

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. GUPTA KRATI |
| EC NO. | 125122 |
| DESIGNATION | CREDIT OFFICER (RETAIL ONLY) |
| PLACE OF WORK | SITAPUR, STATION ROAD |
| BIRTHDATE | 23-02-1994 |
| PROPOSED DATE OF HEALTH CHECKUP | 25-02-2023 |
| BOOKING REFERENCE NO. | 22M125122100043938E |

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 **22-02-2023** 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 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: 19/12/2011



कृति गुप्ता
Krati Gupta
जन्म तिथि/DOB: 23/02/1994
महिला/ FEMALE

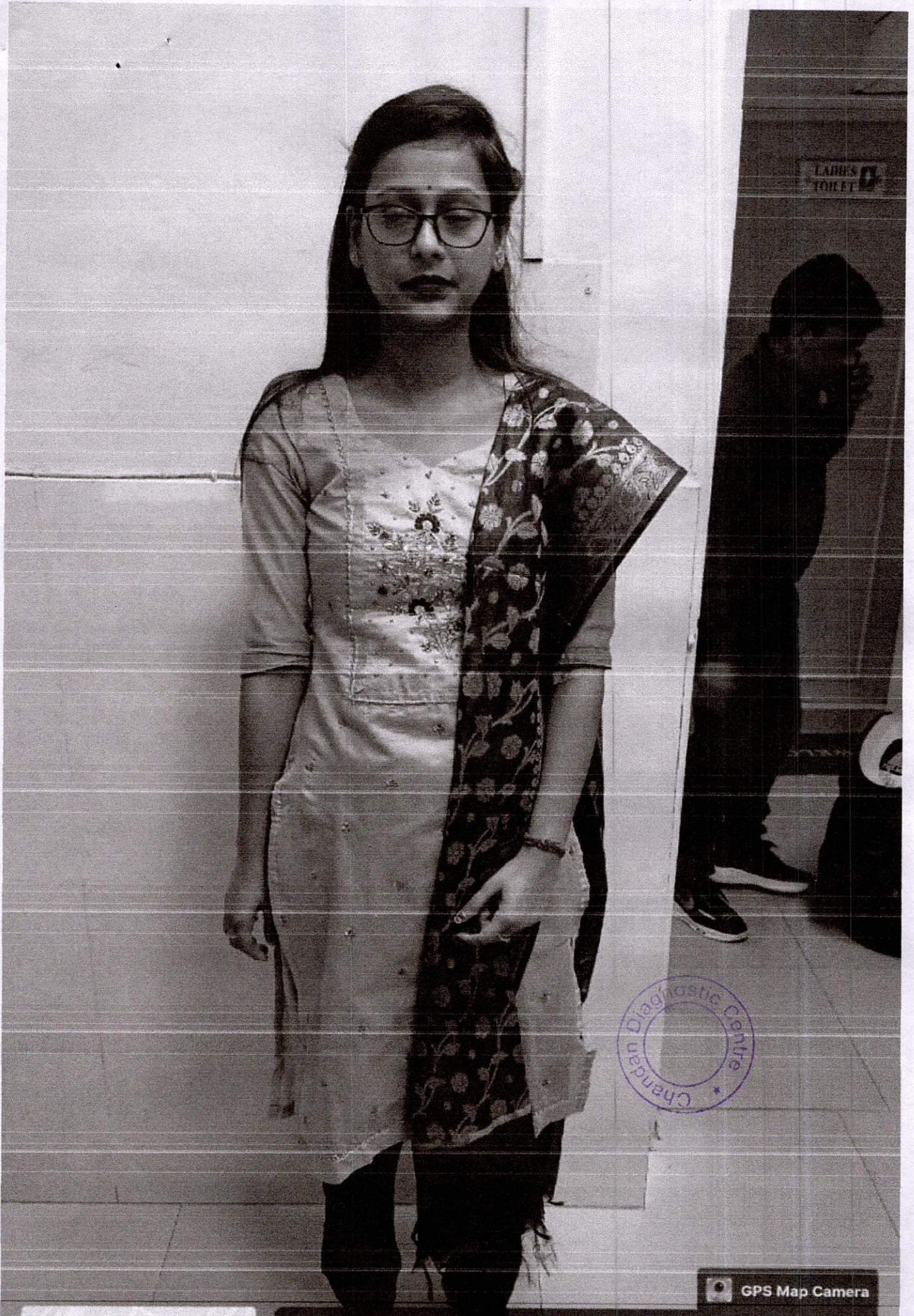
3751 9379 2098

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मेरा आधार, मेरी पहचान

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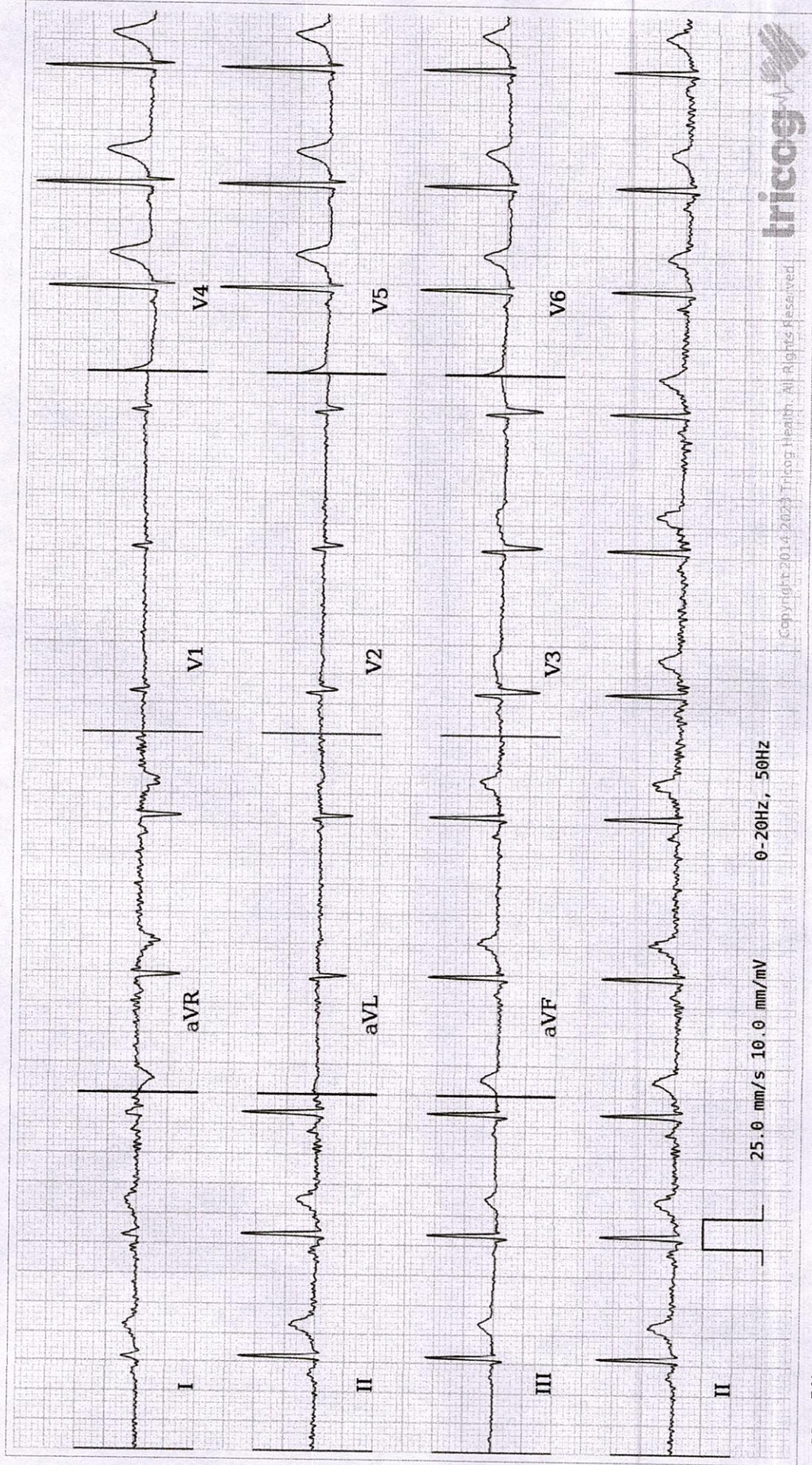
Diagnostic





Chandan Diagnostic

Age / Gender: 29/Female
Date and Time: 25th Feb 23 11:27 AM
Patient ID: CALI0156472223
Patient Name: Mrs. KRATI GUPTA



AR: 70bpm VR: 70bpm QRSd: 70ms QT: 358ms QTc: 386ms PRI: 116ms P-R-T: 55° 81° 66°

