

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	DEEPA BHUARY
जन्म की तारीख	12-09-1993
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
बुकिंग संदर्भ सं.	23M167103100091904S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. BHUARY TRILOK SINGH
कर्मचारी की क.कू.संख्या	167103
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	MOHALLA
कर्मचारी के जन्म की तारीख	15-08-1989

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 19-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



भारत सरकार
Government of India



Issue Date: 23/05/2014



दीपा आर्य
Deepa Arya
जन्म तिथि/DOB: 12/09/1993
महिला/ FEMALE

9160 7676 2115

VID : 9101 7125 9485 3950

मेरा आधार, मेरी पहचान

Deepa

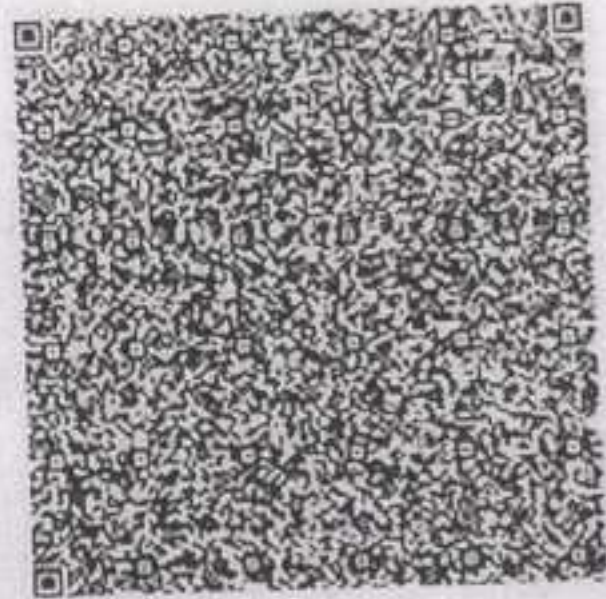
8085943831



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



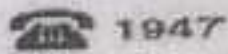
पता:
द्वारा: त्रिलोक सिंह भुआर्य, 228, बॉर्ड नं. 12, खडगांव,
राजनांदगांव,
छत्तीसगढ़ - 491229



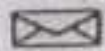
Address:
C/O: Trilok Singh Bhuary, 228, Ward No 12,
Khadgaon, Rajnandgaon,
Chhattisgarh - 491229

9160 7676 2115

VID : 9101 7125 9485 3950



1947



help@uidai.gov.in



www.uidai.gov.in



Shree Ram Multispeciality Hospital (SRMH)

Lokah Samasta Sukhino Bhavantu

8774904103

OPD - ID : 020240000420
UH-ID : SRMH-24031969

PT. TYPE : NEW REGISTRATION
PRINT DATE : 08-03-2024 / 10:11:12AM

TOKEN NO. : 1

PATIENT NAME	: DEEPA BHUARY	DEPARTMENT	: OBS & GYNE
AGE / SEX	: 30-Y 5-M 27-D / FEMALE	CONSULTANT	: DR. ARPITA NAMDEV YADAV
DOB	: 12-09-1993	CONSULT-DATE	: 08-Mar-2024 - 09:56 AM
MOB-NO	: 8085943331	COMPANY NAME	: MEDIWHEEL FULL BODY HEALTH ANNUA
GUARDIAN NAME	: W/o TRILOK SINGH	OPD PAID FEE	: 0.00
ADDRESS	: 228, WARD NO 12, KHADGAON, RAJNANDGAON, RAJNANDGAON, CG		

Weight : Temp : 97.2 f B.P. : 110/70 Pulse : 81 bpm SPO2 : 98.1



6872743

- Anxious for issue

- Married life 2yr

- living separately for Job.

As per pt she has some back left
teeth in 1759.

