

Milahaberty



Meirobort

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### LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

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	MRS. CHAKRABORTY MONALISA	
EC NO.	115988	
DESIGNATION	SINGLE WINDOW OPERATOR A	
PLACE OF WORK	KOLKATA,PAIKPARA	
BIRTHDATE	15-05-1989	
PROPOSED DATE OF HEALTH	14-04-2022	
CHECKUP		
BOOKING REFERENCE NO.	22J115988100017890E	

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 12-04-2022 till 31-03-2023 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 Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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# SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years)
TI.	and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

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नाम मोनालीसा चक्रबर्ती Name: Monalisa Chakraborty कर्मवारो कृट. क. E.O.No. 115988

ssuing Authority, C.M. (Co-ord), EZ

Monabisa Clabusburg 11754 & BERTHAR Signature of Holder

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े ब्रोहि का नाम पूर्व दुरवार जिन्हों आपानकाहा में संपर्क करें
Name & Ph/Person of emergency contact : Dillip Chakraborty (Father)
18020 75566
18 स्वाप्त/Blood Group : O+ve समग्री /Allergy NII
1849 विकृत Administration mark : Cut mark over left eye BOB, Eastern Zone, Plot §o. 38/2, Block - GN, Sertor - V, Self Lake City, Kolflats - 700/051 If found, please return to.

Asst. General Manager (Security), Bank of Barcola, Buroda Corporate Centre
C-26, 6 Block, Bandra-Kutha Comptex, Murribat 400 051, India
Phone : 91 22 6689 5196 Few : 91 22 2685 5747

मिनने पर निम्मतितिक्षत को लौटाएँ सहायक महाप्रकेषक (सुरक्षा), कैंक ऑफ बदोदा, बहोदा क्षतिहेट सेन्दर सी-26, जो ब्लोक, बाह्य कुलो कींप्लोक्स, मुंबई 400 051, मारत प्रोन 51 22 0688 5188 फैसर 51 22 2662 5747 E.Z

Clinic e. Closer to you. 218° SW Satchasi Para Altitude:0.0m Om Tower Speed:0.0km/h 4 Apr 2022 10:38:04 am Google









NAME: MRS.MONALISHA CHAKRABORTY	AGE: 33 YRS	APOLIC @ OM TOWER Opp. of Rabindra Bharati University
REF BY: SELF	MR NO:FSIN-0000	DATE: 14/04/2022

#### **ULTRASOUND OF WHOLE ABDOMEN**

<u>LIVER</u>: Liver is **Enlarge mild fatty changes seen** size, shape, outline and echotexture. The intrahepatic tubular structures are normal. No focal area of alterea echogenicity is noted. The porta hepatis is normal. The common bile duct measures **0.36cm** in diameter. The portal vein measures **0.85cm** at porta.

GALL BLADDER: Gall bladder is operated.

**SPLEEN:** It is normal in size **(11.56cm)**, Shape, Outline and echotexture. No parenchymal lesion is noted.

PANCREAS: It is normal size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

<u>RIGHT KIDNEY</u>: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

RIGHT KIDNEY: measures – (10.48cm).

**LEFT KIDNEY:** kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

**LEFT KIDNEY**: measures –(12.04cm).

**URINARY BLADDER:** It is well distended with normal wall thickness. No calculus or mass is seen within the urinary bladder.

<u>UTERUS</u>: It is normal in size, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Uterus measures- (7.46cmX3.54cmX4.05cm) Endometrial thickness is normal measures- 0.62cm

<u>RIGHT OVARY-</u> They are normal in size, shape ,outline and echotexture. measures-(2.07cmX1.76cm).

<u>LEFT OVARY</u>- They are normal in size, shape ,outline and echotexture. measures-(2.03cmX1.79cm).

### IMPRESSION:

• HEPATOMEGALY WITH MILD FATTY CHANGES SEEN IN LIVER.

DR.SUSMITA CHOWDHURY CONSULTANT SONOLOGIST M.B.B.S, MD.









# DEPARTMENT OF RADIOLOGY X-RAY OF CHEST (PA) VIEW

MR. NO- FSIN.0000000

NAME: -MONALISA CHAKRABORTY

AGE-32 YRS

REF DR. SELF

**SEX-FEMALE** 

**EXAMINATION DATE-14/04/2022** 

REPORT DATE-14/04/2022

# **FINDINGS**:

- Bilateral lung fields are clear.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hila appear normal.
- CTR appears normal.
- No definite bone fracture is noted.

