

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, छठा मं, "बरोडा भवन", अलकापुरी, बरोडा-390007 (भारत)
Human Resources Management Department, Head Office, 6th 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

धारक पर होने, चोरी या खाने होने पर धारक इसके लिए जिम्मेदार होगा.

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

धारक पर होने की सूचना तुरंत पुलिस एवं नृत कार्यालय या बैंक की नजदीकी शाखा को दें.

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

पिछाने पर निम्नलिखित को सौंपें -
बैंक ऑफ बड़ोदा
क्षेत्रीय कार्यालय, चण्दपुर - II
बड़ोदा बजार, प्लॉट नं.-24
इन्डस्ट्रियल इस्टेट, चण्दपुर
वाराणसी - 221106, भारत
मोबाइल 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

संपर्क मोबाइल नं. 9510780838
Contact Mobile No.




भारत-सरकार
GOVERNMENT OF INDIA


जिलेन्द्र प्रसाद
Jeelendra Prasad
 जन्म वर्ष / Year of Birth : 1980
 पुरुष / Male



5759 8776 9499

आधार – आम आदमी का अधिकार


भारतीय विभिन्न पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता: S/O बालेश्वर प्रसाद, रंगुनी मजमूह बस्ती, पोस्ट श्रमिक नगर थाना तेतुलमारी, भुली, धनबाद, झारखण्ड, 828105	Address: S/O Baleshwar Prasad, RANGUNI MALLAH BASTI, POST SHRAMIK NAGAR P. S. TETULMARI, BHULI, Dhanbad, Jharkhand, 828105
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 1947
 1900 180 1947

 help@uidai.gov.in

 www.uidai.gov.in

 P.O. Box No. 1947,
 Bargarh-761001





असर्फी हॉस्पिटल



असर्फी हॉस्पिटल
सबके लिए स्वास्थ्य

OUT PATIENT DEPARTMENT

Regd. No. : MAR21-44667
 Patient Name : MR. JEETENDRA PRASAD
 Age/Sex : 41 Y M O.D. / Male
 Address : TETULMARI, BHULTI, 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 : 5 Ft 10 In
 Weight : 78.4 Kg
 Temp : 97.3
 Pulse : 95
 C SPO2 : 98
 BPM R.P. : 110/60 mm/Hg

For E walpka

- Hypertension
- BSH
- Fatty liver grades

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

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.