Nursing review

Past -> H/O for PCOD LMP = 19/01/24

- Bilateral breast size MH = 4-5
No discharge 28-40d

PA -> size

PLS -> Cx < D, Bulky for
Nursing review

D IV = milky discharge +
w AV, firm, mobile

Cervical motion tenderness

FOLLOW-UP DATE :

ADVICE FOR ADMISSION YES NO

Pro

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Adw Tas Pan 40 130414

- TSH
- Prostate
- VDRL
- Viral marker
- USG ~~Abdomen~~ ^{Review}
- Husband Semen analysis

- Tas Dopt - SL 100mg BD
o-o p/14

- Tas Mefen 400 q BD x 14
o-o

- Tas Accosin 130414
o-o

- SpP Health ok pan BD
p 14

- Review 7 old HSS report
+ new report





Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

OPD - ID : 020240000420	PT. TYPE : NEW REGISTRATION	TOKEN NO. : 1
UH-ID : SRMH-24031969	PRINT DATE : 08-03-2024 / 10:11	
PATIENT NAME : MRS. DEEPA BHUARY	DEPARTMENT : DENTAL	
AGE / SEX : 30-Y 0-M 27-D / FEMALE	DOB : 12/09/1993	
CONSULT-DATE : 08-Mar-2024 - 9:56 AM	COMPANY NAME : MEDIWHEEL FULL BODY ANNUAL PLUS CHECK	
MOB-NO : 8085943331	OPD PAID FEE : 0.00	
GUARDIAN NAME : W/o TRILOK SINGH		
ADDRESS : 228, WARD NO 12, KHADGAON, RAJNANDGAON, CG		
Weight :	Temp :	B.P. :
		Pulse :
		SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

Oral Health Status:

- Yes No Dental Sealants Present on Permanent Molars
- Yes No Caries Experience / Restoration History : A filling (Temporary / Permanent) OR a Tooth that is missing because it was extracted as a result of caries .
- Yes No Untreated Caries/ Open Treatment Plan
- Yes No Urgent Treatment: abscess, Nerve Exposure, Advanced Disease State, Signs of Symptoms that include pain/ infection / swelling

Treatment Needs:

- Restorative Care- Fillings, crowns, etc.
- Preventative Care-prophylaxis, sealants, fluoride Treatment
- Sedation / Surgery Needs to Complete Treatment

Present chief complaints:- *No significant abnormality found at present.*

Dr. Signature



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OPD - ID : 020240000420	PT. TYPE : NEW REGISTRATION	TOKEN NO. : 1
UH-ID : SRMH-24031969	PRINT DATE : 08-03-2024 / 10:11	
PATIENT NAME : MRS. DEEPA BHUARY	DEPARTMENT : ENT	
AGE / SEX : 30-Y 0-M 27-D / FEMALE	DOB : 12/09/1993	
CONSULT-DATE : 08-Mar-2024 - 9:56 AM	COMPANY NAME : MEDIWHEEL FULL BODY ANNUAL PLUS CHECK	
MOB-NO : 8085943331	OPD PAID FEE : 0.00	
GUARDIAN NAME : W/o TRILOK SINGH		
ADDRESS : 228, WARD NO 12, KHADGAON, RAJNANDGAON, CG		
Weight :	Temp :	B.P. :
		Pulse :
		SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

	Yes	No
Ears, Nose, Mouth, Throat		

Ear pain	0	0
Ear itch	0	0
Ear drainage	0	0
Dizziness/ Loss of balance	0	0
Loss of Hearing	0	0
Popping Noise	0	0
Tinnitus	0	0
Nosebleeds	0	0
Post-nasal Drip	0	0
Sinus pain	0	0
Sinus pressure	0	0
Nasal congestion	0	0
Loss of smell/taste	0	0
Hoarseness	0	0
Sore Throat	0	0
Throat tickle	0	0
Dry Mouth / Throat	0	0
Throat clearing	0	0
Snoring	0	0

Present chief complaints:-
 Patient came for Routin check-up. No fresh complaints - No H/O. chronic illness.
 FH/O - Mother - known Hypertensive on Regular medication
 OH/O - masticid :: 2 1/2 year. No H/O pregnancy & Abortion.

Dr. Signature



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L o k a h S a m a s t a S u k h i n o B h a v a n t u

MRS. DEEPA BHUARY

DATE - 8 MAR - 24

AGE. 30 YEAR | FEMALE

The patient refused USG.

