



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	DIVYA DEVI
DATE OF BIRTH	22-10-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-03-2024
BOOKING REFERENCE NO.	23M100518100099370S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RANJAN RAVI
EMPLOYEE EC NO.	100518
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	SASARAM,GOURAKSHANI
EMPLOYEE BIRTHDATE	30-07-1982

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 **12-03-2024** 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's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

170

ID: 154
DIVYA DEVI
Female 35Years

24-03-2024 07:05:58 AM

HR : 81 bpm

P : 88 ms

PR : 124 ms

QRS : 91 ms

QT/QTc : 350/408 ms

P/QRST : 69/41/43 °

RV5/SV1 : 1990/0.234 mV

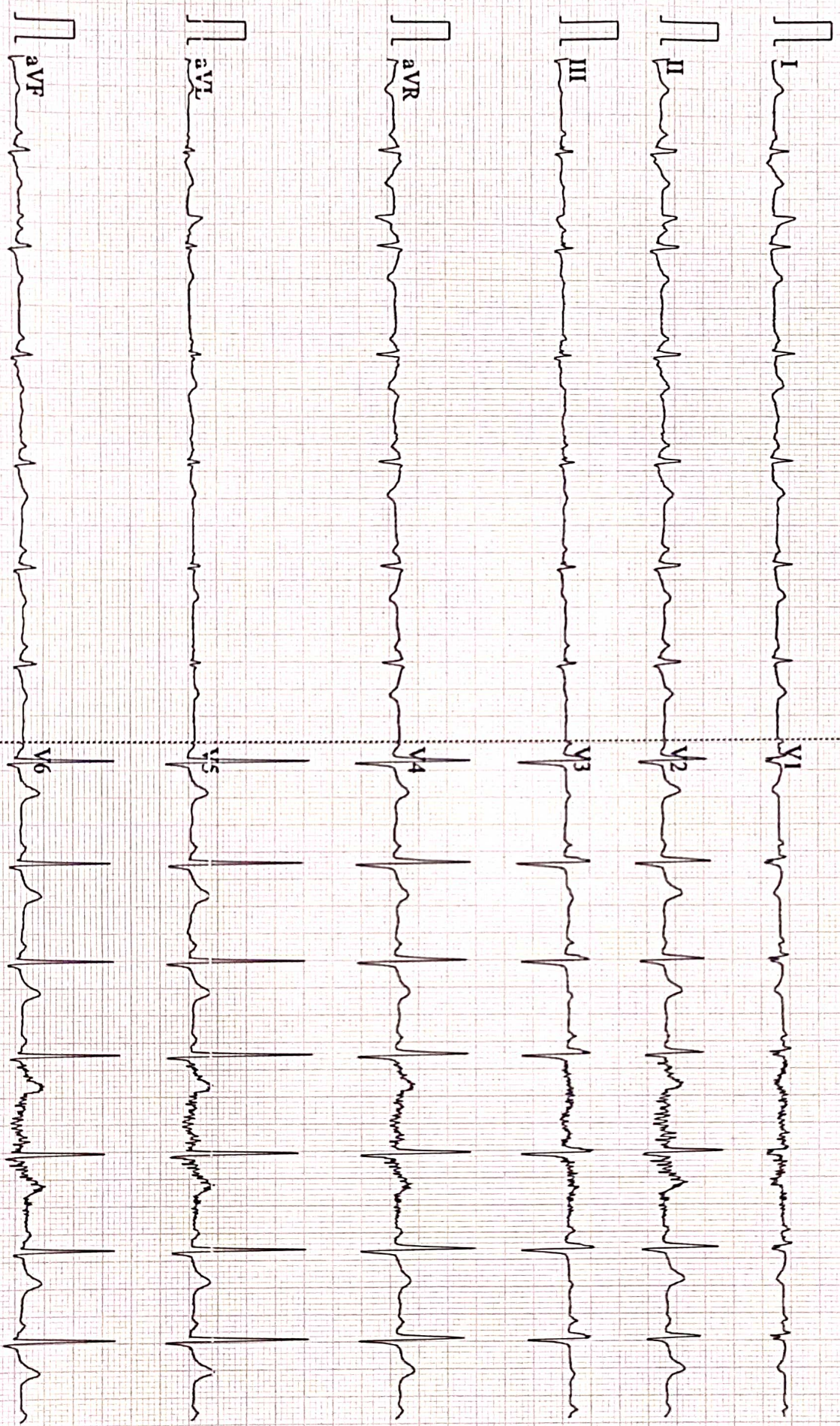
Diagnosis Information:

Sinus Arrhythmia

Low Voltage(Limb Leads)

Ref-Phys. :

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2±5.0s V2.2 SEMIP V1.81 DAIGNOSTIC

BPL



Name :- Divya Devi
Refd by :- Corp.

Age/Sex:- 35Yrs/F
Date :-24/03/24

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(13.5cm) with normal echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.
- CBD** :- It is normal in calibre & is echofree.
- Pancreas** :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.
- Spleen** :- **Mild enlarged in size(12.3cm)** with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.
- Kidneys** :- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.
Right Kidney measures 11.7cm and Left Kidney measures 10.4cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (8.2cm x 3.3cm) and anteverted in position with normal myometrial echotexture and endometrial thickness.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 26mm x 18mm and Left ovary measures 33mm x 22mm.
Mild pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mild Splenomegaly.
Mild Collection Seen in POD.
Otherwise Normal Scan.*

Dr. Arun Kumar
MBBS, DMRD (Radio-Diagnosis)
Consultant Radiologist

AAROGYAM DIAGNOSTICS**PATNA****2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg Date: 24-Mar-2024 Technician : RESHMA ALI****Report****(GEM212170906)(R)Kardic by Allengers**

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:08	0:01	00.0	00.0	01.0	105	57 %	110/70	115	00	
Standing	00:14	0:01	00.0	00.0	01.0	106	57 %	110/70	116	00	
HV	00:22	0:01	00.0	00.0	01.0	100	54 %	110/70	110	00	
Warm Up	00:28	0:01	01.0	00.0	01.0	105	57 %	110/70	115	00	
ExStart	00:38	0:06	01.7	10.0	01.1	127	69 %	110/70	139	00	
BRUCE/ Stage 1	03:38	3:00	01.7	10.0	04.7	184	99 %	115/75	211	00	
PeakEx	04:37	1:00	02.5	12.0	05.5	189	102 %	115/75	217	00	
Recovery	05:36	1:00	01.1	00.0	01.0	179	97 %	110/70	196	00	
Recovery	06:36	2:00	01.1	00.0	01.0	171	92 %	110/70	188	00	
Recovery	06:37	2:00	01.1	00.0	01.0	170	92 %	110/70	187	00	

Findings :

Exercise Time : 04:00
Max HR Attained : 190 bpm 103% of Target 185
Max BP Attained : (Sys) 115/75
Max WorkLoad Attained : 5.5 Fair response to induced stress
Max ST Dep Lead & Value : V5 & -5.2 mm in PeakEx mm
Test End Reasons : Test Complete

Report :