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

AUTHORIZED BY

Dr. Chaurit
MD, DM: Cardiology
63382

REPORTED BY

Dr. Bharati R

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.KRATI GUPTA | Registered On | : 25/Feb/2023 09:49:11 |
| Age/Gender | : 29 Y 0 M 2 D /F | Collected | : 25/Feb/2023 12:52:05 |
| UHID/MR NO | : CALI.0000041328 | Received | : 25/Feb/2023 16:35:09 |
| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 19:02:22 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) ** , Blood

| | |
|--------------|----------|
| Blood Group | B |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) ** , Whole Blood

| | | | | |
|-----------------------------------|----------|----------------|--|----------------------------------|
| Haemoglobin | 12.20 | g/dl | 1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl | |
| TLC (WBC) | 6,400.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| <u>DLC</u> | | | | |
| Polymorphs (Neutrophils) | 53.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 41.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 4.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| <u>ESR</u> | | | | |
| Observed | 20.00 | Mm for 1st hr. | | |
| Corrected | 18.00 | Mm for 1st hr. | < 20 | |
| PCV (HCT) | 38.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.90 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.10 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 38.10 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.34 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.80 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| <u>RBCCount</u> | | | | |
| RBC Count | 3.48 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |





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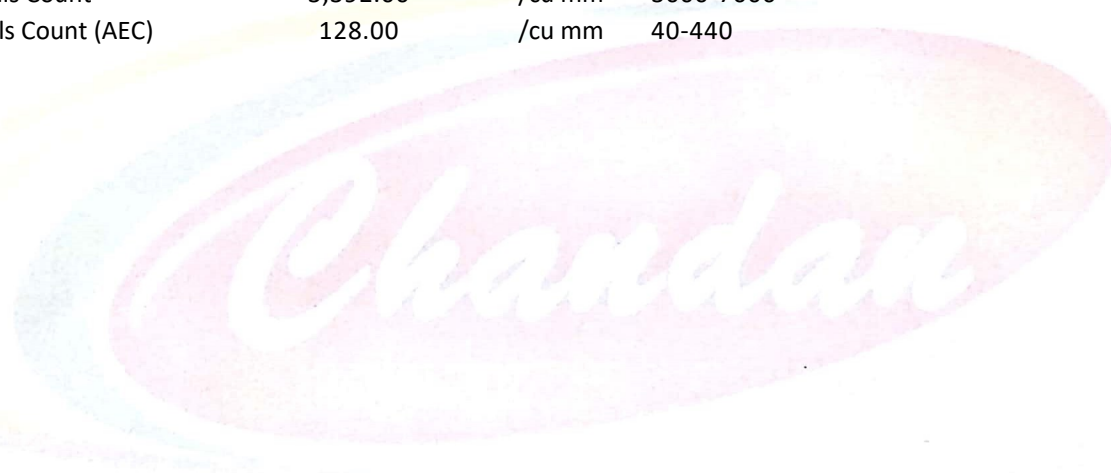


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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|----------------------------------|----------|--------|--------------------|----------------------|
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 105.60 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 35.20 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.40 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.80 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 54.80 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,392.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 128.00 | /cu mm | 40-440 | |



Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



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|--------------|--|---------------|------------------------|
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| Age/Gender | : 29 Y 0 M 2 D /F | Collected | : 25/Feb/2023 12:52:05 |
| UHID/MR NO | : CALI.0000041328 | Received | : 25/Feb/2023 16:28:09 |
| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 17:28:42 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING ** , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 85.60 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP **

Sample: Plasma After Meal

| | | | | |
|---------------|-------|-------|--|---------|
| Glucose PP ** | 98.40 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|---------------|-------|-------|--|---------|

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD

| | | | | |
|----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 4.70 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 28.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 88 | mg/dl | | |

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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 G8 90 SL TOSOH 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 | 7.42 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine ** Sample: Serum | 0.69 | mg/dl | Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320 | MODIFIED JAFFES |
| Uric Acid ** Sample: Serum | 3.00 | mg/dl | 2.5-6.0 | URICASE |





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

LFT (WITH GAMMA GT) ** , Serum

| | | | | |
|---|-------|-------|------------|--------------------|
| SGOT / Aspartate Aminotransferase (AST) | 14.60 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 10.20 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 26.10 | IU/L | 11-50 | OPTIMIZED SZAIZING |
| Protein | 6.71 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.93 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 1.78 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 2.77 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 54.00 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.47 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.21 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.26 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) ** , Serum

| | | | | |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total) | 179.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 65.90 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 99 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 14.50 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 72.50 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

