

LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. PRASAD JEETENDRA
EC NO.	77897
DESIGNATION	BRANCH HEAD
PLACE OF WORK	VARANASI, GURUDHAM COLONY
BIRTHDATE	16-01-1980
PROPOSED DATE OF HEALTH CHECKUP	09-11-2024
BOOKING REFERENCE NO.	24D77897100120128E

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 **06-11-2024** till **31-03-2025**. 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 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 & Marketing Department**  
**Bank of Baroda**



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छटा तल, "बड़ोदा भवन", अलकपुरी, बड़ोदा-390007(भारत)  
Human Resources Management Department, Head Office, 6<sup>th</sup> Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)



बैंक ऑफ बड़ोदा  
Bank of Baroda

कूट क्र. 77897

E.C. No.

नाम | Name JEETENDRA PRASAD

पदनाम | Designation SR. MANAGER

धारक के हस्ताक्षर | Signature of Holder

28.08.2023

जारी करने की तारीख  
Date of Issue

जारीकर्ता अधिकारी  
Issuing Authority



पहचान पत्र खोने, चोरी या छत्रप होने पर धारक इसके लिए जिम्मेदार होगा.

Holder will be held responsible against loss, theft or damage.

पहचान पत्र खोने की सूचना पुलिस एवं मूल कार्यालय या बैंक की नजदीकी शाखा को दें.

Loss must be reported immediately to police and parent/nearest bank office.

मिलने पर निम्नलिखित को लौटाएं -  
बैंक ऑफ बड़ोदा  
क्षेत्रीय कार्यालय, वाराणसी -II  
बड़ोदा भवन, प्लॉट सं.-24  
इन्डस्ट्रियल इस्टेट, चण्डीपुर  
वाराणसी - 221106, भारत  
मोबाईल नं. 7275954805

If found, please return to  
Bank of Baroda,  
Regional Office, Varanasi-II  
Baroda Bhawan, Plot No.- 24,  
Industrial Estate, Chandpur  
Varanasi - 221106, India  
Mobile No. 7275954805

B (+VE)

रक्त समूह | Blood Group

सम्पर्क मोबाईल नं. 9510760838  
Contact Mobile No.




  
भारत सरकार  
GOVERNMENT OF INDIA

  
जितेन्द्र प्रसाद  
Jeetendra Prasad  
जन्म वर्ष / Year of Birth : 1980  
पुरुष / Male

5759 8776 9499

आधार - आम आदमी का अधिकार



  
आधार  
भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता:  
S/O बालेश्वर प्रसाद, रंगुनी  
मल्लाह बस्ती, पोस्ट श्रमिक नगर  
धाना तेतुलमारी, भुली, धनबाद,  
झारखण्ड, 828105

Address:  
S/O Baleshwar Prasad,  
RANGUNI MALLAH BASTI,  
POST SHRAMIK NAGAR  
P.S. TETULMARI, BHULI,  
Dhanbad, Jharkhand,  
828105

1947  
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bangalore-560 001





**असर्फी हॉस्पिटल**  
**सबके लिए स्वास्थ्य**

**OUT PATIENT DEPARTMENT**

असर्फी हॉस्पिटल  
 सबके लिए स्वास्थ्य

Regd. No. : MAR21-44667  
 Patient Name : MR. JEETENDRA PRASAD  
 Age/Sex : 41 Y M O.D. / Male  
 Address : TETULMARI, BHOLI, DHANBAD - Jharkhand, INDIA  
 Doctor : Dr. Sumeet K. MD, Medicin

Department of General Medicine  
 Visit : GPD/91124/272172  
 Mobile : 9510760838  
 Date : 3-Nov-2024 3:11 pm

Allergies :  
 History and complaints :  
 Examination :  
 Diagnosis :  
 Investigations :

Height : Ft In Temp : 97.3  
 Weight : 78.4 Kg Pulse : 95  
 C SP02 : 98  
 BPM R.P. : 110/60 mm/Hg

