



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	MR. K POUNRASU
EC NO.	121797
DESIGNATION	AGRICULTURE ADVANCES
PLACE OF WORK	VASNA
BIRTHDATE	05-06-1995
PROPOSED DATE OF HEALTH CHECKUP	12-03-2022
BOOKING REFERENCE NO.	21M121797100013938E

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 **07-03-2022** till **31-03-2022** 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))



## Examination By Ophthalmologist

**Name:** POUNRASU K.  
**Reg No:**20220310990

**Age/Sex:** 26/MALE  
**DOE:** 12-03-2022

**Present Complaints:** NA

**Medical History:** NA

Examination Of Eye:	<u>Right</u>	<u>LEFT</u>
External Examination :	WNL	WNL
Anti Seg Examination:	WNL	WNL
Schiotz Tonometry IOP:	WNL	WNL

**Fundus:**

Without Glass	Distant Vision:		
	Near Vision:		
With Glass	Distant Vision:	6/6 -	6/6
	Near Vision:	N/6	N/6

**Colour Vision (With Ishihara Chart):** WNL

**Impression :** NIL

**Advice:** NIL

**DR CHETAN CHAUHAN**



CANON RK-F2  
12/MAR/2022 13:24  
No. : 002795  
NAME : M/F

<RIGHT >  
[REF] VD: 0.0  
SPH CYL AX  
-0.50 0.00 180  
-0.75 0.00 180  
-1.00 0.00 180  
[ -1.00 0.00 180]

<LEFT >  
[REF]  
-0.75 0.00 180

PD : 63 mm



## PHYSICIAN EXAMINATION

**Name:** POUNRASU K.

**Reg.No:**20220310990

**Age:** 26/MALE

**Doe:** 12/03/2021

**Physical Examination:**

**Height:** 159/CM

**Weight:**58/KG

**PULSE:** 100

**Temperature:** NORMAL

**BP:**106/74

**BMI:** 22.94

**Chief Complaint:** NA

**Past History:** NA

**General Examination:** NA

**Systemic Examination:** NA


**Investigation:**

**Advice:** FOLLOUP AFTER 1 MONTH

**DR ABHISHEK SHARMA**

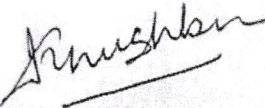





<b>Patient Name :</b>	POUNRASU K .	<b>Sample No. :</b>	20220319892 
<b>Patient ID :</b>	20220310990	<b>Visit No. :</b>	OPD20220323369
<b>Age/Sex :</b>	26y/Male	<b>Call. Date :</b>	12-Mar-2022 12:45
<b>Consultant :</b>	DR ABHISHEK G SHARMA	<b>S. Coll. Date :</b>	12-Mar-2022 13:26
<b>Ward :</b>	-	<b>Report Date :</b>	12-Mar-2022 16:14

### CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	14.8 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	43.6 %	42.0 to 52.0 %
M.C.V. :	88.4 fL	78 to 100 fL
M.C.H. :	30.0 pg	27 to 31 pg
M.C.H.C. :	33.9 g/dl	32 to 36 g/dl
RDW :	11.1 %	11.5 to 14.0 %
RBC Count :	4.93 X 10 <sup>6</sup> / cumm	4.7 to 6.0 X 10 <sup>6</sup> / cumm
Polymorphs :	63 %	38 to 70 %
Lymphocytes :	33 %	15 to 48 %
Eosinophils :	02 %	0 to 6 %
Monocytes :	02 % [L]	3 to 11 %
Basophils :	00 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	5100 /cmm	4000 to 10000 /cmm
Platelets Count :	273000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	10 mm/hr	1 to 13 mm/hr
P/S :		

  
DR.KHUSHBU SHAH  
M.D(PATHO)  
G-28946



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### Blood Group

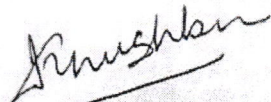
Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
ABO	A	
Rh	Positive	

### TFT (Thyroid Function Test)

Investigation	Result	Normal Value
TSH :	2.38 uIU/ml	0.25 - 5

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	93 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	94 mg/dl	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

  
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<b>Patient Name :</b> POUNRASU K .	<b>Sample No. :</b> 20220319902
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<b>Age/Sex :</b> 26y/Male	<b>Visit No. :</b> OPD20220323369
<b>Consultant :</b> DR ABHISHEK G SHARMA	<b>Call. Date :</b> 12-Mar-2022 12:45
<b>Ward :</b> -	<b>S. Coll. Date :</b> 12-Mar-2022 15:49
	<b>Report Date :</b> 12-Mar-2022 16:14

**HBA1C**

Investigation	Result	Normal Value
Glycosylated Hb :	5.1 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	99.67	

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**Patient Name :** POUNRASU K. .

