



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 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. NIGAM NITIN
क.कू.संख्या	112066
पदनाम	SPECIAL CUSTOMER SERVICE ASSOCIATE
कार्य का स्थान	GHAZIABAD,PILAKHWA
जन्म की तारीख	21-12-1976
स्वास्थ्य जांच की प्रस्तावित तारीख	22-02-2025
बुकिंग संदर्भ सं.	24M112066100143150E

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 01-02-2025 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 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।)



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. NIGAM NITIN
EC NO.	112066
DESIGNATION	SPECIAL CUSTOMER SERVICE ASSOCIATE
PLACE OF WORK	GHAZIABAD,PILAKHWA
BIRTHDATE	21-12-1976
PROPOSED DATE OF HEALTH CHECKUP	22-02-2025
BOOKING REFERENCE NO.	24M112066100143150E

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 **01-02-2025** 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.))

**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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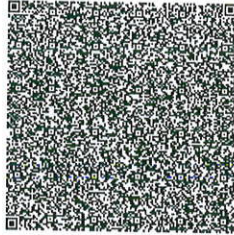


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00151/75835

To  
नितिन निगम  
Nitin Nigam  
PARVENDER NATH NIGAM,  
FLAT NO F-255, GAURS SIDDHARTHAM,  
PLOT NO. BS-01, SECTOR-8,  
SIDDHARTH VIHAR,  
VTC: Siddarth Vihar,  
PO: Vijay Nagar,  
District: Ghaziabad,  
State: Uttar Pradesh,  
PIN Code: 201009,  
Mobile: 9911399300



Signature Not Verified  
Digitally signed by Unique  
Identification Authority of India  
05  
Date: 2024.05.31 11:59:49  
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

**9494 1865 8257**

VID : 9137 7830 9487 4043

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 04/04/2012



नितिन निगम  
Nitin Nigam  
जन्म तिथि/DOB: 21/12/1976  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
**Aadhaar is proof of identity, not of citizenship or date of birth.** It should be used with verification (online authentication, or scanning of QR code / offline XML).

**9494 1865 8257**

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



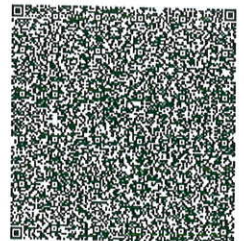
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
परवेन्द्र नाथ निगम, फ्लैट नो एफ-२५५, गौरस सिद्धार्थम, प्लॉट  
नो. बीएस-०१, सेक्टर-८, सिद्धार्थ विहार, सिद्धार्थ विहार,  
विजय नगर, गाजियाबाद,  
उत्तर प्रदेश - 201009

Details as on: 31/05/2024

Address:  
PARVENDER NATH NIGAM, FLAT NO F-  
255, GAURS SIDDHARTHAM, PLOT NO.  
BS-01, SECTOR-8, SIDDHARTH VIHAR,  
Siddarth Vihar, PO: Vijay Nagar, DIST:  
Ghaziabad,  
Uttar Pradesh - 201009



**9494 1865 8257**

VID : 9137 7830 9487 4043

1947 | help@uidai.gov.in | www.uidai.gov.in

Nitin Nigam  
Male  
(48 Years)

