1.24

#### AORTIC VALVE

AV Vmax	1.55 m/s
AV maxPG	9.66 mmHg

#### TRICUSPID VALVE

PV Vmax	1.49 m/s
PV maxPG	8.84 mmHg

#### COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-60%)
- NORMAL MITRAL INFLOW PATTERN
- NO MR, AR, NO TR, NO PAH
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

#### IMPRESSION:

- NORMAL ECHO STUDY

DR. S. H. CHAVAN  
(CONSULTANT CARDIOLOGIST)

TECH. SIG





## OUR FACILITIES

• MRI-3Tesla • CARDIAC CT & CORONARY ANGIO • USG-4D • MAMMOGRAPHY • DIGITAL X-RAY • ENDOSCOPY  
ECHO • EEG • ECG • TMT • PATHOLOGY • PREVENTIVE CANCER SCREENING • OPG • FIBRO SCAN • NCV  
All Biopsies Including TRUS Guided Biopsy

Patient's Name : ARCHANA KUMARI	Patient ID : 240329/52
Age : 28 Yrs.	Sex : FEMALE
Referred by Dr. : M/O ASARFI HOSPITAL	Report Date : 29.03.2024
Test Date : 29.03.2024	


### ULTRASONOGRAPHY OF WHOLE ABDOMEN

- LIVER** : Is normal in size & shape. Parenchymal echogenicity is mildly increased. No focal lesion is seen. IHBR are not dilated. Portal vein is normal in diameter.
- GALL BLADDER** : Is normal in size. Wall thickness is normal. No calculus or sludge is seen.
- CBD** : Is normal in diameter. No calculus is seen within the lumen.
- PANCREAS**: Is normal in size and homogenous in echopattern. MPD is not dilated.
- SPLEEN** : Is normal in size and homogenous in echopattern. No focal lesion is seen.
- KIDNEYS** : Right kidney is normal in size. Parenchymal echogenicity is normal. Cortico-medullary distinction is preserved. No calculus is seen. Pelvicalyceal system is not dilated.
- Left kidney is normal in size. Parenchymal echogenicity is normal. Cortico-medullary distinction is preserved. No calculus is seen. Pelvicalyceal system is not dilated.
- URETERS** : Are not dilated.
- URINARY BLADDER** : Is adequately distended. Wall thickness is normal. No calculus is seen.
- UTERUS** : Is normal in size (measures-70mm in long axis). Myometrial echopattern is homogenous. No mass lesion seen. Endometrial thickness is normal. Cervix appears normal.
- ADNEXAE** : Bilateral ovaries are normal in size. No mass lesion or cyst is seen in bilateral adnexal region. No free fluid is seen in peritoneal cavity.

### IMPRESSION

- Grade-I fatty liver.
- Rest normal study.

Suggested : Clinical correlation & further investigation.

  
DR. M.K. JHA  
MBBS (CMC, Kolkata)  
MD, Radiology (IPGME & R, Kolkata)  
FRCR-II A (London)  
Consultant [Radiology & Imaging]

DR. SUMIT AGARWAL  
MBBS, DNB (Rad. Diagnosis)  
Hinduja hospital Mumbai  
Ex SR Cooper hospital Mumbai.  
FMF ID- 275506

