



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. KUMAR SANJEEV
EC NO.	104387
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	JAMTORIA
BIRTHDATE	20-02-1988
PROPOSED DATE OF HEALTH CHECKUP	22-02-2025
BOOKING REFERENCE NO.	24M104387100149554E

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 **18-02-2025** 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.))

B बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम
Name **संजीव कुमार**
SANJEEV KUMAR

कार्यकारी पुरत नं.
E.C. No. **104387**





जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

मिलने पर निम्नलिखित को लौटाने
मुख्य प्रबंधक (सुरक्षा)
बैंक ऑफ़ बड़ोदा, अंचल कार्यालय, दक्षिण गुजरात अंचल,
छठा तल, सुरज प्लाजा III, सायाजीगंज,
बड़ोदा - 390 005. गुजरात, भारत.
फोन 91 265-3966681 फैक्स 91 265 3966610

If Found, please return to
Chief Manager (Security)
Bank of Baroda, Zonal Office, South Gujarat Zone,
6th Floor, Suraj Plaza III, Sayajigunj,
Baroda - 390 005. Gujarat. India.
Phone : 91 265 3966681 Fax: 91 265 3966610

One

एक समूह / Blood Group पहचान चिह्न / Identification Marks

CUT MARK ON RIGHT
CHEEK



भारत सरकार
GOVERNMENT OF INDIA

संजीव कुमार
Sanjeev Kumar
जन्म वर्ष/YoB:1988
पुरुष Male

2820 6897 6339

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O: राम प्रसाद साह, 1006,
सेक्टर 6/बी बोकारो स्टील
सिटी, बोकारो स्टील सिटी,
सेक्टर 6, बोकारो
झारखण्ड, 827006

Address: S/O: Ram Prasad Sahu, 1006,
Sector 6/B Bokaro Steel City,
Bokaro steel city, Sector-6,
Bokaro
Jharkhand, 827006

Aadhaar - Aam Aadmi ka Adhikar





10 असर्फी हॉस्पिटल
सबके लिए स्वास्थ्य

OUT PATIENT DEPARTMENT

Department of General Medicine

MEDIWHEEL

Regd. No. : MAR23-44293	Visit : OPD/80325/312603
Patient Name : MR. SANJEEV KUMAR	Mobile : 7046363163
Age/Sex : 37 Y 2 M 7 D / Male	Date : 8-Mar-2025 2:51 pm
Address : BOKARO STEEL CITY , DHANBAD - Jharkhand , INDIA827006	OPD Timing :
Doctor : Dr. Pankaj Kumar MBBS, DNB (Medicine) Senior Consultant	Referred By :

Allergies : <i>None</i>	Height : Ft In	Temp. : 37.5 F	SPO2 : 99 %
	Weight : 81 Kg	Pulse : 95 BPM	B.P. : 120/70 mm/Hg

History and complaints :

*keely ~ dysthymia /
fully line*

Examination:

Diagnosis:

Chronic anxiety

on one dose (CA non-specific)

Investigations:

S. WBC count

Medicines Prescribed:

1) T. Cipicma 10 mg on @

2) T. Sedojen-100 mg on @

Follow up:

Days

Advice
(Diet/ Lifestyle / Rehab)

Date :

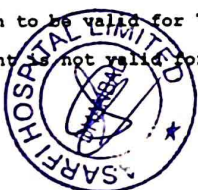
Time :

[Signature]

Signature of Doctor

*Prescription to be valid for 7 Days and one follow-up consultation only.

*This document is not valid for Medico-Legal purposes.



3) T. Fesytar 20 mg on @

08/03/2025 11:59:58

MR SANJEEV KUMAR

Male

37 Years

Rate 97 . Sinus rhythm.....normal P axis, V-rate 50- 99
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 167
QRS 77
QT 330
QTc 419