DR.ARNAB MANDAL

MD, Physician, PGDUS (Delhi) CEBT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E.Railway)
Regd.No:72022(WBMC)







Dear Siz,

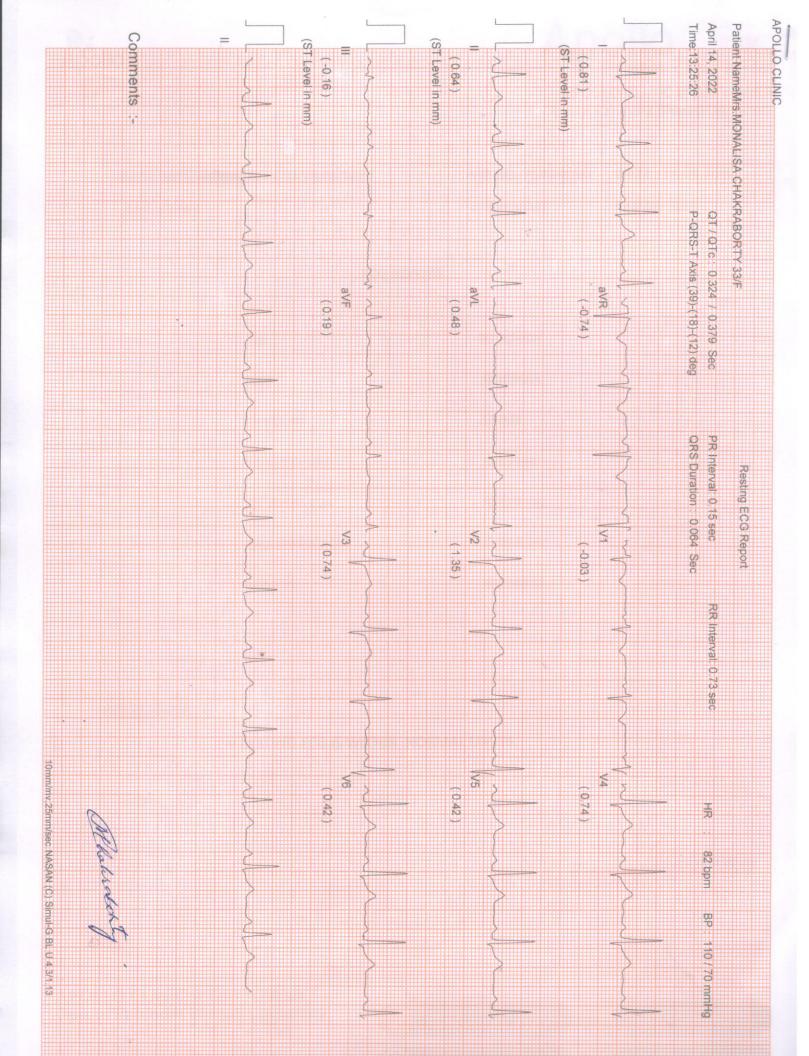
It is to inform you that I have availed, Annual Health Checkup from Apollo Clinic Sinthic More as a part of our Bank of Baroda Annual. Health Checkup. I hereby confirm that I. Haven't undergone Stool examination on omy own willingness.

Monalisa Chakraborty
Monalisa Chakraborty

APOLLO CLINIC OM TOWER 36C, B.T ROAD OPP "RBU" KOL 700002 Ph 033 25565555 033 25563333









NAME: MRS.MONALISA CHAKRABORTY	MR NO: FSIN-0000	DATE: 14.04.2022
AGE: 33YRS.	SEX:FEMALE	REF BY: SELF

### **ECG REPORT**

82 b/min HR

**NORMAL AXIS** 

SINUS **RHYTHM** 

0.15 sec PR INTERVAL

**QT INTERVAL** 0.379 sec

**QRS DURATION** 0.064 sec

NORMAL. T-WAVE

### **IMPRESSION:**

• RESTING ECG IS WITHIN NORMAL LIMITS.

