



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	VANDANA SINGHSACHAN
DATE OF BIRTH	24-10-1972
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-03-2022
BOOKING REFERENCE NO.	21M91737100015380S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SACHAN ATUL
EMPLOYEE EC NO.	91737
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BINAUR
EMPLOYEE BIRTHDATE	05-06-1968

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 **15-03-2022** till **31-03-2022**. 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))





भारत सरकार  
GOVERNMENT OF INDIA



वंदना सिंह मन्वान  
Vandana Singh Sachan  
जन्म तिथि / DOB : 24/10/1972  
महिना / FEMALE



7009 6400 2267

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address

W/O Atul Sachan village  
and post bamthara tehsil  
bindki f atehpur bamthara  
Banthara Banthara  
Fatehpur Uttar Pradesh -  
212659

7009 6400 2267



1947  
1800 300 1947

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P.O. Box No. 1947,  
Bengaluru-560 001

*K. C. Bharadwaj*  
Dr. K. C. BHARADWAJ  
M.B.B.S., D. CARD  
Reg. No. 32749

Indra Diagnostic Centre  
24/22, Karachi Khana  
Mall Road, Kanpur



PLEASE  
USE MASK  
KEEP DISTANCE

*Dr. K. C. Bharadwaj*

**Dr. K. C. BHARADWAJ**  
M.B.B.S., D. CARD  
Reg. No. 32749

*Indra Diagnostic Centre*  
24/22, Karachi Khana  
Mall Road, Kanpur



# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Since 1991



Patient Name	: Mrs.VANDANA SINGH SACHAN - 91737	Registered On	: 26/Mar/2022 11:47:23
Age/Gender	: 49 Y 5 M 1 D /F	Collected	: 26/Mar/2022 11:58:02
UHID/MR NO	: IKNP.0000017515	Received	: 26/Mar/2022 11:58:27
Visit ID	: IKNP0080492122	Reported	: 26/Mar/2022 18:51:32
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	A
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Blood

Haemoglobin	12.90	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)	7,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	20.00	Mm for 1st hr.		
Corrected	18.00	Mm for 1st hr.	< 20	
PCV (HCT)	40.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	2.05	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.62	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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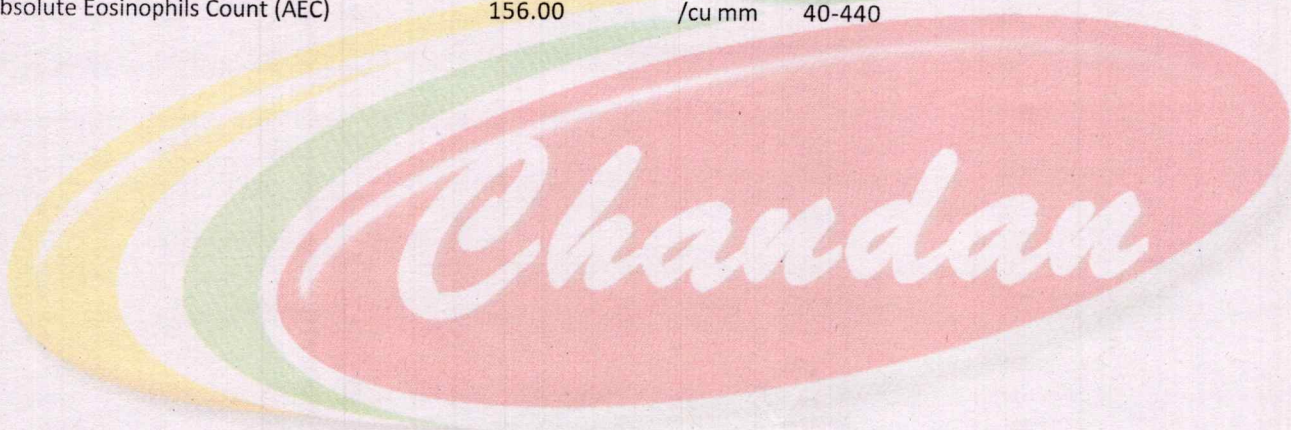