**Sample No. :** 20220319892



**Patient ID :** 20220310990

**Visit No. :** OPD20220323369

**Age/Sex :** 26y/Male

**Call. Date :** 12-Mar-2022 12:45

**Consultant :** DR ABHISHEK G SHARMA

**S. Coll. Date :** 12-Mar-2022 13:26

**Ward :** -


**Report Date :** 12-Mar-2022 16:14

### RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1.0 mg/dl	0.6 - 1.4 mg/dl
Urea :	17 mg/ dl	13 - 45 mg/dl
Uric Acid :	4.7 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.9 mg/dl	8.5 - 10.5
Phosphorus :	3.9 mg/dl	1.5 - 6.8

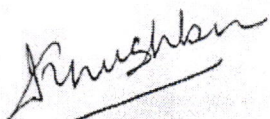
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### LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.6 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.3 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.3 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	18 U/L	5 to 34 U/L
ALT (SGPT) :	32 U/L	0 to 55 U/L
Total Protein (TP) :	7.0 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	5.0 g/dl	3.5 to 5.2 g/dl
Globulin :	2 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	2.5	
Alkaline Phosphatase (ALP) :	83 U/L	40 to 150 U/L
GAMMAGT :	26 U/L	12 - 43 U/L

  
**DR.KHUSHBU SHAH**  
**M.D(PATHO)**  
**G-28946**






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### Lipid Profile

Investigation	Result	Normal Value
Cholesterol (Chol) :	<u>220</u> mg/dl [H]	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	81 mg/dl	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	30 mg/dl [L]	Negative risk : >or = 60 High risk : < 40
LDL :	173.8 mg/dl [H]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	16.2 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	5.79	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevated level high > 6.0
Total Chol / HDL Ratio :	7.33	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	631 mg/dl	400 to 700 mg/dl

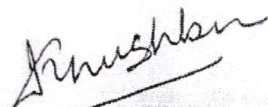
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### Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.015	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	0-1 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	0-1 /hpf	

  
DR.KHUSHBU SHAH  
M.D(PATHO)  
G-28946



### TEST REPORT

Name	: POUNRASY K	Acc. ID	: 221005435
Age/Sex	: 26 Years / Male	Birthdate	: 12-Mar-2022 07:23 PM
Refd. By	: SAVITA SUPERSPECIALITY HOSPITAL	Status	: Final
Sample	: Serum	PassportNo:	: 12-Mar-2022 07:10 PM
Client Details	: SAVITA SUPERSPECIALITY HOSPITAL	Mobile	: 12-Mar-2022 07:23 PM
		Report Dt. Tm.	: 12-Mar-2022 08:23 PM

### IMMUNOLOGY

Test Name	Result	Unit	Biological Ref. Interval
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**T3 (Triiodothyronine)** 1.13 ng/mL 0.97 - 1.69

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

- Thyroid function test is imperative to diagnose level of defect in thyroid dysfunction; primary/secondary or tertiary hypo or hyperthyroidism can be categorized leading to medical or surgical management accordingly.
- Mild elevation of TSH may be found in patients with subclinical hypothyroidism or non thyroidal illness.
- Significant elevation in TSH suggests inadequate thyroid hormone replacement if the dose has not been changed for at least six weeks and the patient has been taking medicines regularly.
- Thyroid antibody testing can be useful in subclinical hypothyroidism.

**T4 (Thyroxine)** 11.20 µg/dL 5.5 - 11.0

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

- Thyroid function test is imperative to diagnose level of defect in thyroid dysfunction; primary/secondary or tertiary hypo or hyperthyroidism can be categorized leading to medical or surgical management accordingly.
- Mild elevation of TSH may be found in patients with subclinical hypothyroidism or non thyroidal illness.
- Significant elevation in TSH suggests inadequate thyroid hormone replacement if the dose has not been changed for at least six weeks and the patient has been taking medicines regularly.
- Thyroid antibody testing can be useful in subclinical hypothyroidism.

----- End Of Report -----

*Viral*

This is an Electronically Authenticated Report.