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Lokah Samasta Sukhino Bhavantu

PT. NAME : DEEPA BHUARY
MOBILE NO : 8085943331
DOCTOR : DR. ARPITA NAMDEV YADAV
REFERRED BY : SELF

AGE / SEX : 30/FEMALE
UH ID NO. : SRMH-24031969
COLLECTION : 08-03-2024
REPORTING : 08-Mar-2024

TEST NO
329

BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.61	mg/dL	0.2 - 1
BILIRUBIN DIRECT	0.24	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.37	mg / dl	0.1 - 0.4
SGOT	29.4	U / L	0 - 46
SGPT	24.7	U / L	0 - 40
ALKALINE PHOSPHATASE	172.4	U / L	0 - 240
TOTAL PROTEIN	6.31	g / dl	6 - 8
ALBUMIN	3.79	g/dl	3.5 - 5.0
GLOBULIN	2.52	g / dl	2 - 3.5
A/G RATIO	1.27	g/dl	1 - 2.5

Clinical Significance:

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose

Dr. Dhananjay Prasad
(MD PATHOLOGY)

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	CREATININE		
CREATININE	0.79	mg / dl	0.6 - 1.2

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	URIC ACID		
URIC ACID	4.91	mg/dL	2.5 - 6.8

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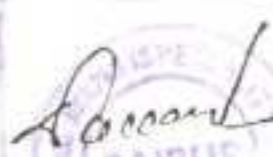
BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	64.4	mg/dL	60 - 120
BLOOD SUGAR PP	135.4	mg/dL	80 - 140

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
HBA1c (GLYCOSYLATED HEAMOGLOBIN)			
HBA1c	6.02	%	Normal Range : <6% - Good Control : 6 - 7% - Fair Control : 7 - 8% - Unsatisfactory Control : 8-10% - Poor Control : >10% -
Estimated average plasma glucose	137.0	mg/dl	80 - 120

Interpretation: As per American Diabetes Association(ADA)

Non diabetic adults >= 18 years	<5.7
At risk (prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Good of Therapy > 19 years - <7.0 <19 years - <7.5

NOTE:

- HbA1c reflects long term fluctuations in the blood glucose concentration
- A diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

Significance of Test:

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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TEST NO
 329


CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE SUGAR FASTING AND PP			
URINE SUGAR - FASTING	Absent		Absent -
URINE SUGAR - PP	Absent		Absent -

-- End Of Report --


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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIPID PROFILE			
CHOLESTEROL	180.4	mg / dl	150 - 220
SERUM TRIGLYCERIDE	164.1	mg / dl	60 - 165
HDL	33.2	mg / dl	35 - 80
LDL	147.2	mg/dL	90 - 160
VLDL	32.8	mg/dl	20 - 50
CHOLESTEROL / HDL RATIO	5.43	mg/dl	3.5 - 5.5
LDL/HDL Ratio	4.43	mg/dl	2.5 - 3.5
TRIGLYCERIDES/HDL RATIO	4.94	mg/dl	2.0 - 4.0

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HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
ESR by Western Green			
ESR (ERYTHROCYTE SENDIMENTATION RATE)	25	mm at end of 1 hr	0 - 20

-- End Of Report --


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Service





Shree Ram Multispeciality Hospital (SRMH)

Lokah Samasta Sukhino Bhavantu

PT. NAME : DEEPA BHUARY
MOBILE NO : 8085943331
DOCTOR : DR. ARPITA NAMDEV YADAV
REFERRED BY : SELF

AGE / SEX : 30/FEMALE
UH ID NO. : SRMH-24031969
COLLECTION : 08-03-2024
REPORTING : 08-Mar-2024

TEST NO
329

CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE ROUTINE AND MICROSCOPY			
PHYSICAL EXAMINATION			
QUANTITY	20	ml	-
COLOUR	Pale Yellow		Pale Yellow -
APPEARANCE	Clear		Clear -
REACTION	Acitic		Acitic -
CHEMICAL EXAMINATION			
ALBUMIN	Absent		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
MICROSCOPIC EXAMINATION			
PUS CELLS	2-3	/hpf	2 - 5
EPITHELIAL CELLS	1-2	/hpf	1 - 5
RBC	Nil	/hpf	0 - 3
CAST	Nil	/lpf	Nil -
YEAST	Nil		Nil -
CRYSTAL	Nil	/lpf	Nil -
Bacteria	Nil		Nil -
OTHERS	-		-