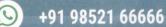


**APOLLO CLINIC @ OM TOWER Opp. of Rabindra Bharati University** Licensee: Satyam Credit Pvt. Ltd.

36C, B.T. Road, Kolkata - 700 002 E-mail:sinthimor@theapolloclinic.com











Patient Name: MRS. MONALISA CHAKRABORTY

UHID/MR No.: FSIN.0000014420

Visit Date: 14.04.2022

Sample collected on: 14.04.2022

**Ref Doctor: SELF** 

Age/Gender: 32 Years / Female OP Visit No.: FSINOPV17485 Reported on: 14.04.2022

Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

**TEST NAME** 

RESULT

**BIOLOGICAL REFERENCE** 

<u>UNIT</u>

**BLOOD GROUP** 

"O"

**RH TYPE** 

POSITIVE(+Ve)

Results are to be correlate clinically.

\*\*\* End of the report\*\*\*

BX

Lab Technician/Technologist Madhumita Biswas



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**DEPARTMENT OF HAEMATOLOGY** 

TEST NAME		RESULT	BIOLOGICAL REFEREN	ICE	UNIT
COMPLETE BLOOD COUNT					
HEMOGLOBIN		11.0	Female 11.5-14.5		gm%
Method: Cyanmethemoglobin			Male 12.5-16.5		
RBC COUNT		3.7	Female 3.8-4.8		mill/Cumm
Method: Electronic Impedance			Male 4.5-5.5		
HEMATPOCRIT (PCV)		35.0	Female 36-46		%
			Male 42-52		
MCV		94.5	83-101 fl		fl
Method: Calculated					
MCH		29.7	27-32 pg		pg
Method: Calculated					
MCHC		31.4	31.5-34.5		%
Method: Calculated					
PLATELET COUNT		2.14	1.5-4.5 lakhs/cu mm		Lakhs/cumm
Method: Electronic Impedance					
TOTAL WBC COUNT		8300	4000-11000		/cumm
Method: Electronic Impedance					
NEUTROPHIL		65	40-80		%
LYMPHOCYTE	4	30	20-45		%
MONOCYTE		02	2-10	7	%
EOSINOPHIL		03	1-6		%
BASOPHIL		00	<1-2		%
ESR		30	Male:12		mm/hr
Method: westergreen			Female:19		mm/hr
Note: RRC are normocytic with	normochroi	mic			

Note: RBC are normocytic with normochromic.

INSTRUMENT USED: SYSMEX (XP 100)

\*Please correlate with clinical conditions.

\*\*\*End of the report\*\*\*

Lab Technician/Technologist Ranit Bhattacharjee Dr.BIPARNAK HALDAR MBBS, MD(PATHOLOGY) CONSULTANT PATHOLOGIST

BX





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### DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLUCOSE- (FASTING) Method: (GOD-POD)	98.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	115.0	80.0-140.0	mg/dl

### End of the report

Results are to be correlate clinically

BK

Lab Technician / Technologist Madhumita Biswas









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# DEPARTMENT OF SPECIAL BIOCHEMISTRY REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1e), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	4.2	%	Excellent Control: <4 Good Control: 4-6 Fair Control: >6-7 Action Suggested: >7-8 Poor Control: >8
Methodology: HPLC			
Instrument Used: Bio-Rad D-10			
Estimated Average Glucose (EAG)	109	mg/dL	Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210
			Panic Value: >211

### Comment

- 1. For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- 2. EAG is value calculated from HbA1c & indicates average glucose level over past three months.

Factors that interfere with HbA1c Measurement: Genetic variants (e.g. Hbs trait, HbC trait), 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. The effects very depending on the specific Hb variant or derivative and the specific HbA1c method.

Factors that affect interpretation of HbA1c Results: Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

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

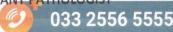
BK

Lab Technician / Technologist

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



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## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNITS
LIPID PROFILE	153.0	INTERVALS <200	mg/dl
Triglyceride Method: GPO-POD	133.0		
Cholesterol	192.0	Desirable blood cholesterol :< 220	mg/dl mg/dl
Method: CHO - POD		Borderline High: 170.0-199.0 High: > 199.0 mg/dl	mg/ui
HDL CHOLESTEROL [DIRECT]	46.0	30-80mg/dl	mg/dl
Method: PVS and PEGME Coupled			
LDL CHOLESTEROL [DIRECT]	116.0	<130.0 mg/dl	mg/dl
Method: PVS and PEGME Coupled			
VLDL CHOLESTEROL *	30.0	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.1		
LDL: HDL RATIO	2.5		
LUL. HUL KATIO	2.0		

