

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 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 | ANJALI VERMA |
| जन्म की तारीख | 20-07-1970 |
| कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख | 24-02-2024 |
| बुकिंग संदर्भ सं. | 23M61460100093076S |
| पत्नी/पति के विवरण | |
| कर्मचारी का नाम | MR. VERMA RAMESH CHANDRA |
| कर्मचारी की क.कू.संख्या | 61460 |
| कर्मचारी का पद | JOINT MANAGER |
| कर्मचारी के कार्य का स्थान | DELHI, KARKARDOOMA |
| कर्मचारी के जन्म की तारीख | 15-02-1967 |

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **22-02-2024** 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 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)

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।)

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 | ANJALI VERMA |
| DATE OF BIRTH | 20-07-1970 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 24-02-2024 |
| BOOKING REFERENCE NO. | 23M61460100093076S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MR. VERMA RAMESH CHANDRA |
| EMPLOYEE EC NO. | 61460 |
| EMPLOYEE DESIGNATION | JOINT MANAGER |
| EMPLOYEE PLACE OF WORK | DELHI, KARKARDOOMA |
| EMPLOYEE BIRTHDATE | 15-02-1967 |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **22-02-2024** 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

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

| FOR MALE | FOR FEMALE |
|-------------------------------------|---|
| CBC | CBC |
| ESR | ESR |
| Blood Group & RH Factor | Blood Group & RH Factor |
| Blood and Urine Sugar Fasting | Blood and Urine Sugar Fasting |
| Blood and Urine Sugar PP | Blood and Urine Sugar PP |
| Stool Routine | Stool Routine |
| Lipid Profile | Lipid Profile |
| Total Cholesterol | Total Cholesterol |
| HDL | HDL |
| LDL | LDL |
| VLDL | VLDL |
| Triglycerides | Triglycerides |
| HDL / LDL ratio | HDL / LDL ratio |
| Liver Profile | Liver Profile |
| AST | AST |
| ALT | ALT |
| GGT | GGT |
| Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect) |
| ALP | ALP |
| Proteins (T, Albumin, Globulin) | Proteins (T, Albumin, Globulin) |
| Kidney Profile | Kidney Profile |
| Serum creatinine | Serum creatinine |
| Blood Urea Nitrogen | Blood Urea Nitrogen |
| Uric Acid | Uric Acid |
| HBA1C | HBA1C |
| Routine urine analysis | Routine urine analysis |
| USG Whole Abdomen | USG Whole Abdomen |
| General Tests | General Tests |
| X Ray Chest | X Ray Chest |
| ECG | ECG |
| 2D/3D ECHO / TMT | 2D/3D ECHO / TMT |
| Stress Test | Thyroid Profile (T3, T4, TSH) |
| PSA Male (above 40 years) | Mammography (above 40 years) and Pap Smear (above 30 years). |
| Thyroid Profile (T3, T4, TSH) | Dental Check-up consultation |
| Dental Check-up consultation | Physician Consultation |
| Physician Consultation | Eye Check-up consultation |
| Eye Check-up consultation | Skin/ENT consultation |
| Skin/ENT consultation | Gynaec Consultation |



भारत सरकार
Government of India



अंजली वर्मा
Anjali Verma
जन्म तिथि/DOB: 20/07/1970
महिला/ FEMALE

7797 0755 2597

VID : 9154 5538 3495 5605

मेरा आधार, मेरी पहचान

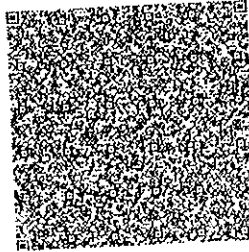


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
अधोनिचे: रमेश चंद वर्मा, ए 42, सेक्टर - 11, विजय नगर,
गाजियाबाद, गाजियाबाद,
उत्तर प्रदेश - 201009

Address:
W/O: Ramesh Chand Verma, A 42, Sector -
11, vijay Nagar, Ghaziabad, Ghaziabad,
Uttar Pradesh - 201009