AAROGYAM DIAGNOSTICS

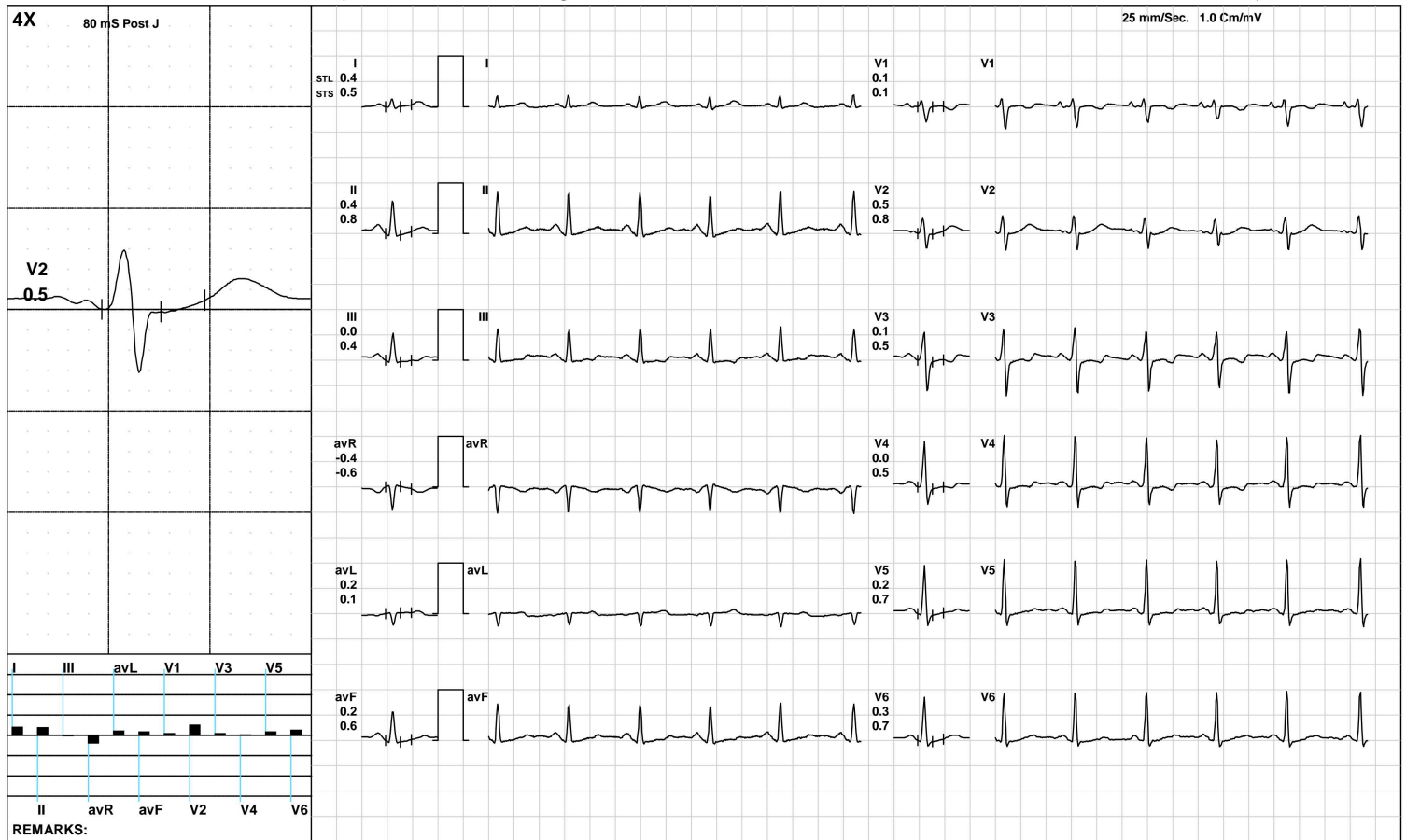
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 105

Supine



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 105 bpm 56% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:08 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

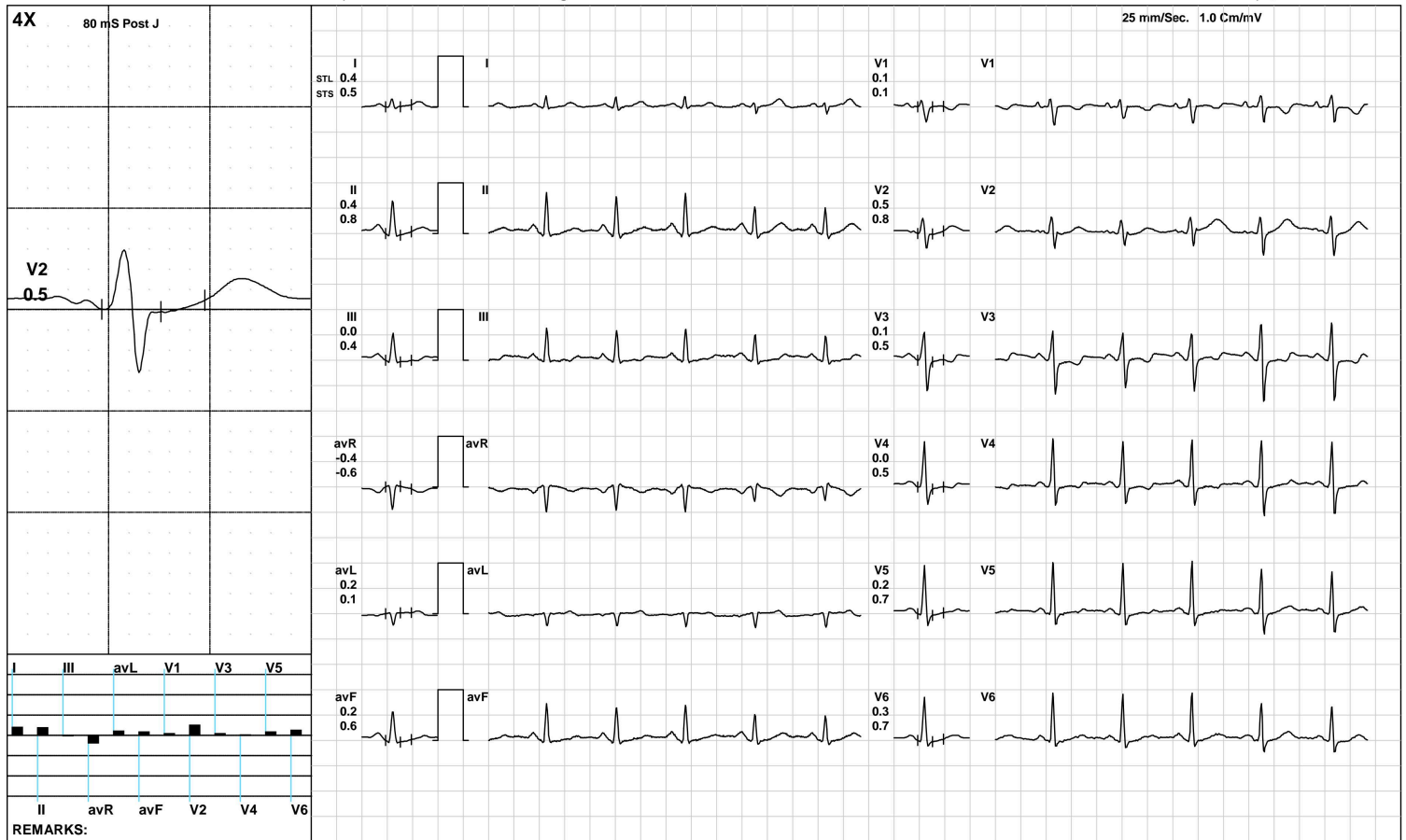
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 106

Standing



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 106 bpm 57% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:14 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