# End of the report

Results are to be correlate clinically

Lab Technician / Technologist Ranit Bhattacharjee DR. BIPARNAK HALDAR MBBS, MD (PATHOLOGY) CONSULTANT PATHOLOGIST

BK







Patient Name: MRS. MONALISA CHAKRABORTY

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Specimen: BLOOD

#### **DEPARTMENT OF LABORATORY MEDICINE**

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	*	UNITS
LIVER FUNCTION TEST (PACKAGE)		THE CONTROL OF THE CO		
BILIRUBIN- TOTAL Method: Daizo	0.72	1.1 Adult		mg/dl
BILIRUBIN- DIRECT	0.17	Adult & Children: <0.25		mg/dl
Method: Daizo with DPD BILIRUBIN- INDIRECT Method: calculated	0.55	0.1-1.0		mg/dl
TOTAL- PROTIEN  Method: Photometric UV test	7.1	Adult: 6.6-8.8		gms/dl
ALBUMIN Method: BCG	4.5	3.5-5.2		gms/dl
GLOBULIN Method: calculated	2.6	1.8-3.0		gms/dl
A:G Ratio	1.7:1			
SGOT/AST Method: IFCC WITHOUT P5P	18.6	up to 45		U/L
SGPT/ALT Method: IFCC WITHOUT P5P *	25.3	up to 40		U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	92.3	Adult: 20-220 Child: 104-380		U/L
GGT [Gamma Glutamyl Transferase] *Please correlate with clinical conditions	15 ons.	7-32		U/L

\*\*\*End of the report\*\*\*

Lab Technician / Technologist Susmita\_Saha







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Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

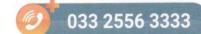
TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated	11.8	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED	0.79 O ANALYZER EM-200 14.9	Male: 0.7-1.4 Female: 0.6-1.2 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0	mg/dl
BUN: CREATININE RATIO		5	mg/dl
URIC ACID Method: Uricase	4.87	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/ar

### End of the report

Results are to be correlate clinically

BK

Lab Technician / Technologist Susmita\_Saha









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UHID/MR No.: FSIN.0000014420

Visit Date: 14.04.2022

Sample collected on: 14.04.2022

**Ref Doctor: SELF** 

Age/Gender: 32 Years / Female OP Visit No.: FSINOPV17485 Reported on: 14.04.2022 Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	3.69	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.29	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE - SERUM Method : CLIA	9.85	8.09 – 14.03	μg/DI

Comment:

Note :>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. Values <0.03  $\mu$ IU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

Clinical Use:> Primary Hypothyroidism > Hyperthyroidism > Hypothalamic - Pituitary hypothyroidism

> Inappropriate TSH secretion > Nonthyroidal illness > Autoimmune thyroid disease

>Pregnancy associated thyroid disorders > Thyroid dysfunction in infancy and early childhood.

Results are to be correlate clinically.

\*\*\*End of the report\*\*\*

BK

Lab Technician / Technologist Ranit Bhattacharjee









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Specimen: URINE

## URINE ROUTINE EXAMINATION

*	URINE FOR RO	OUTINE EXAMINATION	<u>v</u>
Test Name	Result	Unit	Method
PHYSICAL EXAMINATION QUANTITY COLOUR APPEARANCE REACTION SPECIFIC GRAVITY	35 Pale yellow Slightly hazy Acidic 1.015	ml	Container Measurement Naked Eye Observation Naked Eye Observation Multiple Reagent Strip Multiple Reagent Strip
CHEMICAL EXAMINATION BLOOD ALBUMIN BILE PIGMENT BILE SALT KETONE BODIES SUGAR	Nil Nil Nil Nil Nil Nil	Multipl	Multiple Reagent Strip / Heat & Acetic Acid Fuchet's Test Hey's Sulphur Test Multiple Reagent Strip / Rothera Test e Reagent Strip / Benedict
MICROSCOPIC EXAMINATIO PUS CELL RBC EPITHELIAL CELL MICRO ORGANISM Others	N 1-2 Not found 2-3 Present(+) Not found	/HPF /HPF /HPF	Light Microscopy Light Microscopy Light Microscopy

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method

\*\*\* End of Report\*\*\*

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Lab Technician / Technologist

Madhumita\_Biswas





