



बैंक ऑफ़ बड़ौदा Bank of Baroda



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	ANGANA YASH DAVE
जन्म की तारीख	22-09-1994
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	28-09-2024
बुकिंग संदर्भ सं.	24S177313100115106S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. DAVE YASH HARSHADKUMAR
कर्मचारी की क.कू.संख्या	177313
कर्मचारी का पद	CUSTOMER SERVICE ASSOCIATE
कर्मचारी के कार्य-का स्थान	AHMEDABAD, SARKHEJ
कर्मचारी के जन्म की तारीख	07-06-1990

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 24-09-2024 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।)



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

સાચાં સુધી છે

Angana Yash Dave
જન્મ તારીખ / DOB : 22/09/1994
લિંગ / Female

3958 1842 0957

મારી આધાર, મારી ઓળખ

Issue Date: 18/11/2019

Angana Yash Dave
942291990388



LABORATORY REPORT

Name : Mrs. Angana Yash Dave
Sex/Age : Female/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101388
Reg. Date : 28-Sep-2024 09:04 AM
Collected On :
Report Date : 28-Sep-2024 03:32 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 158

Weight (kgs) : 93.10

Blood Pressure : 130/90mmHg

Pulse : 92/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy - N/A

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



TEST REPORT

Reg. No : 409101388	Ref Id :	Collected On : 28-Sep-2024 09:05 AM
Name : Mrs. Angana Yash Dave		Reg. Date : 28-Sep-2024 09:04 AM
Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	12.9	g/dL	12.5 - 16
Hematocrit (Calculated)	42.00	%	40 - 50
RBC Count (Electrical Impedance)	L 4.67	million/cmm	4.73 - 5.5
MCV (Calculated)	89.9	fL	83 - 101
MCH (Calculated)	27.7	Pg	27 - 32
MCHC (Calculated)	L 30.8	%	31.5 - 34.5
RDW (Calculated)	13.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7500	/cmm	4000 - 10000
MPV (Calculated)	9.2	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	58	%	40 - 80	4350 /cmm	2000 - 7000
Lymphocytes (%)	32	%	20 - 40	2400 /cmm	1000 - 3000
Eosinophils (%)	04	%	0 - 6	450 /cmm	200 - 1000
Monocytes (%)	06	%	2 - 10	300 /cmm	20 - 500
Basophils (%)	0	%	0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
WBC Morphology : Normal


PLATELET COUNTS

Platelet Count (Electrical Impedance) : 361000 /cmm 150000 - 450000
Electrical Impedance
Platelets : Platelets are adequate with normal morphology.
Parasites : Malarial parasite is not detected.
Comment : -

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Approved By : 
MD (Pathology)

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Reg. No : 409101388	Ref Id :	Collected On : 28-Sep-2024 09:05 AM
Name : Mrs. Angana Yash Dave		Reg. Date : 28-Sep-2024 09:04 AM
Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO "O"
Tube Agglutination (Forward & Reverse grouping) Method

Rh (D) Positive
Tube Agglutination (Forward & Reverse grouping) Method

Note -

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour 3 mm/hr ESR AT 1 hour : 3-12
Westergreen method


ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Dr. Purvish Darji
MD (Pathology)

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Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : Flouride F		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	106.30	mg/dL	70 - 110
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Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	296.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	183.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	58.50	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	200.86	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	36.64	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.43		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.06		0 - 5.0
<i>Calculated</i>			

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TEST REPORT

Reg. No : 409101388	Ref Id :	Collected On : 28-Sep-2024 09:05 AM
Name : Mrs. Angana Yash Dave		Reg. Date : 28-Sep-2024 09:04 AM
Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.42	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	5.01	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>Bromocresol Green</i>			
Globulin (Calculated)	2.41	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	2.08		0.8 - 2.0
SGOT	80.50	U/L	0 - 31
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	77.10	U/L	0 - 34
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	174.6	IU/l	42 - 98
<i>4-Nitrophenol phosphate (AMP)</i>			

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TEST REPORT

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Age/Sex : 30 Years / Female **Pass. No.** : **Tele No.** : 9429199038
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL


Total Bilirubin 0.51 mg/dL Cord : Premature & full term : <2.0
0-1 day : Premature : <8.0
0-1 day : Full term : 1.4 - 8.7
1-2 day : Premature : <12
1-2 day : Full term : 3.4 - 11.5
3-5 day : Premature : <16
3-5 day : Full term : 1.5 - 12.0
Adult : 0.3 - 1.2

Vanadate Oxidation
Direct Bilirubin 0.12 mg/dL 0.0 - 0.4
Vanadate
Indirect Bilirubin 0.39 mg/dL 0.0 - 1.1
Calculated
GGT 42.00 U/L < 38
Y-Glutamyltransferase - IFCC

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Age/Sex : 30 Years / Female **Pass. No.** : **Tele No.** : 9429199038
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

