

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. ANAND VIVEK
EC NO.	177046
DESIGNATION	WEALTH MANAGEMENT
PLACE OF WORK	MUZAFFARPUR,RO MUZAFFARPUR-II
BIRTHDATE	14-11-1991
PROPOSED DATE OF HEALTH CHECKUP	11-03-2023
BOOKING REFERENCE NO.	22M177046100045862E

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 **02-03-2023** 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))

## PATHOLOGY REPORT

Name:- Mr.Anand Vivek	Age :-34Y/M	Date :-11/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C. No177046)	Serial Number :- 0112

### CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	14.2	gm/dl	12 - 17
Total Leukocyte Count	12,000	/Cumm.	4000 - 11000
RBC Count	4.66	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.8	%	30 - 50
Platelet Count	1.95	Lakhs/c.mm	1.5 - 4.5
MCV	91.8	fl	80 - 100
MCH	29.0	pg	26 - 34
MCHC	31.6	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 <sup>st</sup> hr.	00 - 20

\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

Name:- Mr. Anand Vivek	Age :-34Y/M	Date :-11/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C. No177046)	Serial Number :- 0112

### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	28.0	mg/dl	13 - 45
S. Creatinine	1.05	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	138.1	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	3.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.8	mmol/ltr	94 - 110
S. Calcium	9.10	mg/dl	8.7 - 11.0
S. Uric Acid	5.92	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

Name:- Mr. Anand Vivek	Age :-34Y/M	Date :-11/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C. No177046)	Serial Number :- 0112

### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.81	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	31.0	U/L	05 - 40
S. SGOT (AST)	37.0	U/L	05 - 40
S.GGT	39.0	U/L	05 - 45
S. Alkaline Phosphatase	115.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.05	g/dl	6.0 - 8.3
S. Albumin	3.99	g/dl	3.2 - 5.0
S. Globulin	3.06	g/dl	2.8 - 4.5
S. A/G Ratio	1.30		

### BLOOD GROUPING

Grouping (ABO)	:	"O" Group
Rh Typing	:	Positive.

\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

Name:- Mr. Anand Vivek	Age :-34Y/M	Date :-11/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C. No177046)	Serial Number :- 0112

### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	232.0	mg/dl	130 - 200
S. Triglycerides	155.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	31.0	mg/dl	10 - 40
S. HDL-Cholesterol	56.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	145.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.14		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.58		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	125.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	148.0	mg/dl	80 - 160

\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

Name:- Mr. Praveen Kumar Ray	Age :34Y/M	Date :-11/03/2023
Ref. By :- Dr. Bank Of Barauda	E C.No(109462)	Serial Number :- 0111

### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.99	%

-----  
Mean Blood Glucose level (MBG) – 98.0 mg/dl  
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#### Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

**Summary :-** Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

Name:- Mr. Praveen Kumar Ray	Age :34Y/M	Date :-11/03/2023
Ref. By :- Dr. Bank Of Barauda	E C.No(109462)	Serial Number :- 0111

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	105.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.8	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.05	µIU/mL	(0.3 - 5.5)

**Technology :**

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwish Competitive Chemi Luminescent Immuno Assay

**REMARK :**

**THYROID HORMONES** -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism The expeted increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR) a

\*\*\* end of report\*\*\*

Signature