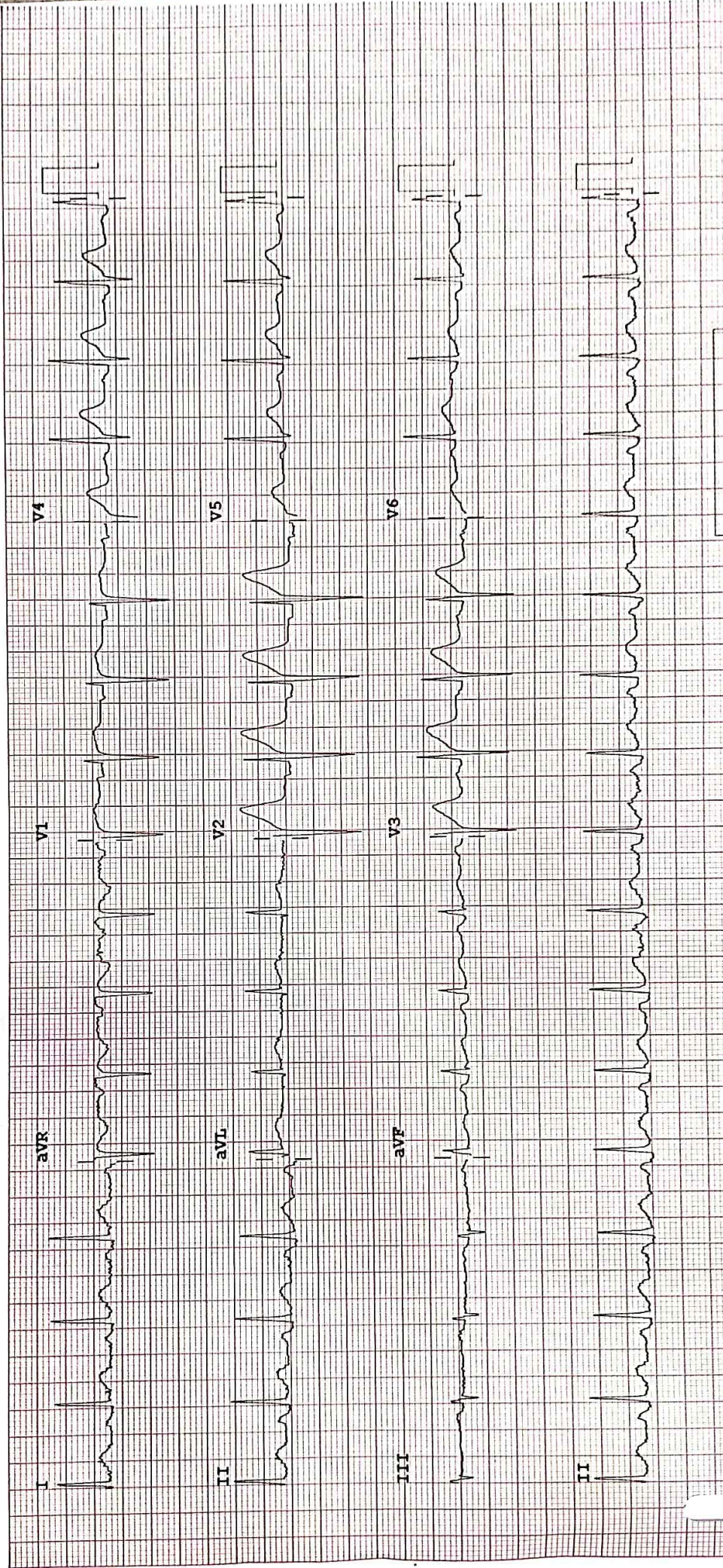
--AXIS--

P 60
QRS 30
T 26

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

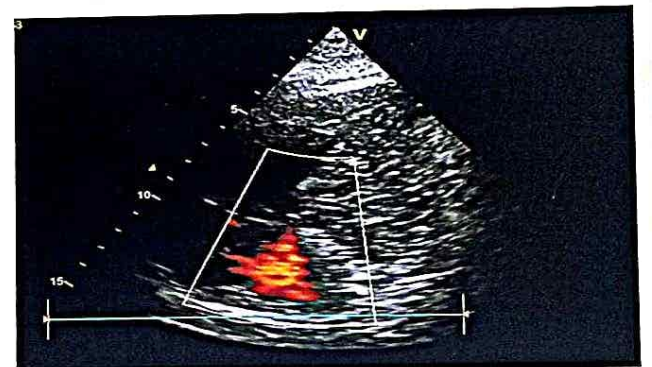
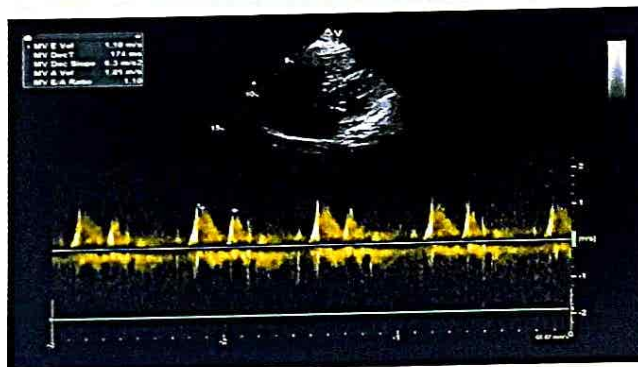
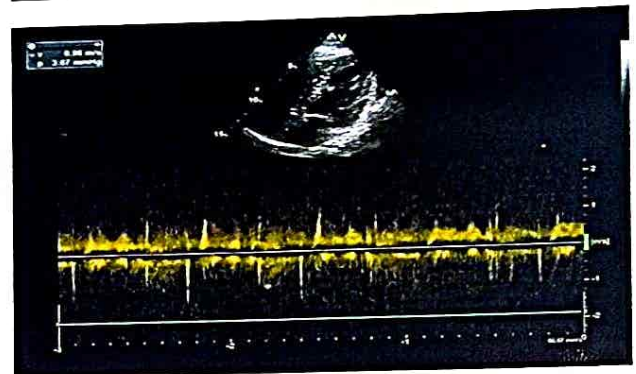
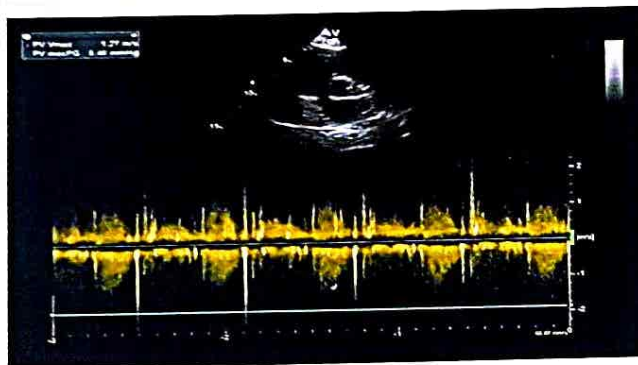
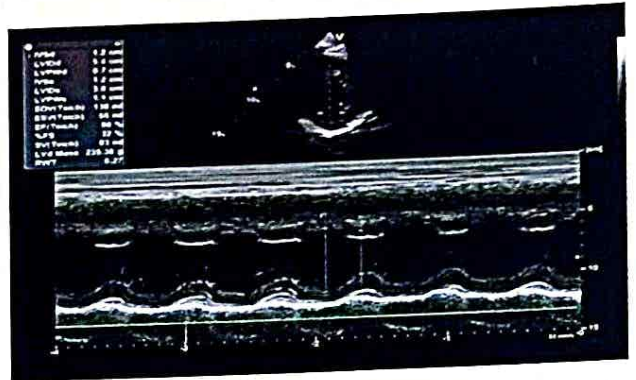
100B CL

P2

ASARFI INSTITUTE OF CARDIAC SCIENCES

Name : MR SANJEEV KUMAAR
Patient Id : 44293

Date : 08/03/2025



REPORT

ECHOCARDIOGRAPHY REPORT

Name: MR SANJEEV KUMAAR

Age: 37

Sex: Male

Date: 08/03/2025

2D & M-MODE MEASUREMENTS

LA Diam	3.4 cm
Ao Diam	2.7 cm
IVSd	1.2 cm
LVIDd	5.4 cm
LVPWd	0.7 cm
IVSs	1.2 cm
LVIDs	3.6 cm
LVPWs	1.1 cm

2D & M-MODE CALCULATIONS

EDV(Teich)	138 ml
ESV(Teich)	55 ml
EF(Teich)	60 %
%FS	32 %
SV(Teich)	83 ml
LVD Mass	235.38 g
RWT	0.27

MITRAL VALVE

MV E Vel	1.10 m/s
MV DecT	174 ms
MV Dec Slope	6.3 m/s ²
MV A Vel	1.01 m/s
MV E/A Ratio	1.10

AORTIC VALVE

AV Vmax	0.96 m/s
AV maxPG	3.67 mmHg

TRICUSPID VALVE

PULMONARY VALVE

PV Vmax	1.27 m/s
PV maxPG	6.40 mmHg

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

Reg. No.	44293 (OPD)	Ref. Dr.	SELF
Name	MR. SANJEEV KUMAR	Study	USG WHOLE ABDOMEN
Age & Sex	37Y /M	Rep Date	08.03.2025