For E  
 walpha 2

- Hypertension
- BSH
- Fatty liver grades

- Medicines Prescribed:
- T. LITMAX D 100ib
  - Cap Enule pla 100  
 aft meal  
 x 2ms
  - T. Urdohip 300 100  
 x 2ms

Follow up: Days Advice (Diet/ Lifestyle / Rehab)  
 Date :  
 Time :

Signature of Doctor

\*Prescription to be valid for 7 Days only.  
 \*This document is not valid for Medico-Legal purposes.

Male

44 Years

Rate 88 . Sinus rhythm.....normal P axis, V-rate 50-99  
Baseline wander in lead(s) V1

FR 156  
QRS 90  
QT 336  
QTc 407

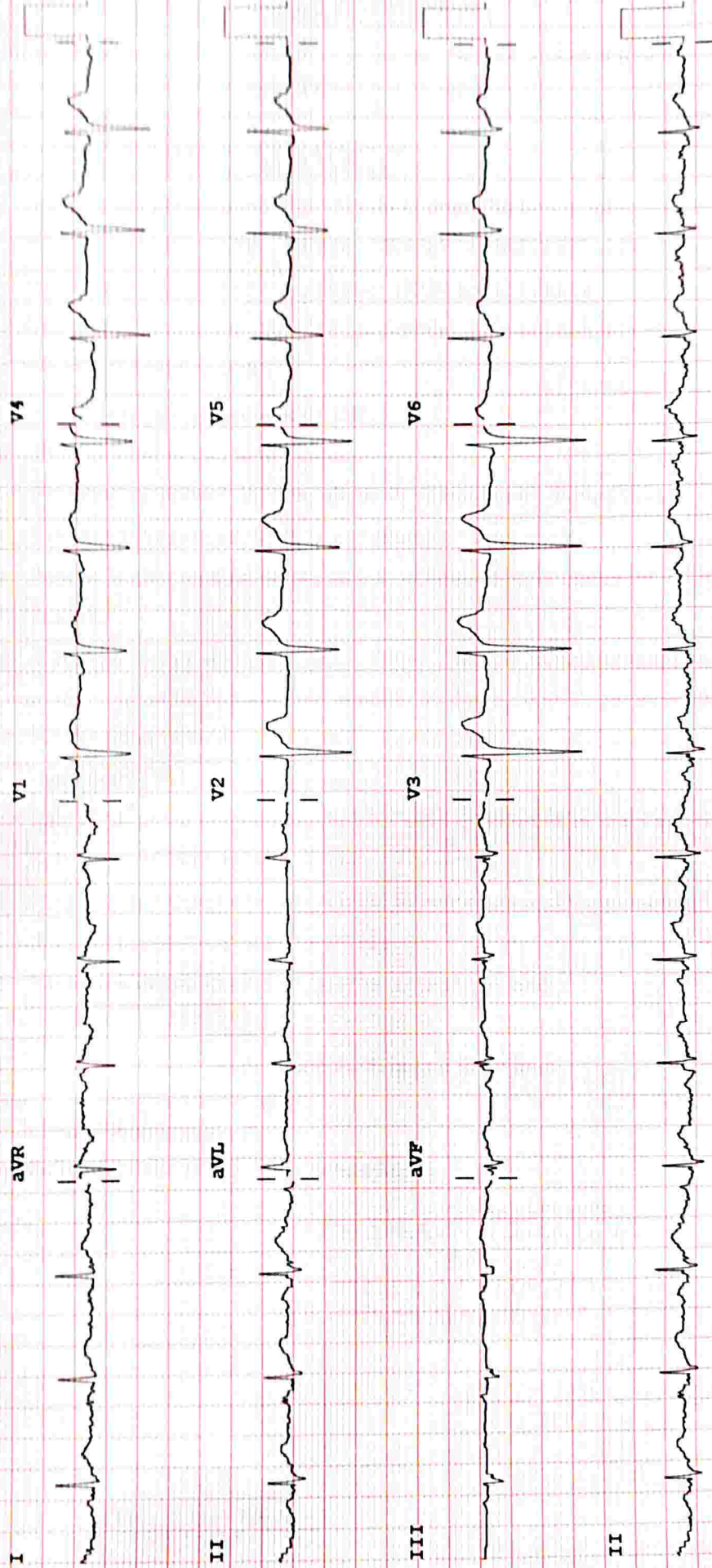
--AXIS--

P 53  
QRS 1  
T 43

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

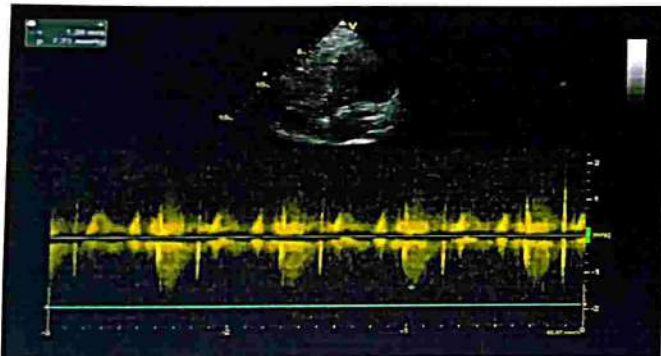
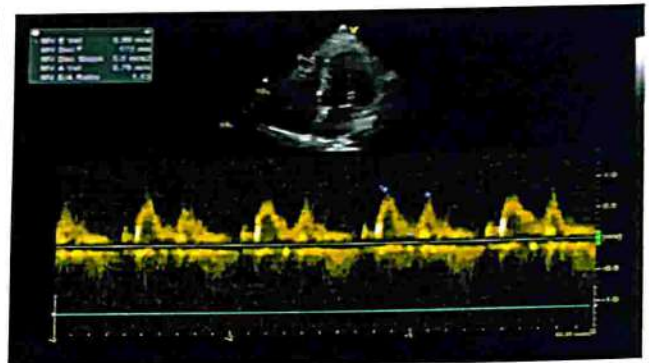
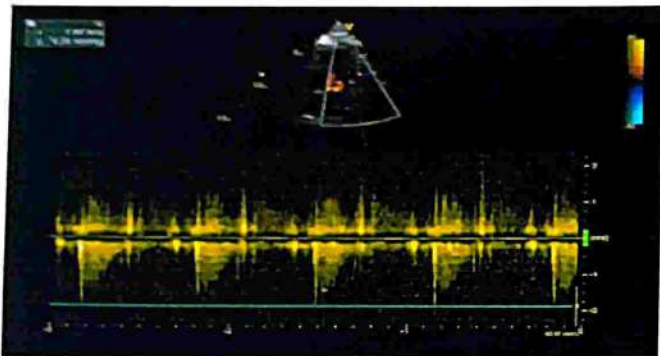
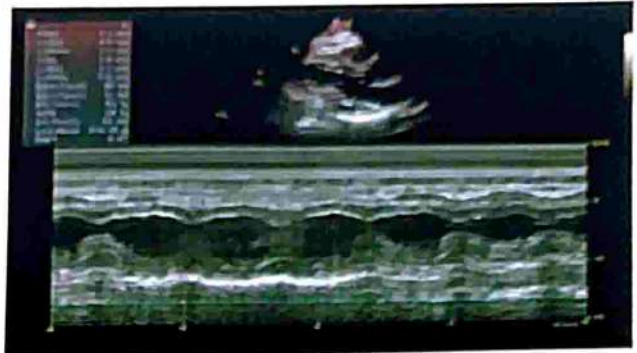
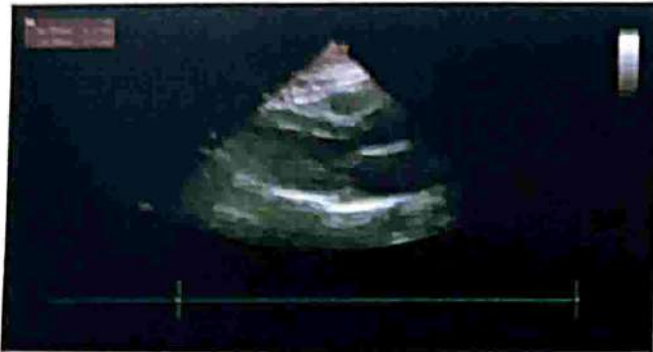
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F?

