

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 जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. PAL SHWETA
क.कू.संख्या	181763
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	GHAZIABAD,CLOCK TOWER
जन्म की तारीख	26-01-1994
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M181763100098236E

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 **07-03-2024** 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 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।)

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	MRS. PAL SHWETA
EC NO.	181763
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GHAZIABAD,CLOCK TOWER
BIRTHDATE	26-01-1994
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M181763100098236E

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 **07-03-2024** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार
GOVERNMENT OF INDIA



श्वेता पाल
Shweta Pal
जन्म तिथि/ DOB: 26/01/1994
महिला / FEMALE



2948 5336 2981

मेरा आधार, मेरी पहचान

Shweta Pal

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मजा: रमेश प्रसाद पाल,
582 / 345, बदाली खेड़ा,
अमौमी एयरपोर्ट के पास,
वाग न. 2 पंचम विहार,
कॉलोनी, मानभनगर,
लखनऊ,
उत्तर प्रदेश - 226023

Address:

D/O: Ramash Prasad Pal 582
345, Badali Kheda, Near Amouai
Airport, Bagh No. 2 Panchar
Vihar Colony, Manabnagar
Lucknow,
Uttar Pradesh 226023

2948 5336 2981

MEERA AADHAAR, MERI PEHACHAN



INVESTIGATION REPORT

Patient Name	MRS SHWETA PAL	Location	Ghaziabad
Age/Sex	30Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	MH010773590	Order Date	:09/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:09/03/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. Trace TR, PASP-16mmHg.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** Trace TR, PASP-16mmHg.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



INVESTIGATION REPORT

Patient Name	MRS SHWETA PAL	Location	Ghaziabad
Age/Sex	30Year(s)/Female	Visit No	: V0000000001-GHZB
	MH010773590	Order Date	09/03/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	09/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	32	20-36 (22mm/M ²)
Aortic valve opening	20	15-26
Left atrium size	34	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	46	28	(ED=37-56:Es=22-40)
Interventricular septum	10	13	(ED=6-12)
Posterior wall thickness	09	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-110/95 DT-	Nil
Aortic	130	Nil
Tricuspid	23	Trace
Pulmonary	70	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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LABORATORY REPORT

Name	: MRS SHWETA PAL	Age	: 30 Yr(s) Sex :Female
Registration No	: MH010773590	Lab No	: 202403001115
Patient Episode	: H18000001897	Collection Date	: 09 Mar 2024 10:34
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Mar 2024 12:52
Receiving Date	: 09 Mar 2024 10:34		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.070	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.260	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.500	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name : MRS SHWETA PAL Age : 30 Yr(s) Sex :Female
Registration No : MH010773590 Lab No : 202403001115
Patient Episode : H18000001897 Collection Date : 09 Mar 2024 10:34
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 13:44
Receiving Date : 09 Mar 2024 10:34

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	AB Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:34

Age : 30 Yr(s) Sex :Female
Lab No : 202403001115
Collection Date : 09 Mar 2024 10:34
Reporting Date : 09 Mar 2024 12:23

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.94 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.9 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.2	%	[36.0-46.0]
MCV (DERIVED)	79.4 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.1 #	pg	[25.0-32.0]
MCHC (CALCULATED)	30.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.7 #	%	[11.6-14.0]
Platelet count	355	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.6		
WBC COUNT (TC) (IMPEDEANCE)	7.59	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	62.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	15.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS SHWETA PAL
 Registration No : MH010773590
 Patient Episode : H18000001897
 Referred By : HEALTH CHECK MGD
 Receiving Date : 09 Mar 2024 10:34

Age : 30 Yr(s) Sex :Female
 Lab No : 202403001115
 Collection Date : 09 Mar 2024 10:34
 Reporting Date : 09 Mar 2024 16:39

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.3	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association (ADA)
			HbA1c in %
			Non diabetic adults >= 18years <5.7
			Prediabetes (At Risk)5.7-6.4
			Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 105 mg/dl

Comments : 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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 12:18

Age : 30 Yr(s) Sex :Female
Lab No : 202403001115
Collection Date : 09 Mar 2024 12:18
Reporting Date : 10 Mar 2024 13:16

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	174	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	69	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	43	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	14	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	117.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	4.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:34

Age : 30 Yr(s) Sex :Female
Lab No : 202403001115
Collection Date : 09 Mar 2024 10:34
Reporting Date : 09 Mar 2024 12:16

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	11.2 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	5.2 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.64 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	2.5 #	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.52	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	120.1	ml/min/1.73sq.m	[>60.0]

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:34

Age : 30 Yr(s) Sex :Female
Lab No : 202403001115
Collection Date : 09 Mar 2024 10:34
Reporting Date : 09 Mar 2024 12:16

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.01	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.19	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.82	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.29	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.43		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	125.0 #	IU/L	[32.0-91.0]
GGT	18.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:34

Age : 30 Yr(s) Sex :Female
Lab No : 202403001115
Collection Date : 09 Mar 2024 10:34
Reporting Date : 09 Mar 2024 12:16

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST

RESULT

UNIT

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Page 6 of 8

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 10:34

Age : 30 Yr(s) Sex :Female
Lab No : 202403001116
Collection Date : 09 Mar 2024 10:34
Reporting Date : 10 Mar 2024 12:52

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	98.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS SHWETA PAL
Registration No : MH010773590
Patient Episode : H18000001897
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Mar 2024 16:31

Age : 30 Yr(s) Sex :Female
Lab No : 202403001117
Collection Date : 09 Mar 2024 16:31
Reporting Date : 10 Mar 2024 12:52

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	89.0	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



NAME	MRS Shweta PAL	STUDY DATE	09/03/2024 12:03PM
AGE / SEX	30 y / F	HOSPITAL NO.	MH010773590
ACCESSION NO.	R7022843	MODALITY	US
REPORTED ON	09/03/2024 1:28PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 101 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 82 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 8 mm.
 COMMON BILE DUCT: Appears normal in size and measures 3 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 92 x 36 mm.
 Left Kidney: measures 92 x 40 mm.
 PELVI-CALYCEAL SYSTEMS: Compact.
 NODES: Not enlarged.
 FLUID: Nil significant.
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 UTERUS: Uterus is anteverted, normal in size (measures 62 x 44 x 26 mm), shape and echotexture. An intramural and subserosal component fibroid is seen in anterior myometrium measuring 15 x 14 mm but no increased vascularity seen within and not seen in indenting the endometrium.
 Endometrial thickness measures 5 mm. Cervix appears normal.
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
 Right ovary measures 25 x 24 x 17 mm with volume 5.2 cc.
 Left ovary measures 29 x 22 x 16 mm with volume 5.4 cc.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION**Small uterine fibroid**

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS**CONSULTANT RADIOLOGIST**

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



NAME	MRS Shweta PAL	STUDY DATE	09/03/2024 11:00AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH010773590
ACCESSION NO.	R7022842	MODALITY	CR
REPORTED ON	09/03/2024 11:20AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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