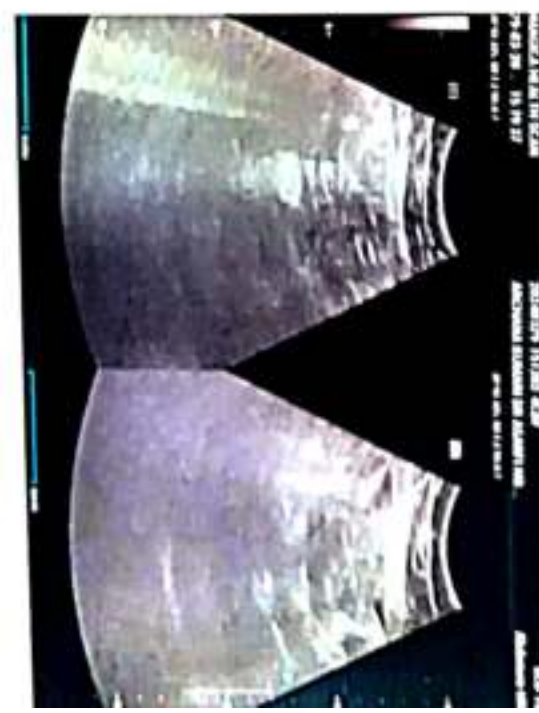
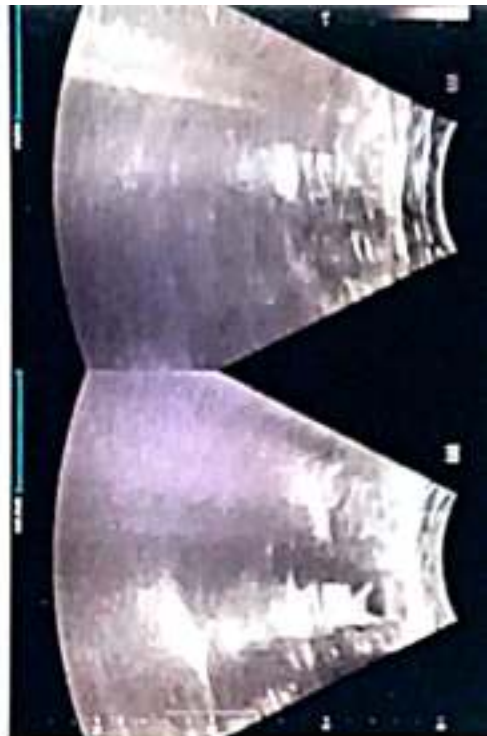
Typed by: ~~~ Varsha....

### DHANBAD

Shri Ram Vatika, Barwa Road, Dhaiya, Dhanbad-826001  
+91 9155001151/50 ✉ imagicahealthscandhanbad@gmail.com









## RADIOLOGY REPORT

Patient Name :	MRS ARCHANA KUMARI	Patient ID :	80698
Modality :	DX	Sex :	F
Age :	28Y	Study :	CHEST PA
Reff. Dr. :	DR SELF	Study Date :	29-03-2024

### X-RAY CHEST (PA VIEW)

#### OBSERVATIONS:

- B/L lung fields are normal.
- Both hila appear normal in size and density.
- Trachea is central.
- Heart size appears normal.
- Both costophrenic angles appear normal.
- Both domes of diaphragm appear normal in outline and position.
- The bony cage and surrounding soft tissue is normal.

**IMPRESSION:** Normal study.

*Please correlate clinically.*

*Bishnu Prasad Tripathy*

**Dr. Bishnu P Tripathy, MD**

Consultant Radiologist

Registration No: - 21792/2016

Date 30-03-2024 Time 09-36-35



**Disclaimer:** - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.



**24 HOUR EMERGENCY**

CAHL/D/0070/13/February/24

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



**FINAL REPORT**

Name : MRS. ARCHANA KUMARI  
Reg. No. : MAR24-80698  
Age / Sex : 28 Y 0 M 28 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:15:17  
Receiving Time : 29-03-2024 10:15:50  
Reporting Time : 29-03-2024 14:59:49  
Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
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**Biochemistry**

**Creatinine, Serum**

Method: Enzymatic

Creatinine, Serum

0.6

Machine Name: XL640

mg/dl

0.6-1.4

**Uric Acid, Serum**

Method: Enzymatic

Uric Acid, Serum

7.1

H

Machine Name: XL640

mg/dl

3.4-7.0

**Blood Urea Nitrogen (BUN)**

Method: Calculated

Blood Urea Nitrogen (BUN)

