

## Health Check-up Certificate

Name Kiran Singh Date 09/11/24  
 Age/Sex 48/F Mob No. 9991905005 Emp. Sign \_\_\_\_\_

General Appearance	Good
Height (in Cm)	153 Cm
Weight (in Kg)	55 Kg
B.P (mmhg)	100/70
P/R	76
BMI	20.7 Normal
CBC with ESR	14.20g/dl / 18 hr/mm
Blood Grouping & Rh factor	B+
Urine R/E	Normal
Fasting Blood Sugar	
BLOOD SUGAR P.P.	86.0 mg/dl / 116.0 mg/dl
HB1AC	5.90%
TSH, T3/T4	Normal
Lipid Profile	Normal
Kidney Profile Test	Normal
BUN	28.60 mg/dl
Liver Profile Test	Normal
ECG	Normal
Chest X ray PA View	Normal
USG Whole Abdomen	Normal
PAP SMEAR	- Denied by the patient
Eye Examination	6/6 BE
Dental Examination	Normal
ENT Examination	Normal
Dietician	Normal

Remarks fit for work.

**DR. MOHIT VERMA**  
 MBBS MD FICC FIDM  
 Reg No UKMC - 5324  
 Prem Hospital/Super Speciality & Trauma Center  
 Doctor Seal with Signature



# PREM HOSPITAL

SUPER SPECIALITY AND TRAUMA CENTRE

Lab Ref No. : 245018636

Pt. Mobile : 0000000000

Collection Time : 09-Nov-2024 10:28A

Patient Name : Mrs. KIRAN SINGH ,

Receiving Time : 09-Nov-2024 11:22A

Age/ Gender : 48Y / Female

Reporting Time : 09-Nov-2024 12:02P

Sample Type : EDTA

Referred By : Dr. Mohit Verma



Test Name	Results	Units	Biological Ref-Interv
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

HAEMOGLOBIN	14.20	g/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	9700	Thousand/ Cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	50	%.	40-75
Lymphocytes	45	%.	25-45
Eosinophils	02	%.	1-6
Monocytes	03	%.	1-10
Basophils	00	%	0-1

### TOTAL R.B.C. COUNT

(Electric Impedence)

HAEMATOCRIT (P.C.V.)	40.50	%	33 - 51
(Calculated)			
MCV	88.00	fL	73-98
(Calculated)			
MCH	31.00	pg	24-34
(Calculated)			
MCHC	35.10	g/dl	30-36
(Calculated)			
RDW-CV	14.90	%	11.5 - 14.5
(Calculated)			
RDW-SD	47.00	fL	35.0-56.0
(Calculated)			
Platelet Count	3.36	lacs/mm <sup>3</sup>	1.50 - 4.50
(Electric Impedence)			
MPV	9.10	fL	11.5-14.5
(Calculated)			

### E.S.R.

ERYTHROCYTE SEDIMENTATION RATE	18	1hr/mm	0 - 20
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Dr Shubhi Sharma

(MBBS, M)

Consultant Pathologist



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Lab Ref No. : 245018636 Pt. Mobile : 0000000000 Collection Time : 09-Nov-2024 10:28AM  
Patient Name : Mrs. KIRAN SINGH Receiving Time : 09-Nov-2024 11:22AM  
Age/ Gender : 48Y / Female Reporting Time : 09-Nov-2024 12:02PM  
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Test Name	Results	Units	Biological Ref-Interval
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(Westergren Method with EDTA blood)

## BLOOD GROUP

Blood Group	B		
RH	POSITIVE		

## GLYCOSYLATED HAEMOGLOBIN

HbA1c	5.90	%	
ESTIMATED AVERAGE GLUCOSE	122.63	mg/dl	

### EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetes : <5.7  
Prediabetes: 5.7-6.4  
Diabetes :  $\geq$ 6.5  
Excellent Control : 6-7  
Fair To Good Control of diabetes : 7-8  
Unsatisfactory Control of diabetes : 8-10  
Poor Control of diabetes : >10

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination . ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

## BIOCHEMISTRY

BLOOD SUGAR FASTING	86.0	mg/dl	70 - 110
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The blood glucose test may be used to detect high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia) and to screen for diabetes in people who are at risk before signs and symptoms are apparent; in some cases , there may be no early signs or symptoms of diabetes.

