

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	MR. SINGH AKHILESH
EC NO.	101658
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	KARCHHANA
BIRTHDATE	13-06-1981
PROPOSED DATE OF HEALTH	23-12-2023
CHECKUP	
BOOKING REFERENCE NO.	23D101658100080176E

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 19-12-2023 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee 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))

Janne Seanner

भारत सरकार

Government of India

अखलेश सिंह AKHILESH SINGH जन्म तिथि / DOB : 13/06/1981 . पुरुष / Male

2769 0853 7030



आधार - आम आदमों का अधिकार





Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658 Registered On : 23/Dec/2023 10:30:00 Age/Gender : 42 Y 6 M 10 D /M Collected : 23/Dec/2023 10:52:42 UHID/MR NO : ALDP.0000097998 Received : 23/Dec/2023 11:03:19 Visit ID : ALDP0316852324 Reported : 23/Dec/2023 13:28:30

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

DEPARTM ENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
0 I I DI I I O I I				
Complete Blood Count (CBC) * , Whole Blood	od			
Haemoglobin	13.90	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	
	1,000	_	Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>	5,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	6.00	Mm for 1st hr.		
Corrected	4.	Mm for 1st hr.	<9	
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	, fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE









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DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
14.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
4.26	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
99.40	fΙ	80-100	CALCULATED PARAMETER
32.60	pg	28-35	CALCULATED PARAMETER
32.80	%	30-38	CALCULATED PARAMETER
13.00	%	11-16	ELECTRONIC IMPEDANCE
47.80	fL	35-60	ELECTRONIC IMPEDANCE
2,968.00	/cu mm	3000-7000	
159.00	/cu mm	40-440	
	14.10 4.26 99.40 32.60 32.80 13.00 47.80 2,968.00	14.10 fL 4.26 Mill./cu mm 99.40 fl 32.60 pg 32.80 % 13.00 % 47.80 fL 2,968.00 /cu mm	14.10 fL 6.5-12.0 4.26 Mill./cu mm 4.2-5.5 99.40 fl 80-100 32.60 pg 28-35 32.80 % 30-38 13.00 % 11-16 47.80 fL 35-60 2,968.00 /cu mm 3000-7000

Dr. Akanksha Singh (MD Pathology)









Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



 Patient Name
 : Mr.AKHILESH SINGH -101658
 Registered On
 : 23/Dec/2023 10:30:04

 Age/Gender
 : 42 Y 6 M 10 D /M
 Collected
 : 23/Dec/2023 10:52:42

 UHID/MR NO
 : ALDP.0000097998
 Received
 : 23/Dec/2023 11:03:19

Visit ID : ALDP0316852324 Reported : 23/Dec/2023 13:14:34

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

GLUCOSE FASTING * , Plasma

Glucose Fasting 90.20 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP * 144.70 mg/dl <140 Normal GOD POD Sample:Plasma After Meal 140-199 Pre-diabetes

140-199 Pre-diabetes >200 Diabetes

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	35.20	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	107	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 mnagement.









Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658 : 23/Dec/2023 10:30:04 Registered On Collected Age/Gender : 42 Y 6 M 10 D /M : 23/Dec/2023 10:52:42 UHID/MR NO : ALDP.0000097998 Received : 23/Dec/2023 11:03:19 Visit ID : ALDP0316852324 Reported : 23/Dec/2023 13:14:34 : Dr. MEDIWHEEL-ARCOFEMI HEALTH

Status Ref Doctor : Final Report

CARE LTD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

^{*}High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

^{*}Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * Sample:Serum	8.13	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.90	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.70	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) *, Serum





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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 nondiabetic 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:

CHANDAN DIAGNOSTIC CENTRE



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658 Registered On : 23/Dec/2023 10:30:04 Age/Gender Collected : 23/Dec/2023 10:52:42 : 42 Y 6 M 10 D /M UHID/MR NO : ALDP.0000097998 Received : 23/Dec/2023 11:03:19 Visit ID : ALDP0316852324 Reported : 23/Dec/2023 13:14:34

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Interv	/al Method
SCOT / Associates Assistance forces (AST)	22.00	11/1	.25	IFCC MITHOUT DED
SGOT / Aspartate Aminotransferase (AST)	23.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.10 20.10	U/L	< 40 11-50	IFCC WITHOUT P5P OPTIMIZED SZAZING
Gamma GT (GGT) Protein	20.10 6.10	IU/L	6.2-8.0	BIURET
Albumin		gm/dl		
Globulin	3.90	gm/dl	3.4-5.4	B.C.G.
	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.77		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	103.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	141.00	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	51.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	77	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL .	13.04	mg/dl	10-33	CALCULATED
Triglycerides	65.20	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP

Dr. Akanksha Singh (MD Pathology)









Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658 Registered On : 23/Dec/2023 10:30:03 Age/Gender Collected : 23/Dec/2023 15:38:09 : 42 Y 6 M 10 D /M UHID/MR NO : ALDP.0000097998 Received : 23/Dec/2023 15:44:11 Visit ID : ALDP0316852324 Reported : 23/Dec/2023 18:28:45

: Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor Status : Final Report

CARE LTD -

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Result Unit Bio. Ref. Interval Method

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * , Urine	•			
Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	1118/ 41	1. A. A. A. A. A.	DIOGNERMISTRY
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:	-			
Epithelial cells	0-2/h.p.f			MICROSCOPIC
Difficinal cens	0 2/11.p.i			EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuged urin	e sediment.			