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

PR 156
QRS 90
QT 336
QTc 407

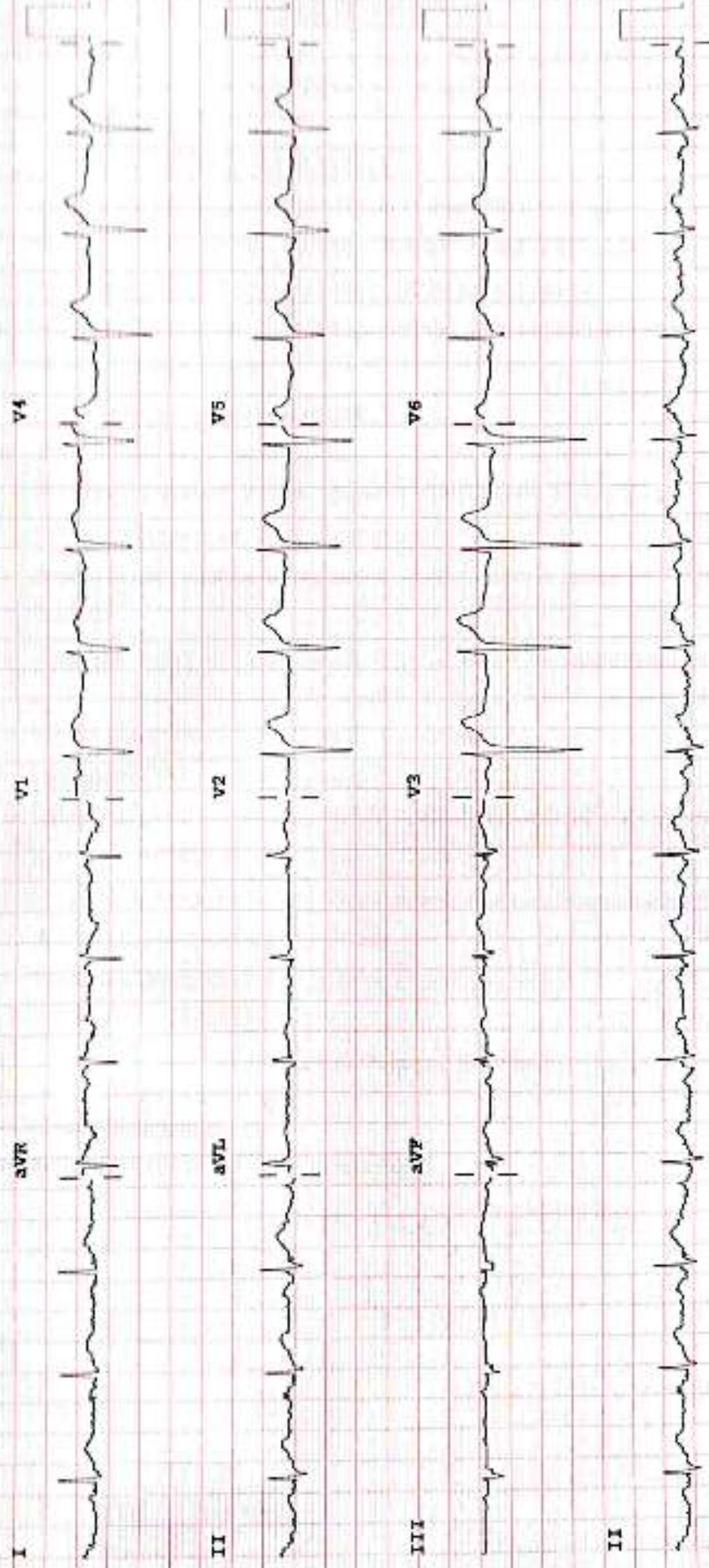
--AXIS--

P 53
QRS 1
T 43

12 Lead; Standard Placement

Unconfirmed Diagnosis

- NORMAL ECG -



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.15-100 Hz

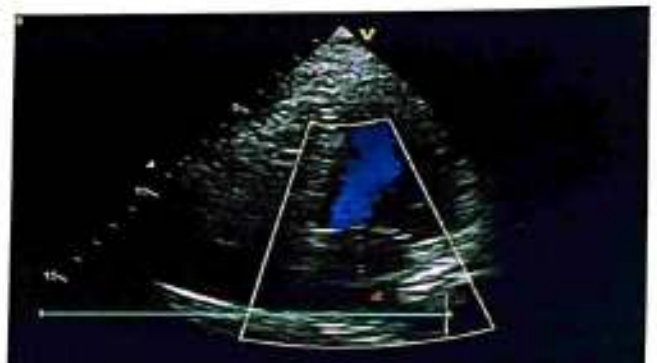
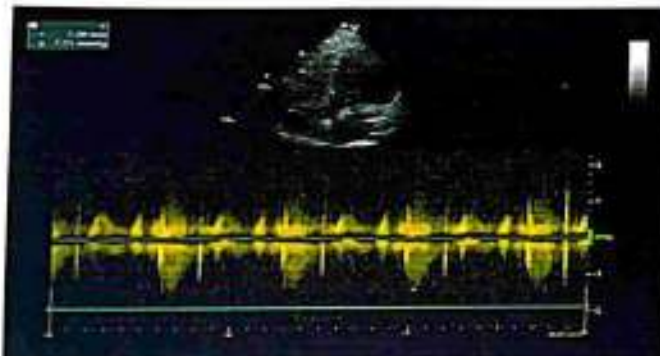
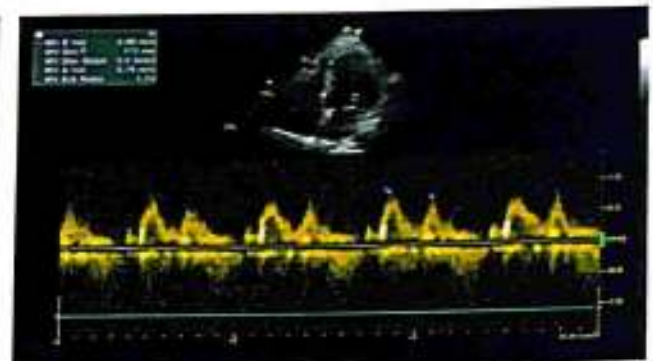
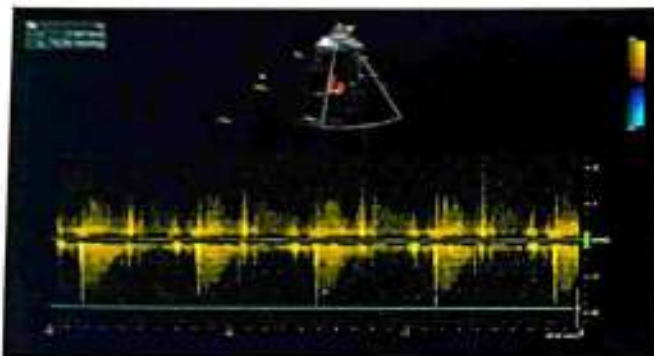
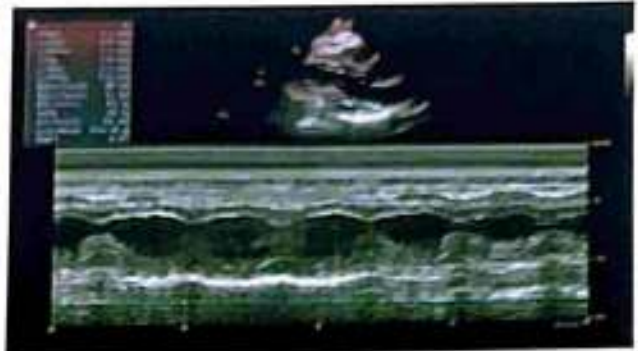
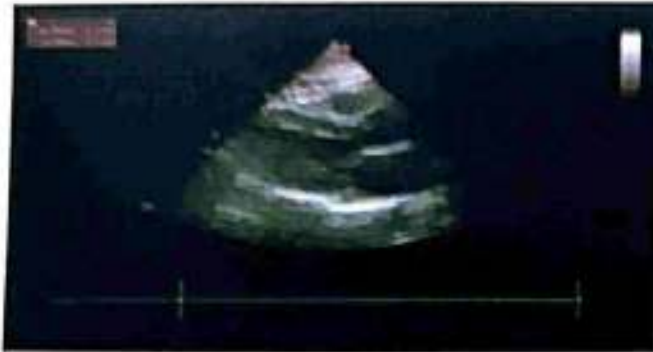
100B CL