BLOOD SUGAR P.P.	116.0	mg/dl	70 - 140
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### After 2.0 hrs of meal

The blood glucose test may be used to detect high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia) and to screen for diabetes in people who are at risk before signs and symptoms are apparent; in some cases , there may be no early signs or symptoms of diabetes.

## LIVER PROFILE TEST

BILIRUBIN TOTAL	1.00	mg/dl	0.2 - 2.0
Methodology :Diazonium Ion Blanked			
BILIRUBIN DIRECT	0.23	mg/dl	0.0 - 1.0
Methodology :DUD			



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 Sample Type : SERUM  
 Referred By : Dr. Mohit Verma



Test Name	Results	Units	Biological Ref-Interval
<b>BILIRUBIN INDIRECT</b>	<b>0.77</b>	mg/dl	0.0 - 0.60
Methodology : Calculated			
<b>S.G.O.T.</b>	<b>27.0</b>	U/L	0 - 45
Methodology : UV without P5P			
<b>S.G.P.T.</b>	<b>25.0</b>	U/L	0 - 49
Methodology : UV without P5P			
<b>SERUM ALKALINE PHOSPHATASE</b>	<b>107.0</b>	IU/L.	42- 128
Methodology : IFCC			
<b>TOTAL PROTEINS</b>	<b>8.30</b>	Gm/dL.	6.4 - 8.3
Methodology : Biuret			
<b>ALBUMIN</b>	<b>4.80</b>	Gm/dL.	3.5 - 5.5
Methodology : BCG			
<b>GLOBULIN</b>	<b>3.50</b>	Gm/dL.	2.3 - 3.5
Methodology : Calculated			
<b>A : G RATIO</b>	<b>1.37</b>		0.0 - 2.0
Methodology : Calculated			
<b>KIDNEY FUNCTION TEST</b>			
<b>BLOOD UREA</b>	<b>28.60</b>	mg/dl	13-45
Methodology : Urease UV			
<b>SERUM CREATININE</b>	<b>0.80</b>	mg/dl	0.6-1.4
<b>SERUM URIC ACID</b>	<b>6.10</b>	mg/dl	2.5 - 6.6
Methodology : Colorimetric			
<b>SERUM SODIUM (Na)</b>	<b>139</b>	mmol/l	135 - 150
Methodology : ISE			
<b>SERUM POTASSIUM (K)</b>	<b>4.66</b>	mmol/l	3.5 - 5.5
Methodology : ISE			
<b>CALCIUM</b>	<b>8.90</b>	mg/dl	8.5-11
Methodology : ISE			
<b>PROTEIN</b>	<b>8.3</b>	Gm/dl	6.4-8.3
<b>ALBUMIN</b>	<b>4.8</b>	Gm/dl	3.5-5.5
<b>LIPID PROFILE</b>			
<b>SERUM CHOLESTEROL</b>	<b>256.0</b>	mg/dl	0 - 200
<b>SERUM TRIGLYCERIDE</b>	<b>316.0</b>	mg/dl	25 - 160



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 Sample Type : SERUM  
 Referred By : Dr. Mohit Verma



Test Name	Results	Units	Biological Ref-Interval
HDL CHOLESTEROL	49.0	mg/dl	30 - 80
VLDL CHOLESTEROL	<b>63.2</b>	mg/dl	02 - 30
LDL CHOLESTEROL	<b>143.8</b>	mg/dL	< 100
TOTAL LIPIDS	<b>1056.7</b>	mg/dl	400 - 800
LDL/HDL RATIO	2.9	mg/dL	0.0 - 3.5
CHOL/HDL CHOLESTROL RATIO	<b>5.2</b>	mg/dL	3.5 - 5.0

### INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

### HORMONE

#### THYROID PROFILE

Triiodothyronine (T3) (FIA)	1.06	ng/mL	0.70-2.04
Thyroxine (T4) (FIA)	10.30	ug/dl	0.60-14.1
THYROID STIMULATING HORMONE (TSH) (FIA)	4.21	uIU/MI	0.30-5.50

#### INTERPRETATION-Ultra Sensitive 4th generation assay

- 1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
- 2.Low TSH,high FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease
- 3.Low TSH,high FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter
- 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis
- 5.HighTSH,Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency
- 6.Low TSH,Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism
- 7.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
- 8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 9.Normal or ↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis ( problem is conversion of T4 to T3)



