

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. MALIK AMIT
EC NO.	125407
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	DIBIYAPUR
BIRTHDATE	01-02-1990
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M125407100051388E

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 **21-03-2023** 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 का प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: शमशेर सिंह, गताौली, जींद,  
गताौली, हरियाणा, 126114

Address:

S. J. Shamsheer Singh, Gatauli,  
Jind, Gatauli, Haryana, 126114

8092 7725 4340



1947  
1800 300 1947



help@uidai.gov.in



www.uidai



भारत सरकार

Government of India



अमित मलिक

Amit Malik

जन्म तिथि / DOB : 02/01/1990

पुरुष / Male

*K. Bharadwaj*  
Chandan Diagnostic Centre  
24/22, Karachi Khana  
Mall Road, Kanpur

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



8092 7725 4340

आधार - आम आदमी का अधिकार

82 78222000

*Dr. K. C. Bharadwaj*



# CHANDAN DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:55
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 11:00:48
UHID/MR NO	: IKNP.0000024082	Received	: 25/Mar/2023 11:01:15
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 17:23:27
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) \* , Whole Blood

Haemoglobin	15.60	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)	7,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	45.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	48.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	4.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT)	48.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	3.37	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	5.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.33	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	9.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	5.35	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE



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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	90.20	fL	80-100	CALCULATED PARAMETER
MCH	29.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,330.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	222.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:56
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 12:20:14
UHID/MR NO	: IKNP.0000024082	Received	: 25/Mar/2023 12:20:45
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 13:04:36
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	100.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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 = Impaired Glucose Tolerance.

#### Glucose PP

Sample:Plasma After Meal

152.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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 = Impaired Glucose Tolerance.

Dr. Seema Nagar(MD Path)







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Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:57
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 11:00:48
UHID/MR NO	: IKNP.0000024082	Received	: 26/Mar/2023 10:59:51
Visit ID	: IKNP0074732223	Reported	: 26/Mar/2023 12:57:25
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)	5.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	108	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.

#### 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



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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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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.



Dr. Anupam Singh (MBBS MD Pathology)



Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:57
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 11:00:47
UHID/MR NO	: IKNP.0000024082	Received	: 25/Mar/2023 11:01:21
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 13:11:11
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>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	10.60	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.99	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> <i>Sample:Serum</i>	5.35	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	21.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.26	gm/dl	6.2-8.0	BIRUET
Albumin	4.63	gm/dl	3.8-5.4	B.C.G.
Globulin	2.63	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.76		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	114.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.21	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.57	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.64	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	232.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	65.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	152	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.82	mg/dl	10-33	CALCULATED
Triglycerides	74.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:57
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 11:00:47
UHID/MR NO	: IKNP.0000024082	Received	: 25/Mar/2023 11:01:21
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 13:11:11
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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>500 Very High



Dr. Seema Nagar(MD Path)



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Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 11:00:48
UHID/MR NO	: IKNP.0000024082	Received	: 25/Mar/2023 11:01:16
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 17:17:26
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	1.030			
Reaction PH	Acidic ( 5.0 )			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			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Dr. Seema Nagar(MD Path)





# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003LC308206



Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:56
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 12:20:14
UHID/MR NO	: IKNP.0000024082	Received	: 26/Mar/2023 11:18:38
Visit ID	: IKNP0074732223	Reported	: 26/Mar/2023 13:21:47
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

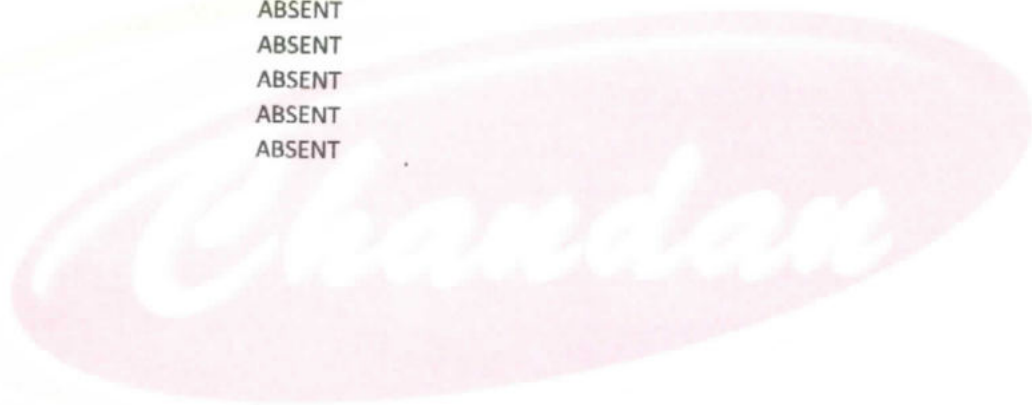
## DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### STOOL, ROUTINE EXAMINATION \*\*, Stool

