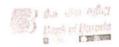


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Ref-Phys.: Report Confirmed by:	QIAQIC : 359/391 ms PAQRST : 63/76/63 ° RV5/SV1 : 0.980/0.362 mV Ref-Phys. : Report Con	
Diagnosis Information: Sinus Arrhythmia	23 11:15:52 AM 23 11:15:52 AM 24 71 bpm 25 93 ms 26 147 ms 27 183 ms 28 ms	KRITI KUMARI Female 39Years
CHRUNT	20 02 2022 11.12.52 11.	200



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.

	DETAILS
PARTICULARS	EMPLOYEE DETAILS
NAME	MS KUMANT
EC NO.	93840 93840
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	DATNA LUMITATO
BIRTHDATE	30-09-1903
PROPOSED DATE OF HEALTH	30-03-2023
CHECKUP	22252802F
BOOKING REFERENCE NO.	22M93840100053802E

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 27-03-2023 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))



F-41, P.C. Colony, Opp. Madhuban Complex, Near Malahi Pakari Chowk, Kankarbagh, Patna-20

9264278360, 9065875700, 8789391403

Info@aarogyamdiagnostics.com

m www.aarogyamdiagnostics.com

Name :-

Kriti Kumari

Refd by :-

BoB

Age/Sex:-39Yrs/F

Date :-30/03/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver

:- Normal in size(10.7cm) with normal echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.

G. Bladder: - Surgically Removed.

:- It is normal in calibre & is echofree.

Pancreas :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.

Spleen

:- Normal in size (10.7cm) with normal echotexture. No focal lesion is seen.

No evidence of varices is noticed.

Kidneys

:- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.

Right Kidney measures 8.9cm and Left Kidney measures 9.2cm.

Ureters

:- Ureters are not dilated.

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

:- Normal in size (6.7cm x 2.8cm) and anteverted in position with

normal myometrial echotexture and endometrial thickness.

Ovaries

Uterus

:- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 22mm x 18mm and Left ovary measures 23mm x 17mm.

No pelvic (POD) collection is seen.

Others

No ascites or abdominal adenopathy is seen.

No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-

Normal Scan.

Dr. U. Kumar MBBS, MD/(Radio-Diagnosis) Consultant Radiologist



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www.aarogyamdiagnostics.com

 Date
 30/03/2023
 Srl No. 10
 Patient Id
 2303300010

 Name
 Mrs. KRITI KUMARI
 Age
 39 Yrs.
 Sex
 F

 Ref. By Dr.BOB

Test Name Value Unit Normal Value

BOB

HB A1C 5.2 %

EXPECTED VALUES:-

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

REMARKS:-

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

CONSULTANT PATHOLOGIST



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www.aarogyamdiagnostics.com

Date	30/03/2023	Srl No	. 10	Patient Id	2303300010
Name	Mrs. KRITI KUMARI	Age	39 Yrs.	Sex	F
Ref. By	Dr.BOB				

•	Test Name	Value	Unit	Normal Value
	COMPLETE BLOOD COUNT (CBC)			
	HAEMOGLOBIN (Hb)	12.9	gm/dl	11.5 - 16.5
	TOTAL LEUCOCYTE COUNT (TLC)	5,900	/cumm	4000 - 11000
	DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
	NEUTROPHIL	66	%	40 - 75
	LYMPHOCYTE	29	%	20 - 45
	EOSINOPHIL	02	%	01 - 06
	MONOCYTE	03	%	02 - 10
	BASOPHIL	00	%	0 - 0
	ESR (WESTEGREN's METHOD)	13	mm/lst hr.	0 - 20
	R B C COUNT	4.35	Millions/cmm	3.8 - 4.8
	P.C.V / HAEMATOCRIT	39.01	%	35 - 45
	MCV	89.68	fl.	80 - 100
	MCH	29.66	Picogram	27.0 - 31.0
	MCHC	33.1	gm/dl	33 - 37
	PLATELET COUNT	2.28	Lakh/cmm	1.50 - 4.00
	BLOOD GROUP ABO	"B"		
	RH TYPING	POSITIVE		
	BLOOD SUGAR FASTING	84.6	mg/dl	70 - 110
	SERUM CREATININE	1.07	mg%	0.5 - 1.3
	BLOOD UREA	25.9	mg /dl	15.0 - 45.0
	SERUM URIC ACID	5.8	mg%	2.5 - 6.0
	LIVER FUNCTION TEST (LFT)			

LIVER FUNCTION TEST (LFT)



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www.aarogyamdiagnostics.com

Date 30/03/2023	Srl No. 10		Patient Id 2303300010	
Name Mrs. KRITI KUMARI Ref. By Dr.BOB	Age	39 Yrs.	Sex F	
Test Name	Value	Unit	Normal Value	
BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0	
CONJUGATED (D. Bilirubin)	0.27	mg/dl	0.00 - 0.40	
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70	
TOTAL PROTEIN	6.2	gm/dl	6.6 - 8.3	
ALBUMIN	3.5	gm/dl	3.4 - 5.2	
GLOBULIN	2.7	gm/dl	2.3 - 3.5	
A/G RATIO	1.296			
SGOT	16.8	IU/L	5 - 35	
SGPT	18.9	IU/L	5.0 - 45.0	
ALKALINE PHOSPHATASE IFCC Method	101.6	U/L	35.0 - 104.0	
GAMMA GT LFT INTERPRET	32.5	IU/L	6.0 - 42.0	
LIPID PROFILE				
TRIGLYCERIDES	89.6	mg/dL	25.0 - 165.0	
TOTAL CHOLESTEROL	145.4	mg/dL	29.0 - 199.0	
H D L CHOLESTEROL DIRECT	50.5	mg/dL	35.1 - 88.0	
VLDL	17.92	mg/dL	4.7 - 22.1	
L D L CHOLESTEROL DIRECT	76.98	mg/dL	63.0 - 129.0	
TOTAL CHOLESTEROL/HDL RATIO	2.879		0.0 - 4.97	
LDL / HDL CHOLESTEROL RATIO	1.524		0.00 - 3.55	
THYROID PROFILE				
Т3	0.97	ng/ml	0.60 - 1.81	

ADULTS



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Date	30/03/2023	Srl No.	10	Patient Id	2303300010
Name	Mrs. KRITI KUMARI	Age	39 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	8.32	ug/dl	4.5 - 10.9
TSH Chemiluminescence REFERENCE RANGE	2.975	uIU/mI	
PAEDIATRIC AGE GROUP 0-3 DAYS 3-30 DAYS I MONTH -5 MONTHS 6 MONTHS- 18 YEARS		ulu/ ml ulu/ml - 6.0 ulu/ml - 4.5 ulu/ml	

0.39 - 6.16

ulu/ml

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates \pm 50 %, hence time of the day has influence on the measured serum TSH concentration.

QUANTITY 10 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR

SPECIFIC GRAVITY 1.015

PH 6.0

ALBUMIN NIL

SUGAR NIL



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Date 30/03/2023 Srl No. 10 Patient Id 2303300010
Name Mrs. KRITI KUMARI Age 39 Yrs. Sex F
Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-3	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

- 1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- 3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
- 4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

CONSULTANT PATHOLOGIST

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