7797 0755 2597

VID : 9154 5538 3495 5605



1947

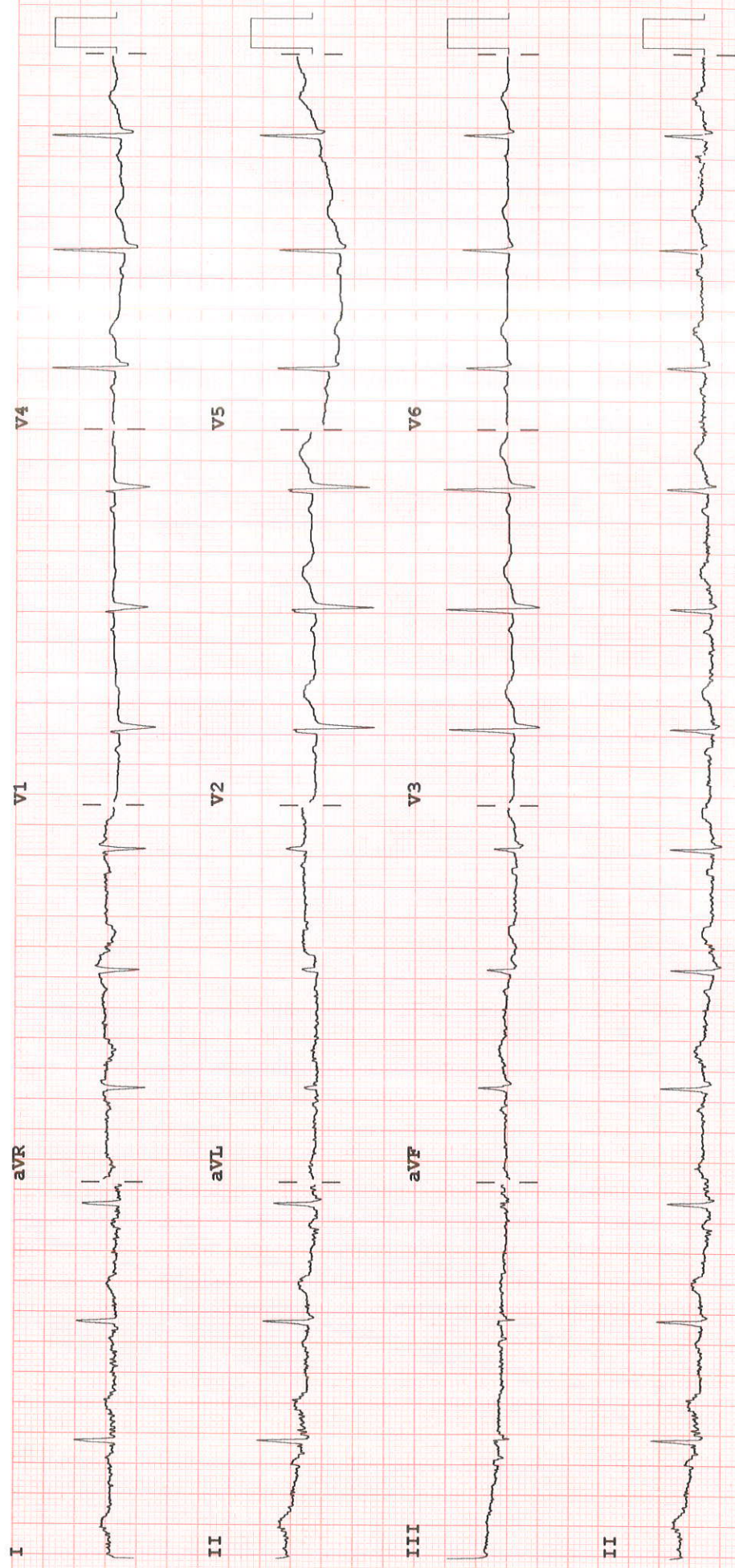
help@uidai.gov.in

www.uidai.gov.in

Angali Verma

- NORMAL ECG -

Unconfirmed Diagnosis



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

F 60~ 0.15-100 Hz

PH100B CL P?



INVESTIGATION REPORT

| | | | |
|--------------|-------------------------|-------------|---------------------|
| Patient Name | MRS ANJALI VERMA | Location | Ghaziabad |
| Age/Sex | 53 Year(s)/Female | Visit No | : V00000000001-GHZB |
| MRN No | MH10817694 | Order Date | :24/02/2024 |
| Ref. Doctor | Dr. BHUPENDRA SINGH | Report Date | :24/02/2024 |

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. Trivial TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

| | | | |
|---------------|-------------------|--------------|-------------------|
| NAME | MRS Anjali VERMA | STUDY DATE | 24/02/2024 1:04PM |
| AGE / SEX | 53 y / F | HOSPITAL NO. | MH010817694 |
| ACCESSION NO. | R6940037 | MODALITY | US |
| REPORTED ON | 24/02/2024 1:38PM | REFERRED BY | HEALTH CHECK MGD |