Color	BROWNISH
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)







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Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 12:20:14
UHID/MR NO	: IKNP.0000024082	Received	: 25/Mar/2023 12:20:44
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 17:17:26
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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#### SUGAR, FASTING STAGE \* , Urine

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



Dr. Seema Nagar(MD Path)



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

Ph: 9235432757,

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Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:57
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: 25/Mar/2023 11:00:47
UHID/MR NO	: IKNP.0000024082	Received	: 26/Mar/2023 10:09:28
Visit ID	: IKNP0074732223	Reported	: 26/Mar/2023 13:06:07
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)	115.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.71	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.

*Anupam*

**Dr. Anupam Singh (MBBS MD Pathology)**



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Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mr.AMIT MALIK -PKG10000238	Registered On	: 25/Mar/2023 10:39:59
Age/Gender	: 33 Y 2 M 21 D /M	Collected	: N/A
UHID/MR NO	: IKNP,0000024082	Received	: N/A
Visit ID	: IKNP0074732223	Reported	: 25/Mar/2023 18:19:08
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 Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

#### IMPRESSION

**\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra 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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

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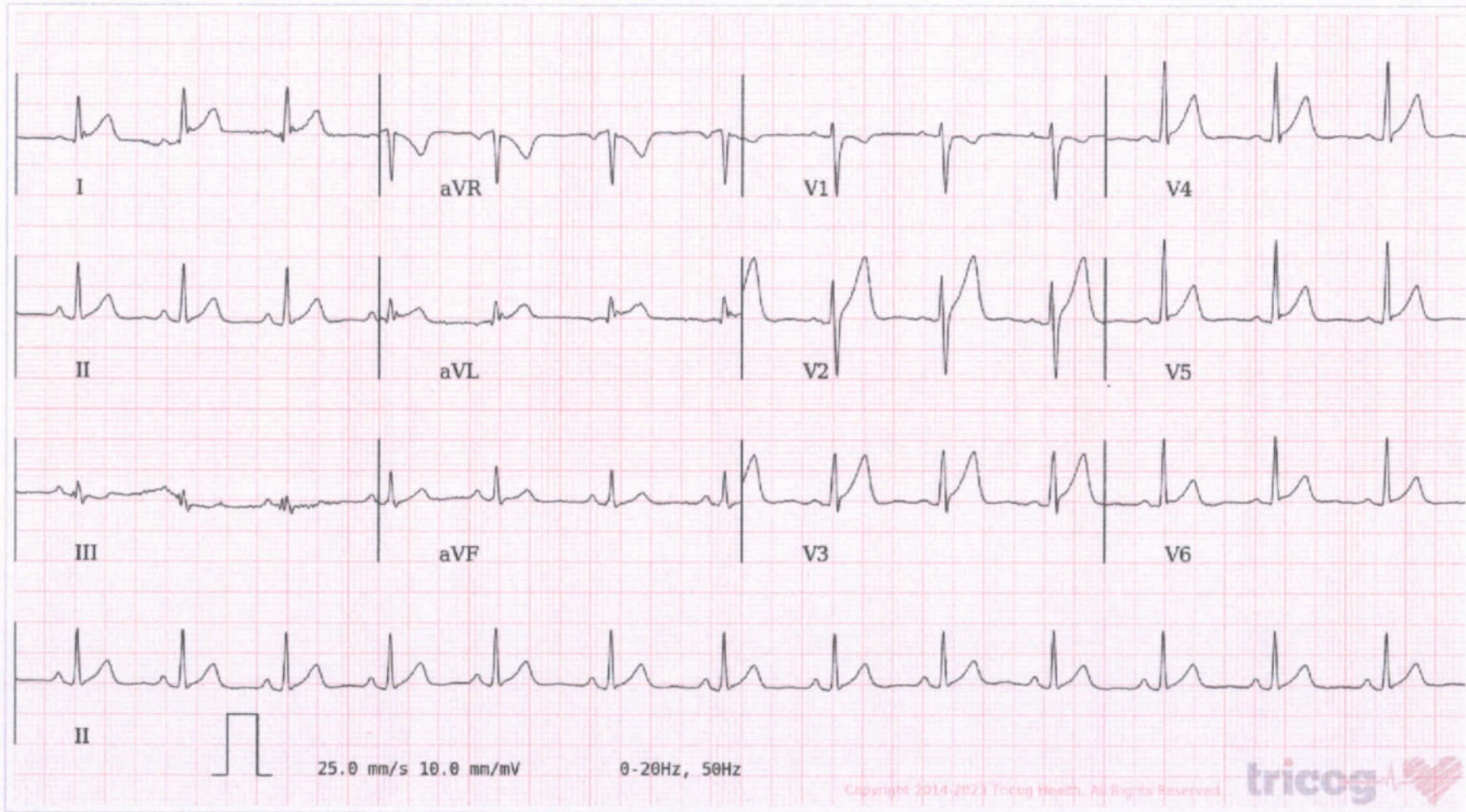


Age / Gender: 33/Male

Date and Time: 25th Mar 23 9:46 AM

Patient ID: IKNP0074732223

Patient Name: Mr.AMIT MALIK -PKG10000238



AR: 83bpm    VR: 83bpm    QRSD: 78ms    QT: 326ms    QTc: 383ms    PRI: 138ms    P-R-T: 74° 40° 30°



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**ECG Within Normal Limits: Sinus Rhythm, Early repolarization with an ascending ST segment.**  
Please correlate clinically.

AUTHORIZED BY

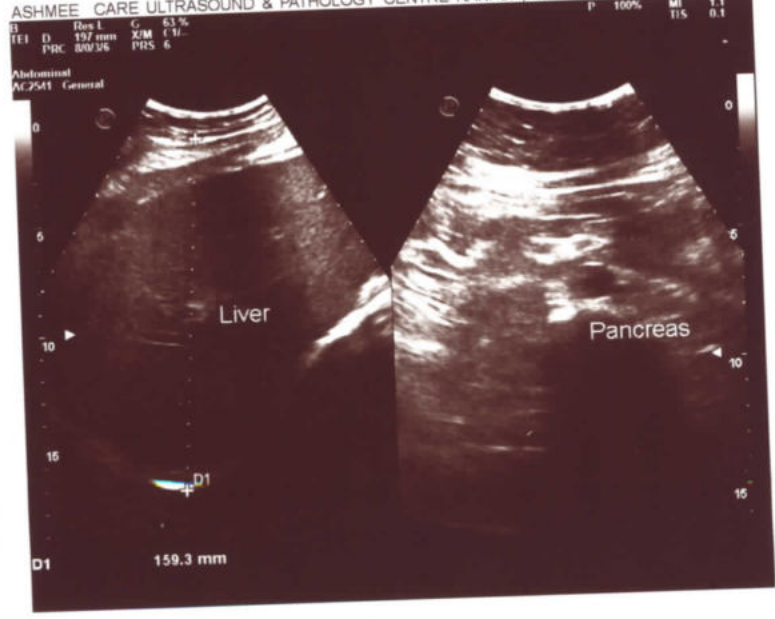
Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr Arunkumar Kakhandaki

63382

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.





**DR. A.K. GUPTA**

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.  
Ex Chief Medical Superintendent  
Senior Consultant

**ASHMEE CARE**

**ULTRASOUND  
&  
CARDIO CENTRE**

**2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG**

NAME OF PATIENT: **MR.AMIT MALIK**

AGE: 33 SEX: M

REF.BY: **DR. I.D.C**

DATE: 25-03-2023

**ULTRASOUND REPORT WHOLE ABDOMEN**

- LIVER** : LIVER IS ENLARGED IN SIZE 159.3MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL .THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
- C B D** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : SPLEEN IS NORMAL IN SIZE 112.1MM .SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4 ML
- PROSTATE** : PROSTATE IS NORMAL IN SIZE WEIGHT 14.2GMS
- IMPRESSION** : **HEPATOMEGALY.**

**SONOLOGIST**



PNDT Registration No- PNDT/REG/94/2012

**DR. RACHIT GUPTA**

Attending Cardiologist, MD (Physician)  
PG Diploma in Clinical Cardiology

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Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.