Dr. Anupam Singh (MBBS MD Pathology)





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CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.KRATI GUPTA | Registered On | : 25/Feb/2023 09:49:11 |
| Age/Gender | : 29 Y 0 M 2 D /F | Collected | : 25/Feb/2023 12:59:06 |
| UHID/MR NO | : CALI.0000041328 | Received | : 25/Feb/2023 16:24:27 |
| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 18:04:36 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE** , Urine

| | | | | |
|-----------------------------|----------------|-------|--|-------------------------|
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | mg/dl | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | 0-1/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

Slahoti.

Dr. Surbhi Lahoti (M.D. Pathology)





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| Patient Name | : Mrs.KRATI GUPTA | Registered On | : 25/Feb/2023 09:49:11 |
| Age/Gender | : 29 Y 0 M 2 D /F | Collected | : 25/Feb/2023 14:12:30 |
| UHID/MR NO | : CALI.0000041328 | Received | : 25/Feb/2023 20:01:30 |
| Visit ID | : CALI0156472223 | Reported | : 26/Feb/2023 16:54:03 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

STOOL, ROUTINE EXAMINATION ** , Stool

| | |
|---------------|----------------|
| Color | GREENISH |
| Consistency | SEMI SOLID |
| Reaction (PH) | Acidic (6.5) |
| Mucus | ABSENT |
| Blood | ABSENT |
| Worm | ABSENT |
| Pus cells | ABSENT |
| RBCs | ABSENT |
| Ova | ABSENT |
| Cysts | ABSENT |
| Others | ABSENT |

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.KRATI GUPTA | Registered On | : 25/Feb/2023 09:49:12 |
| Age/Gender | : 29 Y 0 M 2 D /F | Collected | : 25/Feb/2023 14:15:30 |
| UHID/MR NO | : CALI.0000041328 | Received | : 25/Feb/2023 16:24:01 |
| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 17:33:13 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

SUGAR, FASTING STAGE** , Urine

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

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

SUGAR, PP STAGE** , Urine

| | |
|-----------------|--------|
| Sugar, PP Stage | ABSENT |
|-----------------|--------|

Interpretation:

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

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| UHID/MR NO | : CALI.0000041328 | Received | : 25/Feb/2023 16:02:16 |
| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 16:41:17 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

THYROID PROFILE - TOTAL ** , Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 136.63 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 1.76 | μIU/mL | 0.27 - 5.5 | CLIA |

Interpretation:

| | | |
|----------|--------|------------------------|
| 0.3-4.5 | μIU/mL | First Trimester |
| 0.5-4.6 | μIU/mL | Second Trimester |
| 0.8-5.2 | μIU/mL | Third Trimester |
| 0.5-8.9 | μIU/mL | Adults 55-87 Years |
| 0.7-27 | μIU/mL | Premature 28-36 Week |
| 2.3-13.2 | μIU/mL | Cord Blood > 37Week |
| 0.7-64 | μIU/mL | Child(21 wk - 20 Yrs.) |
| 1-39 | μIU/mL | Child 0-4 Days |
| 1.7-9.1 | μIU/mL | Child 2-20 Week |

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 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.

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| Patient Name | : Mrs.KRATI GUPTA | Registered On | : 25/Feb/2023 09:49:14 |
| Age/Gender | : 29 Y 0 M 2 D /F | Collected | : N/A |
| UHID/MR NO | : CALI.0000041328 | Received | : N/A |
| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 15:23:42 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.


Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)





CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



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| Visit ID | : CALI0156472223 | Reported | : 25/Feb/2023 11:42:05 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- The liver is normal in size ~ 14.5 cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

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

KIDNEYS

- Right kidney is normal in size ~ 11.3 x 3.6 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 10.1 x 3.7 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

- The spleen is normal in size ~ 9.8 cm and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.

UTERUS

- The uterus is anteverted and normal in size ~ 3.5 x 3.8 x 6.0 cm.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ 4.7 mm.
- Cervix is normal.

ADNEXA & OVARIES

- Both ovaries are normal in size volume and echotexture.
- Adnexa are normal.

FINAL IMPRESSION:-

- NO SIGNIFICANT ABNORMALITY SEEN IN PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG/EKG




Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

Page 12 of 12



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Home Sample Collection
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Mar. 2018