

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	HEMA MAHENDRA
DATE OF BIRTH	28-07-1971
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-01-2023
BOOKING REFERENCE NO.	22M74734100036632S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR RAJEEV
EMPLOYEE EC NO.	74734
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	SHAHJAHANPUR,LAL IMLI CHAURAHA
EMPLOYEE BIRTHDATE	01-07-1971

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 12-01-2023 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'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))

MH010712542

**HEMA MAHENDRA**



**ESM : SGT RAJEEV KUMAR**

**Spouse**

**DOB : 28 Jul 1971**

**DOM : 12 Aug 2021**

*Hema*

**DL2 0000 0679 6710**

**AIR FORCE**

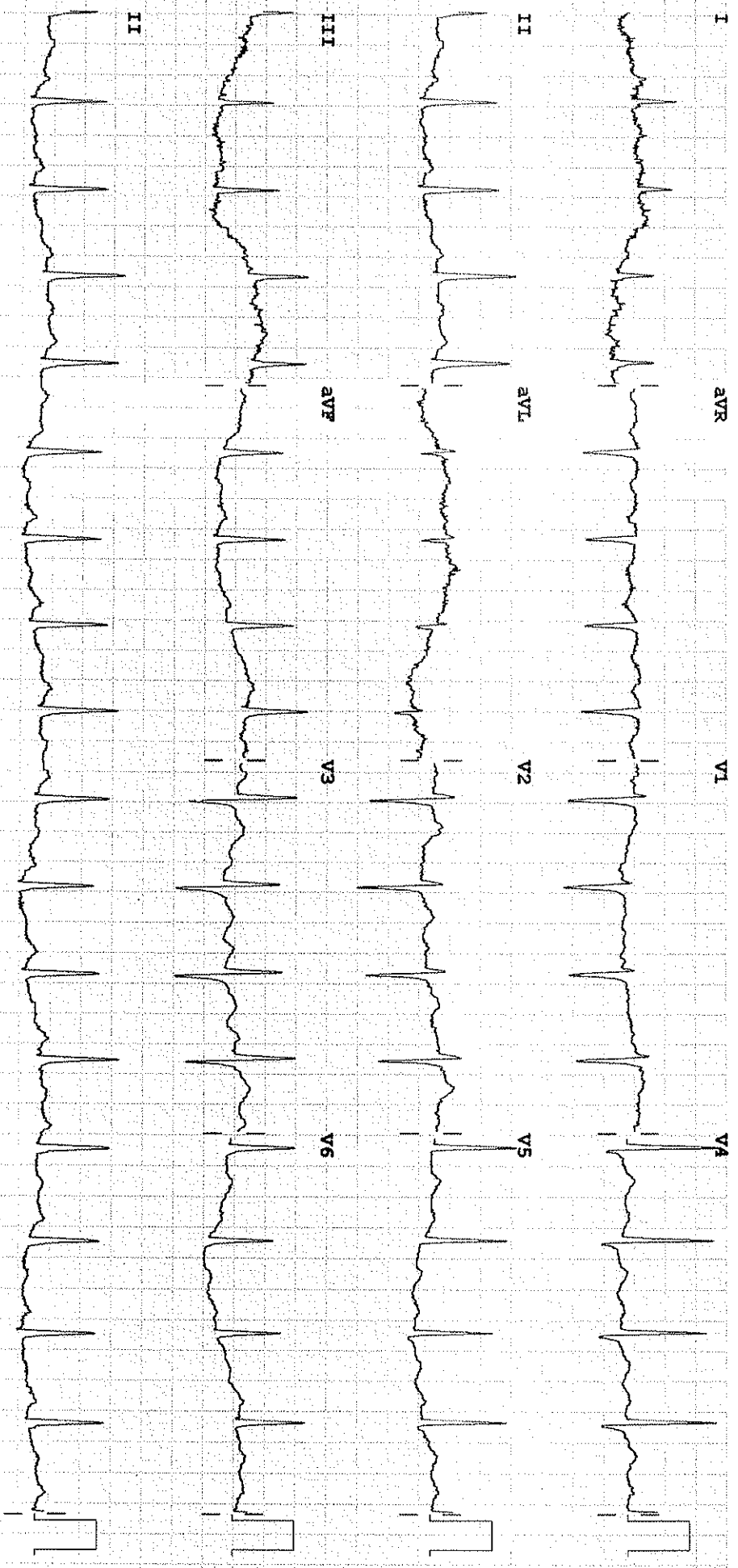
**B+ve**

**GENERAL**



- BORDERLINE ECG -

Unconfirmed Diagnosis



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

F 60~0.15-100 Hz

PH100B CL P2



## INVESTIGATION REPORT

Patient Name : Mrs HEMA MAHENDRA	Location	Ghaziabad
Age/Sex : 51 Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No : MH010712542	Order Date	: 14/01/2023
Ref. Doctor HCP	Report Date	: 14/01/2023