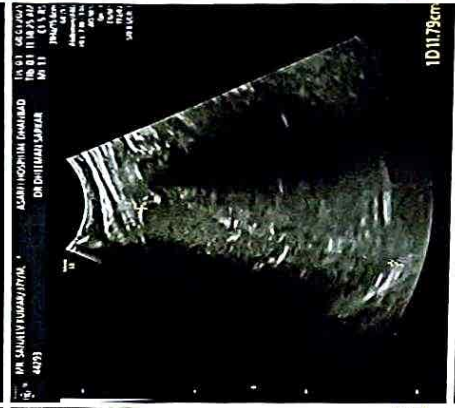
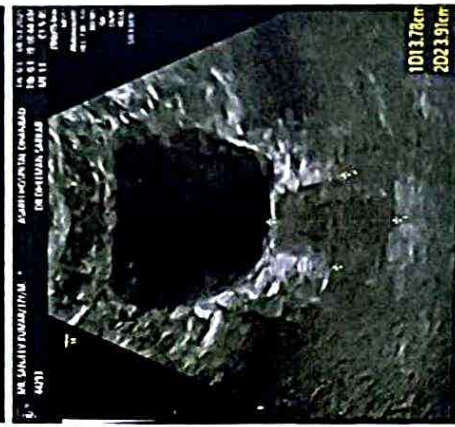
USG WHOLE ABDOMEN

- LIVER** : Liver is enlarged in size measuring 16.1 cm, shape & echotexture. No obvious focal lesion is seen. 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 normal in shape, size & echotexture. It measures 11.7 cm in size.
- KIDNEYS** : The right kidney measures 10.7 x 4.1 cm. The left kidney measures 11.4 x 4.5 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 normal in size, shape & echotexture. It measures 3.6 x 3.6 x 3.8 cm. (Vol-26 cc)
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** :
• Hepatomegaly as described above.
Otherwise no significant abnormality detected on current scan.




Dr. Dheeman Sarkar
M.B.B.S, M.D (RADIODIAGNOSIS)
Radiology Consultant

24 HOUR EMERGENCY





FINAL REPORT

Name : MR. SANJEEV KUMAR
Reg. No. : MAR23-44293
Age / Sex : 37 Y 2 M 7 D / Male
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



Collection Time : 08-03-2025 11:57:04
Receiving Time : 08-03-2025 11:57:41
Reporting Time : 08-03-2025 13:14:34
Publish Time : 08-03-2025 2:50 pm

Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	156.2	H	mg/dl	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160
Cholesterol Total : HDL Ratio (Calculated)	4.06		mg/dl	1.2-6.0

GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD

Method HPLC / Nephelometry

Machine Name	Result	Unit	Reference Range
BIO-RAD, D-10 / MISPA	6.1	%	4.4-6.2
Estimated average glucose (eAG)	128.37	mg/dl	

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




DR N N SINGH
MD (PATHOLOGY)

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Name : MR. SANJEEV KUMAR
Reg. No. : MAR23-44293
Age / Sex : 37 Y 2 M 9 D / Male
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



Collection Time : 08-03-2025 11:57:04
Receiving Time : 08-03-2025 11:57:41
Reporting Time : 08-03-2025 13:14:34
Publish Time : 10-03-2025 1:17 pm

Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				
<i>Method</i> : Spectrophotometry				<i>Machine Name</i> : XL-640
Bilirubin Total (Diazo)	0.5		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.3		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	27.0		U/L	7-50
SGOT (IFCC without PDP)	28.0		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	222.5		U/L	70-306
GGT (Enzymatic)	18.0		U/L	0-55
Protein Total (Biuret)	8.0		g/dl	6.4-8.3
Albumin (BCG)	4.1		g/dl	3.5-5.2
Globulin (Calculated)	3.9	H	g/dl	2.3-3.5
A : G Ratio (Calculated)	1.05			0.8-2.0
Blood Glucose Fasting & Postprandial				
<i>Method</i> : GOD-POD				<i>Machine Name</i> : XL640
Fasting Blood Glucose, Plasma	86.0		mg/dl	70-110
Glucose, PP	108.0		mg/dl	70-140




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Publish Time : 08-03-2025 2:50 pm

Test Name	Result	Flag	Unit	Reference Range
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Clinical Pathology




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Test Name	Result	Flag	Unit	Reference Range
Routine Urine Examination; Urine				
<i>Method</i> Microscopic			<i>Machine Name</i> Microscope	
Leukocytes	NEGATIVE			
Appearance	CLEAR			
Colour	STRAW			
Volume	15		ml.	
Protiens	NL			
Glucose	NIL			
PH	6.0			
Specific Gravity	1.025			
Bilirubin	NEGATIVE			
Ketone Bodies	NEGATIVE			
Bile Salts	XX			
Bile Pigments	XX			
Nitrite	NEGATIVE			
Pus Cells	1-2		/hpf.	
Epithelial Cells	1-2		/hpf.	