SUGAR, FASTING STAGE*, Urine

Sugar, Fasting stage **ABSENT** gms%





CHANDAN DIAGNOSTIC CENTRE



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILES

: Mr.AKHILESH SINGH -101658

Registered On

: 23/Dec/2023 10:30:03

Age/Gender

: 42 Y 6 M 10 D /M : ALDP.0000097998 Collected Received : 23/Dec/2023 15:38:09 : 23/Dec/2023 15:44:11

UHID/MR NO Visit ID

: ALDP0316852324

Reported

: 23/Dec/2023 18:28:45

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE*, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

AS_

Dr. Akanksha Singh (MD Pathology)









Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658 Registered On : 23/Dec/2023 10:30:03 Age/Gender Collected : 42 Y 6 M 10 D /M : 23/Dec/2023 10:52:42 UHID/MR NO : ALDP.0000097998 Received : 23/Dec/2023 11:03:19 Visit ID : 23/Dec/2023 16:19:43 : ALDP0316852324 Reported

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	129.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.500	μlU/mL	0.27 - 5.5	CLIA
		,		
Interpretation:				
		0.3-4.5 μIU/n	nL First Trimest	ter
		0.5-4.6 μIU/n	nL Second Trim	ester
		0.8-5.2 μIU/n	nL Third Trimes	ster
		0.5-8.9 μIU/n	nL Adults	55-87 Years
		0.7-27 μIU/n	nL Premature	28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 µIU		0-4 Days
		1.7-9.1 μIU/n		2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6)** In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8)** Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr.Akanksha Singh (MD Pathology)









Age/Gender

UHID/MR NO

Ref Doctor

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

CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658

: 42 Y 6 M 10 D /M

: ALDP.0000097998

Visit ID : ALDP0316852324

CARE LTD -

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

Registered On

: 23/Dec/2023 10:30:05

Collected : N/A : N/A Received

Reported

: 23/Dec/2023 14:29:32

Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 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 correlare clinically.

DR K N SINGH (MBBS, DMRE)







CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-3559261 CIN: U85110DL2003PLC308206



Patient Name : Mr.AKHILESH SINGH -101658 Registered On : 23/Dec/2023 10:30:05

 Age/Gender
 : 42 Y 6 M 10 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000097998
 Received
 : N/A

Visit ID : ALDP0316852324 Reported : 23/Dec/2023 13:14:55

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (13.1 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size (10.7 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (10.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE: Normal in size, shape and echo pattern.

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

No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, PSA (Prostate Specific Antigen), Total, Tread Mill Test (TMT)



DR K N SINGH (MBBS, DMRE)

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

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

*Facilities Available at Select Location





Chandan Diagnostic



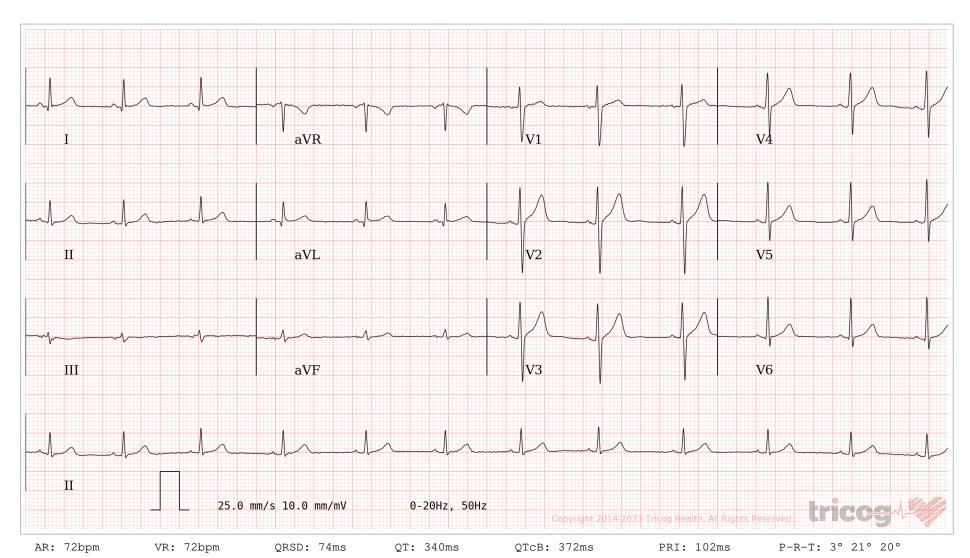
Age / Gender: 42/Male Date and Time: 23rd Dec 23 11:18 AM

Patient ID:

ALDP0316852324

Patient Name:

Mr.AKHILESH SINGH -101658



Abnormal: Sinus Rhythm, Short PR Interval. Please correlate clinically.

Dr. Charit MD, DM: Cardiology

AUTHORIZED BY

Dr. Priyanka Kumari

REPORTED BY

63382

78253

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.