P?

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 ²
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"

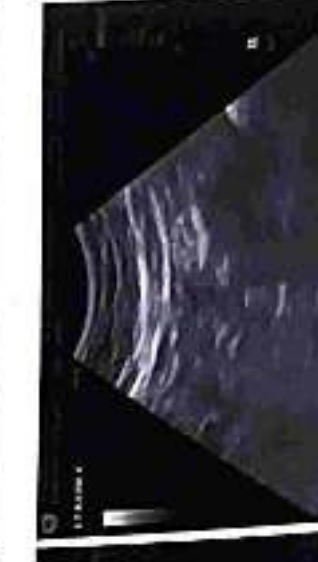
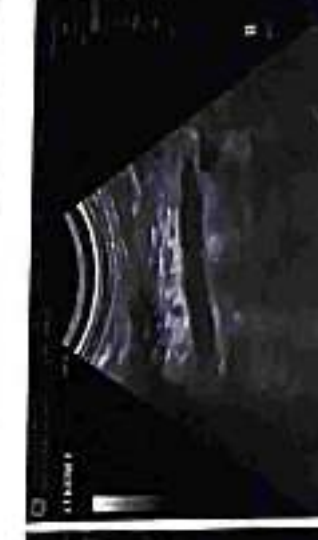
Asarfi Hospital

Baramuri, B-Polytechnic, Dhenkadi, Jharkhand - 820130

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

Creatinine, Serum

0.9

Machine Name: XL640

mg/dl

0.6-1.4

Uric Acid, Serum

Method: Enzymatic

Uric Acid, Serum

7.1

H

Machine Name: XL640

mg/dl

3.4-7.0

Blood Urea Nitrogen (BUN)

Method: Calculated

Blood Urea Nitrogen (BUN)

10.2

Machine Name: XL640

mg/dl

07-21

LIPID PROFILE, SERUM

Method: Spectrophotometry

Triglycerides (Enzymatic)

100.0

Machine Name: XL640

mg/dl

Normal: <150
Borderline-high:
150-199 High risk
200-499
Very high risk >500
<200 No risk 200-239
Moderate
risk >240 High risk
0-30

Cholesterol, Total (CHOD/PAP)

151.0

mg/dl

VLDL Cholesterol (Calculated)

20

mg/dl

HDL Cholesterol (Enzymatic)

34.0

L

mg/dl

LDL Cholesterol (Calculated)

97

mg/dl

<40 High Risk ; >60 No
Risk
Optimum:<100 Above
optimum:
<130; Moderate
risk:130-159;
High risk:>160




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MD (PATHOLOGY)

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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 for diagnostic purposes 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: (i) Specimen received is insufficient or inappropriate. (ii) Hemolysis/clotted/haemolytic etc. (iii) Incorrect specimen type for requested test. (iv) Specimen quality is unsatisfactory. (v) 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 929762282, Email: ubasarfi@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

GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD

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 | 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 | regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c |




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Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				
Method: Spectrophotometry				
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
Blood Glucose Fasting & Postprandial				
Method: GOD-POD				
Fasting Blood Glucose, Plasma	91.0		mg/dl	70-110

Machine Name: XL-640

Machine Name: XL640




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Test Name	Result	Flag	Unit	Reference Range
Routine Urine Examination; Urine				
Method: Microscopic				
Machine Name: Microscope				
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.	




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



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Condition of Laboratory Testing & Reporting

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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 : 11-11-2024 09:38:58
Publish Time : 12-11-2024 10:00 am

Test Name	Result	Flag	Unit	Reference Range
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Microbiology

Culture & Sensitivity (Urine)

Method : vitek 2 compact

Machine Name: vitek 2 compact

Organism Isolated

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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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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Haematology

BLOOD GROUP, ABO & RH TYPING

Method : Agglutination

ABO GROUP

B

0-0

RH TYPING

POSTIVE

0-0

ESR (Erythrocyte Sedimentation Rate)

Method : Westergren

ESR

07

Machine Name: VES-MATIC 20

mm/hr

0-10



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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)	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/mm ³	4.5-5.5
Mean Corpuscular 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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Test Name	Result	Flag	Unit	Reference Range
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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 Machine Name: VITROS ECI 0.0-4.0

Border line 4.0 - 10.0

THYROID PROFILE, TOTAL, SERUM


Method: ECLIA

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

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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