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose

Dr. Dhananjay Prasad
(MD PATHOLOGY)

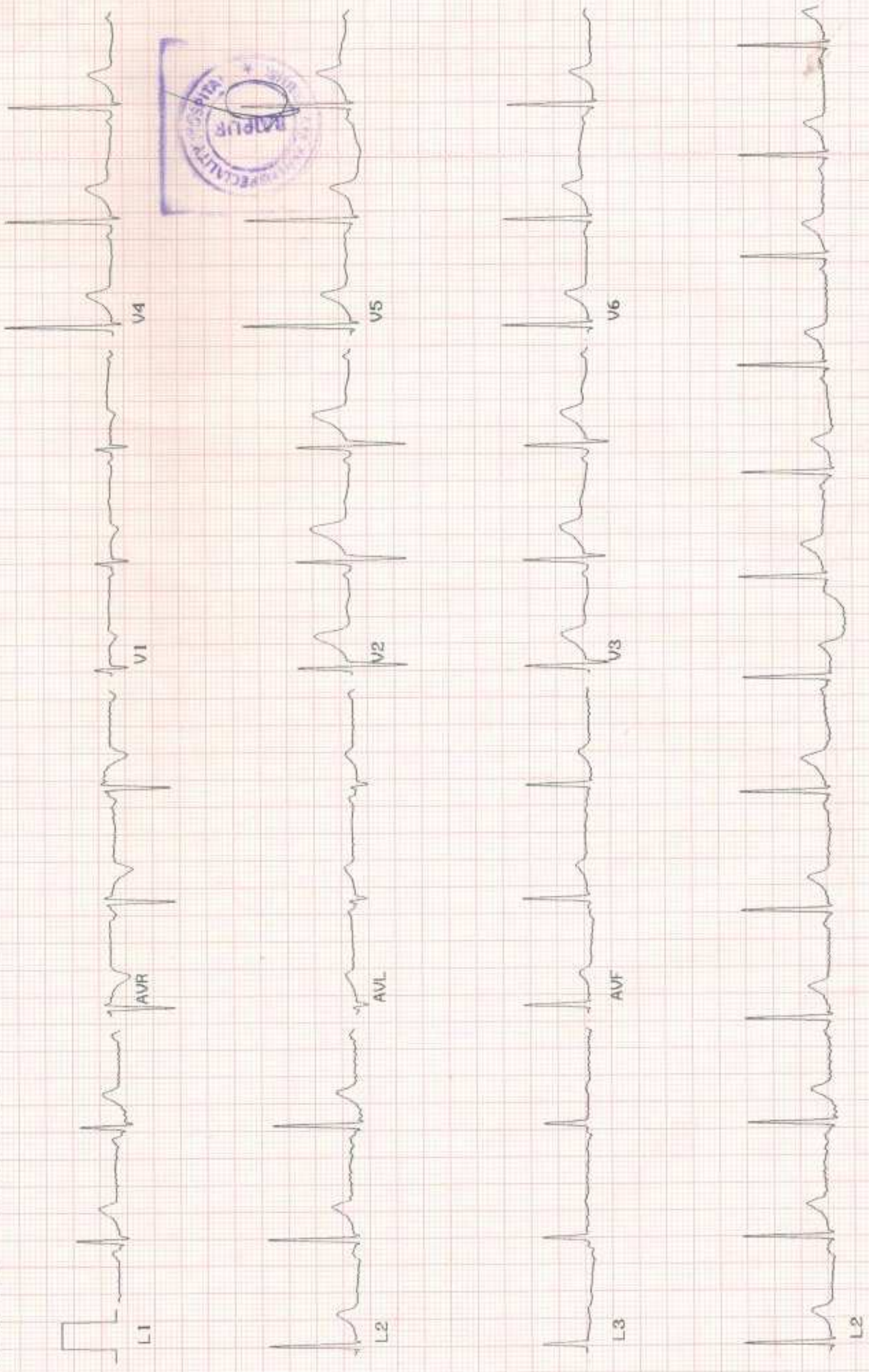
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25 mm/s P = 72 ms QT/QTc = 89% To be clinically correlated: HR = 75bpm
 10mm/mV QRS = 87 ms QT/RR = 41% Sinus Rhythm
 0.1 - 35Hz PR = 97 ms QRS axis = 62° Short PR interval
 F 30Y 000Kg 11:32 AM 08/03/2024 AUTO 12LS BLC-Y QT = 330 ms P axis = 09° Possibly Abnormal ECG
 QTc = 368 ms T axis = 26°





