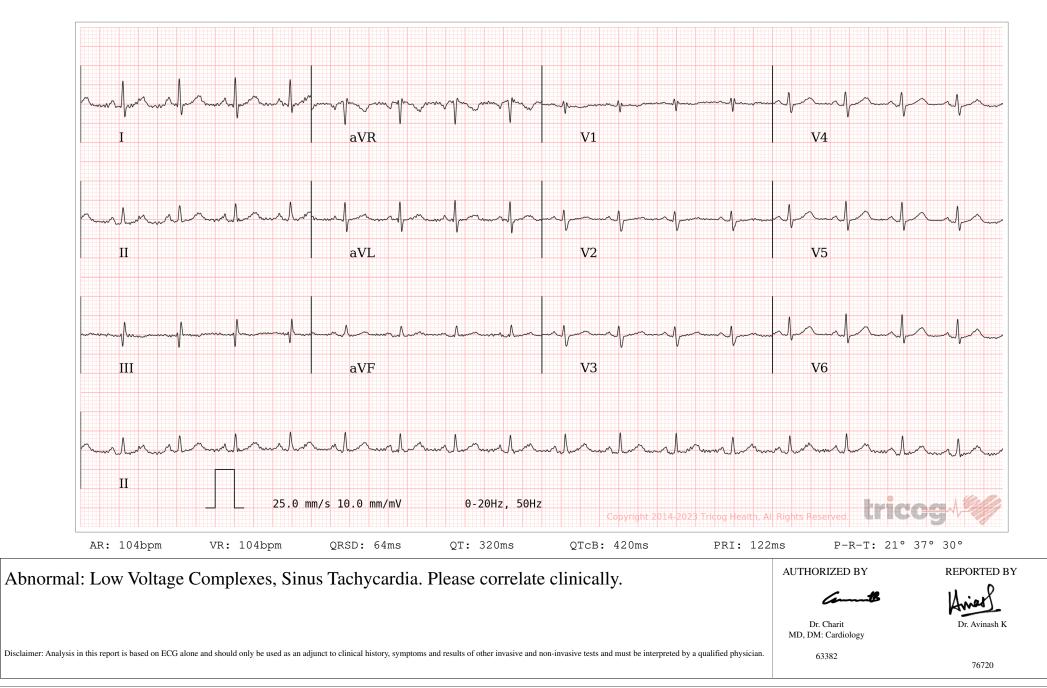
Chandan Diagnostic



Age / Gender:41/FemalePatient ID:ALDP0316882324Patient Name:Mrs.SEEMA SINGH

Date and Time: 23rd Dec 23 12:02 PM





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	SEEMA SINGH		
DATE OF BIRTH	25-11-1982		
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-12-2023		
BOOKING REFERENCE NO.	23D101658100080178S		
	SPOUSE DETAILS		
EMPLOYEE NAME	MR. SINGH AKHILESH		
EMPLOYEE EC NO.	101658		
EMPLOYEE DESIGNATION	BRANCH OPERATIONS		
EMPLOYEE PLACE OF WORK	KARCHHANA		
EMPLOYEE BIRTHDATE	13-06-1981		

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'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))





Scanned with CamScanner



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:37
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 10:55:19
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 11:03:19
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 13:30:37
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
rest Name	nesun	Onit	Dio. net. interval	Method
Blood Group (ABO & Rh typing) * , E	Blood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , who	le Blood			
Haemoglobin	12.00	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) <u>DLC</u>	8,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	76.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	18.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	6.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	37.00	%	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	- ,	%	35-60	ELECTRONIC IMPEDANCE



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:37
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 10:55:19
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 11:03:19
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 13:30:37
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Result	Unit	Bio. Ref. Interval	Method
0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
15.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
4.62	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
82.10	۶I	80-100	CALCULATED PARAMETER
26.00	pg	28-35	CALCULATED PARAMETER
31.60	%	30-38	CALCULATED PARAMETER
13.30	%	11-16	ELECTRONIC IMPEDANCE
40.80	fL	35-60	ELECTRONIC IMPEDANCE
6,460.00	/cu mm	3000-7000	
85.00	/cu mm	40-440	
	0.20 15.00 4.62 82.10 26.00 31.60 13.30 40.80 6,460.00	0.20 % 15.00 fL 4.62 Mill./cu mm 82.10 fl 26.00 pg 31.60 % 13.30 % 40.80 fL 6,460.00 /cu mm	0.20 % 0.108-0.282 15.00 fL 6.5-12.0 4.62 Mill./cu mm 3.7-5.0 82.10 fl 80-100 26.00 pg 28-35 31.60 % 30-38 13.30 % 11-16 40.80 fL 35-60 6,460.00 /cu mm 3000-7000

AS

Dr.Akanksha Singh (MD Pathology)





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:39
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 10:55:18
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 11:03:19
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 13:23:39
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Un	it Bio. Ref. Interv	al Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	151.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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*		273.80	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal				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 HAEM OGLOBIN (HBA1C)	*, EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	8.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	67.80	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	193	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.