11.4

Machine Name: XL640

mg/dl

07-21

**Fasting Blood Glucose, Plasma**

Method: GOD-POD

Fasting Blood Glucose, Plasma

86.0

Machine Name: XL640

mg/dl

70-110

**LIPID PROFILE, SERUM**

Method: Spectrophotometry

Triglycerides (Enzymatic)

80.0

Machine Name: XL640

mg/dl

Normal: <150

Borderline-high:

150-199 High risk

200-499

Very high risk >500

Cholesterol, Total (CHOD/PAP)

158.0

mg/dl

<200 No risk 200-239

Moderate

risk >240 High risk

VLDL Cholesterol (Calculated)

16

mg/dl

0-30

HDL Cholesterol (Enzymatic)

39.6

mg/dl

<40 High Risk ; >60 No

Risk



DR N N SINGH  
MD (PATHOLOGY)

Use only for diagnostic purposes. Not for medico-legal purposes.

(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. (b)haemolyzed/clotted/serum 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@gmail.com

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**FINAL REPORT**

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Doctor : Self-Walkin  
Pat. Type : Mediwheel



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Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	102.4	H	mg/dl	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160
Cholesterol Total : HDL Ratio (Calculated)	3.99		mg/dl	1.2-6.0
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b>				
Method : HPLC / Nephelometry				
HbA1C	4.7		%	4.4-6.2
Estimated average glucose (eAG)	88.19		mg/dl	

Machine Name: BIO-RAD, D-10 / MSFM

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



DR N N SINGH  
MD (PATHOLOGY)

**Condition of Laboratory (Inquiry & Report) for Medico-Legal purposes**

(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. (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-lab@asarfi@gmail.com

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# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuni, Bishunpur Polytechnic, Dhanbad 826 130

Ph. No. 7808368888, 9297862282, 9234681514



## FINAL REPORT

Name : MRS. ARCHANA KUMARI  
 Reg. No. : MAR24-80698  
 Age / Sex : 28 Y 0 M 29 D / Female  
 Doctor : Self-Walkin  
 Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:15:17  
 Receiving Time : 29-03-2024 10:15:52  
 Reporting Time : 29-03-2024 19:15:02  
 Publish Time : 30-03-2024 1:12 pm

Test Name	Result	Flag	Unit	Reference Range
Glucose, PP Method: GOD-POD	173.1	H	mg/dl	70-140

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



DR N N SINGH  
 MD (PATHOLOGY)

\*This Document is not valid for Medical-Legal purposes

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 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. (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: lab@asarfi@gmail.com

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24 HOUR EMERGENCY

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Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Liver Function Test (LFT)</b>				
Method: Spectrophotometry			Machine Name: XL-640	
Bilirubin Total (Diazo)	0.4		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.2		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	28.4		U/L	7-50
SGOT (IFCC without PDP)	26.7		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	400.0	H	U/L	70-306
GGT (Enzymatic)	46.2		U/L	0-55
Protein Total (Biuret)	7.6		g/dl	6.4-8.3
Albumin (BCG)	4.5		g/dl	3.5-5.2
Globulin (Calculated)	3.1		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.45			0.8-2.0



  
**DR N N SINGH**  
MD (PATHOLOGY)

Condition is necessary only for medico-legal purposes.

(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. (b) Specimen received is not of the requested 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 8297862282, Email: lab@asarfi@gmail.com

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Test Name	Result	Flag	Unit	Reference Range
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Clinical Pathology



*DR N N SINGH*  
**DR N N SINGH**  
 MD (PATHOLOGY)

Consent is given for use of results for Medico-Legal purposes.