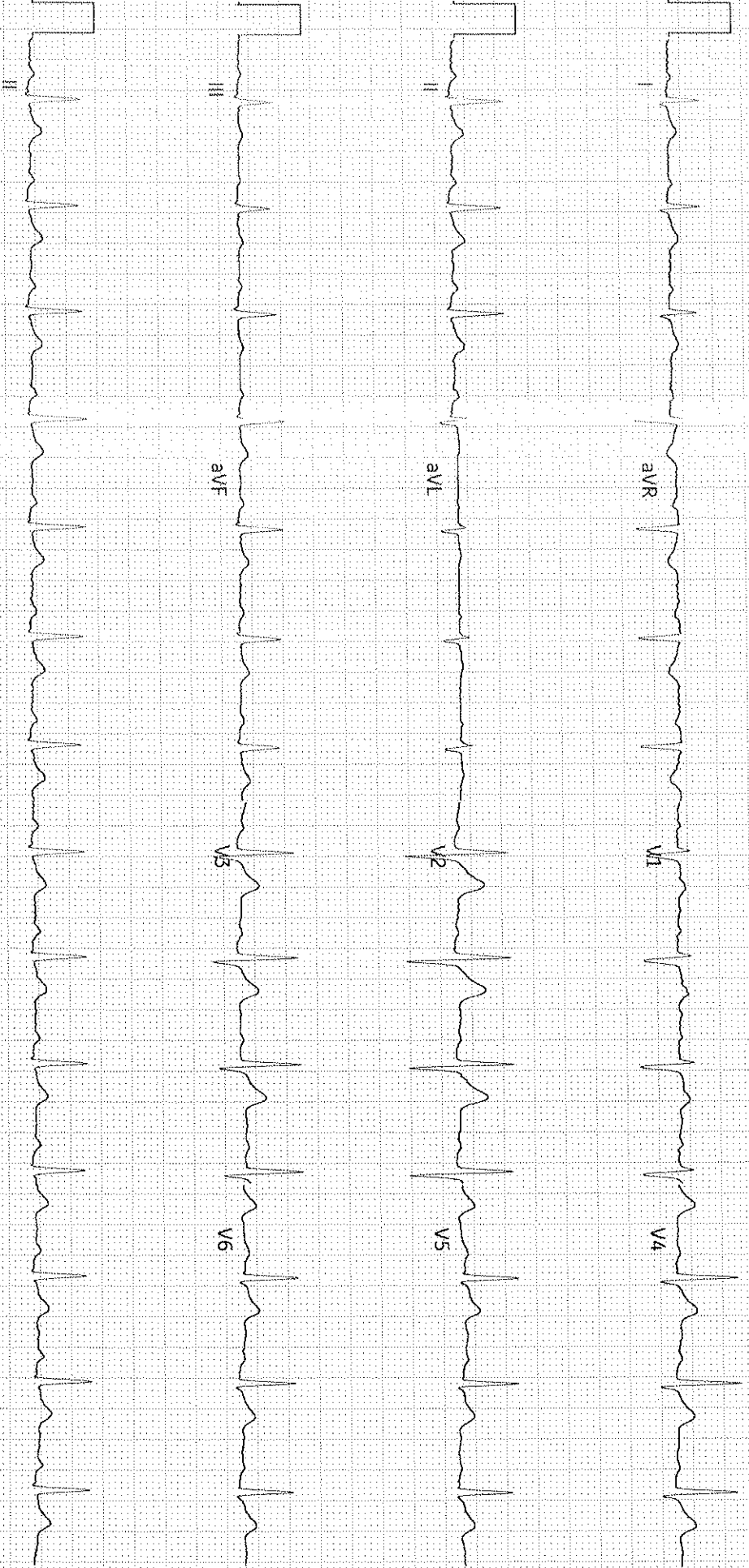
Vital Signs™ 226 106 95

Vent. rate 86 BPM  
PR interval 184 ms  
QRS duration 112 ms  
QT/QTc-Baz 346/414 ms  
P-R-T axes 59 62 50

MI

08/03/2025 01:31:01 PM  
Manipal Hospital

Unconfirmed



25mm/s 10.0mm/mV

0.56-20 Hz ZPD

50 Hz

MAC™ 5.1.01 SP01

12SL V24

4 by 2.5s + 1 rhythm id

Page 1 of 1



Patient Name	MR NITIN NIGAM	Location	Ghaziabad
Age/Sex	48Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH010899366	Order Date	:08/03/2025
Ref. Doctor	H/C	Report Date	:08/03/2025

## Echocardiography

### Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/vegetation/pericardial pathology.
7. 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 is normal sized.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal, Trace MR.
- **Tricuspid Valve:** Trace TR.
- **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 0300E info@manipalhospitals.com [www.manipalhospitals.com](http://www.manipalhospitals.com)



Patient Name	MR NITIN NIGAM	Location	Ghaziabad
Age/Sex	48Year(s)/male	Visit No	: V0000000001-GHZZB
	<b>MH010899366</b>	Order Date	08/03/2025
Ref. Doctor	: H/C	Report Date	08/03/2025

## Echocardiography

### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	27	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening	19	15-26
Left atrium size	29	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	41	28	(ED=37-53:Es=22-40)
Interventricular septum	11	13	(ED=6-12)
Posterior wall thickness	11	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

### Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-73/94 DT-	Trace
Aortic	128	Nil
Tricuspid	39	Trace
Pulmonary	79	Nil

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Geetesh Govil**  
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE  
Jr. Consultant Cardiology

Page 2 of 2

Manipal Health Enterprises Private Limited

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## RADIOLOGY REPORT

NAME	Nitin NIGAM	STUDY DATE	08/03/2025 10:56AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010899366
ACCESSION NO.	R9497294	MODALITY	CR
REPORTED ON	08/03/2025 11:01AM	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.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

## IMPRESSION:

**No significant abnormality noted.**  
Recommend clinical correlation.

Dr. Monica Shekhawat

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

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



**RADIOLOGY REPORT**

NAME	Nitin NIGAM	STUDY DATE	08/03/2025 11:24AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010899366
ACCESSION NO.	R9497295	MODALITY	US
REPORTED ON	08/03/2025 5:03PM	REFERRED BY	HEALTH CHECK MGD

**ULTRASOUND - WHOLE ABDOMEN**

**CHEST:** There is no evidence of basal pleural effusion on either side. Both hemi diaphragms show normal symmetrical diaphragmatic excursions. There is no pericardial effusion seen.

**LIVER-** Liver is normal in size and shows mild diffuse grade I fatty changes; normal in shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. Intra hepatic biliary radicals are normal. **Portal vein** is normal in course and caliber. **Hepatic veins and IVC** are normal.

**GALL BLADDER-** GB is normal, distended and shows echofree lumen. There is no intra luminal calculus or mass lesion seen. Gall bladder wall is normal in thickness.

**CBD** is normal in course and caliber. There is no IHBRD seen.

**PANCREAS** - Pancreas is normal in size, shape, outline and echotexture. There is no focal mass, calcification, cyst or abscess seen. PD is not dilated. Peripancreatic fat is normal.

**NODES:** There are no significantly enlarged lymph nodes seen. Major abdominal vessels are normal.

**SPLEEN** - Spleen is normal in size and echotexture. There is no abnormal cyst, abscess, calcification or solid mass lesion seen. Splenic vessels are normal.

**KIDNEYS** - Both kidneys are normal in size, shape, position, outline and echotexture with maintained cortico-medullary differentiation. There is no focal solid mass seen. There is no renal cortical cyst noted. There is no obstructive hydronephrosis or any large renal calculus seen on either side. Tiny renal concretions cannot be ruled out

**Ureters** are not seen dilated on either side.

**URINARY BLADDER:** is partially distended with echo-free lumen. There is no intra-luminal mass lesion or calculus seen. Bladder wall thickness is normal.

**BOWEL:** Visualized bowel loops are unremarkable & show normal bowel wall thickness. There is no abnormal bowel mass seen. There are no features suggesting intestinal obstruction or perforation.

**PROSTATE:** is normal in size, shape, outline and echotexture. There is no abnormal focal mass, cyst or abscess seen. Periprostatic fat is normal. **Seminal vesicles** are normal in size and echotexture.

**RADIOLOGY REPORT**

NAME	Nitin NIGAM	STUDY DATE	08/03/2025 11:24AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010899366
ACCESSION NO.	R9497295	MODALITY	US
REPORTED ON	08/03/2025 5:03PM	REFERRED BY	HEALTH CHECK MGD

**FLUID:** There is no free fluid noted in the pelvis.

**IMPRESSION-** USG findings reveal mild diffuse grade I fatty changes in liver; otherwise no significant sonological abnormality and normal study of rest abdominal viscera. Bowel mucosal pathology cannot be ruled out (Gastritis / IBS)

**ADVISED** – clinical correlation, lab investigations and follow up



Dr. Jai Hari Agarwal

MD

CONSULTANT RADIOLOGIST

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

**LABORATORY REPORT**

Name	: MR NITIN NIGAM	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010899366	Lab No	: 202503001254
Patient Episode	: H18000003909	Collection Date	: 08 Mar 2025 10:35
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:35
Receiving Date	: 08 Mar 2025 10:35		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.980	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.840	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.990	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	: MR NITIN NIGAM	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010899366	Lab No	: 202503001254
Patient Episode	: H18000003909	Collection Date	: 08 Mar 2025 10:35
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 09:42
Receiving Date	: 08 Mar 2025 10:35		

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN(PSA-Total)	: 0.580	ng/mL	[<2.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age  
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.  
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy  
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding  
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels  
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations  
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil  
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- \* Pre-operatively (Baseline)
- \* 2-4 days post-operatively
- \* Prior to discharge from hospital
- \* Monthly follow-up if levels are high or show a rising trend

**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal

**LABORATORY REPORT**

Name : MR NITIN NIGAM  
Registration No : MH010899366  
Patient Episode : H18000003909  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:35

Age : 48 Yr(s) Sex : Male  
Lab No : 202503001254  
Collection Date : 08 Mar 2025 10:35  
Reporting Date : 09 Mar 2025 10:15

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A Rh(D) Positive		

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist



## LABORATORY REPORT

<b>Name</b>	: MR NITIN NIGAM	<b>Age</b>	: 48 Yr(s) Sex :Male
<b>Registration No</b>	: MH010899366	<b>Lab No</b>	: 202503001254
<b>Patient Episode</b>	: H18000003909	<b>Collection Date</b>	: 08 Mar 2025 10:35
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 08 Mar 2025 12:43
<b>Receiving Date</b>	: 08 Mar 2025 10:35		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.75	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.0	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.5	%	[40.0-50.0]
MCV (DERIVED)	89.5	fL	[83.0-101.0]
MCH (CALCULATED)	31.6	pg	[25.0-32.0]
<b>MCHC (CALCULATED)</b>	<b>35.3 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
RDW CV% (Calculated)	13.2	%	[11.6-14.0]
Platelet count	160	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.70	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	5.27	x 10 <sup>3</sup> cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-10.0]



## LABORATORY REPORT

Name : MR NITIN NIGAM  
 Registration No : MH010899366  
 Patient Episode : H18000003909  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 11:26

Age : 48 Yr(s) Sex : Male  
 Lab No : 202503001254  
 Collection Date : 08 Mar 2025 11:26  
 Reporting Date : 08 Mar 2025 15:47

## CLINICAL PATHOLOGY

### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH(indicators)	6.0	(4.6-8.0)
Specific Gravity(Dip stick-ion)	1.005	(1.003-1.035)

#### CHEMICAL EXAMINATION

Protein/Albumin(Dip stick)	+	(NEGATIVE)
Glucose(GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies(Dip stick)	Negative	(NEGATIVE)
Urobilinogen(Dip stick)	Normal	(NORMAL)

#### MICROSCOPIC EXAMINATION (Automated/Manual)

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



## LABORATORY REPORT

Name : MR NITIN NIGAM  
 Registration No : MH010899366  
 Patient Episode : H18000003909  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:35

Age : 48 Yr(s) Sex : Male  
 Lab No : 202503001254  
 Collection Date : 08 Mar 2025 10:35  
 Reporting Date : 08 Mar 2025 15:45

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[0.0-5.6]  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) 114 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

<b>Serum TOTAL CHOLESTEROL</b> Method: Oxidase, esterase, peroxide	231 #	mg/dl	[<200] Moderate risk: 200-239 High risk: >240
<b>TRIGLYCERIDES (GPO/POD)</b>	162 #	mg/dl	[<150] Borderline high: 151-199 High: 200 - 499 Very high: >500
<b>HDL- CHOLESTEROL</b> Method : Enzymatic Immunoimhibition	59	mg/dl	[35-65]
<b>VLDL- CHOLESTEROL (Calculated)</b>	32	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	139.0 #	mg/dl	[<120.0] Near/  Borderline High: 130-159 High Risk: 160-189

Above optimal-100-129





## LABORATORY REPORT

Name : MR NITIN NIGAM  
Registration No : MH010899366  
Patient Episode : H18000003909  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:35

Age : 48 Yr(s) Sex : Male  
Lab No : 202503001254  
Collection Date : 08 Mar 2025 10:35  
Reporting Date : 08 Mar 2025 12:31

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.4		<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	25.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	12.0	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.17	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.0	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	136.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.46	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			



## LABORATORY REPORT

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 Receiving Date : 08 Mar 2025 10:35

Age : 48 Yr(s) Sex : Male  
 Lab No : 202503001254  
 Collection Date : 08 Mar 2025 10:35  
 Reporting Date : 08 Mar 2025 12:31

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	73.3	ml/min/1.73sq.m	[>60.0]
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.			

### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.64	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.54	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.70	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.81		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	23.88	U/L	[0.00-40.00]



## LABORATORY REPORT

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Receiving Date : 08 Mar 2025 10:35

Age : 48 Yr(s) Sex : Male  
Lab No : 202503001254  
Collection Date : 08 Mar 2025 10:35  
Reporting Date : 08 Mar 2025 12:31

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	61.9	IU/L	[32.0-91.0]
GGT	36.4	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.

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

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:55



## LABORATORY REPORT

Name : MR NITIN NIGAM  
 Registration No : MH010899366  
 Patient Episode : H18000003909  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:35

Age : 48 Yr(s) Sex : Male  
 Lab No : 202503001255  
 Collection Date : 08 Mar 2025 10:35  
 Reporting Date : 08 Mar 2025 11:47

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma <b>GLUCOSE, FASTING (F)</b> Method: Hexokinase	113.2 #	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, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal  
 Consultant Pathologist

Printed On : 10 Mar 2025 11:55



**LABORATORY REPORT**

Name : MR NITIN NIGAM  
 Registration No : MH010899366  
 Patient Episode : H18000003909  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 14:44

Age : 48 Yr(s) Sex :Male  
 Lab No : 202503001256  
 Collection Date : 08 Mar 2025 14:44  
 Reporting Date : 09 Mar 2025 09:39

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	127.3	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

Printed On : 10 Mar 2025 11:55