बैंक ऑफ़ बड़ौदा
Bank of Baroda

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	AZAZ ANSARI
जन्म की तारीख	15-07-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M106831100096068S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MRS. ANSARI NASRIN
कर्मचारी की क.कू.संख्या	106831
कर्मचारी का पद	CREDIT
कर्मचारी के कार्य का स्थान	AHMEDABAD,BHADRA
कर्मचारी के जन्म की तारीख	02-04-1986

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 **04-03-2024** 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।)

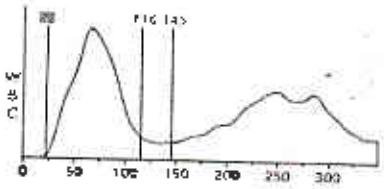
MSM HOSPITAL

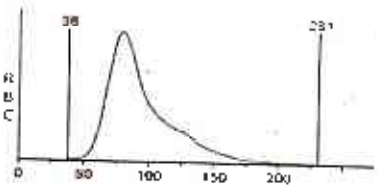
R 20, Sector A, R K. Puram, Kota - 324 010 Mob.: 7375945769

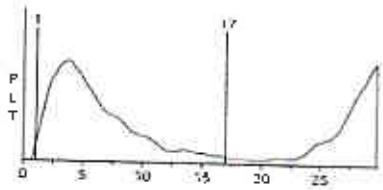
Name: Azaz Ansari
Age: 33Year
Test Time: 2024-03-09 10:42:00 AM

ID: 000000000003
Sex: Male
Print Time: 2024-03-10 01:56:47 PM

Item	Result	Unit	Range	Hit
WBC (WBC)	5.9	10^3/uL	4.0~11.0	
LYM% (LYM%)	41.2	%	20.0~40.0	H
MID% (MID%)	3.2	%	3.0~10.0	
GRAN% (GRAN%)	55.6	%	50.0~70.0	
LYM# (LYM#)	2.40	10^3/uL	0.80~4.00	
MID# (MID#)	0.10	10^3/uL	0.12~1.20	L
GRAN# (GRAN#)	3.40	10^3/uL	2.00~7.00	
RBC (RBC)	5.09	10^6/uL	3.50~5.80	
HGB (HGB)	13.7	g/dL	13.0~18.0	
HCT (HCT)	45.4	%	36.0~51.0	
MCV (MCV)	89.2	fL	82.0~100.0	
MCH (MCH)	26.9	pg	27.0~34.0	L
MCHC (MCHC)	30.1	g/dL	32.0~36.0	L
RDW_SD (RDW_SD)	47.0	fL	37.0~54.0	
RDW_CV (RDW_CV)	13.5	%	11.5~14.5	
PLT (PLT)	178	10^3/uL	150~450	
MPV (MPV)	9.3	fL	7.4~10.4	
PDW (PDW)	13.3	fL	10.0~17.0	
PCT (PCT)	0.16	%	0.10~0.28	
P_LCR (P_LCR)	28.50	%	13.00~43.00	
P_LCC (P_LCC)	50	10^3/uL	13~129	







Sender:Self

Patho./Technologist

MSM HOSPITAL

20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375845769

Lab No. :090324-003
Patient's Name :MR. AZAZ ANSARI
Referred By :C/O MSM HOSPITAL KOTA
Consultant Dr. :SELF

Date :9-Mar-2024
Age/Sex :33 Y/M

LABORATORY INVESTIGATION REPORT

URINE EXAMINATION

Test	Patient's Value	Refrence Value
PHYSICAL EXAMINATION		
Quantity	15 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear
Deposits	Absent	Absent
Specific Gravity	Q.N.S.	
CHEMICAL EXAMINATION		
Reaction	Acidic	Acidic
Sugar	Nil	Nil.
Albumin	Present ++	Nil.
MICROSCOPIC EXAMINATION		
Epithelial Cells	0-1/hpf	
Pus Cells	1-2/hpf	3-5/hpf
Red Blood Cells	Nil	Nil.
Crystals	Nil	Nil.
Amorphous Material	Absent	Absent
Casts	Absent	Absent
Bacteria	Absent	Absent

Remarks:-
Urine sugar test done by Benedict's qualitative method.
Test give positive result when Glucose,Galactose,Lactose,Fructose,Maltose,Pentose present in urine.
Test give False positive result when Ascorbic acid,Homogentisic acid,Many antibiotics (Anti-tubercular drugs) Phenothiazines,Salicylates,Levodopa pesent in urine.

Patho/Technologist

MSM HOSPITAL

R 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Lab No. :090324-003
Patient's Name :MR. AZAZ ANSARI
Referred By :C/O MSM HOSPITAL KOTA
Consultant Dr. :SELF

Date :9-Mar-2024
Age/Sex :33 Y/M

LABORATORY INVESTIGATION REPORT

LIVER FUNCTION TEST

Test	Patient's Value	Refrence Value
TOTAL SERUM BILIRUBIN	0.8 mg\dl	0 - 1.8 mg\dl
DIRECT SERUM BILIRUBIN	0.2 mg\dl	< 0.3 mg\dl
INDIRECT S. BILIRUBIN	0.60 mg\dl	< 0.8 mg\dl
S.G.O.T	63.7 IU\L	UP to 45 IU/L
S.G.P.T ENZYMATIC	13.4 IU\L	UP to 40 IU/L
ALKALINE PHOSPHATASE PNPP (AMP)	59.1 IU\L	42 - 141 IU\L
TOTAL PROTEIN	6.2 g/dl	6.0 to 8.5 g/dl
ALBUMIN	4.0 g/dl	3.4 to 5.6 g/dl
GLOBULIN	2.2 g/dl	1.9 to 3.5 g/dl
A:G RATIO	1.82	1.2 TO 2.3

Alkaline Phosphatase:- Serum ALP measurement of particular interest in the Hepatobiliary disease and in bone diseases. The main site of synthesis of this enzyme is hepatocytes adjacentto biliary canaliculi and active osteoblast. However, it is known that response of the liver to any form of Billiary tree obstruction is to synthesise more ALP.
Increased activity:- Serum ALP is increased in disease of bone including Metastasis, Rickets, Pugets disease and in healing fractures. Intrahepatic or extrahepatic obstructions in liver Elevated levels are seen in growing children due to new bone formation (Osteoblastic activity). Increased in ALP activity may often be the first indication of Hepatotoxic action of therapeutic drugs. Marked elevation in the absence of Jaundice but in the presence of primary source may be indicative of matastasis.
Decreased activity:- Low levels of ALP are found in a rare Congenital defect, Hypophosphatasemia and in pernicious Anaemia.

Protein:- Total protein is useful for monitoring gross changes in protein levels caused by various disease states. It is usually performed in conjugation with other tests such as serum albumin, liver funtion test or protein electrophoresis.An albumin/globulin ratio is often calculated to obtain additional information.
INCREASES:- in dehydration, multiple myeloma and chronic liver diseases.
DECREASES:- in renal deseases and terminal liver failure.

Patho/Technologist

MSM HOSPITAL

20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Lab No. :090324-003 **Date** :9-Mar-2024
Patient's Name :MR. AZAZ ANSARI Age/Sex :33 Y/M
Referred By :C/O MSM HOSPITAL KOTA
Consultant Dr. :SELF

LABORATORY INVESTIGATION REPORT

LIPID PROFILE

Test	Patient's Value	Refrence Value
LIPID PROFILE		
S. CHOLESTROL CHOD-PAP	222.4 mg\dl	130- 250 mg\dl
S. HDL CHOLESTROL	44.8 mg\dl	30-65 mg\dl
S. TRIGLYCERIDE	177.4 mg\dl	40-180 mg\dl
S. LDL CHOLESTROL	142.12 mg/dl	Upto 180 mg/dl
S. VLDL CHOLESTROL	35.48 mg/dl	15 - 45 mg%
CHOL / HDL RATIO	4.96 Ratio	Desirable level:<4.3 Borderline level: 4.4 - 11 High level > 11
LDL / HDL RATIO	3.17 Ratio	Desirable level:<3.0 Borderline level: 3.0-6.0 High level >6.0

CHOLESTEROL is a fat soluble steroid found in the animal fats and oils. It is distributed in the Blood, Brain, Liver, Kidney and the nerve fibers mylin sheaths. It is an essential component of the cell membrane development and production of Bile Acid, Adrenal Steroids and Sex hormones.Cholesterol Test detects disorders of blood lipids and indicate potential risk for atherosclerotic coronary artery disease.