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Page 4 of 8

**24 HOUR EMERGENCY**

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





**FINAL REPORT**

Name : MRS. ARCHANA KUMARI  
Reg. No. : MAR24-80698  
Age / Sex : 28 Y O M 28 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:15:17  
Receiving Time : 29-03-2024 10:15:50  
Reporting Time : 29-03-2024 14:59:49  
Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Routine Urine Examination; Urine</b>				
Method: Microscopic				Machine Name: Microscope
Leukocytes	NEGATIVE			
Appearance	HAZY			
Colour	STRAW			
Volume	20		ml.	
Protiens	NEGATIVE			
Glucose	NEGATIVE			
PH	6.0			
Specific Gravity	1.020			
Bilirubin	NEGATIVE			
Ketone Bodies	NEGATIVE			
Bile Salts	XX			
Bile Pigments	XX			
Nitrite	NEGATIVE			
Pus Cells	1-2		/hpf.	
Epithelial Cells	2-3		/hpf.	
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	



DR N N SINGH  
MD (PATHOLOGY)

Conclude at Laboratory/Asarfi Hospital for medico-legal purposes.  
(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 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/clotted/panic 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 unexpected test results please call at +91 9297862282. Email: lab@asarfi@gmail.com

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Age / Sex : 28 Y O M 28 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



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Receiving Time : 29-03-2024 10:15:50  
Reporting Time : 29-03-2024 14:59:49  
Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
Crystals	NOT SEEN		/hpf.	
others	NOT SEEN		.	

**Protein:Creatinine Ratio; Urine**

Method: Immunoturbidimetry, Spectrophotometer

Protein	93.0		mg/L	
Creatinine	71.1		mg/dl	
PCR	1.31		mg/g	0-0.5



  
**DR N N SINGH**  
MD (PATHOLOGY)

Conducting only for Medico-Legal purposes.

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# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishungur Polytarapur, Dhanbad 826 130

Ph. No : 7808368888, 9234681514



## FINAL REPORT

Name : MRS. ARCHANA KUMARI  
 Reg. No. : MAR24-80698  
 Age / Sex : 28 Y 1 M 0 D / Female  
 Doctor : Self-Walkin  
 Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:15:17  
 Receiving Time : 29-03-2024 10:15:50  
 Reporting Time : 31-03-2024 11:53:24  
 Publish Time : 01-04-2024 10:29 am

Test Name	Result	Flag	Unit	Reference Range
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### Microbiology

#### Culture & Sensitivity (Urine)

Method : vitek 2 compact

Machine Name: vitek 2 compact

Organism Isolated

NO GROWTH OF ANY ORGANISM

#### Note:

In view of developing antibiotics resistance in inida. It is advisalbe to use anitbiotics belonging to Group B & C only if the patient is resistant to antibiotics.

\* Insturment used Bact/Alert 3D 60 & vitek 2 compact.



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MD (PATHOLOGY)

#### 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 doctor at his/her hospital/clinic or in the laboratory. (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. (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 9237862282, Email-labasarfi@gmail.com

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FINAL REPORT

Name : MRS. ARCHANA KUMARI
Reg. No. : MAR24-80698
Age / Sex : 28 Y O M 28 D / Female
Doctor : Self-Walkin
Pat. Type : Medisaveel



Collection Time : 29-03-2024 10:15:17
Receiving Time : 29-03-2024 10:15:50
Reporting Time : 29-03-2024 14:59:49
Publish Time : 29-03-2024 9:14:pm

Table with 5 columns: Test Name, Result, Flag, Unit, Reference Range

Haematology

BLOOD GROUP, ABO & RH TYPING

Method: Agglutination

Table with 5 columns: Test Name, Result, Flag, Unit, Reference Range. Rows: ABO GROUP (B), RH TYPING (POSITIVE)

ESR (Erythrocyte Sedimentation Rate)

Method: Westergren

Table with 5 columns: Test Name, Result, Flag, Unit, Reference Range. Row: ESR (18, H, mm/hr, 0-10)

Machine Name: VES-MATIC 20



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Generation of this report is for information purposes only. (1) It is presumed that the tests performed are on the specimens (Sample) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or holder representative at the point of generation of the said specimens (Sample). (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/contaminated/ 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 unexpected test results please call at +91 9291962282, Email: lab@asarfi@gmail.com

24 HOUR EMERGENCY

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**FINAL REPORT**

Name : MRS. ARCHANA KUMARI  
Reg. No. : MAR24-B0698  
Age / Sex : 28 Y 0 M 28 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



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Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
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Nature of Material: EDTA Blood Sample


**Complete Blood Count (CBC)**

Method: Electrical Impedance

Machine Name: Sysmex 6 part

Hemoglobin (Photometry)	12.2	L	g/dl	13-18
PCV (Calculated)	39.0	L	%	40-50
MCH (Calculated)	29.5		Pg	27-31
MCHC (Calculated)	31.3	L	g/dl	31.5-35.5
Red Cell Distribution Width (RDW) (Electrical Impedance)	14.2	H	%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedance)	9,300		/cu-mm	4000-11000
RBC Count (Electrical Impedance)	4.13	L	million/mm <sup>3</sup>	4.5-5.5
Mean Corpuscular Volume (MCV) (Electrical Impedance)	94.4		fL	83-101
Platelet Count (Electrical Impedance)	1.72		laks/cumm	1.5-4.5
Neutrophils (VCS Technology)	73		%	55-75
Lymphocytes (VCS Technology)	20		%	15-30
Eosinophils (VCS Technology)	02		%	1-6
Monocytes (VCS Technology)	05		%	2-10
Basophils (VCS Technology)	00		%	0-1



  
**DR N N SINGH**  
MD (PATHOLOGY)

**Conditions of Acceptance of Specimens**

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Publish Time : 29-03-2024 3:16 pm

Test Name	Result	Flag	Unit	Reference Range
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**Immunology and Serology**

**THYROID PROFILE, TOTAL, SERUM**

Method: ECLIA

Machine Name: Vitros EC

T3, Total	1.26		ng/ml	0.8-2.0
T4, Total	10.9		µg/dL	5.10-14.10
TSH (Ultrasensitive)	2.06		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.



  
**DR N N SINGH**  
MD (PATHOLOGY)

**Conditions of Laboratory Delivery & Reporting**

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NAME  
 REF. DATA  
 D: 12.00  
 S  
 + 1.00  
 + 1.00  
 + 0.75  
 + 1.00  
 S.E. + 0.75  
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 + 0.75  
 + 0.75  
 + 1.00  
 + 0.75  
 S.E. + 0.50  
 D: 62.5  
 TOPCON  
 NAYANSHREE NETRALAYA  
 UNIT OF ASARFI HOSPITAL  
 LTD DHANBAD

# नयनश्री नेत्रालय

(A Unit of Asarfi Hospital Limited)

PAC

Baramuri, Bishunpur Polytechnic, Dhanbad - 828 130 (Jharkhand)  
 013096, 7808368888 | www.asarfihospital.com, info@asarfihospital.com

## PRESCRIPTION FOR GLASS

Date: 29/03/24

2699  
 S ARCHANA KUMARI Age: 28 Gender: M  F

	RIGHT EYE				LEFT EYE			
	D SPH	D CYL	AXIS	VISION	D SPH	D CYL	AXIS	VISION
RE								

Chromic / Tinted / Kryptok / Executive / Bifocal / CR 39

m.m. For DV

m.m. For NV

Remarks : Constant use / Distance use / Near use

Refractionist

AHL/D/079/13/October/23



C/O → Pt comes for routine check up <sup>history</sup> NO ~~the~~ ocular / Head Trauma

V<sub>A</sub>  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$  e out glauk Nv  $\left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$

e  
eyelid → Flat  
Cornea → Clear  
Sclera → Clear  
Lens → Clear  
Ac → deep

Adv

SO.S / 2 year routine check up