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 132 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 94 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 9 mm.
COMMON BILE DUCT: Appears normal in size and measures 4.7 mm.
IVC, HEPATIC VEINS: Normal.
BILIARY SYSTEM: Normal.
GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
Right Kidney: measures 98 x 35 mm.
Left Kidney: measures 103 x 42 mm.
PELVI-CALYCEAL SYSTEMS: Compact.
NODES: Not enlarged.
FLUID: Nil significant.
URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
Uterus is anteverted and measures 64 x 49 x 34 mm. It shows postmenopausal atrophic changes.
Endometrial thickness measures 4.5 mm. Cervix appears normal.
Both ovaries are not seen probably atrophied.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MRS Anjali VERMA | STUDY DATE | 24/02/2024 11:48AM |
| AGE / SEX | 53 y / F | HOSPITAL NO. | MH010817694 |
| ACCESSION NO. | R6940035 | MODALITY | CR |
| REPORTED ON | 24/02/2024 12:57PM | REFERRED BY | HEALTH CHECK MGD |

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal. Aortic knuckle calcification seen.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Bilateral lung fields are clear

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS ANJALI VERMA | Age | : 53 Yr(s) Sex :Female |
| Registration No | : MH010817694 | Lab No | : 202402004121 |
| Patient Episode | : H18000001839 | Collection Date | : 24 Feb 2024 11:08 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 25 Feb 2024 13:13 |
| Receiving Date | : 24 Feb 2024 11:08 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------|--------|--------|-------------------------------|
| THYROID PROFILE, Serum | | | Specimen Type : Serum |
| T3 - Triiodothyronine (ELFA) | 0.650 | ng/ml | [0.610-1.630] |
| T4 - Thyroxine (ELFA) | 7.920 | ug/ dl | [4.680-9.360] |
| Thyroid Stimulating Hormone | 0.900 | µIU/mL | [0.250-5.000] |

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT



Name : MRS ANJALI VERMA
Registration No : MH010817694
Patient Episode : H18000001839
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:08

Age : 53 Yr(s) Sex :Female
Lab No : 202402004121
Collection Date : 24 Feb 2024 11:08
Reporting Date : 24 Feb 2024 13:16

HAEMATOTOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDENCE) | 4.40 | millions/cumm | [3.80-4.80] |
| HEMOGLOBIN | 12.8 | g/dl | [12.0-15.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 40.1 | % | [36.0-46.0] |
| MCV (DERIVED) | 91.1 | fL | [83.0-101.0] |
| MCH (CALCULATED) | 29.1 | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 31.9 | g/dl | [31.5-34.5] |
| RDW CV% (DERIVED) | 12.2 | % | [11.6-14.0] |
| Platelet count | 152 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 13.3 | | |
| WBC COUNT (TC) (IMPEDENCE) | 7.06 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 77.0 | % | [40.0-80.0] |
| Lymphocytes | 17.0 # | % | [20.0-40.0] |
| Monocytes | 5.0 | % | [2.0-10.0] |
| Eosinophils | 1.0 | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 11.0 | mm/1sthour | [0.0- |



LABORATORY REPORT

Name : MRS ANJALI VERMA
Registration No : MH010817694
Patient Episode : H18000001839
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:18

Age : 53 Yr(s) Sex :Female
Lab No : 202402004121
Collection Date : 24 Feb 2024 11:18
Reporting Date : 25 Feb 2024 13:36

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

| | | |
|------------------|-------------|------------------------|
| Colour | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance | CLEAR | |
| Reaction[pH] | 5.0 | (4.6-8.0) |
| Specific Gravity | 1.005 | (1.003-1.035) |

CHEMICAL EXAMINATION

| | | |
|-----------------|----------|------------|
| Protein/Albumin | Negative | (NEGATIVE) |
| Glucose | NIL | (NIL) |
| Ketone Bodies | Negative | (NEGATIVE) |
| Urobilinogen | Normal | (NORMAL) |

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 2-4 /hpf | (0-5/hpf) |
| RBC | NIL | (0-2/hpf) |
| Epithelial Cells | 1-2 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS ANJALI VERMA | Age | : 53 Yr(s) Sex :Female |
| Registration No | : MH010817694 | Lab No | : 202402004121 |
| Patient Episode | : H18000001839 | Collection Date | : 24 Feb 2024 11:08 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 24 Feb 2024 14:04 |
| Receiving Date | : 24 Feb 2024 11:08 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------------|----------|-------------------------------|
| Glycosylated Hemoglobin | | | |
| Specimen: EDTA | | | |
| HbA1c (Glycosylated Hemoglobin) | 7.0 # | % | [0.0-5.6] |
| Method: HPLC | | | |
| As per American Diabetes Association (ADA) | | | |
| HbA1c in % | | | |
| Non diabetic adults >= 18years <5.7 | | | |
| Prediabetes (At Risk)5.7-6.4 | | | |
| Diagnosing Diabetes >= 6.5 | | | |