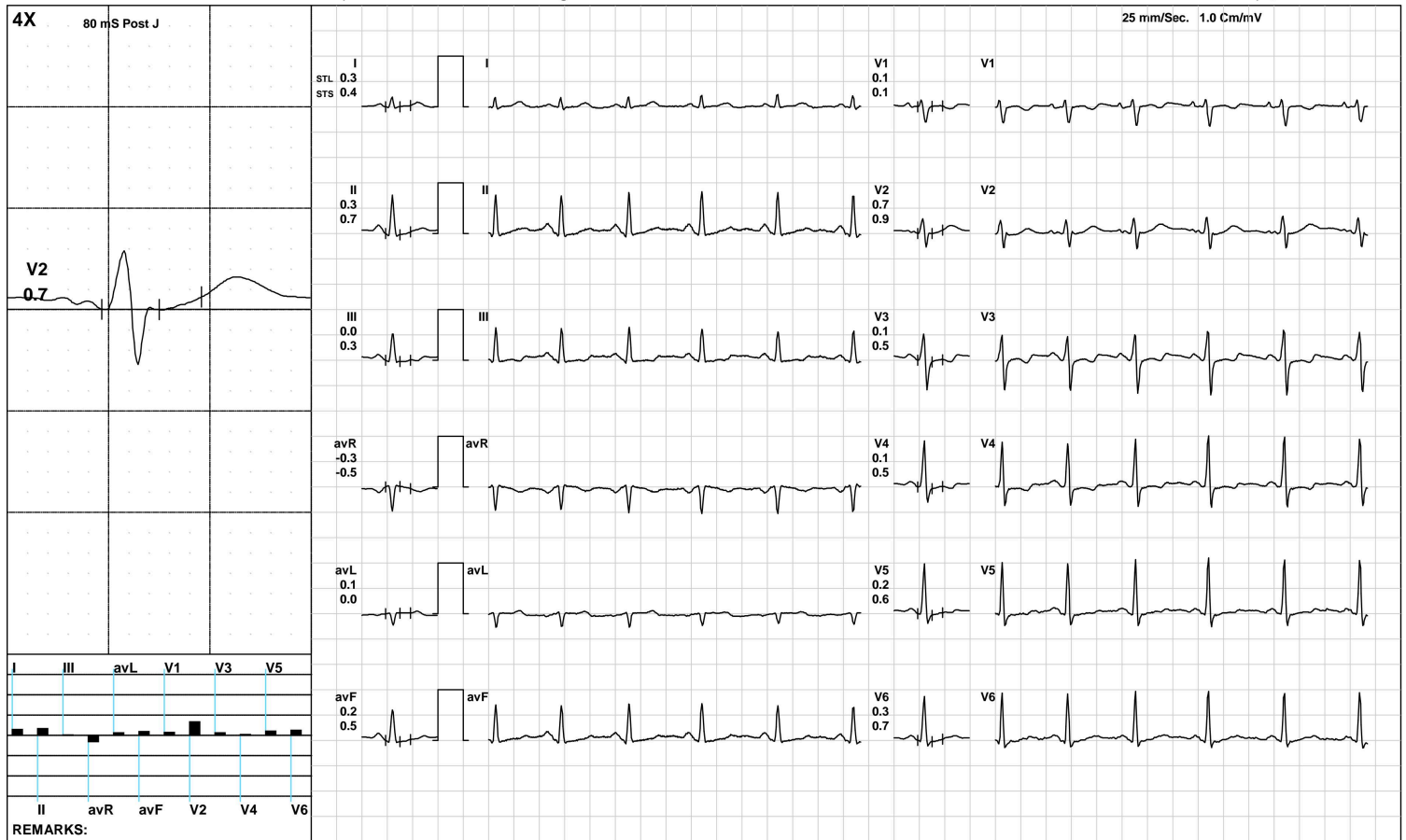
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 100

HV



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 100 bpm 54% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:22 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

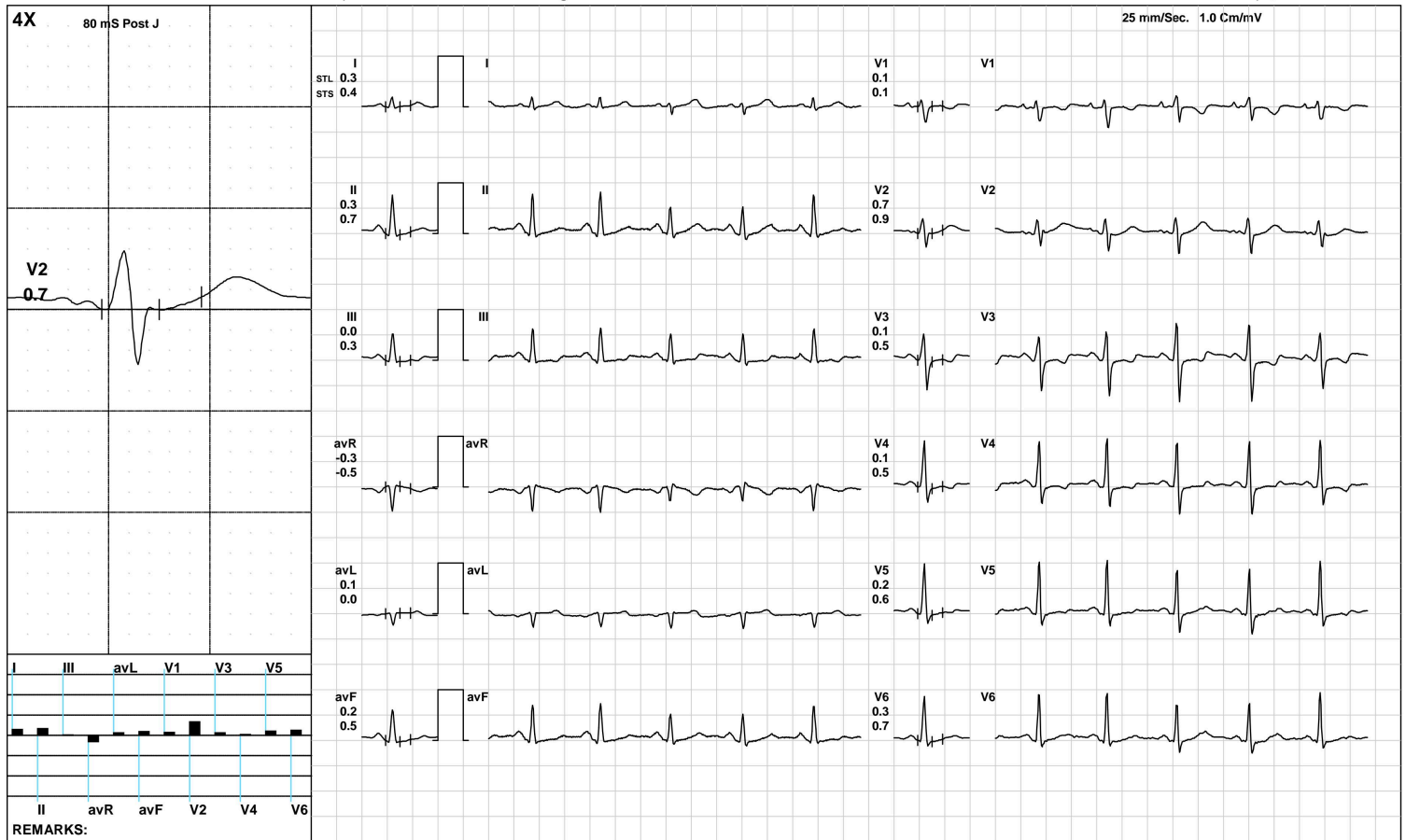
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 105

Warm Up



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 105 bpm 56% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:28 1.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

