



प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	TANU KUMARI
जन्म की तारीख	02-02-2000
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	27-07-2024
बुकिंग संदर्भ सं.	24S199282100108670S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SINGH KAUSHAL KUMAR
कर्मचारी की क.कू.संख्या	199282
कर्मचारी का पद	CUSTOMER SERVICE ASSOCIATE
कर्मचारी के कार्य का स्थान	PEERI
कर्मचारी के जन्म की तारीख	26-02-1992

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 **22-07-2024** से **31-03-2025** 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)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



बैंक ऑफ़ बड़ौदा Bank of Baroda



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	TANU KUMARI
DATE OF BIRTH	02-02-2000
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	27-07-2024
BOOKING REFERENCE NO.	24S199282100108670S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SINGH KAUSHAL KUMAR
EMPLOYEE EC NO.	199282
EMPLOYEE DESIGNATION	CUSTOMER SERVICE ASSOCIATE
EMPLOYEE PLACE OF WORK	PEERI
EMPLOYEE BIRTHDATE	26-02-1992

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 **22-07-2024** till **31-03-2025**. 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



भारत सरकार
Government of India



Issue Date: 08/08/2015



तनु कुमारी
Taru Kumari
जन्म तिथि/DOB: 02/02/2000
महिला/ FEMALE

4607 4294 7751

VID : 9183 2011 8476 8183

मेरा आधार, मेरी पहचान



CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 09:00:02
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 2024-07-27 09:39:59
UHID/MR NO	: ALDP.0000096183	Received	: 2024-07-27 09:39:59
Visit ID	: ALDP0144492425	Reported	: 29/Jul/2024 12:29:15
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG


MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ECG/ EKG

1. Machnism, Rhythm	Sinus, Regular
2. Atrial Rate	66 /mt
3. Ventricular Rate	66 /mt
4. P - Wave	Normal
5. P R Interval	Normal
6. Q R S	Axis : Normal R/S Ratio : Normal Configuration : Normal
7. Q T c Interval	Normal
8. S - T Segment	Normal
9. T - Wave	Normal

FINAL IMPRESSION

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.


Dr. R K VERMA
MBBS, PGDGM





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 08:59:59
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 27/Jul/2024 09:31:13
UHID/MR NO	: ALDP.0000096183	Received	: 27/Jul/2024 10:24:00
Visit ID	: ALDP0144492425	Reported	: 27/Jul/2024 12:57:17
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	12.80	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)	10,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	61.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	8.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Corrected	-	Mm for 1st hr.	< 20	Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.67	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.94	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	95.70	fl	80-100	CALCULATED PARAMETER
MCH	32.50	pg	27-32	CALCULATED PARAMETER
MCHC	33.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,588.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	648.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)





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CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 09:00:01
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 27/Jul/2024 09:31:12
UHID/MR NO	: ALDP.0000096183	Received	: 27/Jul/2024 10:24:00
Visit ID	: ALDP0144492425	Reported	: 27/Jul/2024 12:36:24
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	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	88.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal

Glucose PP	101.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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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 diabetics 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)	4.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	25.70	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	83	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





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 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)	7.30	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Low-protein diet, overhydration, Liver disease.

Creatinine	0.70	mg/dl	0.5-1.20	MODIFIED JAFFES
<i>Sample: Serum</i>				

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid	4.40	mg/dl	2.5-6.0	URICASE
<i>Sample: Serum</i>				

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	22.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	19.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.67	gm/dl	6.2-8.0	BIURET
Albumin	4.41	gm/dl	3.4-5.4	B.C.G.
Globulin	2.26	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.95		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	79.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.43	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.19	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	154.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
HDL Cholesterol (Good Cholesterol)	49.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	78	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.86	mg/dl	10-33	CALCULATED
Triglycerides	134.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr.Akanksha Singh (MD Pathology)





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Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 27/Jul/2024 13:32:07
UHID/MR NO	: ALDP.0000096183	Received	: 27/Jul/2024 13:52:20
Visit ID	: ALDP0144492425	Reported	: 27/Jul/2024 14:59:22
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
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URINE EXAMINATION, ROUTINE, *Urine*

Color	LIGHT YELLOW			
Specific Gravity	1.000			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
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	0.1-3.0	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	1-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

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.Akanksha Singh (MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 09:00:01
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 27/Jul/2024 09:31:12
UHID/MR NO	: ALDP.0000096183	Received	: 27/Jul/2024 10:24:00
Visit ID	: ALDP0144492425	Reported	: 27/Jul/2024 14:59:47
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
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THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	170.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.90	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.100	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.