ECHOCARDIOGRAPHY REPORT

Name	Mrs. Deepa Bhuary	Age / Sex	30 years / Female
Date	08/03/2024	IP/OP NO	0202400000420

PULMOANRY VELOCITY ; 0.96 m/s

AORTIC VELOCITY : 1.31 m/s

TRICUSPID VELOCITY : 1.60 m/s

PASP : 16 mmHg + RAP

M-Measurement Value

Aorta	2.4	LVEDD	3.9
LA	3.5	IVSD	1.0
LVEF	>60%	LVPWD	1.0

FINAL IMPRESSION

- Normal Cardiac Chambers & Dimension
- NO RWMA
- Normal LV Systolic Function
- LVEF >60%
- Trace MR/TR, PASP 15 mmHg + RAP
- No Clot/PE / Vegetation

Dr. Nikhil Motiramani

(MBBS, MD,DM Card)

Dr. Raghvesh Ojha

(MBBS, Dip Card)

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Lokah Samasta Sukhino Bhavantu

Mrs. DEEPA BHUARY

Age: 30 Years

Sex: Female

Sample Collected At:

Ref. By: Dr. ARPITA NAMDEV

Registered: 08 Mar, 24 06:29 PM


Collected: 08 Mar, 24 06:38 PM

Reported: 09 Mar, 24 04:59 PM

BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
BUN			
BUN	9.21	mg/dL	7.00 - 20.00
Serum Creatinine	0.73	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	10.28		10:1 - 20:1

Blood urea nitrogen (BUN) is a waste product produced when the liver breaks down protein. The kidneys then filter it out of the blood and eliminate it through urine. Creatinine is a waste product created by the breakdown of phosphocreatine, a molecule stored in muscle tissue. The kidneys filter creatinine from the blood, and its levels in the body reflect the efficiency of the kidney's excretory function. therefore, BUN and creatinine are useful markers in assessing kidney health because they help doctors evaluate the kidney's filtration rate.


Dr. D. Prasad
 M.D. (Pathologist)

END OF REPORT
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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

Mrs. DEEPA BHUARY

Age: 30 Years

Sex: Female

Sample Collected At:

Ref. By: Dr. ARPITA NAMDEV

Registered: 08 Mar, 24 06:29 PM

Collected: 08 Mar, 24 06:38 PM

Reported: 09 Mar, 24 04:59 PM


TFT

Thyroid Function Test (TFT)

Investigation	Observed Value	Unit	Biological Reference Interval
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	1.62	ng/mL	0.89 - 1.87
Serum thyroxine (T4)	12.35	ug/dL	5.1 - 14.28
Thyroid Stimulating Hormone (TSH)	1.24	μIU/mL	0.66 - 5.67

Comments:-

- (i) Ethnicity, iodine intake, gender, age, body mass index and Exercise influences the reference range of Thyroid hormones and serum TSH concentrations.
- (ii) Changes in Thyroid Hormones (especially T3) and TSH may be seen as early as 24 hours after the onset of non-thyroid illness. (Poor nutrition/starvation, sepsis, burns, malignancy, myocardial infarction, post-surgery, and with chronic liver and renal disease)
- (iii) Serum total T4 and T3 concentrations increase to approximately 150% of non-pregnant values – this occurs during the first half of pregnancy and is maintained thereafter until parturition. Free T4 concentrations also change during pregnancy; in the first trimester a transient rise is often observed.
- (iv) Measurement of FT4 and FT3 is best avoided in patients receiving heparin therapy. (When indicated, blood sample should be taken 10 hours after the last injection of heparin, and analyzing it without delay, can reduce the risk of artifactual hyperthyroxinaemia.)
- (v) Phenytoin, carbamazepine and furosemide cause artifactual increase in free T4 (FT4) and decrease in total T4.