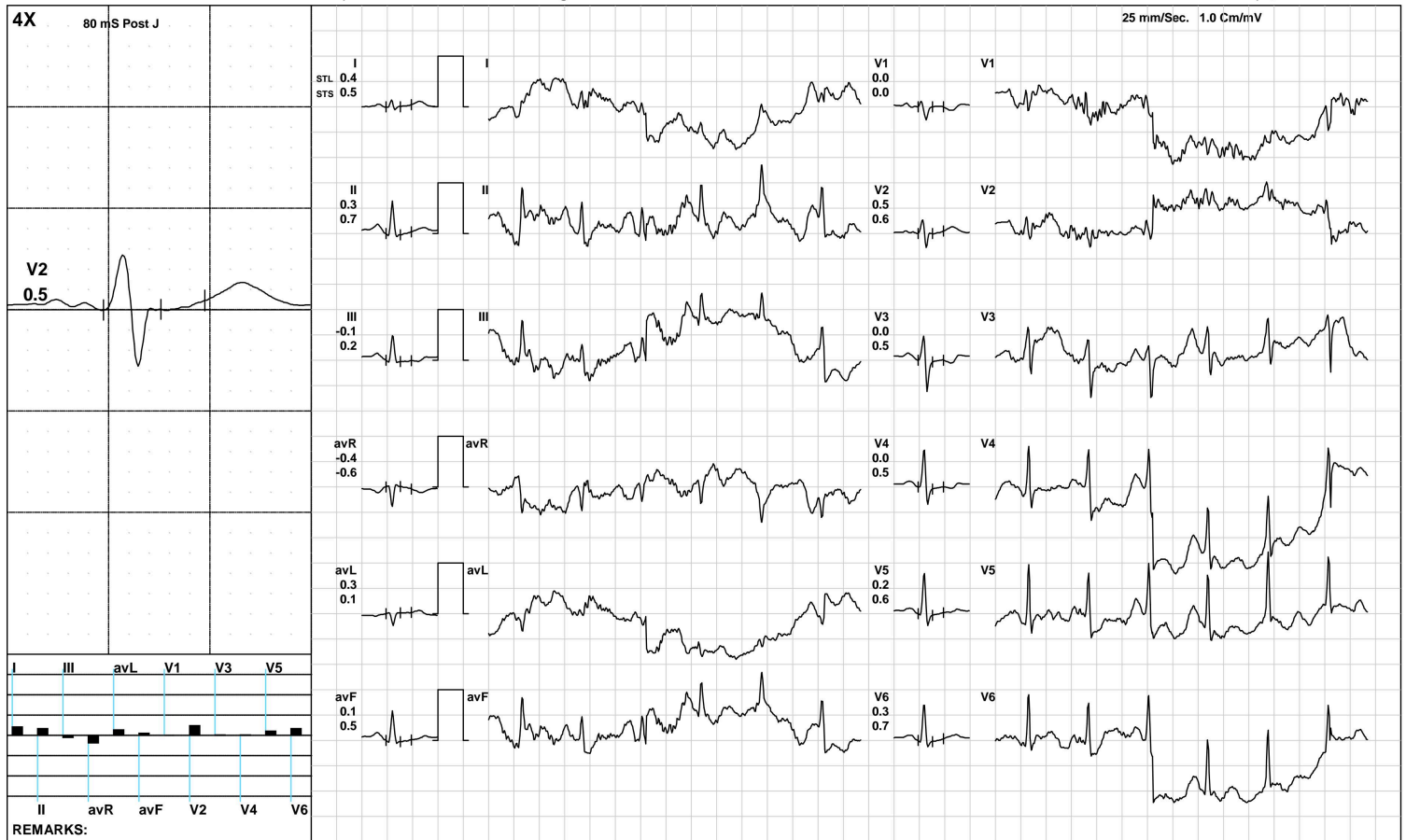
ExStart



2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 127

Date: 24-Mar-2024 09:40:36 AM METS: 1.1/ 127 bpm 68% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph, 10.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

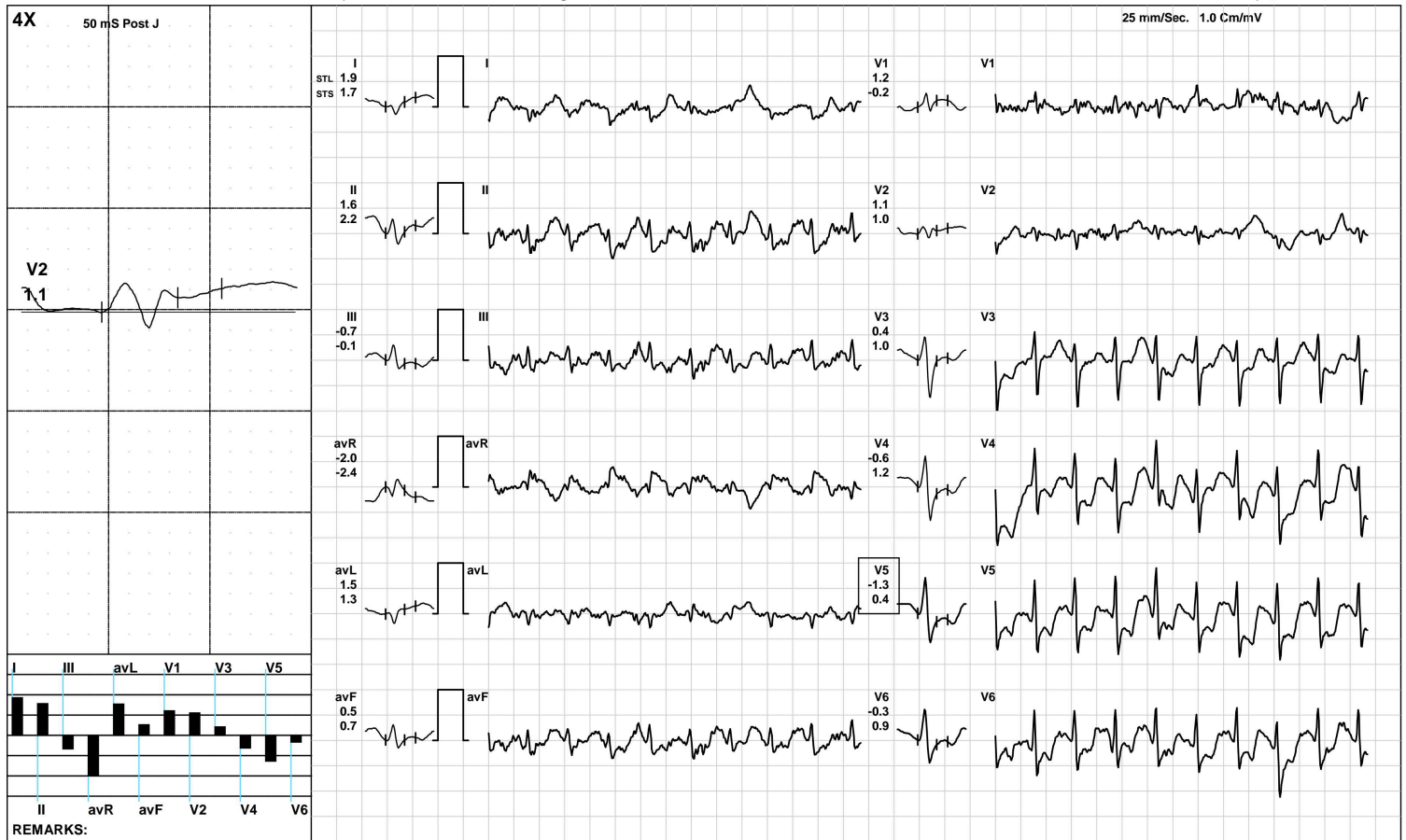
BRUCE: Stage 1(3:00)