AS

Dr.Akanksha Singh (MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 09:00:02
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 2024-07-27 09:20:35
UHID/MR NO	: ALDP.0000096183	Received	: 2024-07-27 09:20:35
Visit ID	: ALDP0144492425	Reported	: 27/Jul/2024 15:46:59
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

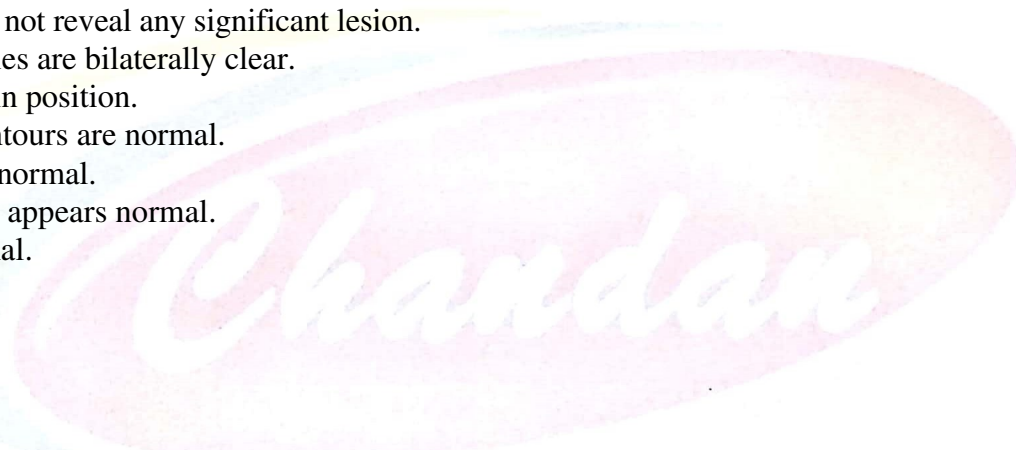
X-RAY DIGITAL CHEST PA

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)
CHEST P-A VIEW

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

Please correlate clinically.



K N Singh

DR K N SINGH (MBBS,DMRE)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 09:00:02
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 2024-07-27 11:41:52
UHID/MR NO	: ALDP.0000096183	Received	: 2024-07-27 11:41:52
Visit ID	: ALDP0144492425	Reported	: 27/Jul/2024 11:47:15
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER: - Normal in size (13.9 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

GALL BLADDER :- Well distended. Normal wall thickness is seen. No evidence of calculus/focal mass lesion/pericholecystic fluid is seen.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

SPLEEN: - **Enlarged in size (12.0 cm)**, and normal echogenicity. No evidence of mass lesion is seen.

RIGHT KIDNEY: - Normal in size (11.0 cm), shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (11.4 cm), shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Is adequately distended. No evidence of wall thickening/calculus is seen.

UTERUS :- Is normal in size (7.7 x 3.5 x 4.5 cm). No focal myometrial lesion is seen. Endometrium is normal in thickness measuring ~ 10.4 mm.

OVARIES :- Bilateral ovaries are normal in size, shape and echogenicity.

ADNEXA :- No obvious adnexal pathology is seen.

HIGH RESOLUTION :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

IMPRESSION : Borderline splenomegaly.

Please correlate clinically.

DR K N SINGH (MBBS,DMRE)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.TANU KUMARI - 199282	Registered On	: 27/Jul/2024 09:00:02
Age/Gender	: 24 Y 5 M 24 D /F	Collected	: 2024-07-27 10:02:58
UHID/MR NO	: ALDP.0000096183	Received	: 2024-07-27 10:02:58
Visit ID	: ALDP0144492425	Reported	: 29/Jul/2024 13:55:46
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Tread Mill Test (TMT)


NORMAL

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, PAP SMEAR FOR CYTOLOGICAL EXAMINATION




Dr. R K VERMA
MBBS, PGDGM

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 *Facilities Available at Select Location