Patient Name	: Mrs.VANDANA SINGH SACHAN - 91737	Registered On	: 26/Mar/2022 11:47:23
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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	86.20	fl	80-100	CALCULATED PARAMETER
MCH	28.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,680.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	156.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)





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Since 1991



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UHID/MR NO	: IKNP.0000017515	Received	: 26/Mar/2022 11:58:27
Visit ID	: IKNP0080492122	Reported	: 26/Mar/2022 14:42:07
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	125.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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

130.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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.



Dr. Seema Nagar(MD Path)





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Age/Gender	: 49 Y 5 M 1 D /F	Collected	: 26/Mar/2022 11:58:02
UHID/MR NO	: IKNP.0000017515	Received	: 27/Mar/2022 11:03:50
Visit ID	: IKNP0080492122	Reported	: 27/Mar/2022 12:44:05
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	51.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	148	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.

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 1diabetics. 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.





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### 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.



*Anupam Singh*

Dr. Anupam Singh  
M.B.B.S.,M.D.(Pathology)





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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Creatinine</b> Sample:Serum	0.87	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> Sample:Serum	69.20	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	6.73	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	70.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	97.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	40.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.67	gm/dl	6.2-8.0	BIRUET
Albumin	4.28	gm/dl	3.8-5.4	B.C.G.
Globulin	3.39	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.26		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	105.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.89	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.66	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	179.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	108	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	34.36	mg/dl	10-33	
	171.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	



*Seema*  
Dr. Seema Nagar (MD Path)





# INDRA DIAGNOSTIC CENTRE

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Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mrs.VANDANA SINGH SACHAN - 91737	Registered On	: 26/Mar/2022 11:47:24
Age/Gender	: 49 Y 5 M 1 D /F	Collected	: 26/Mar/2022 11:58:02
UHID/MR NO	: IKNP.0000017515	Received	: 26/Mar/2022 11:58:27
Visit ID	: IKNP0080492122	Reported	: 26/Mar/2022 19:49:46
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.020			
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			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			MICROSCOPIC EXAMINATION
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			MICROSCOPIC EXAMINATION

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

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





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage . ABSENT

#### Interpretation:

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



Dr. Seema Nagar(MD Path)





# INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000017515	Received	: 26/Mar/2022 11:58:27
Visit ID	: IKNP0080492122	Reported	: 26/Mar/2022 19:32:48
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	102.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	7.09	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.



Dr. Seema Nagar(MD Path)





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Since 1991



Patient Name	: Mrs.VANDANA SINGH SACHAN - 91737	Registered On	: 26/Mar/2022 11:47:24
Age/Gender	: 49 Y 5 M 1 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000017515	Received	: N/A
Visit ID	: IKNP0080492122	Reported	: 27/Mar/2022 16:08:09
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### CHEST P-A VIEW

- 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 correlate clinically.

\*\*\* End Of Report \*\*\*

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, BUN (Blood Urea Nitrogen), ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



*Roy*

Dr Raveesh Chandrā Roy (MD-Radio)

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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Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2022