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Sample Type : SERUM  
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Test Name	Results	Units	Biological Ref-Interval
10. Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism .			
11. Normal T3 & ↓ T4 along with ↑ TSH is seen in Hypothyroidism .			
12. Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypothyroidism .			
13. Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness , maln utrition , renal failure and during therapy with drugs like propranolol.			
14. Although ↑ TSH levels are nearly always indicative of Primary Hypothyroidism ,rarely they can result from TSH secreting pituitary tu mours. <b>DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL</b> (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL 2nd Trimester : 0.20-3.00 uIU/mL 3rd Trimester : 0.30-3.00 uIU/mL The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy. <b>REMARK</b> -Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved.TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)			

## CLINICAL PATHOLOGY

URINE SUGAR FASTING  
URINE PP

NIL  
NIL

-----{END OF REPORT }-----



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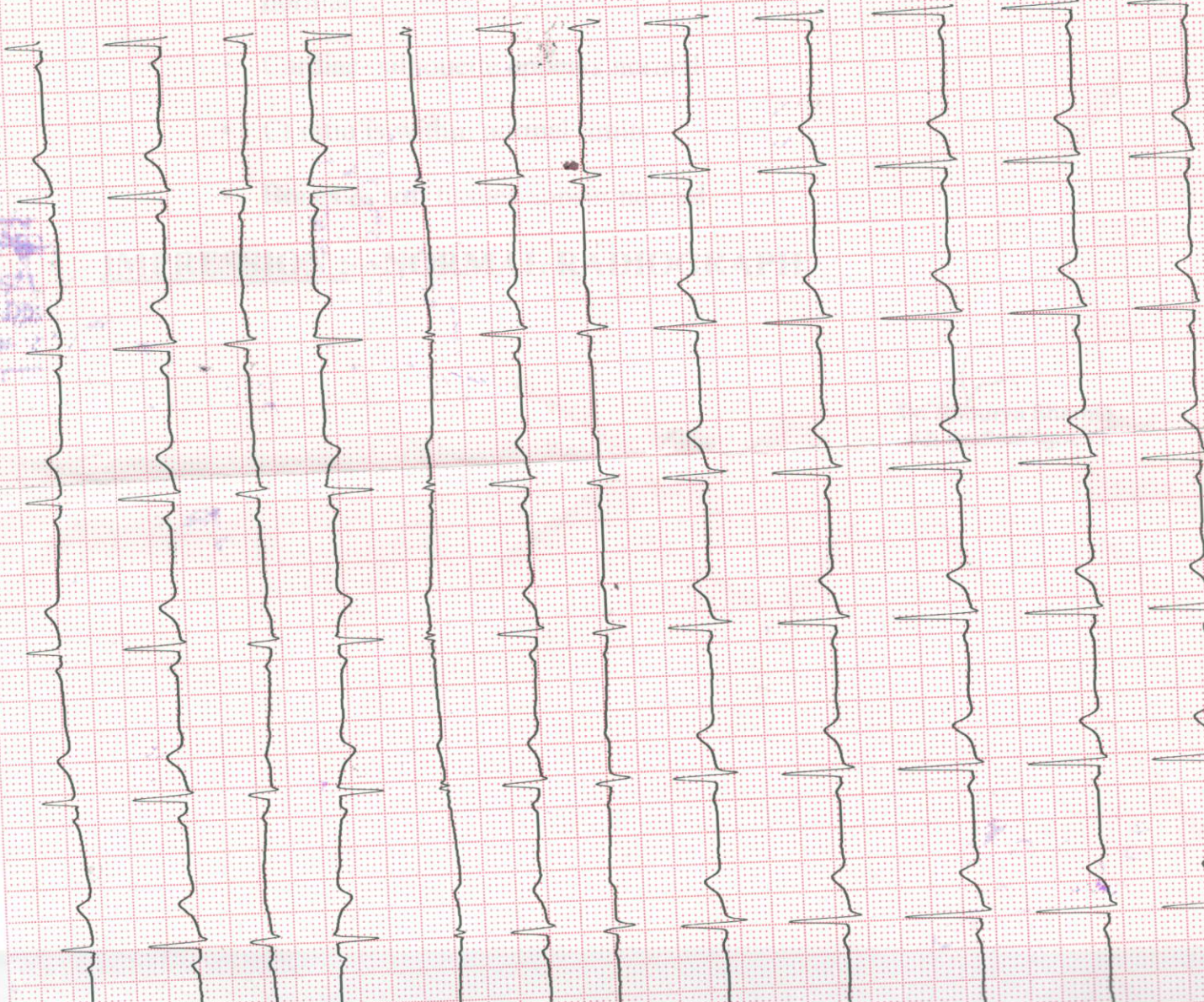
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Data for reference only.

