

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	MAMTA TRIVEDI
DATE OF BIRTH	12-02-1972
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-11-2022
BOOKING REFERENCE NO.	22D55871100029678S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. TRIVEDI DINESH CHANDRA
EMPLOYEE EC NO.	55871
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	BHITAURA
EMPLOYEE BIRTHDATE	07-01-1967

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 **09-11-2022** 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'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))

आयकर विभाग

INCOME TAX DEPARTMENT

MAMTA TRIVEDI

KRISHNA DATT AGNIHOTRI

12/02/1972

Permanent Account Number

AOSPT6434P

Mamta

Signature



भारत सरकार

GOVT. OF INDIA



Mamta
Diagnostic Centre
12, Karschi Khana
Mall Road, Kanpur
K. Shrivastava
Dr. K.C. BHARADWAJ
M.B.B.S. D.C.
Reg. No. 327



Indira Diagnostics Centre
2/22, Karachi Road,
Mall Road, Kanpur

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

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: MRS.MAMTA TRIVEDI

AGE: 55 SEX: F

REF.BY: DR. I.D.C

DATE: 26-11-2022

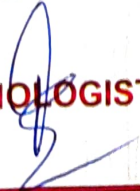
ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS NORMAL IN SIZE 124.6MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILIARY 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 CALCULI /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 121. 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
- UTERUS:-** : UTERUS IS ANTIVERTED NORMAL IN SIZE ECHOTEXTURE NO MASS LESION IS SEEN.ENDOMETRIAL THICKNESS5.0MM . NO CERVIX IS NORMAL.
NO SIGNIFICANT AMOUNT OF FLUID IS SEEN IN CUL-DE-SAC.
- OVARIES:-** : BOTH OVARY'S IS NORMAL IN SIZE AND ECHO TEXTURE NO FOCAL MASS LESION

EXCESS BOWEL GASES SEEN IN ABDOMEN

IMPRESSION : BOWEL INFLAMMATION.

SONOLOGIST



DR. RACHIT GUPTA

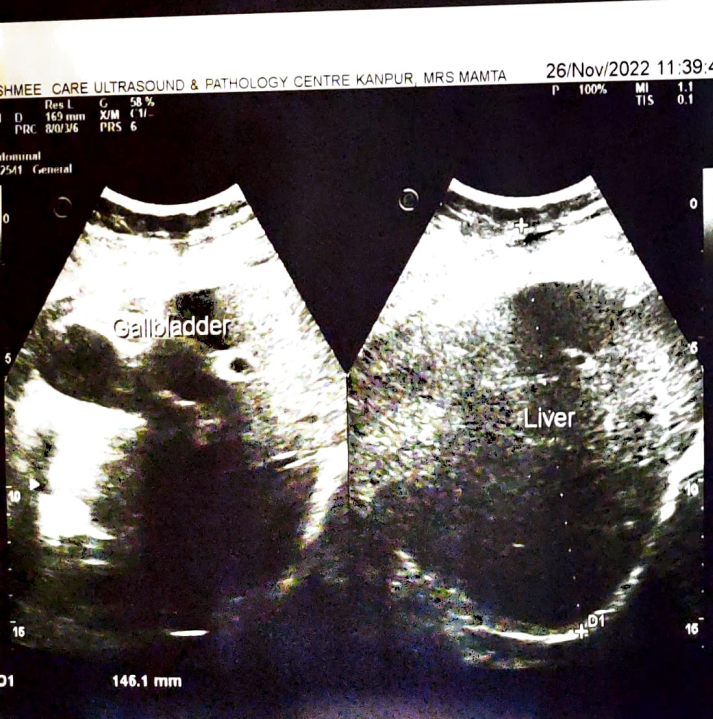
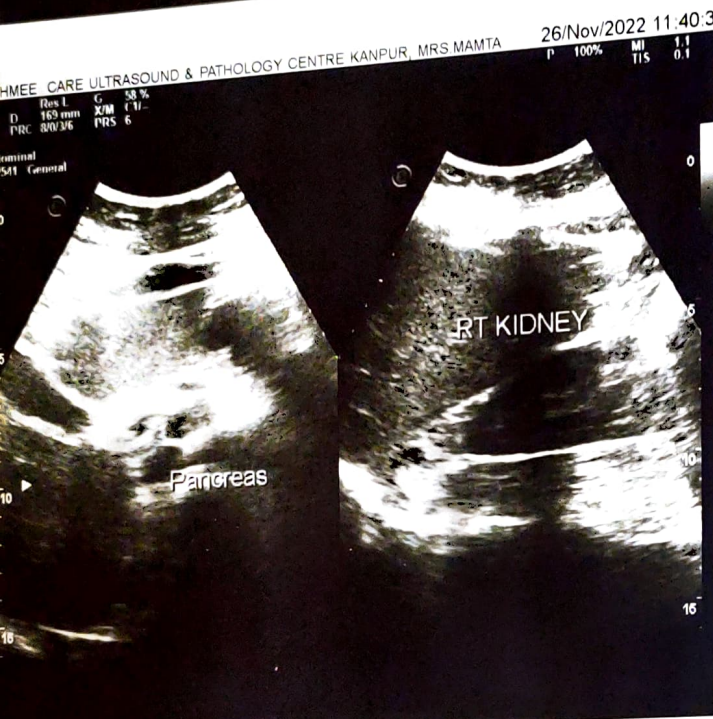
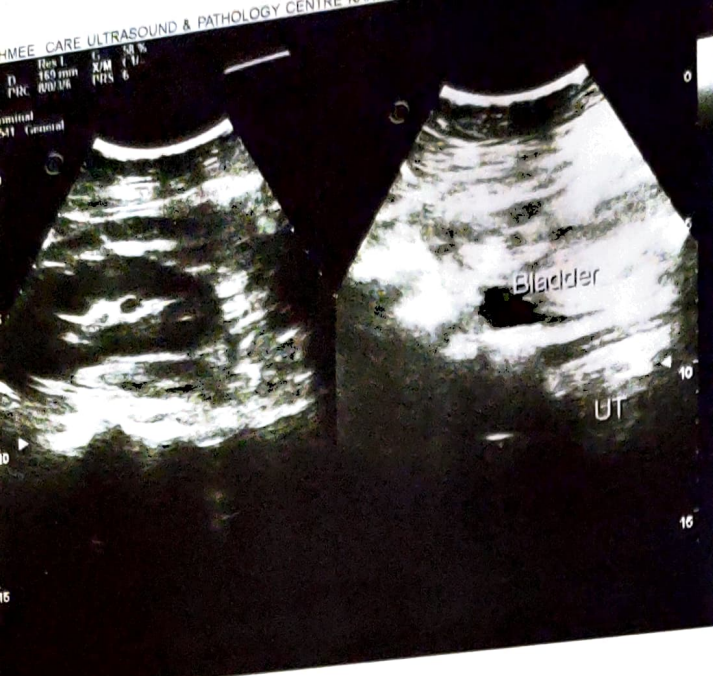
Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

PNDT Registration No- PNDT/REG/94/2012

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

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.

NOT FOR MEDICO LEGAL PURPOSE



INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 18:02:08
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
-----------	--------	------	--------------------	--------

Blood Group (ABO & Rh typing) * , Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.40	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)	12,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	54.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	22.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	< 20	
PCV (HCT)	35.00	%	40-54	
Platelet count				
Platelet Count	3.87	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	18.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.34	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	8.80	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.15	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 18:02:08
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
Blood Indices (MCV, MCH, MCHC)				
MCV	85.40	fl	80-100	CALCULATED PARAMETER
MCH	27.50	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	21.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	69.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,480.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	240.00	/cu mm	40-440	



A handwritten signature in black ink, appearing to read 'Seema Nagar'.

Dr. Seema Nagar(MD Path)

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 12:46:42
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
-----------	--------	------	--------------------	--------

GLUCOSE FASTING , Plasma

Glucose Fasting	100.80	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 diabetes 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)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	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

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 12:46:42
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
-----------	--------	------	--------------------	--------

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

**Some danger of hypoglycemic reaction in Type I 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) * <i>Sample:Serum</i>	7.84	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.89	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	5.63	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	29.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	15.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	43.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.77	gm/dl	6.2-8.0	BIRUET
Albumin	4.02	gm/dl	3.8-5.4	B.C.G.
Globulin	2.75	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.46		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	138.80	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.48	mg/dl	0.3-1.2	JENDRASSIK & GROF

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 12:46:42
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
Bilirubin (Direct)	0.15	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.33	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	163.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	42.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.22	mg/dl	10-33	CALCULATED
Triglycerides	81.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



Dr. Seema Nagar(MD Path)

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 18:25:49
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
-----------	--------	------	--------------------	--------

URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
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			
Microscopic Examination:				
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			

SUGAR, FASTING STAGE * , Urine

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

Interpretation:



Dr. Seema Nagar(MD Path)

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:58
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: 26/Nov/2022 10:39:31
UHID/MR NO	: IKNP.0000022072	Received	: 26/Nov/2022 10:39:56
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 17:51:53
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
-----------	--------	------	--------------------	--------

THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	132.60	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.41	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.40	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)

INDRA DIAGNOSTIC CENTRE

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

Ph: 9235432757,

CIN : U85110DL2003LC308206

Patient Name	: Mrs.MAMTA TRIVEDI - 3339	Registered On	: 26/Nov/2022 10:14:59
Age/Gender	: 50 Y 9 M 13 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000022072	Received	: N/A
Visit ID	: IKNP0051912223	Reported	: 26/Nov/2022 14:58:00
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 *****