2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 184

Date: 24-Mar-2024 09:40:36 AM METS: 4.7/ 184 bpm 99% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%



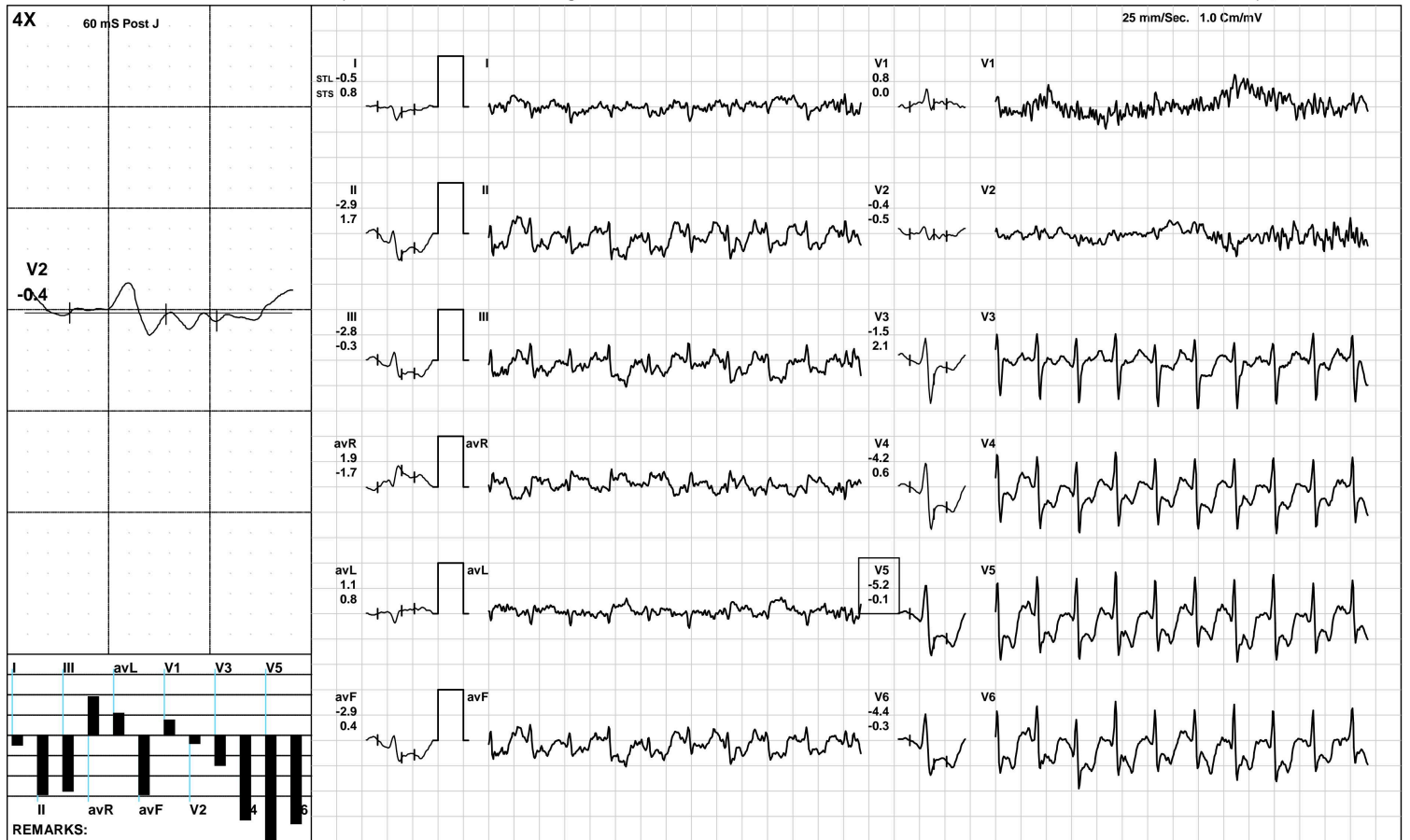
AAROGYAM DIAGNOSTICS



2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 189

Date: 24-Mar-2024 09:40:36 AM METS: 5.5/ 189 bpm 102% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:59 2.5 mph, 12.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

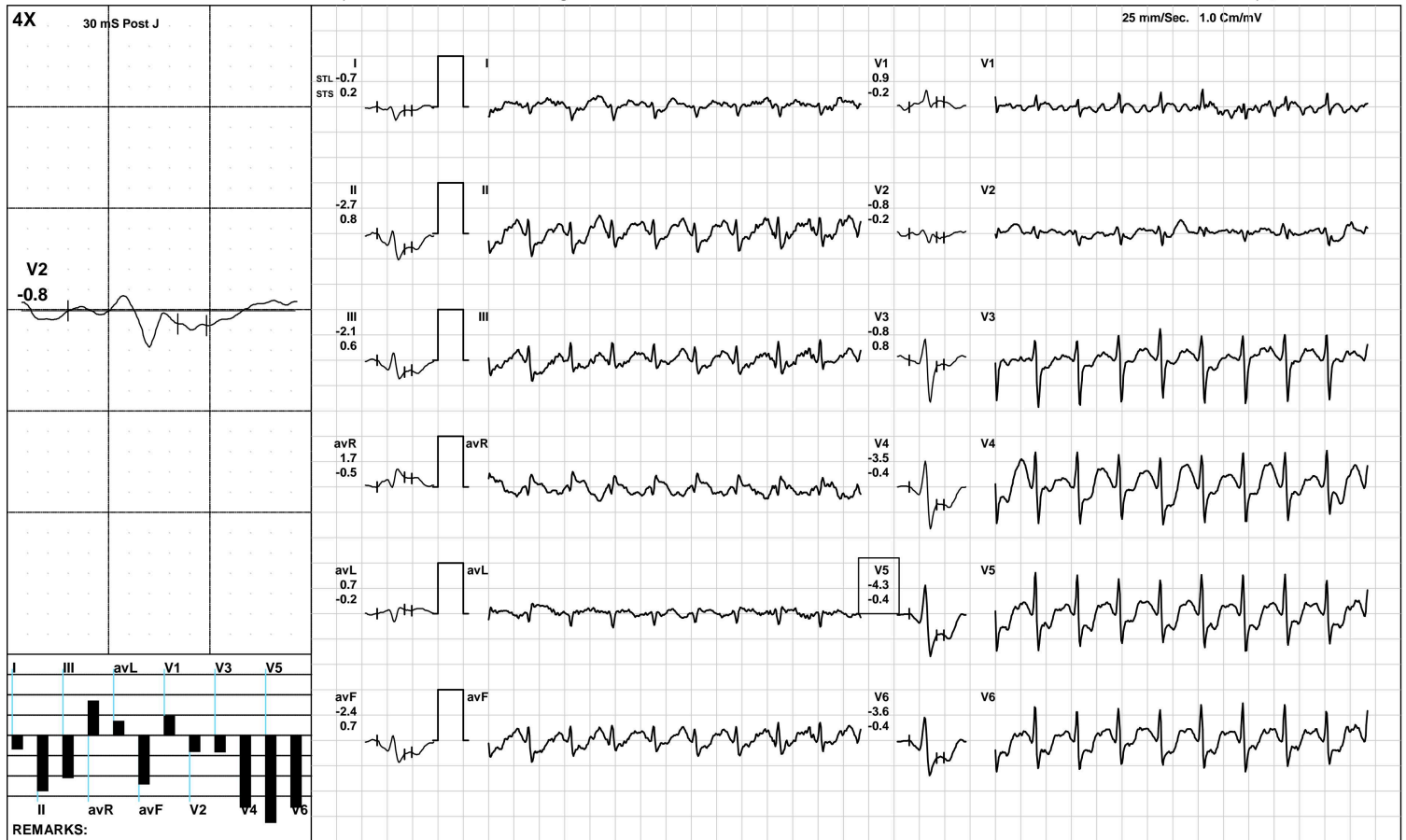
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 179