HDL CHOLESTEROL is a class of lipoproteins produced by liver and intestines. HDL comprised of phospholipids and one or two apolipoproteins. It plays a role in the metabolism of the other lipoproteins and in cholesterol transport from peripheral tissues to the liver. Decreased HDL level are atherogenic.Elevated HDL level protect against arteriosclerosis by removing cholesterol from vessel walls and transporting it to the liver where it is removed from the body.HDL Cholesterol test assesses Coronary Artery Disease Risk and monitor persons with low HDL levels.

LDL & VLDL , The LDL Cholesterol are the cholesterol rich remnants of the VLDL lipid transport vehicle. LDL mainly catabolized in the liver and also in nonhepatic cells. The VLDL are major carriers of triglycerides.This test done to determine Coronary Heart Disease Risk. The LDLs are closely associated with increased incidence of atherosclerosis and CHD.

TRIGLYCERIDES account for more than 90% of dietary intake and comprise 95 % of fat stored in tissue. It is insoluble in water are the main plasma glycerol ester. This test evaluates suspected atherosclerosis and measures the body's ability to metabolize fat. Elevated triglycerides together with elevated cholesterol are atherosclerotic disease risk factors.

Patho/Technologist

MSM HOSPITAL

R 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7377945769

Lab No.	: **090324-003**	**Date**	:9-Mar-2024
Patient's Name	: **MR. AZAZ ANSARI**	Age/Sex	: 33 Y /M
Referred By	: C/O MSM HOSPITAL KOTA		
Consultant Dr.	: SELF		

LABORATORY INVESTIGATION REPORTS

Test	Patient's Value	Reference Value
URINE		
URINE SUGAR Fasting	Absent	Absent
HAEMATOLOGY		
Blood Group	"A"	
Rh (D) Factor	Negative(Slide method)	
E.S.R (WINTRODES METHOD)	**16 mm 1st hour**	0 - 9 mm 1st hour
BIOCHEMISTRY		
Fasting Blood Glucose	99.1 mg/dl	60-110 mg/dl

Blood Sugar:- Glucose estimation provides valuable information about the course, severity and therapeutic control of diabtis mallitus. Fasting glucose levels exceeding 110 mg/dl and 2 hrs Post prandial glucose levels exceeding 160mg/dl indicate a strong possibility of Diabetis mallitus. if in an oral glucose tolerance test, the plasma glucose level of 2 hrs. sample exceeds 160 mg/dl, the diagnosis of Diabetis mallitus is established. in impaired tolerance the 2 hrs. plasma glucose lies between 160mg/dl

increased concentration:- Hyperglycemia may occur in Diabetis mallitus, in patients receiving intravenous fluids containing glucose and during severe stress and cerebrovascular accident.

Decreased Concentration:- Hypoglycemia may be the result of an insulinoma, insulin administration, inborn errors of corbohydrate matabolism of fasting.

URIC ACID	4.8 mg\dl	3.5 - 7.2 mg\dl

Uric acid:- Uric acid is a metabolite found in purines, nucleic acid and nucleoprotiens. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation. Serum uric acid concentration varies from individual to individual depending on several factors viz. , sex ,diet, ethenic origin, genetic constitution and pregnancy. Increased levels are found in gout, arthritis, impaired renal renal function and starvation.

Decreased level are found in Wilsons disease, Fanconis syndrome and yellow atrophy of the liver.

Patho/Technologist

MSM HOSPITAL

X 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Lab No. :090324-003
Patient's Name :MR. AZAZ ANSARI
Referred By :C/O MSM HOSPITAL KOTA
Consultant Dr. :SELF

Date :9-Mar-2024
Age/Sex :33 Y/M

LABORATORY INVESTIGATION REPORT

RFT MINI

Test	Patient's Value	Refrence Value
UREA	18.9 mg\dl	15-45 mg\dl
CREATININE	0.9 mg\dl	0.5-1.4 mg\dl
BUN U.V. TURBIDIMETRIC	8.8 mg\dl	5-15

Patho/Technologist

R 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Name Mr. AZAZ ANSARI	Visit Date & Time 09/03/2024 16:14:42	PATIENT ID 322359532
Age 33 Yrs	Sample Accepted at : 09/03/2024 16:15:14	Ref. Lab Phalya Diagonstic Center
Sex Male	Test Authenticated at : 09/03/2024 17:28:13	Ref. By

BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
HBA1C				
HAEMOGLOBIN GLYCOSYLATED BLOOD	6.20		%	SEE BELOW
Method : H.P.L.C. with EDTA Blood				

HBA1c (%) Interpretation

Below 6.0% - Normal Value
6.0% - 7.0% - Good Control
7.0% - 8.0% - Fair Control
8.0% - 10% - Unsatisfactory Control
above 10% - Poor Control

Method- Fully Automated H.P.L.C. Method using Bidirectional ,NGSP Certified.