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Test Name	Result	Flag	Unit	Reference Range
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	
Crystals	NOT SEEN		/hpf.	

Urinary Protein/Creatinine Ratio

Method Immunoturbidimetry, Spectrophotometry

Protein	4.9		mg/L	
Creatinine	109.1		mg/dl	
PCR	0.04		mg/g	0-0.5



[Signature]
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Test Name	Result	Flag	Unit	Reference Range
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Haematology

BLOOD GROUP, ABO & RH TYPING

Method Agglutination

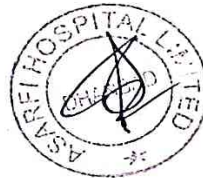
ABO GROUP O . 0-0

RH TYPING POSITIVE . 0-0

ESR (Erythrocyte Sedimentaion Rate)

Method Westergren

ESR 06 Machine Name VES-MATIC 20 mm/hr 0-10



[Signature]
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Reg. No. : MAR23-44293
Age / Sex : 37 Y 2 M 7 D / Male
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



Collection Time : 08-03-2025 11:57:04
Receiving Time : 08-03-2025 11:57:41
Reporting Time : 08-03-2025 13:14:34
Publish Time : 08-03-2025 2:50 pm

Test Name	Result	Flag	Unit	Reference Range
Nature of Material	EDTA Blood Sample			
Complete Blood Count (CBC)				
Method	Electronical Impedence		Machine Name	Sysmex 6 part
Hemoglobin (Photometry)	12.9	L	g/dl	13-18
PCV (Calculated)	42.1		%	40-50
MCH (Calculated)	26.5	L	Pg	27-31
MCHC (Calculated)	30.6	L	g/dl	31.5-37.5
Red Cell Distribution Width (RDW) (Electrical Impedence)	13.9		%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedence)	6,300		/cu-mm	4000-11000
RBC Count (Electrical Impedence)	4.87		million/mm3	4.5-5.5
Mean Corpuscular Volume (MCV) (Electrical Impedence)	86.5		fL	83-101
Platelet Count (Electrical impedence)	1.76		lakhs/cumm	1.5-4.5
Neutrophils (VCS Technology)	73		%	55-75
Lymphocytes (VCS Technology)	23		%	15-30
Eosinophils (VCS Technology)	02		%	1-6
Monocytes (VCS Technology)	02		%	2-10
Basophils (VCS Technology)	00		%	0-1



[Signature]
DR N N SINGH
MD (PATHOLOGY)

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Page 8 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

24 HOUR EMERGENCY

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



ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishunpur Polytechnic, Dhanbad 828 130
Ph. No.: 7808368888, 9297862282, 9234681514



FINAL REPORT

Name : MR. SANJEEV KUMAR
 Reg. No. : MAR23-44293
 Age / Sex : 37 Y 2 M 7 D / Male
 Doctor : Self-Walkin
 Pat. Type : TPA (Cashless Category)



Collection Time : 08-03-2025 11:57:04
 Receiving Time : 08-03-2025 11:57:41
 Reporting Time : 08-03-2025 13:14:34
 Publish Time : 08-03-2025 2:50 pm

Test Name	Result	Flag	Unit	Reference Range
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Immunology and Serology

THYROID PROFILE, TOTAL, SERUM

Method	ECLIA	Machine Name	Vitros ECI
T3, Total	1.54	ng/ml	0.8-2.0
T4, Total	10.5	µg/dL	5.10-14.10
TSH (Ultrasensitive)	1.34	mIU/mL	0.27-4.2

Interpretation:

- 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.
- 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.
- 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
- 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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Page 9 of 9

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FINAL REPORT

Name : MR. SANJEEV KUMAR
Reg. No. : MAR23-44293
Age / Sex : 37 Y 2 M 10 D / Male
Doctor : Self-Walkin
Pat. Type : TPA (Cashless Category)



Collection Time : 08-03-2025 11:57:04
Receiving Time : 08-03-2025 11:57:41
Reporting Time : 11-03-2025 12:40:33
Publish Time : 11-03-2025 1:36 pm

Test Name	Result	Flag	Unit	Reference Range
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Microbiology

Culture & Sensitivity (Urine)

Method vitek 2 compact

Organism Isolated

Machine Name vitek 2 compact

NO GROWTH OF ANY ORGANISM

Note:

In view of developing antibiotics resistance in india. It is advisalbe to use anitbiotics belonging to Group B & C only if the patient is resistant to antibiotics.

* Insturment used Bact/Alert 3D 60 & vitek 2 compact.



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Page 11 of 11

Condition of Laboratory Testing & Reporting

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