Estimated Average Glucose (eAG) 154 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

Serum LIPID PROFILE

| | | | |
|---------------------------------------|----------------|--------------|--------------------|
| Serum TOTAL CHOLESTEROL | 276 # | mg/dl | [<200] |
| Method:Oxidase,esterase, peroxide | | | |
| TRIGLYCERIDES (GPO/POD) | 127 | mg/dl | [<150] |
| Borderline high:151-199 | | | |
| High: 200 - 499 | | | |
| Very high:>500 | | | |
| HDL- CHOLESTEROL | 72.0 # | mg/dl | [35.0-65.0] |
| Method : Enzymatic Immunoimhibition | | | |
| VLDL- CHOLESTEROL (Calculated) | 25 | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 179.0 # | mg/dl | [<120.0] |
| Near/ | | | |
| Borderline High:130-159 | | | |
| High Risk:160-189 | | | |

Above optimal-100-129



LABORATORY REPORT

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Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:08

Age : 53 Yr(s) Sex :Female
Lab No : 202402004121
Collection Date : 24 Feb 2024 11:08
Reporting Date : 24 Feb 2024 13:00

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--------------------------------------|--------|------|--|
| T.Chol/HDL.Chol ratio (Calculated) | 3.8 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio (Calculated) | 2.5 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum

| | | | |
|--|---------------|--------------|--------------------|
| UREA <i>Method: GLDH, Kinatic assay</i> | 29.5 | mg/dl | [15.0-40.0] |
| BUN, BLOOD UREA NITROGEN <i>Method: Calculated</i> | 13.8 | mg/dl | [8.0-20.0] |
| CREATININE, SERUM <i>Method: Jaffe rate-IDMS Standardization</i> | 0.52 # | mg/dl | [0.70-1.20] |
| URIC ACID <i>Method:uricase PAP</i> | 5.3 | mg/dl | [4.0-8.5] |

SODIUM, SERUM 138.40 mmol/L [136.00-144.00]

POTASSIUM, SERUM 4.56 mmol/L [3.60-5.10]

SERUM CHLORIDE 102.6 mmol/L [101.0-111.0]

Method: ISE Indirect



LABORATORY REPORT

Name : MRS ANJALI VERMA
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Age : 53 Yr(s) Sex :Female
Lab No : 202402004121
Collection Date : 24 Feb 2024 11:08
Reporting Date : 24 Feb 2024 13:00

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-----------------|-------------------------------|
| eGFR (calculated) | 109.4 | ml/min/1.73sq.m | [>60.0] |
| <p>Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.</p> | | | |

LIVER FUNCTION TEST

| | | | |
|---|-------|-------|--------------|
| BILIRUBIN - TOTAL Method: D P D | 0.84 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT Method: DPD | 0.11 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) Method: Calculation | 0.73 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) Method: BIURET | 7.60 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) Method: BCG | 4.65 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) Method: Calculation | 3.00 | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO Method: Calculation | 1.58 | | [1.00-2.50] |
| AST (SGOT) (SERUM) Method: IFCC W/O P5P | 18.00 | U/L | [0.00-40.00] |



LABORATORY REPORT

Name : MRS ANJALI VERMA
Registration No : MH010817694
Patient Episode : H18000001839
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:08

Age : 53 Yr(s) Sex :Female
Lab No : 202402004121
Collection Date : 24 Feb 2024 11:08
Reporting Date : 24 Feb 2024 13:00

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|------|-------------------------------|
| ALT (SGPT) (SERUM) Method: IFCC W/O P5P | 16.10 | U/L | [14.00-54.00] |
| Serum Alkaline Phosphatase Method: AMP BUFFER IFCC) | 67.0 | IU/L | [32.0-91.0] |
| GGT | 22.0 | U/L | [7.0-50.0] |

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



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Registration No : MH010817694
Patient Episode : H18000001839
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:08

Age : 53 Yr(s) Sex :Female
Lab No : 202402004122
Collection Date : 24 Feb 2024 11:08
Reporting Date : 24 Feb 2024 13:00

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase | 153.0 # | mg/dl | [70.0-110.0] |

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS ANJALI VERMA
Registration No : MH010817694
Patient Episode : H18000001839
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 16:01

Age : 53 Yr(s) Sex :Female
Lab No : 202402004123
Collection Date : 24 Feb 2024 16:01
Reporting Date : 25 Feb 2024 13:20

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------|-------|-------------------------------|
| PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase | 248.0 # | mg/dl | [80.0-140.0] |

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist