

पत्र

संस्था/एचएल

Mediwheel (Arcofemi Healthcare Limited)

हेडफ़ोर्स नंबर: 011-41105050

प्रेषित: सुविधा,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है, हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैलेंडर वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

नाम	कर्मचारी विवरण
क. कु. मरुया	MS. KUMARI ANITA
पदनाम	171882
कार्य का स्थान	BRANCH OPERATIONS
जन्म की तारीख	DHANBAD, SARAIIDHELA
स्वास्थ्य जांच की प्रस्तावित तारीख	18-10-1987
बुकिंग संदर्भ सं.	29-03-2024
	23M171882100105680E

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 26-03-2024 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 कैलेंडर 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। उपयुक्त सारणी में दी गई कर्मचारी फूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनबॉक्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

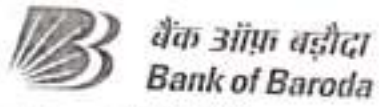
(मुख्य महाप्रबंधक)

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।)



बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम : अनिता कुमारी  
Name : ANITA KUMARI

कार्यकारी कूट क : 171882  
E.C.No. : 171882



*Anita Kumari*  
Date of Birth: \_\_\_\_\_  
Signature of Patient

बैंक ऑफ बड़ोदा लि. १००, कलकत्ता-७५  
Bank of Baroda Ltd. 100, Calcutta-75

If found, please return to,  
Dy General Manager  
Bank of Baroda, Baroda Surya Bhawan, Main Road Bistapur  
Jharkhand- 831001, Jharkhand  
Phone: 931 687 2249410

PERMANENT ADDRESS: Wo- Shashi Shekhar Green, Vill- Brambe, Po- Brambe,  
Ps- Mandar 836201 Ranchi, Jharkhand

EMERGENCY CONTACT NO.: 9546271611

रक्त समूह / Blood Group : O+

चिह्न / Identification Marks : Cut Mark On Left Side Of Elbow




**भारत सरकार**  
 Government of India


 अनिता कुमारी  
 Anita Kumari  
 UID/DOB: 18/10/1987  
 लिंग: FEMALE

**8701 9810 1253**  
 VID: 8101 7376 1809 8800

मेरा आसपार, मेरी पहचान





 भारतीय पहचान, पहचान प्राधिकरण  
 Unique Identification Authority of India

UID: 8701 9810 1253, UID/DOB: 18/10/1987, लिंग: FEMALE  
 पता: 835205

**Address:**  
 D/O Chandra Orson, P.O. Pali, P.S. Ratu, Chitaur  
 Kote Barketoli, Ranchi,  
 Jharkhand - 835205

**8701 9810 1253**  
 VID: 8101 7376 1809 8800



MRS ANITA KUMARI  
Female

29-Mar-24 16:53:49

ASAPTI INST. OF CARDIAC SCIENCES



Rate 97 . Sinus rhythm.....Normal P axis, V-rate 50- 99

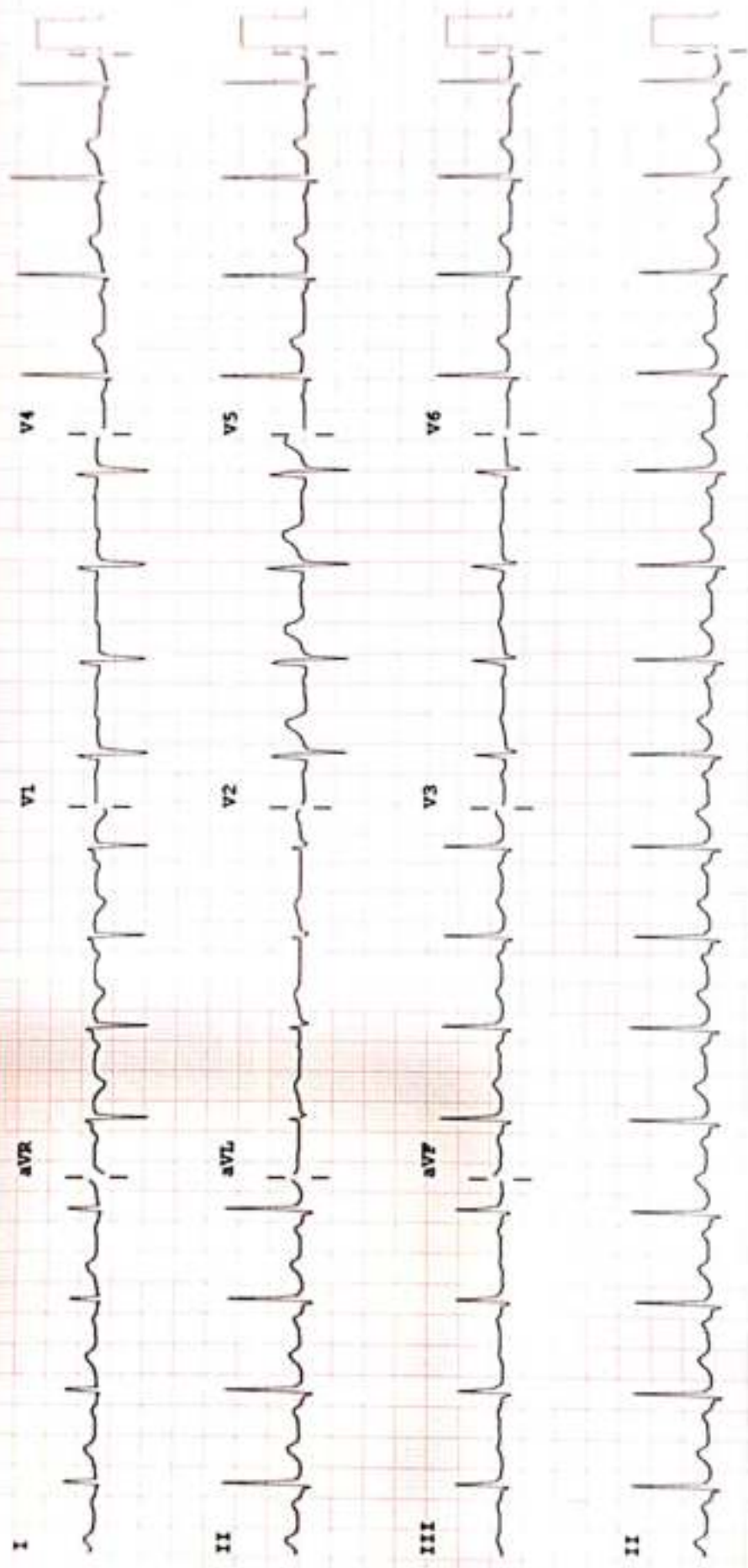
PR 150  
 QRS 84  
 QT 344  
 QTc 437

--AXIS--  
 P 60  
 QRS 60  
 T 32

12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

P 50- 0.50-100 Hz W

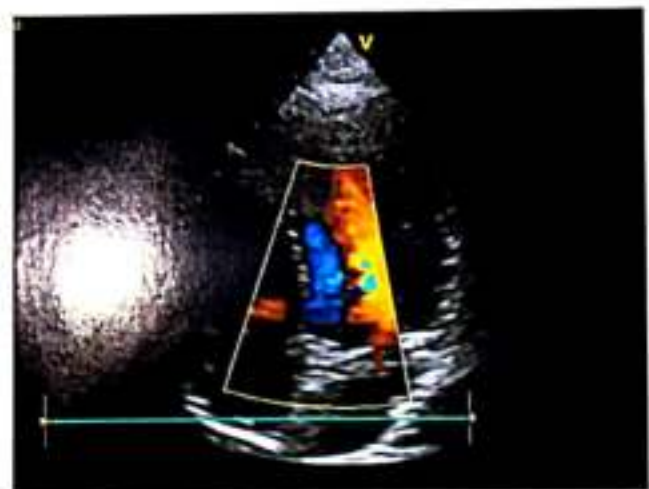
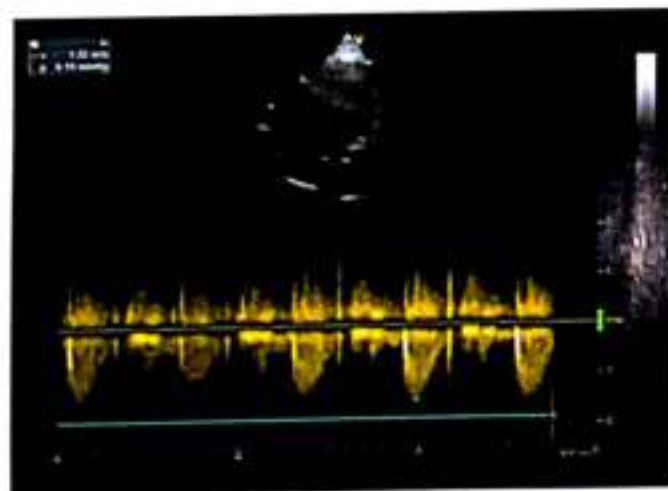
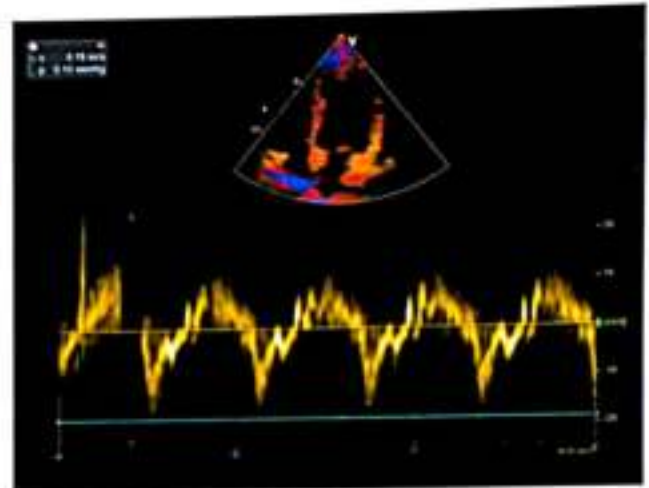
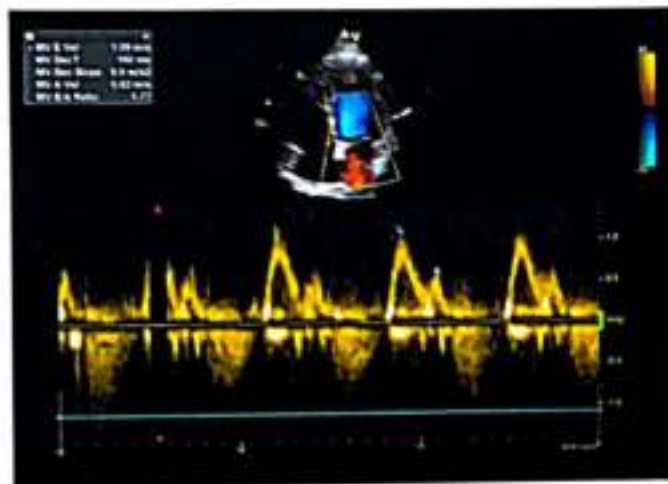
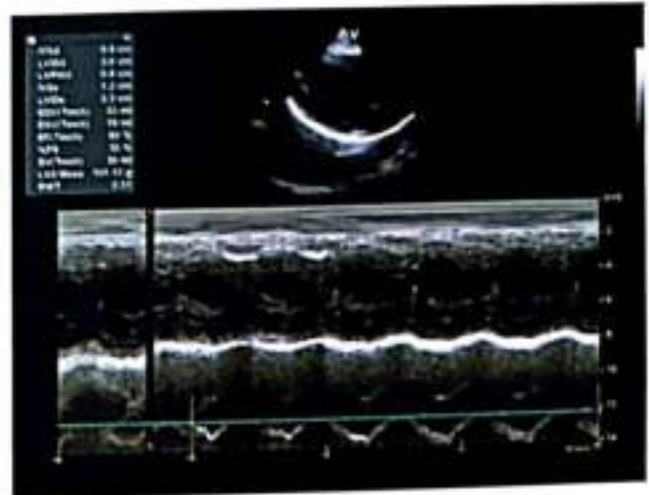
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# ASARFI INSTITUTE OF CARDIAC SCIENCES

Name : MRS ANITA KUMARI

Date : 29/03/2024

Patient Id : 80705



## REPORT

### ECHOCARDIOGRAPHY REPORT

Name: MRS ANITA KUMARI

Age: 36

Sex: Female

Date: 29/03/2024

#### 2D & M-MODE MEASUREMENTS

LA Diam	2.2 cm
Ao Diam	2.0 cm
IVSd	0.9 cm
LVIDd	3.6 cm
LVPWd	0.9 cm
IVSs	1.2 cm
LVIDs	2.3 cm