Parameter **Result** **Unit** **Biological Ref. Interval**


BIO - CHEMISTRY

Uric Acid <i>Uricase - Peroxidase</i>	3.78	mg/dL	2.6 - 6.0
Creatinine <i>Sarcosine Oxidase peroxidase</i>	0.64	mg/dL	0.6 - 1.1
BUN <i>Urease - UV Method</i>	7.00	mg/dL	6.0 - 20.0

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Name : Mrs. Angana Yash Dave		Reg. Date : 28-Sep-2024 09:04 AM
Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
 Specimen: Blood EDTA

*Hb A1C	5.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	96.80	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication 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.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : Urine Spot		Location : CHPL

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Age/Sex : 30 Years / Female **Pass. No.** : **Tele No.** : 9429199038
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CLIA-Sandwich Immunoassay</i>	1.29	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CLIA-Sandwich Immunoassay</i>	9.00	µg/dL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.


Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
Dr. Purvish Darji
MD (Pathology)

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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat


TEST REPORT

Reg. No : 409101388	Ref Id :	Collected On : 28-Sep-2024 09:05 AM
Name : Mrs. Angana Yash Dave		Reg. Date : 28-Sep-2024 09:04 AM
Age/Sex : 30 Years / Female	Pass. No. :	Tele No. : 9429199038
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 3.590 µIU/ml 0.35 - 5.50
CLIA-Sandwich Immunoassay

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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LABORATORY REPORT

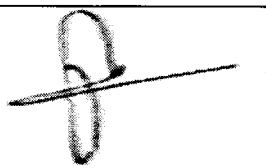
Name : Mrs. Angana Yash Dave
Sex/Age : Female/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101388
Reg. Date : 28-Sep-2024 09:04 AM
Collected On :
Report Date : 28-Sep-2024 04:47 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, Trivial TR, Trivial PR, No AR.
7. No PAH, RVSP: 23 mmHg, AOVP: 1.03 m/s, PVP: 0.83 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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LABORATORY REPORT

Name :	Mrs. Angana Yash Dave	Reg. No :	409101388
Sex/Age :	Female/30 Years	Reg. Date :	28-Sep-2024 09:04 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 01:53 PM

X RAY CHEST PA

Both lung fields show prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 2 of 3

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LABORATORY REPORT

Name :	Mrs. Angana Yash Dave	Reg. No :	409101388
Sex/Age :	Female/30 Years	Reg. Date :	28-Sep-2024 09:04 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 01:14 PM

USG OF ABDOMEN

Liver appears normal in size & increased echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

Comments:-

Grade II fatty liver.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness and for further intervention.

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

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LABORATORY REPORT

Name :	Mrs. Angana Yash Dave	Reg. No :	409101388
Sex/Age :	Female/30 Years	Reg. Date :	28-Sep-2024 09:04 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 01:14 PM

BILATERAL BREAST SONO GRAPHY :-

Normal breast parenchyma is seen on either side. No evidence of solid or cystic mass lesion is seen.

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

No evidence of axillary lymphadenopathy.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

COMMENT :

- No significant abnormality detected (BI-RADS- I).
- No direct or indirect sign of malignancy seen.

BIRADS Categories :

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results is subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

----- End Of Report -----

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

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LABORATORY REPORT

Name :	Mrs. Angana Yash Dave	Reg. No :	409101388
Sex/Age :	Female/30 Years	Reg. Date :	28-Sep-2024 09:04 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 04:22 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -2.00

CY: -025

AX:99

LEFT EYE

SP : -2.00

CY : -1.00

AX :50

	Without Glasses	With Glasses
Right Eye	6/24	6/6
Left Eye	6/24	6/6

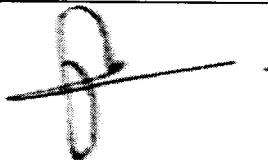
Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision : Normal

Comments: Normal

----- End Of Report -----

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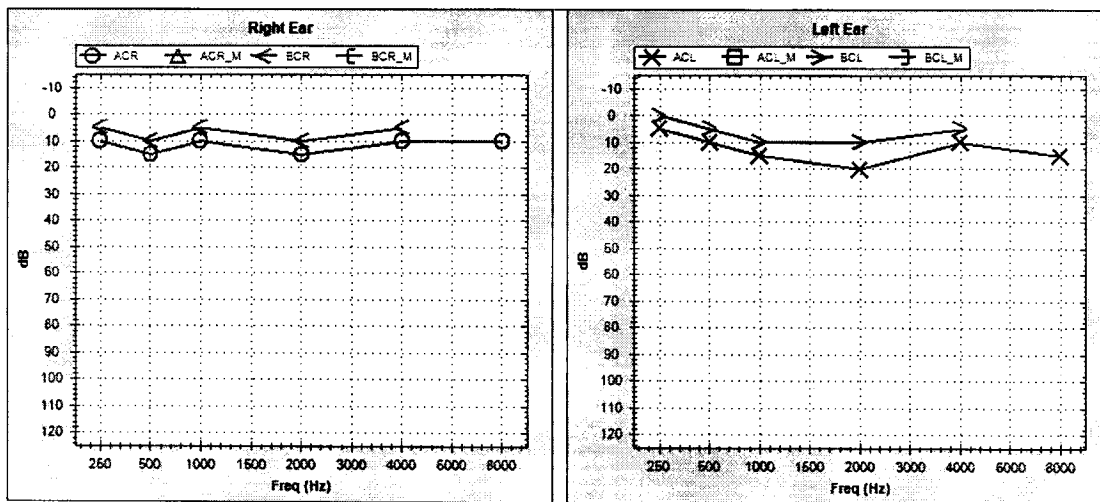


LABORATORY REPORT

Name : Mrs. Angana Yash Dave
Sex/Age : Female/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101388
Reg. Date : 28-Sep-2024 09:04 AM
Collected On :
Report Date : 28-Sep-2024 04:22 PM

AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	×	⌋	>	Blue
RIGHT	△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11.0	11.0
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

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LABORATORY REPORT

Name : Mrs. Angana Yash Dave
Sex/Age : Female/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101388
Reg. Date : 28-Sep-2024 09:04 AM
Collected On :
Report Date : 30-Sep-2024 02:46 PM

Electrocardiogram

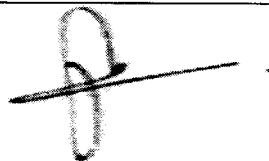
Findings

Lad.

Poor r wave progression.

----- End Of Report -----

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Dr. Parth S Patel
MBBS, MD, FNB

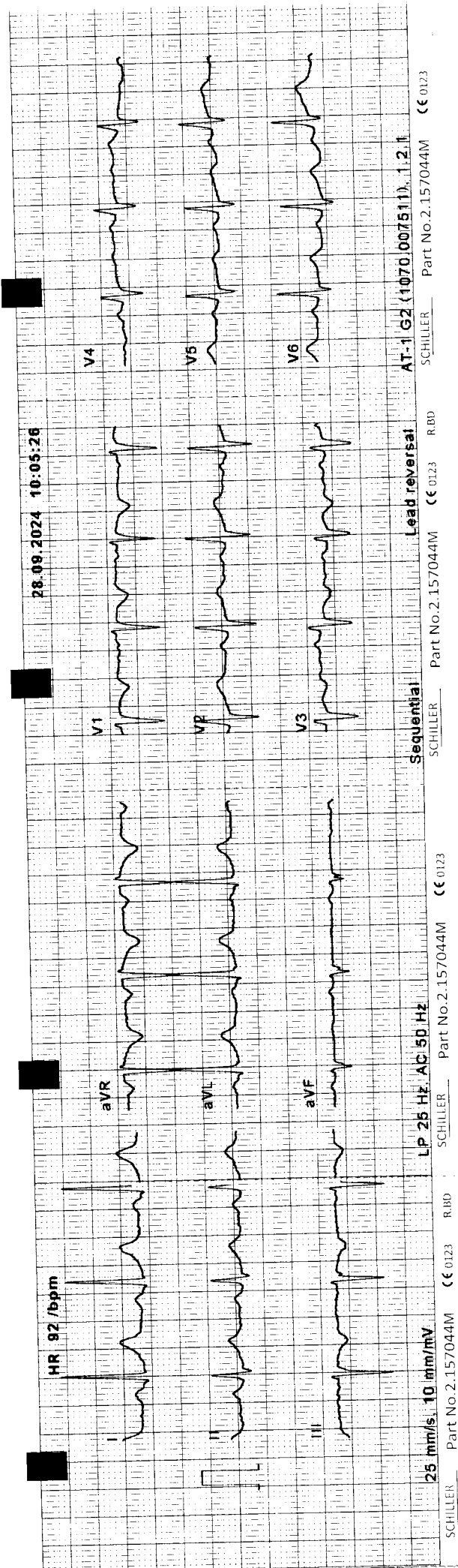
DR.MUKESH LADDHA

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HR 92 /bpm		28.09.2024 10:05:26	
RR	650 ms	P axis	25°
P	102 ms	QRS axis	-11°
PR	138 ms	T axis	0°
QRS	84 ms		
QT	372 ms		
QTc	461 ms		
(Bazett)			
Sokolow	1.34 mV		
Cornell	1.91 mV		
Lewis	2.72 mV		
Ramhill	-		
BP			mmHg
Medication			
Remark			
AT-1 G2 (1070.007511), 1.2.1		SCHILLER Part No. 2.157044M CE 0123 R.80	

LAD
 poor R wave progression

[Signature]