# ASARFI INSTITUTE OF CARDIAC SCIENCES

Name: MR JEETENDRA PRASAD  
Patient Id: 44667

Date: 09/11/2024



### REPORT

### ECHOCARDIOGRAPHY REPORT

Name: MR JEETENDRA PRASAD

Age: 44

Sex: Male

Date: 09/11/2024

#### 2D & M-MODE MEASUREMENTS

LA Diam	3.4 cm
Ao Diam	3.1 cm
IVSd	1.1 cm
LVIDd	4.6 cm
LVPWd	1.1 cm
IVSs	1.4 cm
LVIDs	3.1 cm

#### 2D & M-MODE CALCULATIONS

EDV(Teich)	98 ml
ESV(Teich)	37 ml
EF(Teich)	63%
%FS	34%
SV(Teich)	62 ml
LVd Mass	210.16 g
RWT	0.47

#### MITRAL VALVE

MV E Vel	0.86 m/s
MV DecT	172 ms
MV Dec Slope	5.0 m/s <sup>2</sup>
MV A Vel	0.76 m/s
MV E/A Ratio	1.13

#### AORTIC VALVE

AV Vmax	1.39 m/s
AV maxPG	7.73 mmHg

#### TRICUSPID VALVE

#### PULMONARY VALVE

#### COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-63%)
- NORMAL MITRAL INFLOW PATTERN
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT PE
- IVC NORMAL

#### IMPRESSION:

- NORMAL ECHO STUDY

DR. S. H. CHAVAN  
(CONSULTANT CARDIOLOGIST)

TECH. SIG



**RADIOLOGY REPORT**

No.	44667 (OPD)	Ref. Dr.	DR. SELF
Name	MR. JEETENDRA PRASAD	Study	USG WHOLE ABDOMEN
Age & Sex	44Y /M	Rep Date	9.11.2024

**USG WHOLE ABDOMEN**

- LIVER** : Liver is normal in size, shape & echotexture. **Diffuse hepatic steatosis-Grade-I fatty liver. Advise clinical correlation and lifestyle modification.** IHBR are not dilated. IHBR are not dilated.
- GALL BLADDER** : GB is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : **Spleen is enlarged in shape, size & echotexture. It measures 13.0cm in size.**
- KIDNEYS** : The right kidney measures 10.3 x 3.9cm. The left kidney measures 11.0 x 4.3 cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- PROSTATE** : **Prostate is enlarged in size, shape & echotexture. It measures 4.1 x 3.7 x 4.6cm in size (volume – 37 cc).**
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** :
  - Diffuse hepatic steatosis- Grade-I fatty liver.
  - Mild splenomegaly
  - Prostatomegaly

Clinical correlation is suggested. (*Advice LFT & PSA correlation.*)

*Swarna*  
**Dr. SWARNA BHARDWAJ**  
(Radiologist)

M.B.B.S, B.J MEDICAL COLLEGE  
DNB, APOLLO MAIN HOSPITAL CHENNAI

**24 HOUR EMERGENCY**

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"