Dr. D. Prasad
 M.D. (Pathologist)

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Shree Ram Multispeciality Hospital (SRMH)

Lokah Samasta Sukhino Bhavantu

Mrs. DEEPA BHUARY

Sample Collected At :

Registered : 08 Mar,24 06:26 PM

Age: 30 Years

Ref By : Dr.ARPITA NAMDEV Collected : 08 Mar,24 06:34 PM

Sex: Female

Reported : 09 Mar,24 4:42 PM


GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE (GGT), SERUM	12.37	12.00-18.00	U/L

GENDER -	NORMAL RANGE(U/L)
MALE -	12.00-18.00
FEMALE -	6.00-29.00

COMMENTS:-

Gamma – Glutamyl Transferase (Ggt) Is An Enzyme That Is Found In Many Organs Througout The Body , With The Highest Concentrations Found In The Liver .Ggt Is Elevated In The Blood In Most Diseases That Cause Damage To The Liver Or Bile Ducts ,This Test Measures The Level Of Ggt In A Blood Samle.


 DR. DHANANJAY PRASAD
 (MD Pathology)

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Name : MRS. DEEPA BHUARY
Age/Gender : 30 years / Female
Sample Type : Lbc Medium
Ref. Doctor : Arpita Namdeo

Collected : 08/03/2024, 04:26 PM
Received : 08/03/2024, 10:16 PM
Reported : 10/03/2024, 06:20 PM

INVESTIGATION

HISTOPATHOLOGY

RESULT

Liquid based cervico-vaginal cytology

(Method: Bethesda System for reporting Cervical cytology 2014)

Specimen identification
Clinical Details / History
Sample Type
Collection site of Specimen
Number of Smears Received /made
Adequacy of Specimen
General Categorization
Interpretation / Result
Organisms
Other Non-neoplastic changes
Epithelial cell abnormalities
Other malignant neoplasms
Remarks

(LBC/489/2024)
Not provided.
LBC smears.
Cervix.
2
Satisfactory for evaluation.
Negative for intraepithelial lesion or malignancy.
Negative for intraepithelial lesion or malignancy.
Nil.
Includes typical repair- mild
Nil
Nil.
Correlate clinically.

****END OF REPORT****

PRECISION
PATHOLOGY LAB
RESULTS YOU CAN TRUST

Swathi
Dr SWATHI VADDEPALLY
MD PATHOLOGIST

This is an electronically authenticated report. Report Printed Date: 10/03/2024, 06:20 PM
NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Contact : 9399951102

**HOME
COLLECTION**



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HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN (Hb)	10.4	gm/dL	12 - 16
TOTAL RBC COUNT	4.93	Million/cumm	4.5 - 5.1
HAEMATOCRIT (PCV)	31.2	%	35.9 - 44.6
RBC INDICES			
MCV	68.6	f l	78 - 96
MCH	21.2	pg	27 - 32
MCHC	30.9	%	33 - 37
RDW	15.6	%	11 - 16
TOTAL WBC COUNT (TLC)	10200	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
Neutrophils	66	%	40 - 70
Lymphocytes	25	%	22 - 48
Eosinophils	04	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	00 -
PLATELET COUNT	1.69	/µL	1.50 - 4.50
PCT	0.21	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	12.7	fL	8 - 11
PDW	16.0	%	11 - 18

-- End Of Report --

LAB TECHNICIAN

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(MD PATHOLOGY)

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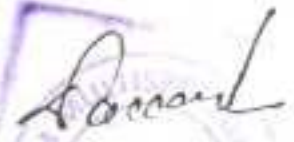
HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"		-
RH FACTOR	Positive		-

-- End Of Report --


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PATIENT NAME: DEEPA BHUARY	DATE: 08/03/2024
PATIENT ID: SRMH-24031969	AGE/SEX: 30Years/Female

RADIOGRAPH CHEST PA VIEW.

FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

IMPRESSION : No significant abnormality detected.

DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST
CGMC 2015/6359

Typist: HRITIK CHANDANKAR

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

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