Clinical Information:

In vitro quantitative determination of HbAlc in whole blood is utilized in long term monitoring of glycemia.The HbAlc level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbAlc be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbAlc should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

AVERAGE BLOOD GLUCOSE .	131	H	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control

Dr. G P Shukla
M.D. Pathology
R.M.C. No : 15151

Technologist

Abbreviations Meaning : H - High, L-Low, HH -Critically High, LL- Critically Low, @ -Repeat
Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation.Subject to jaipur jurisdiction

R-29, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

Name Mr. AZAZ ANSARI	Visit Date & Time 09/03/2024 16:14:42	PATIENT ID 322359532
Age 33 Yrs	Sample Accepted at : 09/03/2024 16:15:14	Ref. Lab Phaiya Diagonstic Center
Sex Male	Test Authenticated at : 09/03/2024 17:28:13	Ref. By

CANCER MARKER

Test Name	Value	Status	Unit	Biological Ref Interval
PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL	0.36		ng/ml	0 - 4

Method : Tech.: ECLIA/Cobas u411

Distribution of PSA assay Values:

1. Non-Malignant Conditions which can give values higher than 4 ng/ml. BPH, Prostatitis, Genitourinary diseases, Renal disease & Cirrhosis.

2. Malignant Disease of Prostate Cancer can also give PSA values less than 4.0 ng/ml Stage A & Stage B cancer, Few case of even Stage C & D.

COMMENTS:
Total PSA immunoassay, a quanticative in vitro diagnostic test for total (free + complexed) prostate-specific antigen (tPSA) in human serum abd plasma, is indicated for the measurement of total PSA in conjuction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older. Prostate biopsy is required for diagnosis of prostate cancer.

SUMMARY AND EXPLANATION
Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cyctoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

*** End of Report ***

Dr. G P Shukla
M.D. Pathology
R.M.C. No : 15151

Technologist

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R 20, Sector A, R. K. Puram, Kota - 324010 Mob.: 7375945769		
Name Mr. AZAZ ANSARI	Visit Date & Time 09/03/2024 16:14:42	PATIENT ID 322359532
Age 33 Yrs	Sample Accepted at : 09/03/2024 16:15:14	Ref. Lab Phaiya Diagonstic Center
Sex Male	Test Authenticated at : 09/03/2024 17:28:13	Ref. By

HORMONES & MARKERS

Test Name	Value	Status	Unit	Biological Ref Interval
TOTAL THYROID PROFILE				
THYROID-TRIIODOTHYRONINE (T3) Method : Chemiluminescence	1.01		ng/ml	0.6 - 1.78
THYROID - THYROXINE (T4) Method : Chemiluminescence	9.44		ug/dl	5.5 - 12.23
THYROID STIMULATING HORMONE (TSH) **Ultra Sensitive** Method : Chemiluminescence with serum	2.07		uIU/ml	0.35 - 5.6

***NOTE:** In pregnancy total T3,T4 increase to 1.5 times the normal range.*

Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

Reference Ranges (T4) :

Premature Infants 26-30 Weeks ,3-4 days		2.60 - 14.0 ug/dl
Full -Term Infants	1-3 days	8.20 - 19.9 ug/dl
	1 weeks	6.0 - 15.9 ug/dl
	1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children	12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children	3-9 yrs	5.5 - 12.8 ug/dl

Reference Ranges (TSH)

Premature Infants 26-32 Weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 0 Days	1.36 - 16 uIU/ml
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.	
1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4.In additions,as TSH directly affect thyroid function,malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood.In Primary hypothyroidism,TSH levels are significantly elevated,while in secondary and tertiary hypothyroidism,TSH levels may be low.IN addition,In Euthyroid sick Syndrom,multiple alterations in serum thyroid function test findings have been recognized.

Dr. G P Shukla
M.D. Pathology
R.M.C. No : 15151

Technologist

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