Recovery(1:00)



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 179 bpm 96% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 04:00 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

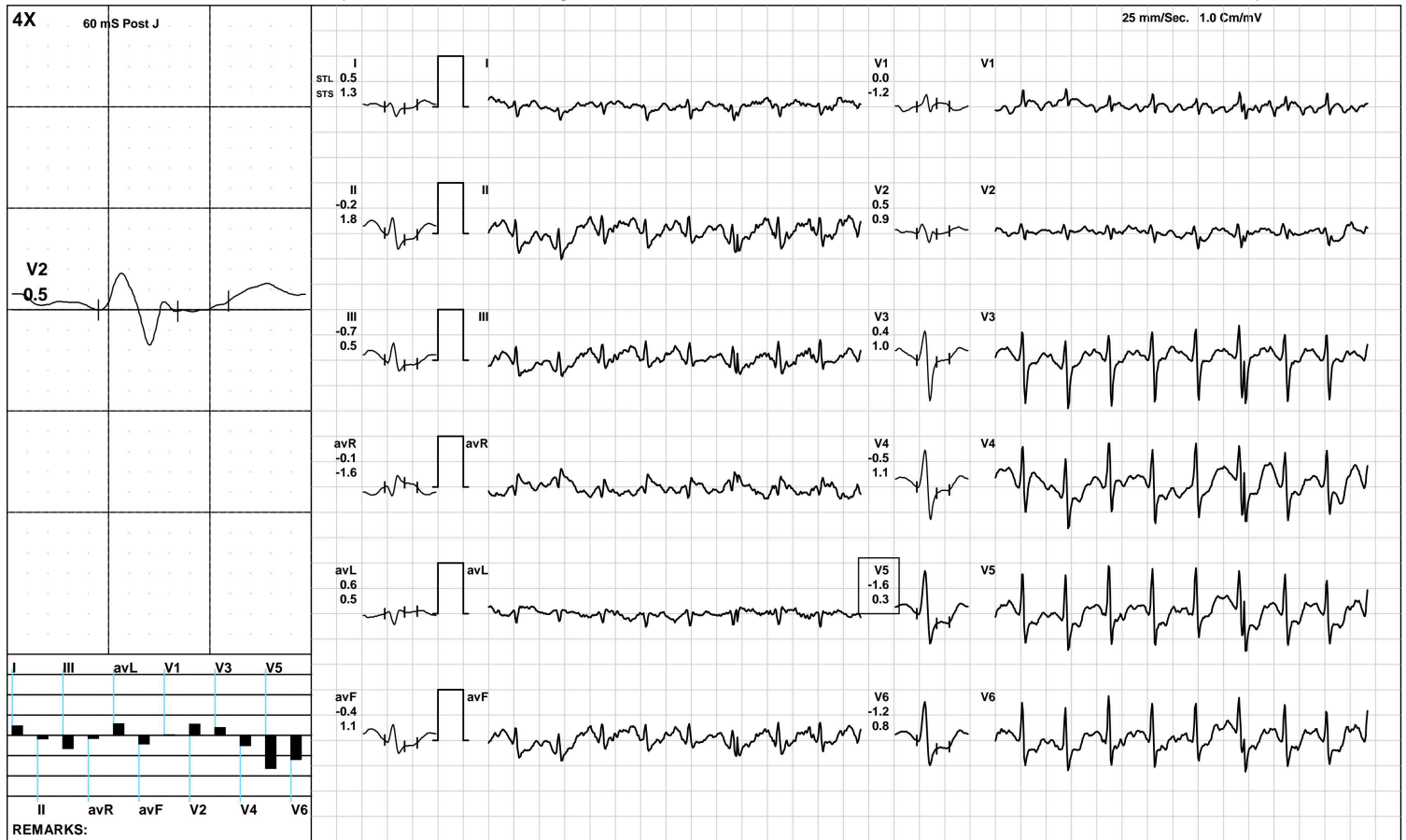
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 171

Recovery(2:00)



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 171 bpm 92% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 04:00 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

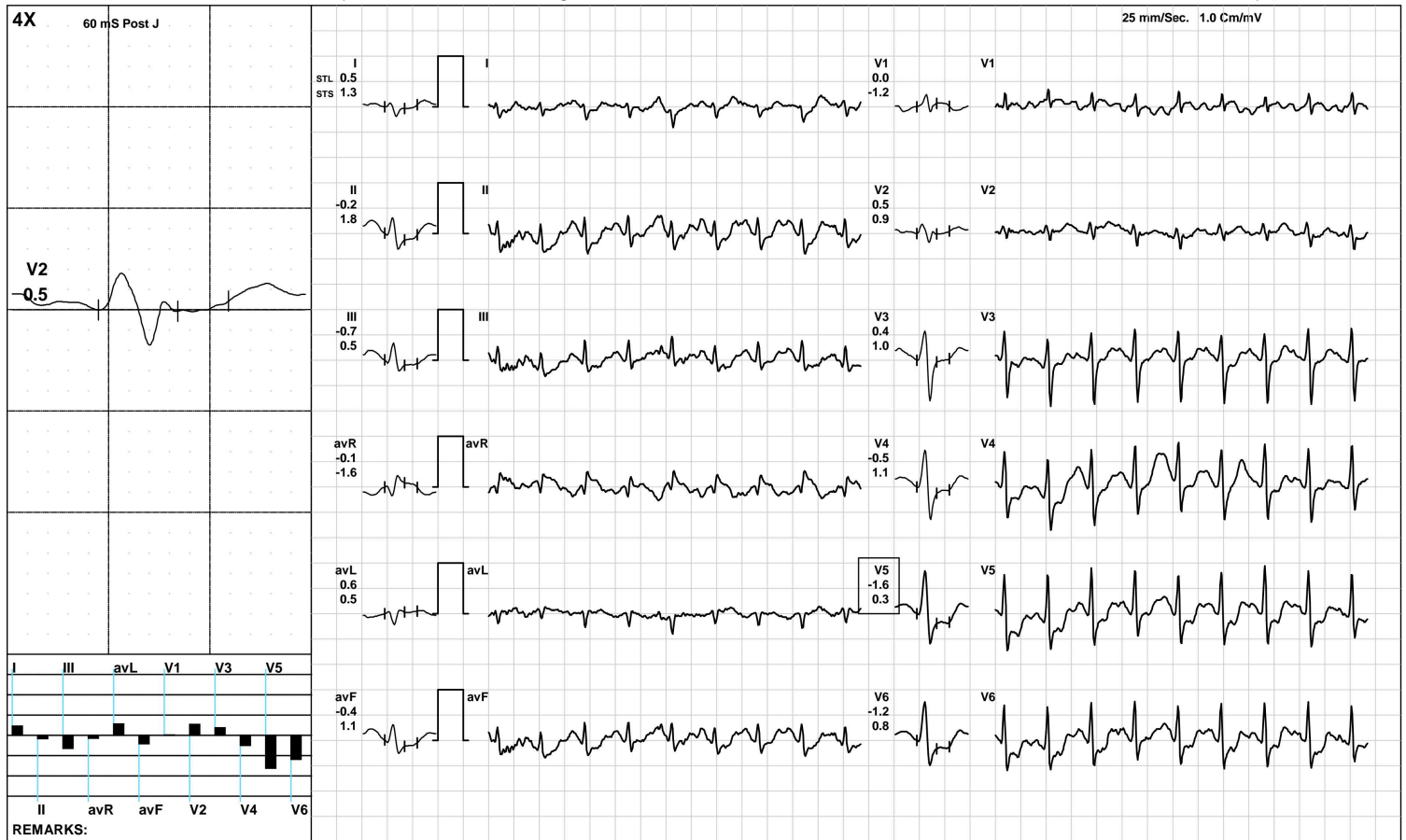
2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 170

