



INDIAN DRIVING LICENCE	
GOVERNMENT OF BIHAR	
FORM-7	DL: BR01 20010001189
	Name : VIKASH CHANDRA
	S/W/D of : C B PRASAD SINHA
	Address : WEST LAKE OF M.G.40 KAWARBAIGH COLONY PATNA PATNA SADAR, PATNA, BIHAR
Valid Till (Transport) 00000000	D O B : 07-08-1980 BG A+
Valid Till (Non-Transport) 12-08-2035	Badge No :
	Authorisation to drive the following vehicle class throughout India Type of Vehicles : LMV MCWG only
Sign. LICENSING AUTHORITY Patna	Signature of Holder
	Issued on : 14-02-2021



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	vikash chandra
DATE OF BIRTH	07-08-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	30-03-2023
BOOKING REFERENCE NO.	22M93840100053810S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. KUMARI KRITI
EMPLOYEE EC NO.	93840
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	PATNA, LOHIYANAGAR
EMPLOYEE BIRTHDATE	30-09-1983

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's spouse 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))



Name :- Mr. Vikash Chandra
Refd by :- Dr. Corp

Age/Sex:- 42Yrs/M
Date :-30/03/2023

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size (15.7cm)with raised echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.
- CBD** :- 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** :- Mild enlarged in size (12.7cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.
- Kidneys** :- Both kidneys are enlarged in size & normal position. No evidence of calculus or hydronephrosis is seen. C.M.D Intact.
Right Kidney measures 12.9cm and Left Kidney measures 12.6cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (15.3cc)with normal Echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mild Hepatomegaly with Grade I Fatty Liver.
Mild Splenomegaly.
B/L Enlarged Kidneys, C.M.D. Intact.
Otherwise Normal Scan.
Advice- KFT.*

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



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AAROGYAM DIAGNOSTICS

(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date 30/03/2023	Srl No. 11	Patient Id 2303300011
Name Mr. VIKASH CHANDRA	Age 42 Yrs.	Sex M
Ref. By Dr.BOB		

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	6.3	%	

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** 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 **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** 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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Date	30/03/2023	Srl No.	11	Patient Id	2303300011
Name	Mr. VIKASH CHANDRA	Age	42 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.86	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.05	%	40 - 54
M C V	86.52	fl.	80 - 100
M C H	28.4	Picogram	27.0 - 31.0
M C H C	32.8	gm/dl	33 - 37
PLATELET COUNT	2.74	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	149.8	mg/dl	70 - 110
SERUM CREATININE	0.88	mg%	0.7 - 1.4
BLOOD UREA	26.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	6.4	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mr. VIKASH CHANDRA	Age	42 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.74	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.27	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.47	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.2	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	2.6	gm/dl	2.3 - 3.5
A/G RATIO	1.385		
SGOT	33.2	IU/L	5 - 40
SGPT	35.4	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	96.8	U/L	40.0 - 130.0
GAMMA GT	53.6	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	225.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	164.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	57.6	mg/dL	35.1 - 88.0
V L D L	45.02	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	62.28	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.863		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.081		0.00 - 3.55
THYROID PROFILE			
T3	0.87	ng/ml	0.60 - 1.81



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Name	Mr. VIKASH CHANDRA	Age 42 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	9.73	ug/dl	4.5 - 10.9
TSH Chemiluminescence	3.549	uIU/ml	

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1-20	ulu/ ml
3-30 DAYS	0.5 - 6.5	ulu/ml
1 MONTH -5 MONTHS	0.5 - 6.0	ulu/ml
6 MONTHS- 18 YEARS	0.5 - 4.5	ulu/ml

ADULTS 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	20	ml.
COLOUR	YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.025	
PH	6.0	
ALBUMIN	NIL	
SUGAR	NIL	



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Test Name	Value	Unit	Normal Value
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MICROSCOPIC EXAMINATION

PUS CELLS	1-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-2	/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.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

**** End Of Report ****

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