**Dr. VIRAL A. PATEL**  
M. D. PATHOLOGY  
GMC No. G-22658

**Verified By**  
Auto

**Dr. Kinjal Patel**  
M. D. PATHOLOGY  
GMC No. G-33123

26 Years

POURASU  
Male

12-Mar-22 1:29:10 PM

Rate 75

PR 132

QRSD 100

QT 364

QTc 407

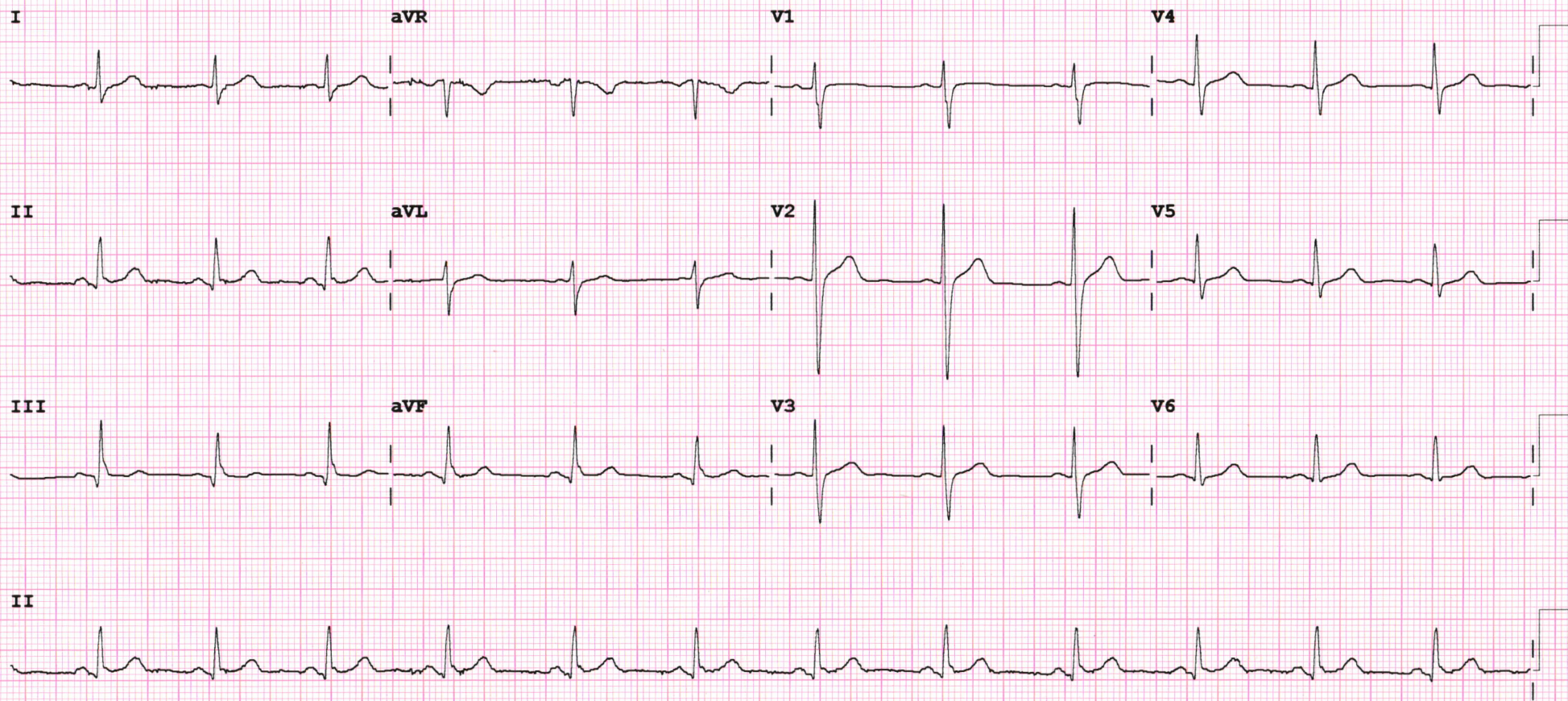
--AXIS--

P 60

QRS 75

T 38

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



**Saturday, March 12, 2022**

**POUNRASU K**

**26 YEARS/MALE**

**ULTRASONOGRAPHY OF ABDOMEN AND PELVIS SCREENING**

**Liver** shows normal size and echogenicity. No mass lesion detected.

PV, CBD and intrahepatic biliary radicals shows no dilatation.

**The gall bladder** is distended and show normal gall bladder wall thickness. There is no evidence of gallstones.

**Spleen** appears normal in size and echotexture. No evidence of focal lesion.

**Pancreas** appears normal in size and echotexture. No focal lesion.

Both kidneys show normal size, position and cortical echogenicity.

Corticomedullary differentiation is preserved bilaterally.

**No calculus or hydronephrosis on either side.**

**The urinary bladder** is distended and appears normal.

Prostate appears normal.No focal lesion.

No evidence of Lymphadenopathy or ascites seen.

No e/o dilated bowel loops seen.

**CONCLUSION:**

**NO SONOGRAPHIC ABNORMALITY IS DETECTED.**

Dr. Sarjan Vasava  
DMRD



**Saturday, March 12, 2022**

**POUNRASU K**

**26 YEARS/MALE**

**CHEST X RAY PA VIEW**

Both the lung fields appear normal.

Both costophrenic angles appear clear.

Cardiac silhouette appear normal.

Both hila appears normal.

Mediastinum and aorta appear normal.

Bony thorax appears normal.

No evidence of free gas seen under dome of diaphragm.

**COMMENTS:**

- **NORMAL BOTH LUNG FIELDS.**
- **NORMAL CARDIAC SIZE.**

Dr. Sarjan Vasava  
DMRD