Recovery(2:00)



Date: 24-Mar-2024 09:40:36 AM METS: 1.0/ 170 bpm 91% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 04:00 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

AAROGYAM DIAGNOSTICS

ST Measurements



2632 / MRS.DIVYA DEVI / 35 Yrs / F / 170 Cms / 74 Kg / HR : 108

Date: 24-Mar-2024 09:40:36 AM

Protocol : BRUCE/

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
STL(mm)Supine	0.4	0.4	0.0	-0.4	0.2	0.2	0.1	0.5	0.1	0.0	0.2	0.3	0.5	0.8	0.4	-0.6	0.1	0.6	0.1	0.8	0.5	0.5	0.7	0.7	
60 @mS Standing	0.4	0.4	0.0	-0.4	0.2	0.2	0.1	0.5	0.1	0.0	0.2	0.3	0.5	0.8	0.4	-0.6	0.1	0.6	0.1	0.8	0.5	0.5	0.7	0.7	
HV	0.3	0.3	0.0	-0.3	0.1	0.2	0.1	0.7	0.1	0.1	0.2	0.3	0.4	0.7	0.3	-0.5	0.0	0.5	0.1	0.9	0.5	0.5	0.6	0.7	
Warm Up	0.3	0.3	0.0	-0.3	0.1	0.2	0.1	0.7	0.1	0.1	0.2	0.3	0.4	0.7	0.3	-0.5	0.0	0.5	0.1	0.9	0.5	0.5	0.6	0.7	
ExStart	0.4	0.3	-0.1	-0.4	0.3	0.1	0.0	0.5	0.0	0.0	0.2	0.3	0.5	0.7	0.2	-0.6	0.1	0.5	0.0	0.6	0.5	0.5	0.6	0.7	
Stage 1	1.9	1.6	-0.7	-2.0	1.5	0.5	1.2	1.1	0.4	-0.6	-1.3	-0.3	1.7	2.2	-0.1	-2.4	1.3	0.7	-0.2	1.0	1.0	1.2	0.4	0.9	
PeakEx	-0.5	-2.9	-2.8	1.9	1.1	-2.9	0.8	-0.4	-1.5	-4.2	-5.2	-4.4	0.8	1.7	-0.3	-1.7	0.8	0.4	0.0	-0.5	2.1	0.6	-0.1	-0.3	
Recovery	-0.7	-2.7	-2.1	1.7	0.7	-2.4	0.9	-0.8	-0.8	-3.5	-4.3	-3.6	0.2	0.8	0.6	-0.5	-0.2	0.7	-0.2	-0.2	0.8	-0.4	-0.4	-0.4	
Recovery	0.5	-0.2	-0.7	-0.1	0.6	-0.4	0.0	0.5	0.4	-0.5	-1.6	-1.2	1.3	1.8	0.5	-1.6	0.5	1.1	-1.2	0.9	1.0	1.1	0.3	0.8	
Recovery	0.5	-0.2	-0.7	-0.1	0.6	-0.4	0.0	0.5	0.4	-0.5	-1.6	-1.2	1.3	1.8	0.5	-1.6	0.5	1.1	-1.2	0.9	1.0	1.1	0.3	0.8	

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STI(μVs)		
Supine				3.0	1.9	-1.2	-2.4	2.1	0.3	0.0	3.0	-0.5	-0.9	0.4	1.2
Standing				3.0	1.9	-1.2	-2.4	2.1	0.3	0.0	3.0	-0.5	-0.9	0.4	1.2
HV				2.4	1.6	-0.8	-2.0	1.6	0.4	0.5	4.4	-0.3	-0.6	0.6	1.2
Warm Up				2.4	1.6	-0.8	-2.0	1.6	0.4	0.5	4.4	-0.3	-0.6	0.6	1.2
ExStart				2.9	1.6	-1.4	-2.2	2.2	0.1	-0.6	2.9	-1.0	-1.0	0.6	1.6
Stage 1				7.7	6.6	-2.5	-8.3	6.1	2.9	7.1	4.0	1.8	-3.7	-5.5	-1.1
PeakEx				-4.6	-18.9	-14.8	13.4	4.5	-16.7	5.0	-3.0	-9.1	-23.0	-27.1	-22.2
Recovery				-2.6	-10.1	-7.5	6.3	2.5	-8.8	4.0	-3.0	-3.3	-12.2	-14.7	-12.0
Recovery				-1.0	-6.0	-5.1	3.5	2.0	-5.6	3.9	0.4	-0.2	-4.7	-10.5	-8.9
Recovery				-1.0	-6.0	-5.1	3.5	2.0	-5.6	3.9	0.4	-0.2	-4.7	-10.5	-8.9



PATNA

2632 / MRS.DIVYA DEVI / 35 Yrs / Female / 170 Cm / 74 Kg

Time	HR	PR Int	QRS Wid	QRS Axis	QTC	P(μV)	R(μV)	S(μV)	T(μV)	Min. J Leads	for Min. Post	RR Var	VEB	Missed Beats
(Min)	(bpm)	(mS)	(mS)	(Deg)	(mS)	(Max)	(Max)	(Min)	(Max)	(μV) (L & PJ)	(μV)	(%)	(Counts)	(Counts)
00 : 30	127	182	64	148	330	-1040	869	-966	-1046	-985 V4	-1006	0.00	0	0
01 : 00	152	134	66	65	443	192	900	-634	-264	-89 II	-122	0.00	0	0
01 : 30	169	100	64	53	175	224	915	-734	-228	-261 V5	-100	0.00	0	0
02 : 00	176	104	64	150	150	228	791	-764	-331	-405 V4	-220	0.00	0	0
02 : 30	182	82	66	250	187	223	684	-834	-448	-505 V4	-358	0.00	0	0
03 : 00	183	76	66	218	374	350	625	-834	-448	-473 V5	-379	0.00	0	0
03 : 30	184	82	66	195	375	265	649	-851	-439	-477 V4	-396	0.00	0	0
04 : 00	190	90	66	217	382	147	674	-869	-594	-532 V5	-443	0.00	0	0
04 : 30	189	94	66	227	368	199	682	-858	-606	-525 V5	-457	0.00	0	0
05 : 00	184	84	66	192	376	188	668	-852	-502	-504 V5	-422	0.00	0	0
05 : 30	179	94	66	179	330	230	737	-864	-399	-439 V5	-331	0.00	0	0
06 : 00	172	84	68	127	189	357	947	-865	301	-399 V5	-253	0.00	0	0



Date	24/03/2024	Srl No.	3	Patient Id	2403240003
Name	Mrs. DIVYA DEVI	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.1	%	
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EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

URINE ROUTINE

QUANTITY	10	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.030	
PH	6.5	
ALBUMIN	NIL	