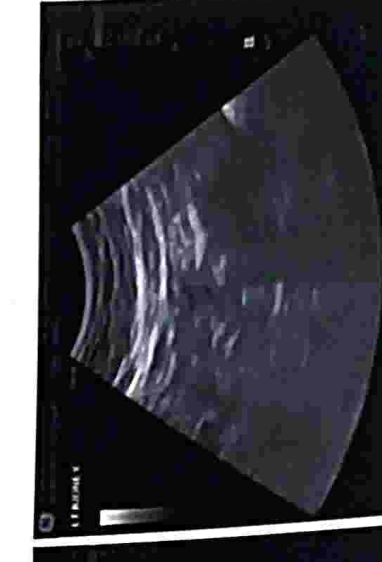
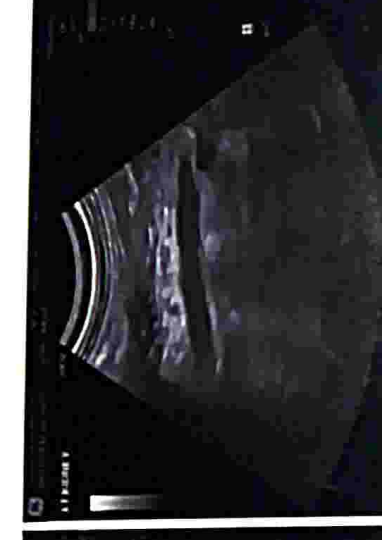
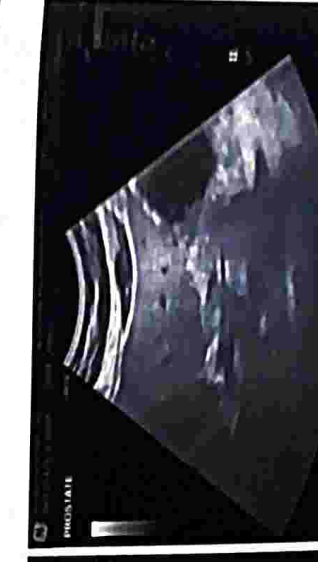
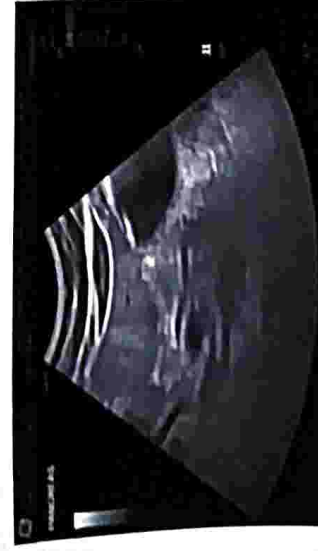
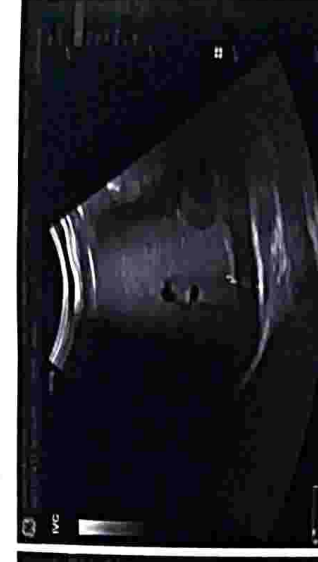
# Asarfi Hospital

Baramuri, B-Polytechnic, Dhanbad, Jharkhand - 828130

Name: Mr .Jeetendra Prasad

Age: 44 Y

Date: 09-Nov-2024



## RADIOLOGY REPORT

Patient Name :	MR.JEETENDRA PRASAD	Patient ID :	44667
Modality :	DX	Sex :	M
Age :	44Y	Study :	CHEST PA
Reff. Dr. :	DR.SELF	Study Date :	09-11-2024

### X-RAY OF CHEST PA VIEW

#### Findings:

Prominent bronchovascular marking noted in bilateral lung fields.  
Bilateral hilum bulky.  
Both costophrenic angles are free.  
Heart shadow appear normal.  
Trachea is at midline.

**IMPRESSION: Non-specific infective changes noted in bilateral lung fields with bulky bilateral hilum.**

Clinical correlation and other investigation suggested if clinically indicated.



**Dr. Preetam Debasish Panda**  
MD (Radio diagnosis)  
Registration No. 12-46299



**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.



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**FINAL REPORT**

Name : MR. JEETENDRA PRASAD  
Reg. No. : MAR23-44667  
Age / Sex : 44 Y 9 M 0 D / Male  
Doctor : Self-Walkin  
Pat. Type : TPA (Cashless Category)



Collection Time : 09-11-2024 10:10:54  
Receiving Time : 09-11-2024 10:12:45  
Reporting Time : 09-11-2024 14:26:09  
Publish Time : 09-11-2024 3:23 pm

Test Name	Result	Flag	Unit	Reference Range
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**Biochemistry**

**Creatinine, Serum**

Method: Enzymatic

Machine Name: XL640

Creatinine, Serum 0.9 mg/dl 0.6-1.4

**Uric Acid, Serum**

Method: Enzymatic

Machine Name: XL640

Uric Acid, Serum 7.1 H mg/dl 3.4-7.0

**Blood Urea Nitrogen (BUN)**

Method: Calculated

Machine Name: XL640

Blood Urea Nitrogen (BUN) 10.2 mg/dl 07-21


**LIPID PROFILE, SERUM**

Method: Spectrophotometry

Machine Name: XL640

Triglycerides (Enzymatic)	100.0		mg/dl	Normal: <150 Borderline-high: 150-199 High risk 200-499 Very high risk >500
Cholesterol, Total (CHOD/PAP)	151.0		mg/dl	<200 No risk 200-239 Moderate risk >240 High risk
VLDL Cholesterol (Calculated)	20		mg/dl	0-30
HDL Cholesterol (Enzymatic)	34.0	L	mg/dl	<40 High Risk ; >60 No Risk
LDL Cholesterol (Calculated)	97		mg/dl	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160



  
DR N N SINGH  
MD (PATHOLOGY)

\*This Document is not valid for Medico-Legal purposes.

Page 1 of 9

**Condition of Laboratory Testing & Reporting**

(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. (haemolysed/clotted/lipemic etc.) (b)Incorrect specimen type for requested test. (c)Specimen quality is unsatisfactory. (d) 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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Test Name	Result	Flag	Unit	Reference Range
Cholesterol Total : HDL Ratio (Calculated)	4.44		mg/dl	1.2-6.0
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b>				
Method: HPLC / Nephelometry				
HbA1C	5.9		%	4.4-6.2
Estimated average glucose (eAG)	122.63		mg/dl	

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

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



*[Signature]*  
**DR N N SINGH**  
MD (PATHOLOGY)

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MC-5939

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Test Name	Result	Flag	Unit	Reference Range
<b>Liver Function Test (LFT)</b>				
<i>Method</i> : Spectrophotometry				
<i>Machine Name</i> : XL-640				
Bilirubin Total (Diazo)	1.1		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.3	H	mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.8		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	51.0	H	U/L	7-50
SGOT (IFCC without PDP)	59.0	H	U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	365.0	H	U/L	70-306
GGT (Enzymatic)	23.0		U/L	0-55
Protein Total (Biuret)	7.5		g/dl	6.4-8.3
Albumin (BCG)	4.3		g/dl	3.5-5.2
Globulin (Calculated)	3.2		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.34			0.8-2.0
LDH: LACTATE DEHYDROGENASE	203.0		U/L	33-300
<b>Blood Glucose Fasting &amp; Postprandial</b>				
<i>Method</i> : GOD-POD				
<i>Machine Name</i> : XL640				
Fasting Blood Glucose, Plasma	91.0		mg/dl	70-110



  
**DR N N SINGH**  
MD (PATHOLOGY)

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MC-5939

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Test Name	Result	Flag	Unit	Reference Range
<b>Routine Urine Examination; Urine</b>				
<i>Method: Microscopic</i>				
<i>Machine Name: Microscope</i>				
Leukocytes	NEGATIVE			
Appearance	SLIGHTLY HAZY			
Colour	PALE YELLOW			
Volume	25		ml.	
Protiens	NEGATIVE			
Glucose	NEGATIVE			
PH	6.0			
Specific Gravity	1.020			
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.	



  
**DR N N SINGH**  
MD (PATHOLOGY)

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**24 HOUR EMERGENCY**

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**"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"**



**FINAL REPORT**

Name : MR. JEETENDRA PRASAD  
Reg. No. : MAR23-44667  
Age / Sex : 44 Y 9 M 0 D / Male  
Doctor : Self-Walkin  
Pat. Type : TPA (Cashless Category)



Collection Time : 09-11-2024 10:10:54  
Receiving Time : 09-11-2024 10:12:45  
Reporting Time : 09-11-2024 14:26:09  
Publish Time : 09-11-2024 3:23 pm

Test Name	Result	Flag	Unit	Reference Range
Clinical Pathology				



*[Signature]*  
**DR N N SINGH**  
MD (PATHOLOGY)

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Test Name	Result	Flag	Unit	Reference Range
Crystals	NOT SEEN		/hpf.	
<b>Urinary Protein/Creatnine Ratio</b>				
<i>Method:</i> Immunoturbidimetry, Spectrophotometry				
Protein	35.0		mg/L	
Creatinine	100.0		mg/dl	
PCR	0.35		mg/g	0-0.5



  
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MC-5939

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Test Name	Result	Flag	Unit	Reference Range
<b>Haematology</b>				
<b>BLOOD GROUP, ABO &amp; RH TYPING</b>				
<i>Method : Agglutination</i>				
ABO GROUP	B	.		0-0
RH TYPING	POSTIVE	.		0-0
<b>ESR (Erythrocyte Sedimentaion Rate)</b>				
<i>Method : Westergren</i>				
ESR	07		mm/hr	0-10
			<i>Machine Name:</i> VES-MATIC 20	



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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		Machine Name: Sysmex 6 part		
Hemoglobin (Photometry)	13.8		g/dl	13-18
PCV (Calculated)	41.5		%	40-50
MCH (Calculated)	28.5		Pg	27-31
MCHC (Calculated)	33.3		g/dl	31.5-35.5
Red Cell Distribution Width (RDW) (Electrical Impedence)	13.6		%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedence)	9,100		/cu-mm	4000-11000
RBC Count (Electrical Impedence)	4.83		million/mm3	4.5-5.5
Mean Carpuscular Volume (MCV) (Electrical Impedence)	86.0		fL	83-101
Platelet Count (Electrical impedence)	1.28	L	lakhs/cumm	1.5-4.5
Neutrophils (VCS Technology)	70		%	55-75
Lymphocytes (VCS Technology)	20		%	15-30
Eosinophils (VCS Technology)	04		%	1-6
Monocytes (VCS Technology)	06		%	2-10
Basophils (VCS Technology)	00		%	0-1



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**Immunology and Serology**

**Prostate Specific Antigen( PSA), Total, Serum**

Method: ECLIA

Prostate Specific Antigen( PSA), Total, Serum 0.41 ng/ml 0.0-4.0

Machine Name: VITROS ECI

Border line 4.0 - 10.0

**THYROID PROFILE, TOTAL, SERUM**

Method: ECLIA

T3, Total	1.33		ng/ml	0.8-2.0
T4, Total	8.94		µg/dL	5.10-14.10
TSH (Ultrasensitive)	3.46		mIU/mL	0.27-4.2

Machine Name: Vitros ECI

**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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