### Echocardiography

### Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal cardiac chambers.
3. Grade I LV diastolic dysfunction.
4. No MR, No AR.
5. No TR No PAH.
6. No intracardiac clot/mass/pericardial pathology.

### Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

### Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad  
NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002  
P : 0120-616 5666



## INVESTIGATION REPORT

Patient Name : Mrs HEMA MAHENDRA	Location	Ghaziabad
Age/Sex : 51 Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No : MH010712542	Order Date	14/01/2023
Ref. Doctor : HCP	Report Date	:14/01/2023

### Echocardiography

#### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	30	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening	19	15-26
Left atrium size	31	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	44	27	(ED=37-56:Es=22-40)
Interventricular septum	11	13	(ED=6-12)
Posterior wall thickness	10	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

#### Color & Doppler evaluation:

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-76/91 DT-	Nil
Aortic	162	Nil
Tricuspid	56	Nil
Pulmonary	110	Nil

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

  
**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

Manipal Hospital, Ghaziabad  
NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002  
P : 0120-616 5666

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## RADIOLOGY REPORT

<b>Name</b>	HEMA MAHENDRA	<b>Modality</b>	US
<b>Patient ID</b>	MH010712542	<b>Accession No</b>	R5038481
<b>Gender/Age</b>	F / 51Y 5M 18D	<b>Scan Date</b>	14-01-2023 15:00:42
<b>Ref. Phys</b>	Dr. Referral Doctor MGD	<b>Report Date</b>	14-01-2023 15:28:26

**US- BREASTS BILATERAL****FINDINGS**

## RIGHT BREAST

Right breast shows normal fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 1.0 mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

No significant axillary lymphadenopathy is seen.

## LEFT BREAST

Left breast shows normal fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 1.6 mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

No significant axillary lymphadenopathy is seen.

**IMPRESSION:** 51 Years old lady with present US- BREASTS BILATERAL study demonstrates:-

**No significant abnormality noted.**

**ACR BIRADS assessment category: CATEGORY I**

**ASSESSMENT: NORMAL**

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
Consultant Radiologist, Reg No MCI 11 10887

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## RADIOLOGY REPORT

<b>Name</b>	HEMA MAHENDRA	<b>Modality</b>	US
<b>Patient ID</b>	MH010712542	<b>Accession No</b>	R5037137
<b>Gender/Age</b>	F / 51Y 5M 18D	<b>Scan Date</b>	14-01-2023 10:18:07
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	14-01-2023 11:29:16

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears enlarged in size (measures 171 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 93 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.1 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 97 x 27 mm.

Left Kidney: measures 88 x 36 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

Uterus is anteverted and measures 55 x 32 x 17 mm. It shows postmenopausal atrophic changes with myometrial calcification. Endometrial thickness measures 3 mm.

Cervix appears normal.

Both ovaries are not seen probably atrophied. Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Hepatomegaly with diffuse grade II fatty infiltration in liver.**

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
Consultant Radiologist, Reg No MCI 11 10887

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**RADIOLOGY REPORT**

<b>Name</b>	HEMA MAHENDRA	<b>Modality</b>	DX
<b>Patient ID</b>	MH010712542	<b>Accession No</b>	R5037136
<b>Gender / Age</b>	F / 51Y 5M 18D	<b>Scan Date</b>	14-01-2023 10:12:50
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	14-01-2023 11:06:40

**XR- CHEST PA VIEW**

**FINDINGS:**

LUNGS: Haziness is seen in right lower lung zone suggesting pneumonitis. There is mild right apical pleural thickening. Mild rib crowding on right side  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: There is mild scoliotic deformity of the spine. Degenerative changes are seen in the spine  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

XR- CHEST PA VIEW

**Haziness is seen in right lower lung zone suggesting pneumonitis.**



Dr. Prabhat Prakash Gupta,  
MBBS,DNB,MNAMS,FRCR(I)  
Consultant Radiologist, Reg no DMC/R/14242

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RADIOLOGY REPORT

<b>Name</b>	HEMA MAHENDRA	<b>Modality</b>	DX
<b>Patient ID</b>	MH010712542	<b>Accession No</b>	R5037136
<b>Gender/Age</b>	F / 51Y 5M 18D	<b>Scan Date</b>	14-01-2023 10:12:50
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	14-01-2023 11:06:40

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## LABORATORY REPORT

<b>Name</b>	: MRS HEMA MAHENDRA	<b>Age</b>	: 51 Yr(s) Sex Female
<b>Registration No</b>	: MH010712542	<b>Lab No</b>	: 32230105094
<b>Patient Episode</b>	: H18000000146	<b>Collection Date</b>	: 14 Jan 2023 20:30
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 22:05
<b>Receiving Date</b>	: 14 Jan 2023 21:04		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ECLIA)	1.28	ng/ml	2 [0.70-2.04]
T4 - Thyroxine (ECLIA)	7.53	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.770	µIU/mL	[0.340-4.250]
1st Trimester:0.6 - 3.4	micIU/mL		
2nd Trimester:0.37 - 3.6	micIU/mL		
3rd Trimester:0.38 - 4.04	micIU/mL		

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----



**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

Name : MRS HEMA MAHENDRA Age : 51 Yr(s) Sex : Female

Registration No : MH010712542 Lab No : 202301001463  
 Patient Episode : H18000000146 Collection Date : 14 Jan 2023 09:50  
 Referred By : HEALTH CHECK MGD Reporting Date : 14 Jan 2023 12:31  
 Receiving Date : 14 Jan 2023 09:50

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	3.93	millions/cu mm	[3.80-4.80]
HEMOGLOBIN	12.0	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.2	%	[36.0-46.0]
MCV (DERIVED)	94.7	fL	[83.0-101.0]
MCH (CALCULATED)	30.5	pg	[27.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.8 #	%	[11.6-14.0]
Platelet count	155	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV(DERIVED)	13.6		
WBC COUNT(TC) (IMPEDENCE)	4.45	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	56.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[17.0-45.0]
Monocytes	7.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>1.0 #</b>	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	92.0 #	/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: MRS HEMA MAHENDRA	<b>Age</b>	: 51 Yr(s) Sex Female
<b>Registration No</b>	: MH010712542	<b>Lab No</b>	: 202301001463
<b>Patient Episode</b>	: H18000000146	<b>Collection Date</b>	: 14 Jan 2023 10:48
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 12:53
<b>Receiving Date</b>	: 14 Jan 2023 10:48		

### CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

#### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NOT DETECTED)
Glucose	Normal	(NOT DETECTED)
Ketone Bodies	NegativeKetone BodiesNegative	(NOT DETECTED)
Urobilinogen	Normal	(NORMAL)

#### MICROSCOPIC EXAMINATION(Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	nil	
Crystals	nil	
OTHERS	nil	

## LABORATORY REPORT

<b>Name</b>	: MRS HEMA MAHENDRA	<b>Age</b>	: 51 Yr(s) Sex Female
<b>Registration No</b>	: MH010712542	<b>Lab No</b>	: 202301001463
<b>Patient Episode</b>	: H18000000146	<b>Collection Date</b>	: 14 Jan 2023 09:50
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 17:24
<b>Receiving Date</b>	: 14 Jan 2023 09:50		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	6.2 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk ) 5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	131	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemc control.

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	153	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	83	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	41.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, DIRECT	95.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

## LABORATORY REPORT

<b>Name</b>	: MRS HEMA MAHENDRA	<b>Age</b>	: 51 Yr(s) Sex :Female
<b>Registration No</b>	: MH010712542	<b>Lab No</b>	: 202301001463
<b>Patient Episode</b>	: H18000000146	<b>Collection Date</b>	: 14 Jan 2023 09:50
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 12:31
<b>Receiving Date</b>	: 14 Jan 2023 09:50		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

UREA 27.7 mg/dl [15.0-40.0]  
Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN 12.9 mg/dl [8.0-20.0]  
Method: Calculated

CREATININE, SERUM 0.74 mg/dl [0.70-1.20]  
Method: Jaffe rate-IDMS Standardization