2024-11-09 11:02:46

Name : kiran  
Sex : Female Age : 48  
Section : 50  
RoomID :  
BedID :  
ID :  
Operator :  
39 :  
Custom2 :  
HR : 63 bpm  
PR Interval : 166 ms  
P Duration : 116 ms  
QRS Duration : 76 ms  
T Duration : 177 ms  
QT/QTc : 364/371 ms  
P/QRS/T Axis deg : 62.5/51.6/36.6  
R(V5)/S(V1) mV : 1.07/0.27  
R(V5)+S(V1) mV : 1.33



<< Conclusions >>

Normal Sinus Rhythm.  
Cardiac electric axis normal.

\*\*Report need physician confirm\*\*

physician:



NAME : MRS. KIRAN SINGH  
AGE : 48Y/F  
DATE : 09-11-2024  
REF.BY : SELF

### CHEST X-RAY PA

- Bilateral lung parenchyma are normal. No focal lesion seen.
- Both hilar shadows & broncho vascular markings are normal.
- Trachea is normal positioned.
- Bilateral domes of diaphragm & costophrenic angles appear normal.
- Cardiac- silhouette appears normal.
- Ct ratio is within normal limits.
- Bones & soft tissues appear normal.

**IMPRESSION : --NORMAL RADIOGRAPH.**

  
Dr. Shourya Sharma  
MD Radiodiagnosis





# SHARMA IMAGING

Dr. Shourya Sharma

MD. Radiodiagnosis  
Ex. SR. AIIMS, Rishikesh  
Ex. SSB. Hospital, Haridwar

NAME : MRS. KIRAN SINGH  
AGE : 48Y/~~4~~  
DATE : 09-11-2024  
REF.BY : SELF

## ULTRASOUND ABDOMEN AND PELVIS

- **Liver:** Normal in size 12.9cm and **mild fatty echotexture** . No focal lesion/ IHBR dilatation is seen.
- **Portal vein:** Normal in course and caliber.
- **CBD:** Normal in course and caliber.
- **Gall bladder:** Post cholecystectomy status .
- **Spleen:** Normal in size and echotexture. No focal lesion seen.
- **Pancreas:** Normal in size and echotexture. No focal lesion / ductal dilatation / calcification seen.
- **Paraaortic region:** No obvious lymphadenopathy.
- **Kidneys:**
- **Right kidney:** Normal in size measuring 8.2 x 8.6cm and echotexture. No focal lesion / calculi seen. Cortico medullary differentiation is maintained. No e/o hydronephrosis.
- **Left kidney:** Normal in size measuring 8.7 x 3.8 cm and echotexture. No focal lesion / calculi seen. Cortico medullary differentiation is maintained. No e/o hydronephrosis.
- **Urinary bladder:** Distended with wall thickness within normal limits. No calculi / mass lesion seen within. No diverticuli / sacculation seen.
- **Uterus:** normal in size measuring 7.9x3.2x3.4 cm. No focal lesion is seen. ET-7mm.
- Left ovary is normally seen. 14x19mm simple right ovarian cyst is seen
- No free fluid seen in the abdomen and pelvis.

**IMPRESSION: - MILD FATTY LIVER**

**SIMPLE RIGHT OVARIAN CYST**

  
Dr. Raginee Chandrakar  
DMRD, DNB Radiodiagnosis



बैंक ऑफ़ बड़ौदा Bank of Baroda



प्रति,

समन्वयक,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

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

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

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	KIRAN SINGH
जन्म की तारीख	30-06-1976
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-11-2024
बुकिंग संदर्भ सं.	24D158056100120628S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SINGH RAJ BEER
कर्मचारी की क.कू.संख्या	158056
कर्मचारी का पद	REGIONAL HEAD
कर्मचारी के कार्य का स्थान	KARNAL RO KARNAL
कर्मचारी के जन्म की तारीख	01-01-1973

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 08-11-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



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

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

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