#### 2D & M-MODE CALCULATIONS

EDV(Teich)	53 ml
ESV(Teich)	19 ml
EF(Teich)	65 %
%FS	35 %
SV(Teich)	35 ml
LVd Mass	101.12 g
RWT	0.51

#### MITRAL VALVE

MV E Vel	1.09 m/s
MV DecT	160 ms
MV Dec Slope	6.8 m/s <sup>2</sup>
MV A Vel	0.62 m/s
MV E/A Ratio	1.77
E'	0.16 m/s
E/E'	6.92

#### AORTIC VALVE

AV Vmax	1.52 m/s
AV maxPG	9.19 mmHg

#### TRICUSPID VALVE

#### PULMONARY VALVE

#### COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-57%)
- NORMAL MITRAL INFLOW PATTERN
- NO MR, AR, TRACE TR, NO PAH
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

#### IMPRESSION:

- NORMAL ECHO STUDY

  
DR. S.H. CHAVAN  
(CONSULTANT CARDIOLOGIST)

TECH. SIG

## OUR FACILITIES

• MRI-3Tesa • CARDIAC CT & CORONARY ANGIO • USG-4D • MAMMOGRAPHY • DIGITAL X-RAY • ENDOSCOPY  
ECHO • EEG • ECG • TMT • PATHOLOGY • PREVENTIVE CANCER SCREENING • OPG • FIBRO SCAN • NCV  
All Biopsies Including TRUS Guided Biopsy

Patient's Name : ANITA KUMARI

Age : 36 Yrs.

Referred by Dr. : M/O ASARFI HOSPITAL

Test Date : 29.03.2024

Patient ID : 240329/56

Sex : FEMALE

Report Date : 29.03.2024


### ULTRASONOGRAPHY OF WHOLE ABDOMEN

- LIVER** : Is normal in size & shape. Parenchyma shows homogenous in echopattern. No focal lesion is seen. IHBR are not dilated. Portal vein is normal in diameter.
- GALL BLADDER** : Is normal in size. Wall thickness is normal. No calculus or sludge is seen.
- CBD** : Is normal in diameter. No calculus is seen within the lumen.
- PANCREAS**: Is normal in size and homogenous in echopattern. MPD is not dilated.
- SPLEEN** : Is normal in size and homogenous in echopattern. No focal lesion is seen.
- KIDNEYS** : Right kidney is normal in size. Parenchymal echogenicity is normal. Cortico-medullary distinction is preserved. No calculus is seen. Pelvicalyceal system is not dilated.  
Left kidney is normal in size. Parenchymal echogenicity is normal. Cortico-medullary distinction is preserved. No calculus is seen. Pelvicalyceal system is not dilated.
- URETERS** : Are not dilated.
- URINARY BLADDER** : Is adequately distended. Wall thickness is normal. No calculus is seen.
- UTERUS** : Is normal in size (measures- 87mm in long axis). Myometrial echopattern is homogenous. No mass lesion seen. Endometrial thickness is normal. Cervix appears normal.
- ADNEXAE** : Bilateral ovaries are normal in size.  
No mass lesion or cyst is seen in bilateral adnexal region.  
No free fluid is seen in peritoneal cavity.

### IMPRESSION

- Ultrasonography whole abdomen is within normal limit.

Suggested : Clinical correlation & further investigation.

  
DR. M K JHA  
MBBS (CMC, Kolkata)  
MD, Radiology (IPGME & R, Kolkata)  
FRCR-II A (London)  
Consultant [Radiology & Imaging]



DR. SUMIT AGARWAL  
MBBS, DNB (Rad. Diagnosis)  
Hinduja hospital Mumbai  
Ex SR Cooper hospital Mumbai.  
FMF ID- 275506

Typed by:-...Varsha....

### DHANBAD

Shri Ram Vatika, Barwa Road, Dhalya, Dhanbad-826001  
+91 9155001151/50 ✉ imagicahealthscandhanbad@gmail.com





## RADIOLOGY REPORT

Patient Name :	MRS ANITA KUMARI	Patient ID :	80705
Modality :	DX	Sex :	F
Age :	36Y	Study :	CHEST PA
Reff. Dr. :	DR SELF	Study Date :	29-03-2024

### X-RAY CHEST (PA VIEW)

#### OBSERVATIONS:

- B/L lung fields are normal.
- Both hila appear normal in size and density.
- Trachea is central.
- Heart size appears normal.
- Both costophrenic angles appear normal.
- Both domes of diaphragm appear normal in outline and position.
- The bony cage and surrounding soft tissue is normal.

**IMPRESSION:** Normal study.

*Please correlate clinically.*

*Bishnu Prasad Tripathy*

**Dr. Bishnu P Tripathy, MD**

Consultant Radiologist

Registration No: - 21792/2016

Date 30-03-2024 Time 09-36-36



**Disclaimer:** - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.



**24 HOUR EMERGENCY**

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# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishunpur Polytechnic, Dhanbad 826 130

Ph No 7808368888 9297862282, 9234681514



## FINAL REPORT

Name : MRS. ANITA KUMARI  
 Reg. No. : MAR24-80705  
 Age / Sex : 36 Y 5 M 11 D / Female  
 Doctor : Self-Walkin  
 Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:41:29  
 Receiving Time : 29-03-2024 10:42:11  
 Reporting Time : 29-03-2024 13:55:37  
 Publish Time : 29-03-2024 3:13 pm

Test Name	Result	Flag	Unit	Reference Range
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### Biochemistry

#### Creatinine, Serum

Method: Enzymatic

Creatinine, Serum

0.6

Machine Name: XL640

mg/dl

0.6-1.4

#### Uric Acid, Serum

Method: Enzymatic

Uric Acid, Serum

3.3

L

Machine Name: XL640

mg/dl

3.4-7.0

#### Blood Urea Nitrogen (BUN)

Method: Calculated

Blood Urea Nitrogen (BUN)

6.3

L

Machine Name: XL640

mg/dl

07-21

#### Fasting Blood Glucose, Plasma

Method: GOD-POD

Fasting Blood Glucose, Plasma

92.0

Machine Name: XL640

mg/dl

70-110

#### LIPID PROFILE, SERUM

Method: Spectrophotometry

Triglycerides (Enzymatic)

85.0

Machine Name: XL640

mg/dl

Normal: <150

Borderline-high:

150-199 High risk

200-499

Very high risk >500

Cholesterol, Total (CHOD/PAP)

177.0

mg/dl

<200 No risk 200-239

Moderate

risk >240 High risk

VLDL Cholesterol (Calculated)

17

mg/dl

0-30

HDL Cholesterol (Enzymatic)

57.5

L

mg/dl

<40 High Risk ; >60 No

Risk



DR. N. N. SINGH  
 MD (PATHOLOGY)

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(1) It is presumed that the test(s) performed are on the specimen(s) (Sample(s)) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory investigations are only test to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/clotted/serum etc. (c) Incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the name on the test requisition form. (5) The Results of the Test May vary from lab to lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email-[asarfihospital@gmail.com](mailto:asarfihospital@gmail.com)

24 HOUR EMERGENCY

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 Pat. Type : Mediawheel



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Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	102.5	H	mg/dl	Optimum:<100 Above optimum:<130; Moderate risk:130-159; High risk>160
Cholesterol Total : HDL Ratio (Calculated)	3.08		mg/dl	1.2-6.0
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b>				
Method : HPLC / Nephelometry				
HbA1C	5.6		%	4.4-6.2
Estimated average glucose (eAG)	114.02		mg/dl	

Machine Name: BIO-RAD, D-10 / MSPA

### Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

### FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | MEASUREMENT | OF HbA1C RESULTS |

\_\_\_\_\_ | \_\_\_\_\_ |  
Hemoglobin variants, elevated fetal	Any condition that shortens erythrocyte
hemoglobin (HbF) and chemically	survival or decreases mean erythrocyte
modified derivatives of hemoglobin	age (e.g., recovery from acute blood loss,
(e.g. carbamylated Hb in patients	hemolytic anemia, HbS5, HbCC, and HbSC)
with renal failure) can affect the	will falsely lower HbA1c test results
accuracy of HbA1c measurements	regardless of the assay method used. Iron
deficiency anemia is associated with	
higher HbA1c	



DR N N SINGH  
 MD (PATHOLOGY)

**Caution of Laboratory Test Results:**  
 (1) It is presumed that the tests performed are on the specimen(s) (Sample(s)) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) (Sample(s)). Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (2) Tests results are not valid for medico-legal purposes. (3) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/clotted/Spemic etc. (c) Incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (f) The Results of the Test May vary from lab to lab and also from time to time for the same patient. (g) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology (7) In case of queries or unexpected test results please call at +91 9297862282, Email: lab.asarfi@gmail.com

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Doctor : Self-Walkin  
Pat. Type : Mediwheel



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Publish Time : 29-03-2024 3:13 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Liver Function Test (LFT)</b>				
Method: Spectrophotometry				
Bilirubin Total (Diazo)	2.1	H	mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.6	H	mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	1.5	H	mg/dl	0.00-1.0
SGPT (IFCC without PDP)	16.8		U/L	7-50
SGOT (IFCC without PDP)	18.5		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	235.0		U/L	70-306
GGT (Enzymatic)	18.9		U/L	0-55
Protein Total (Biuret)	7.9		g/dl	6.4-8.3
Albumin (BCG)	4.5		g/dl	3.5-5.2
Globulin (Calculated)	3.4		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.32			0.8-2.0

Machine Name: XL-640



DR N N SINGH  
MD (PATHOLOGY)

Get the report for the purpose of Medical/Legal purposes.

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Ph No : 7608368888, 9297862282, 9234681514



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 Doctor : Self-Walkin  
 Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:41:29  
 Receiving Time : 29-03-2024 10:42:15  
 Reporting Time : 29-03-2024 19:16:05  
 Publish Time : 30-03-2024 1:11 pm

Test Name	Result	Flag	Unit	Reference Range
Glucose, PP Method: GOD-POD	110.7		mg/dl	70-140

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine



DR N N SINGH  
 MD (PATHOLOGY)

Division of Laboratory Testing & Analysis

Page 3 of 30

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Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:41:29  
Receiving Time : 29-03-2024 10:42:11  
Reporting Time : 29-03-2024 13:55:37  
Publish Time : 29-03-2024 3:13 pm

Test Name	Result	Flag	Unit	Reference Range
Clinical Pathology				



DR N N SINGH  
MD (PATHOLOGY)

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# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuni, Bishnupur Polytechnic, Dhanbad 826 130

Ph. No. : 7806368888, 9297862282, 9234681514



## FINAL REPORT

Name : MRS. ANITA KUMARI  
Reg. No. : MAR24-80705  
Age / Sex : 36 Y 5 M 11 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



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Test Name	Result	Flag	Unit	Reference Range
<b>Routine Urine Examination; Urine</b>				
Method: Microscopic				Machine Name: Microscope
Leukocytes	NEGATIVE			
Appearance	SLIGHTLY HAZY			
Colour	STRAW			
Volume	15		ml.	
Protiens	NEGATIVE			
Glucose	NEGATIVE			
PH	7.0			
Specific Gravity	1.010			
Bilirubin	NEGATIVE			
Ketone Bodies	NEGATIVE			
Bile Salts	XX			
Bile Pigments	XX			
Nitrite	NEGATIVE			
Pus Cells	1-2		/hpf.	
Epithelial Cells	1-2		/hpf.	
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	



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Publish Time : 29-03-2024 3:13 pm

Test Name	Result	Flag	Unit	Reference Range
Crystals	NOT SEEN		/hpf.	
others	NOT SEEN		.	
<b>Protein:Creatinine Ratio; Urine</b>				
Method : Immunoturbidimetry, Spectrophotometer				
Protein	108.0		mg/L	
Creatinine	32.84		mg/dl	
PCR	3.29		mg/g	0-0.5



  
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Get the report in Hindi for medical-legal purposes. (1) It is presumed that the test(s) performed are on the specimen(s) (Sample(s)) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico-legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/clotted/serum etc. (c) incorrect specimen type for requested test. (d) Specimen quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the name on the test requisition form. (5) The Results of the Test may vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email: labasarfi@gmail.com

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Reg. No. : MAR24-80705  
Age / Sex : 36 Y 5 M 0 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 29-03-2024 10:41:29  
Receiving Time : 29-03-2024 10:42:13  
Reporting Time : 31-03-2024 11:58:01  
Publish Time : 01-04-2024 10:31 am

Test Name	Result	Flag	Unit	Reference Range
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### Microbiology

#### Culture & Sensitivity (Urine)

Method : vitek 2 compact

Machine Name : vitek 2 compact

Organism Isolated

NO GROWTH OF ANY ORGANISM

#### Note:

In view of developing antibiotics resistance in india. It is advisalbe to use anitblotics belonging to Group B & C only if the patient is resistant to antibiotics.

\* Insturment used Bact/Alert 3D 60 & vitek 2 compact.



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#### Condition of Laboratory Testing & Reporting

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Test Name	Result	Flag	Unit	Reference Range
<b>Haematology</b>				
<b>BLOOD GROUP, ABO &amp; RH TYPING</b>				
Method: Agglutination				
ABO GROUP	O	-		0-0
RH TYPING	POSITIVE	-		0-0
<b>ESR (Erythrocyte Sedimentation Rate)</b>				
Method: Westergren				
ESR	09		mm/hr	0-10

Machine Name: VES-MATIC 20  
 mm/hr



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Test Name	Result	Flag	Unit	Reference Range
<b>Nature of Material:</b> EDTA Blood Sample				
<b>Complete Blood Count (CBC)</b>				
Method: Electronical Impedence <span style="float: right;">Machine Name: Sysmex 6 part</span>				
Hemoglobin (Photometry)	9.7	L	g/dl	13-18
PCV (Calculated)	34.1	L	%	40-50
MCH (Calculated)	20.7	L	Pg	27-31
MCHC (Calculated)	28.4	L	g/dl	31.5-35.5
Red Cell Distribution Width (RDW) (Electrical Impedence)	17.6	H	%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedence)	4,400		/cu-mm	4000-11000
RBC Count (Electrical Impedence)	4.69		million/mm <sup>3</sup>	4.5-5.5
Mean Corpuscular Volume (MCV) (Electrical Impedence)	72.7	L	fL	83-101
Platelet Count (Electrical Impedence)	1.43	L	lakhs/cumm	1.5-4.5
Neutrophils (VCS Technology)	57		%	55-75
Lymphocytes (VCS Technology)	35	H	%	15-30
Eosinophils (VCS Technology)	04		%	1-6
Monocytes (VCS Technology)	04		%	2-10
Basophils (VCS Technology)	00		%	0-1



  
DR N N SINGH  
MD (PATHOLOGY)

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Ph. No : 7608368888, 9297862282, 9234681514



MC-8838

## FINAL REPORT

Name : MRS. ANITA KUMARI  
Reg. No. : MAR24-80705  
Age / Sex : 36 Y 5 M 11 D / Female  
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Pat. Type : Medirwheel



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Test Name	Result	Flag	Unit	Reference Range
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### Immunology and Serology

#### THYROID PROFILE, TOTAL, SERUM

Method : ECLIA

Test Name	Result	Unit	Reference Range
T3, Total	1.31	ng/ml	0.8-2.0
T4, Total	7.79	µg/dL	5.10-14.10
TSH (Ultrasensitive)	3.18	mIU/mL	0.27-4.2

Machine Name: Vitros EO

#### Interpretation:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% ; hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.



  
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MD (PATHOLOGY)

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# नयनश्री नेत्रालय

(A Unit of Asarfi Hospital Limited)

Baramuri, Bishunpur Polytechnic, Dhanbad - 828 130 (Jharkhand)  
7707013096, 7808368888 | www.asarfihospital.com, info@asarfihospital.com

PHC

## PRESCRIPTION FOR GLASS

Reg No. 80705

Date: 29/08/24

Name: MRS Anita Kumari

Age: 36 Gender: M  F

	RIGHT EYE				LEFT EYE			
	D SPH	D CYL	AXIS	VISION	D SPH	D CYL	AXIS	VISION
FOR DISTANCE VISION	<u>0.75</u>	<u>—</u>	<u>—</u>	<u>6/6</u>	<u>-1.00</u>	<u>—</u>	<u>—</u>	<u>6/6</u>
ADD FOR NEAR VISION	<u>—</u>	<u>—</u>	<u>—</u>	<u>N6</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>N6</u>

Lens: White / Photo Chromic / Tinted / Kryptok / Executive / Bifocal / CR 39

P.D.:

m.m. For DV

m.m. For NV

Remarks: Constant use / Distance use / Near use

Refractionist: [Signature]  
AHL/D/079/13/October/23



C/O → routine check up

NO Transmittal History

VA < 6/12  
6/18 E out glab

NO < 11/6  
12/6

EyeID → NO Flat

Contg → CLEAR

SCERA → CLEAR

AIC → deep

LENS → CLEAR

Adv  
9P