ISO 9001 : 2015

AAROGYAM DIAGNOSTICS

(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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Near Malahi Pakari Chowk, Kankarbagh, Patna – 20

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date	24/03/2024	Srl No.	3	Patient Id	2403240003
Name	Mrs. DIVYA DEVI	Age	35 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-3	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



Certificate No. MC-5688

Patient Name : Mrs.DIVYA DEVI	Collected : 24/Mar/2024 02:04PM
Age/Gender : 35 Y 0 M 0 D /F	Received : 25/Mar/2024 11:45AM
UHID/MR No : DEKR.0000000142	Reported : 25/Mar/2024 01:20PM
Visit ID : DEKROPV146	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PCC AMBEDKAR CHOWK HANUMAN NAG
IP/OP NO :	Patient location : AMBEDKAR CHOWK,HANUMAN NAGAR,Patna

DEPARTMENT OF HAEMATOLOGY

XPRT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	5.8	g/dL	12-15	Spectrophotometer
PCV	21.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.31	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	66	fL	83-101	Calculated
MCH	17.5	pg	27-32	Calculated
MCHC	26.6	g/dL	31.5-34.5	Calculated
R.D.W	23.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	34.6	%	40-80	Electrical Impedance
LYMPHOCYTES	57.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
CORRECTED TLC	5,200	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1799.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2979.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	78	Cells/cu.mm	20-500	Calculated
MONOCYTES	322.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	20.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.6		0.78- 3.53	Calculated
PLATELET COUNT	162000	cells/cu.mm	150000-410000	Electrical impedance

Result is rechecked. Kindly correlate clinically

Ashish

Dr.Ashish Ranjan Singh
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:HA06699518

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Patna



Patient Name	: Mrs.DIVYA DEVI	Collected	: 24/Mar/2024 02:04PM
Age/Gender	: 35 Y 0 M 0 D /F	Received	: 25/Mar/2024 11:45AM
UHID/MR No	: DEKR.0000000142	Reported	: 25/Mar/2024 01:19PM
Visit ID	: DEKROPV146	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC AMBEDKAR CHOWK HANUMAN NAG
IP/OP NO	:	Patient location	: AMBEDKAR CHOWK,HANUMAN NAGAR,Patna

DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	68	mg/dL	70-100	GOD - POD

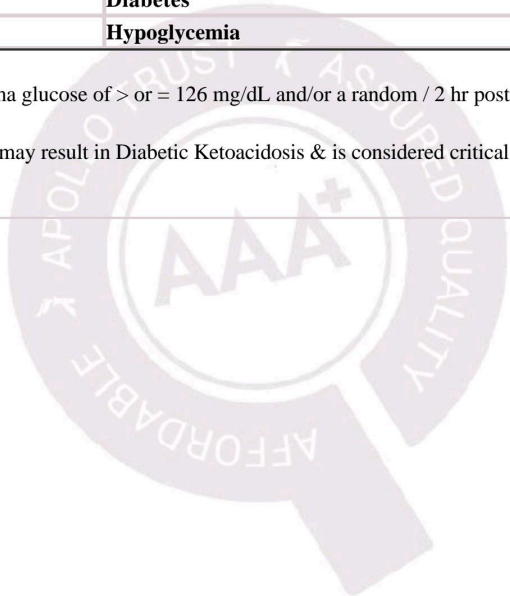
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Ashish

Dr.Ashish Ranjan Singh
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Consultant Pathologist

SIN No:BI18963346

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IP/OP NO	:	Patient location	: AMBEDKAR CHOWK,HANUMAN NAGAR,Patna

DEPARTMENT OF BIOCHEMISTRY

CAMP RANDOM SUGAR

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA (R)	72	mg/dL	70 - 140	Glucose oxidase



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SIN No:BI18963348

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Age/Gender : 35 Y 0 M 0 D /F	Received : 25/Mar/2024 11:45AM
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Visit ID : DEKROPV146	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PCC AMBEDKAR CHOWK HANUMAN NAG
IP/OP NO :	Patient location : AMBEDKAR CHOWK,HANUMAN NAGAR,Patna

DEPARTMENT OF BIOCHEMISTRY
XPRT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	172	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	64	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	70	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	102	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.46		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

Ashish

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SIN No:BI18963347

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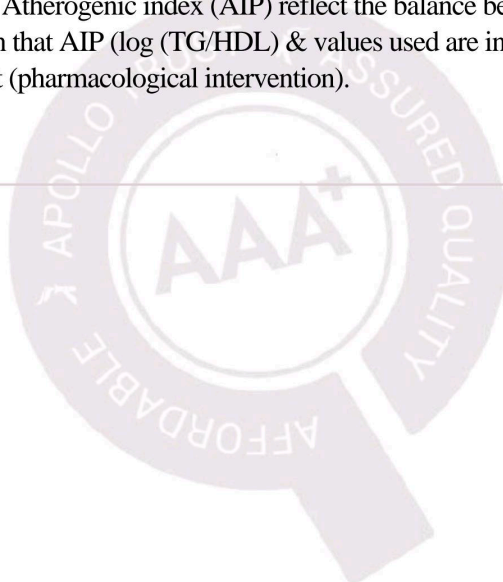


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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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UHID/MR No	: DEKR.0000000142	Reported	: 25/Mar/2024 12:27PM
Visit ID	: DEKROPV146	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC AMBEDKAR CHOWK HANUMAN NAG
IP/OP NO	:	Patient location	: AMBEDKAR CHOWK,HANUMAN NAGAR,Patna

DEPARTMENT OF BIOCHEMISTRY
XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	72.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.61	g/dL	6.3-8.2	Biuret
ALBUMIN	4.51	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Ashish

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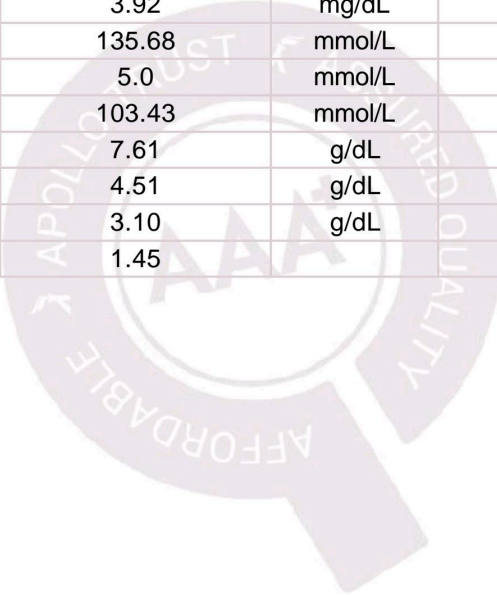


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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.80	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.47	mg/dL	2.5-6.2	Uricase
CALCIUM	9.39	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.92	mg/dL	2.5-4.5	PMA Phenol
SODIUM	135.68	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.43	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.61	g/dL	6.3-8.2	Biuret
ALBUMIN	4.51	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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Certificate No. MC-5688

Patient Name	: Mrs.DIVYA DEVI	Collected	: 24/Mar/2024 02:04PM
Age/Gender	: 35 Y 0 M 0 D /F	Received	: 25/Mar/2024 11:45AM
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DEPARTMENT OF IMMUNOLOGY
XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.39	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.310	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***

Page 8 of 9

Ashish

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SIN No:IM07219729

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Patna





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DEPARTMENT OF IMMUNOLOGY
XPERT HEALTH BASIC

Result/s to Follow:
COMPLETE URINE EXAMINATION (CUE)



Ashish

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