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, 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 *

365 Days Open

*Facilities Available at Select Location

Chandan Diagnostic

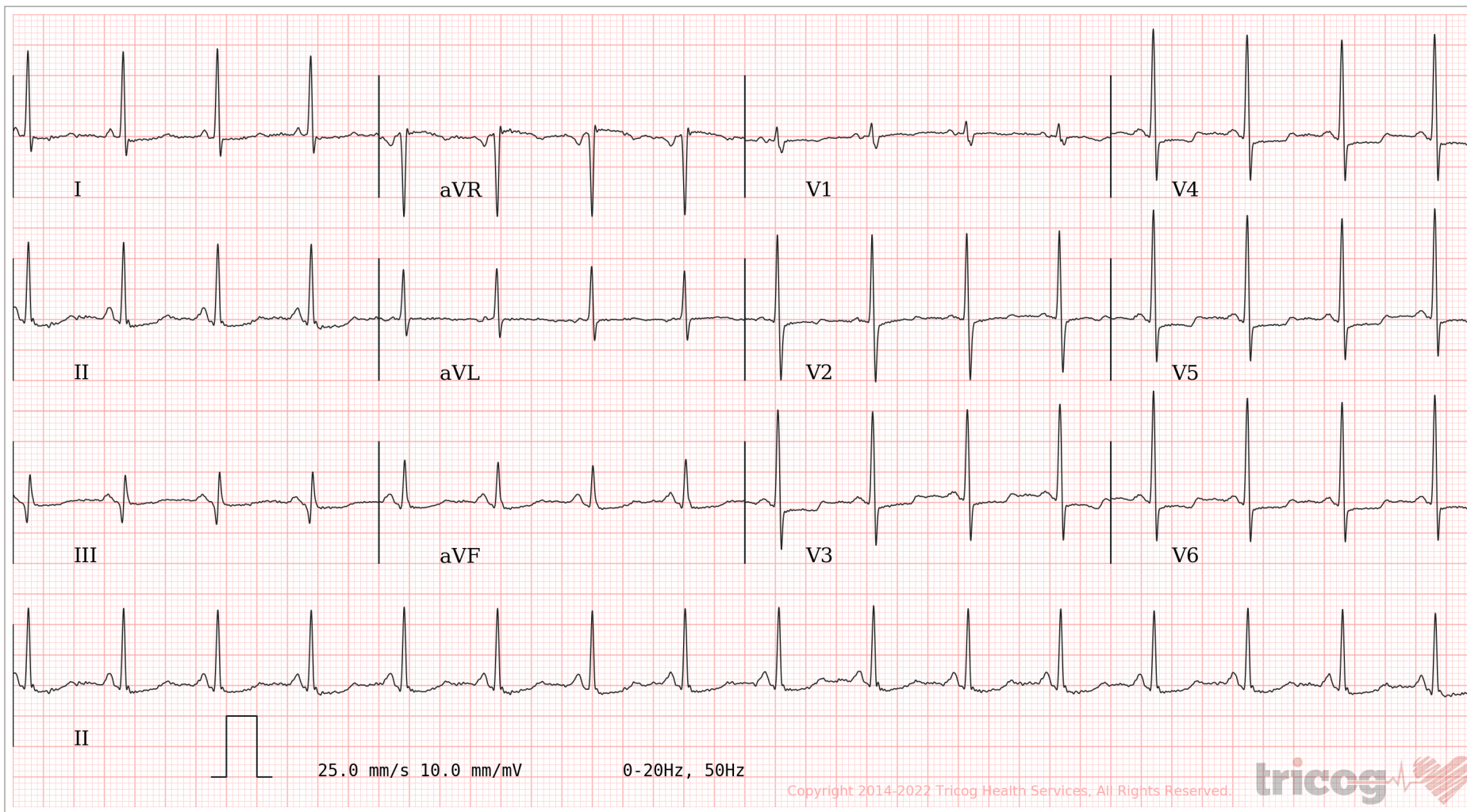
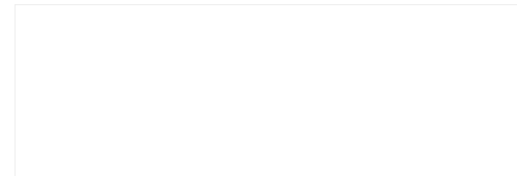


Age / Gender: 50/Female

Date and Time: 26th Nov 22 10:45 AM

Patient ID: IKNP0051912223

Patient Name: Mrs.MAMTA TRIVEDI - 3339



AR: 98bpm VR: 98bpm QRSD: 70ms QT: 364ms QTc: 464ms PRI: 112ms P-R-T: 59° 40° 93°

Sinus Rhythm, Normal Axis, Nonspecific ST and T wave Abnormality. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Prashant Valecha

12-45260

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.