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Metho	ł
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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. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO 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>	10.60	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.90	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.43	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , Serum



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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:39
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 10:55:18
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 11:03:19
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 13:23:39
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	U	nit Bio. Ref. Interv	al Method
SGOT / Aspartate Aminotransferase (AST)	25.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.10	gm/dl	6.2-8.0	BIURET
Albumin	3.90	gm/dl	3.4-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.77	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	121.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	54.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	47	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
ULDL	51.08	mg/dl	10-33	CALCULATED
Triglycerides	255.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

AS

Dr.Akanksha Singh (MD Pathology)





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:39
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 15:56:09
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 17:10:06
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 18:29:04
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
IRINE EXAMINATION, ROUTINE*	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	[′] mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
Sugar	ADJENT	gins /o	0.5-1.0 (++)	DIFSTICK
			1-2 (+++)	
		NY Y	>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
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	3-5/h.p.f			MICROSCOPIC
				EXAMINATION
Puscells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT
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gms%



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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:39
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 15:56:09
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 17:10:06
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 18:29:04
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE 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)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:39
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 10:55:18
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 11:03:19
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 16:19:46
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL * , Serum					
T3, Total (tri-iodothyronine)	140.00	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	7.20	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.900	μlU/mL	0.27 - 5.5	CLIA	
Interpretation:					
		0.3-4.5 μIU/	mL First Trimest	er	
		0.5-4.6 µIU/	mL Second Trim	ester	
		0.8-5.2 μIU/	mL Third Trimes	ter	
		0.5-8.9 μIU/	mL Adults	55-87 Years	

0.8-5.2	µIU/mL	Third Trimes	ter
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.Akanksha Singh (MD Pathology)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:40
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000132711	Received	: N/A
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 14:25:48
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Borderline cardiac shadow.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

Icrohilh

DR K N SINGH (MBBS, DMRE)

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35:41
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000132711	Received	: N/A
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 13:12:18
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Normal in size (14.5 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Not visualized (Post cholecystectomy status)

CBD :- Normal in calibre at porta. Proximal 9.8 mm and distal 6.8 mm.

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 (9.6 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (9.3 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.

UTERUS :- Anteverted, and is normal in size (7.8 x 3.7 x 4.6 cm). No focal myometrial lesion seen. Endometrium is normal in thickness 11.2 mm.

OVARIES :- Bilateral ovaries are normal in size, shape and echogenicity. Left ovary one follical measuring ~ 1.71 cm.

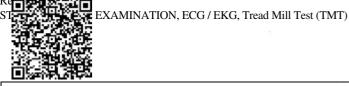
Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

<u>IMPRESSION</u> : No significant abnormality seen.

Please correlate clinically.

** End Of Report ***



Carl

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 * *365 Days Open*

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SEEMA SINGH	Registered On	: 23/Dec/2023 10:35AM	
Age/Gender	: 41 Y 0 M 28 D /F	Collected	: 23/Dec/2023 04:36PM	
UHID/MR NO	: ALDP.0000132711	Received	: 23/Dec/2023 05:26PM	
Visit ID	: ALDP0316882324	Reported	: 23/Dec/2023 07:35PM	
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report	
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD. [52610]CREDIT	
DEPARTMENT OF CYTOLOGY				

SPECIMEN:	PAP SMEAR
-----------	-----------

CYTOLOGY NO: 286/23-24

GROSS: 2 Slides.

MICROSCOPIC:	Adequate for evaluation.
	Cellular smears show superficial and intermediate squamous cells with mild inflammation.
	Endocervical cells are not seen.

IMPRESSION:	Negative for intraepithelial lesion or malignancy.	
-------------	--	--

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

Dr.Akanksha Singh (MD Pathology)

150 9001:2015			
365 Days Open	*Facilities Available at Selected Location		
Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services*			
Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2S Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV),			
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography,			
This report is not for medico legal purpose. If enheat conclusion is not e	stabilistical similary repeate the test at no additional cost within seven days.		
This report is not for medico legal purpose. If clinical correlation is not es	stablished kindly repeate the test at no additional cost within seven days		





