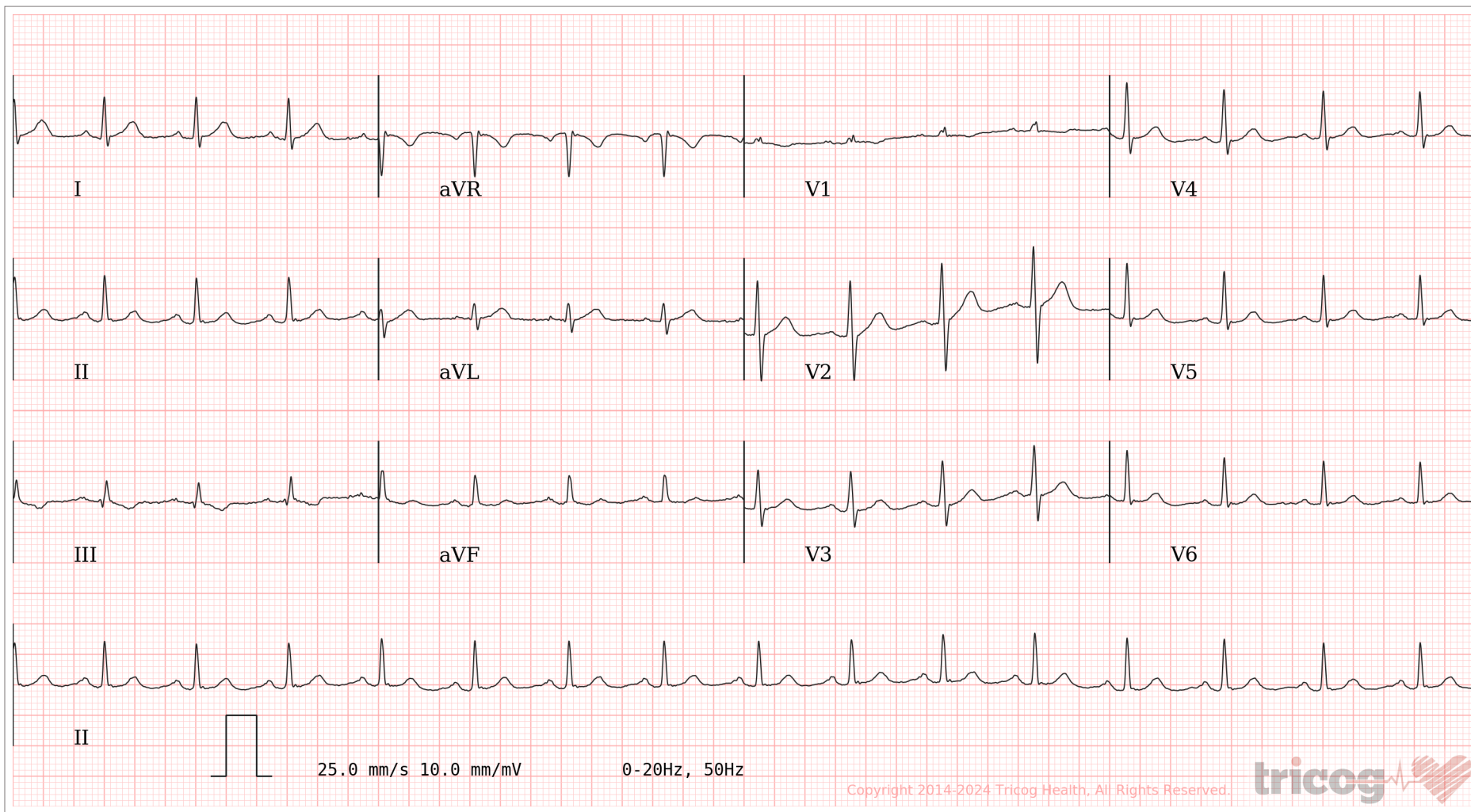


# Chandan Diagnostic



Age / Gender: 33/Male  
Patient ID: ALDP0373642324  
Patient Name: Mr.ARVIND KUMAR - 100949

Date and Time: 24th Feb 24 4:23 PM



AR: 97bpm    VR: 97bpm    QRSD: 74ms    QT: 306ms    QTcB: 388ms    PRI: 146ms    P-R-T: 50° 52° 11°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Nisar Ahammad K

KMC 122453

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-3559261  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ARVIND KUMAR - 100949	Registered On	: 24/Feb/2024 12:30:00
Age/Gender	: 33 Y 10 M 5 D /M	Collected	: 24/Feb/2024 13:05:51
UHID/MR NO	: ALDP.0000114000	Received	: 24/Feb/2024 14:19:59
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 17:17:45
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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	13.80	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)	8,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils )	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	4.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	1.53	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447965,0532-3559261  
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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.34	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	98.40	fl	80-100	CALCULATED PARAMETER
MCH	31.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	51.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,676.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	344.00	/cu mm	40-440	

AS

Dr.Akanksha Singh (MD Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-3559261  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ARVIND KUMAR - 100949	Registered On	: 24/Feb/2024 12:30:02
Age/Gender	: 33 Y 10 M 5 D /M	Collected	: 24/Feb/2024 13:05:50
UHID/MR NO	: ALDP.0000114000	Received	: 24/Feb/2024 14:19:59
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 15:02:05
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING\* , Plasma

Glucose Fasting	72.40	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

119.70	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)	4.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.20	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	89	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.





# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy 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) * Sample:Serum	8.20	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.20	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.23	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) \* , Serum





# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	31.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	46.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	26.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	5.90	gm/dl	6.2-8.0	BIURET
Albumin	3.90	gm/dl	3.4-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.95		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	127.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) \* , Serum

Cholesterol (Total)	139.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	41	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	53.14	mg/dl	10-33	CALCULATED
Triglycerides	265.70	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)





# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj  
Ph: 9235447965,0532-3559261  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ARVIND KUMAR - 100949	Registered On	: 24/Feb/2024 12:30:02
Age/Gender	: 33 Y 10 M 5 D /M	Collected	: 24/Feb/2024 16:37:49
UHID/MR NO	: ALDP.0000114000	Received	: 24/Feb/2024 17:55:05
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 18:48:14
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
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	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/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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# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447965,0532-3559261  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ARVIND KUMAR - 100949	Registered On	: 24/Feb/2024 12:30:02
Age/Gender	: 33 Y 10 M 5 D /M	Collected	: 24/Feb/2024 16:37:49
UHID/MR NO	: ALDP.0000114000	Received	: 24/Feb/2024 17:55:05
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 18:48:14
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

#### SUGAR, PP STAGE\* , Urine

Sugar, PP Stage

ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)

AS

Dr.Akanksha Singh (MD Pathology)







# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: ALDP.0000114000	Received	: 24/Feb/2024 14:19:59
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 16:00:01
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	120.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.000	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 : U85110DL2003PLC308206



Patient Name	: Mr.ARVIND KUMAR - 100949	Registered On	: 24/Feb/2024 12:30:04
Age/Gender	: 33 Y 10 M 5 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000114000	Received	: N/A
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 15:56:09
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

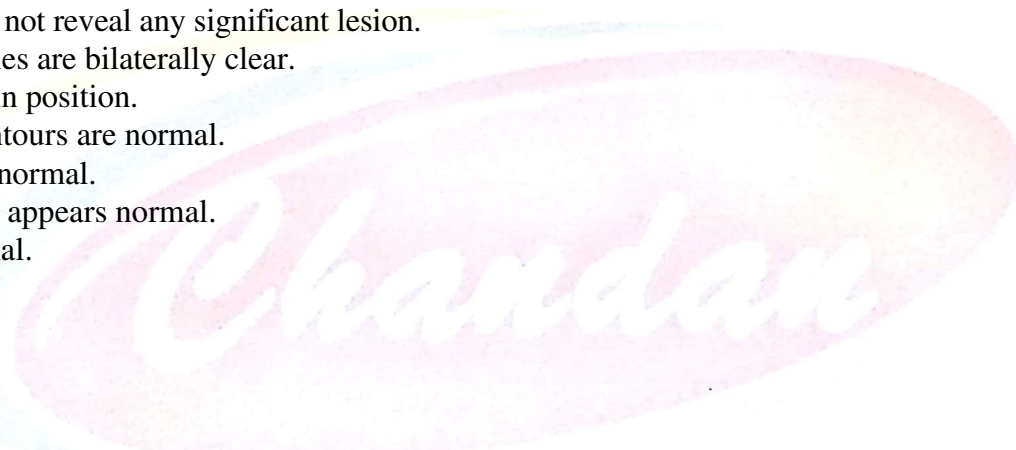
X-RAY DIGITAL CHEST PA \*

### 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

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Ph: 9235447965, 0532-3559261  
CIN : U85110DL2003PLC308206



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Age/Gender	: 33 Y 10 M 5 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000114000	Received	: N/A
Visit ID	: ALDP0373642324	Reported	: 24/Feb/2024 13:59:11
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

**LIVER:** - Normal in size (14.0 cm), shape and shows **diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes**. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER** :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**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 e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN:** - Normal in size, shape and echogenicity.

**RIGHT KIDNEY:** - Normal in size (9.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY:** - Normal in size (8.6 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER** :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE** :- Normal in size (2.8 x 3.4 x 2.4 cm vol - 12.5 cc), shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION : Grade I fatty liver.**

**Please correlate clinically**

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

Result/s to Follow:

ST  EXAMINATION, ECG / EKG



DR K N SINGH (MBBS, DMRE)

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 Conduction 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

Page 10 of 10



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MR. KUMAR ARVIND
क.कू.संख्या	100949
पदनाम	SPECIAL ASSISTANT
कार्य का स्थान	SARAI AKIL
जन्म की तारीख	21-04-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
बुकिंग संदर्भ सं.	23M100949100092532E

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 20-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,


हस्ता/-


(मुख्य महाप्रबंधक)


मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)


 भारत सरकार  
Government of India

 अरविन्द कुमार  
Arvind Kumar  
जन्म तिथि / DOB : 21/04/1989  
पुरुष / Male



**5003 1237 3795**

**मेरा आधार, मेरी पहचान**


 भारत  
आधार


भारतीय विनिम्न पहचान प्राधिकरण  
Unique Identification Authority of India


पता:  
आत्मज: गंगा प्रसाद, बैंगवा फतेहपुर,  
पोस्ट-दोकसहा, मंडरहा, कौशम्बी,  
साराई अकिल, उत्तर प्रदेश, 212216

Address:  
S/O: Ganga Prasad, baingawa  
fatehpur, post-dhoksaha,  
Mendaraha, Kaushambi, Sarai  
Akil, Uttar Pradesh, 212216

**5003 1237 3795**

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