URIC ACID 4.9 mg/dl [4.0-8.5]  
Method:uricase PAP

SODIUM, SERUM 137.4 mmol/L [136.0-144.0]

POTASSIUM, SERUM 4.32 mmol/L [3.60-5.10]

SERUM CHLORIDE 106.4 mmol/l [101.0-111.0]  
Method: ISE Indirect

eGFR (calculated) 94.1 ml/min/1.73sq.m [>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

## LABORATORY REPORT

<b>Name</b> :	MRS HEMA MAHENDRA	<b>Age</b> :	51 Yr(s) Sex Female
<b>Registration No</b> :	MH010712542	<b>Lab No</b> :	202301001463
<b>Patient Episode</b> :	H18000000146	<b>Collection Date</b> :	14 Jan 2023 09:50
<b>Referred By</b> :	HEALTH CHECK MGD	<b>Reporting Date</b> :	14 Jan 2023 12:31
<b>Receiving Date</b> :	14 Jan 2023 09:50		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.58	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.48 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS(SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.08	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.19		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	19.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	99.0 #	IU/L	[40.0-98.0]

## LABORATORY REPORT

<b>Name</b>	: MRS HEMA MAHENDRA	<b>Age</b>	: 51 Yr(s) Sex Female
<b>Registration No</b>	: MH010712542	<b>Lab No</b>	: 202301001463
<b>Patient Episode</b>	: H18000000146	<b>Collection Date</b>	: 14 Jan 2023 09:50
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 12:31
<b>Receiving Date</b>	: 14 Jan 2023 09:50		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	11.0		[7.0-50.0]

CYTOLOGY No- PAP/14/2023

GROSS- Received 2 fixed smears

CLINICAL NOTES- Postmenopausal

MICROSCOPIC - BETHESDA SYSTEM TERMINOLOGY -2014

1.SPECIMEN TYPE - CONVENTIONAL SMEAR (PAP SMEAR)

- (A) ADEQUACY -SATISFACTORY
- (B) MICROSCOPIC - SMEARS SHOW SUPERFICIAL AND INTERMEDIATE SQUAMOUS EPITHELIAL CELLS. MANY ACUTE INFLAMMATORY CELLS SEEN.
- (C) ENDOCERVICAL CELLS -PRESENT
- (D) NON-NEOPLASTIC CELLULAR CHANGES- .ABSENT
- (E) REACTIVE CELLULAR CHANGES -ABSENT
- (F) ORGANISMS - ABSENT
- (G) DYSPLASIA/MALIGNANCY- ABSENT.

GENERAL CATAGORY : BENIGN

IMPRESSION -  
SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY .



## LABORATORY REPORT

**Name** : MRS HEMA MAHENDRA **Age** : 51 Yr(s) Sex : Female  
**Registration No** : MH010712542 **Lab No** : 202301001463  
**Patient Episode** : H18000000146 **Collection Date** : 14 Jan 2023 09:50  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 14 Jan 2023 16:55  
**Receiving Date** : 14 Jan 2023 09:50

### BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.*

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-----END OF REPORT-----



**Dr. Charu Agarwal**  
Consultant Pathologist

## LABORATORY REPORT

**Name** : MRS HEMA MAHENDRA **Age** : 51 Yr(s) **Sex** : Female  
**Registration No** : MH010712542 **Lab No** : 202301001464  
**Patient Episode** : H18000000146 **Collection Date** : 14 Jan 2023 09:50  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 14 Jan 2023 12:32  
**Receiving Date** : 14 Jan 2023 09:50

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	104.0	mg/dl	[70.0-110.0]

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-----END OF REPORT-----



Dr. Charu Agarwal  
Consultant Pathologist

## LABORATORY REPORT

<b>Name</b>	: MRS HEMA MAHENDRA	<b>Age</b>	: 51 Yr(s)	<b>Sex</b>	: Female
<b>Registration No</b>	: MH010712542	<b>Lab No</b>	: 202301001465		
<b>Patient Episode</b>	: H18000000146	<b>Collection Date</b>	: 14 Jan 2023 13:36		
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 15:57		
<b>Receiving Date</b>	: 14 Jan 2023 13:36				

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	98.0	mg/dl	[80.0-140.0]
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Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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Dr. Alka Dixit Vats  
Consultant Pathologist