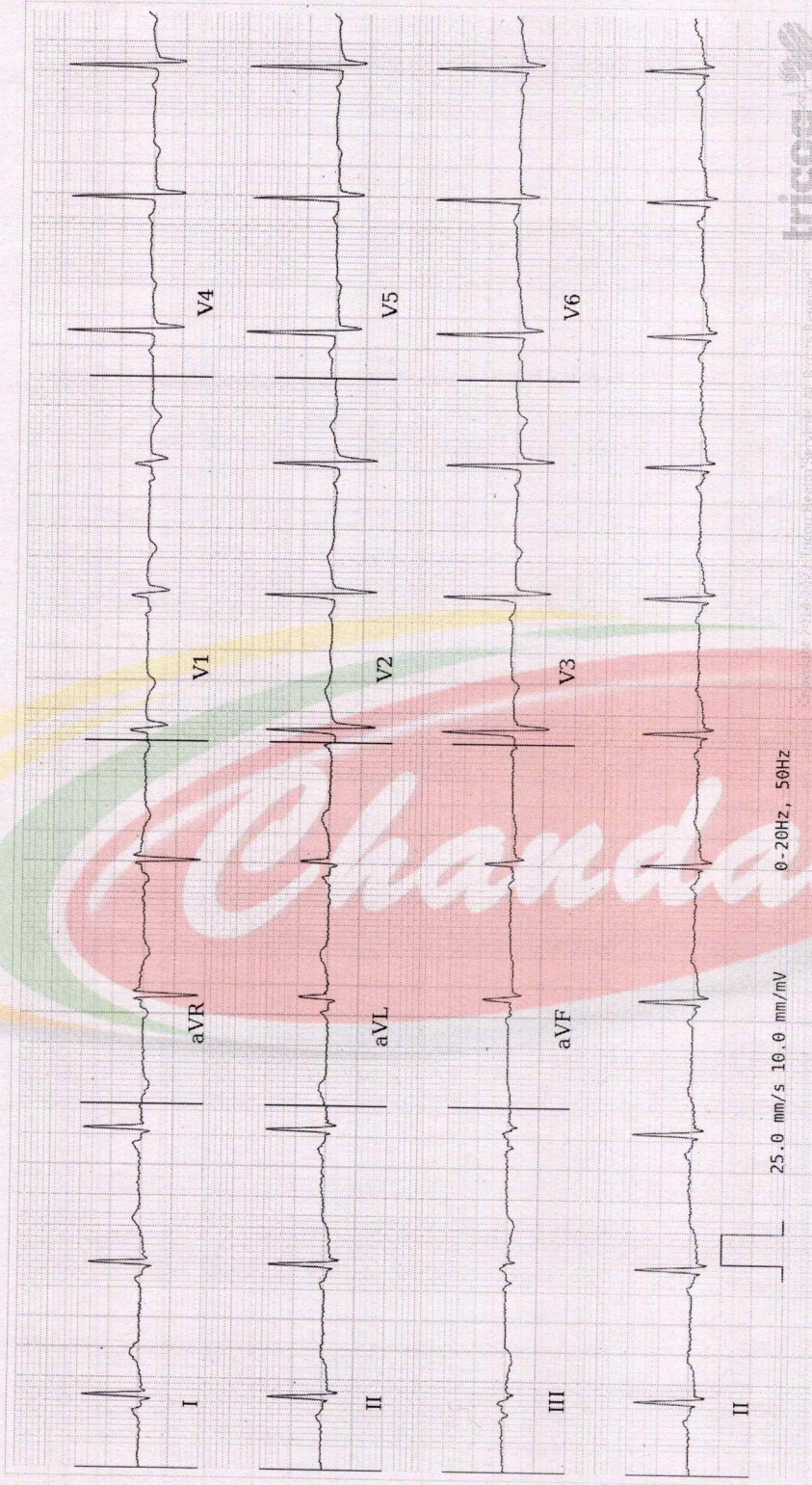




Since 1991

Indira Diagnostic Centre Kanpur

Age / Gender: 49/Female  
Date and Time: 26th Mar 22 11:09 AM  
Patient ID: IKNP0080492122  
Patient Name: Mrs. VANDANA SINGH SACHAN - 91737



AR: 68bpm VR: 68bpm QRSD: 90ms QT: 402ms QTc: 427ms PRI: 132ms P-R-T: 24° 23° -12°  
25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

Sinus Rhythm, Normal Axis, Abnormal T waves suggestive of Anterior Ischemia. Please correlate clinically.

AUTHORIZED BY

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