



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	Shivam Bajpai
DATE OF BIRTH	22-08-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	12-02-2022
BOOKING REFERENCE NO.	21M168517100011286S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. PANDEY APRATIM
EMPLOYEE EC NO.	168517
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	LUCKNOW,KURSI ROAD
EMPLOYEE BIRTHDATE	12-09-1991

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 **11-02-2022** 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'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))

 **Indian Union Driving Licence**
Issued by **Uttar Pradesh** UP

UP78 20100044794

Issue Date	Validity (NT)	Validity (TR)
21-08-2019	11-11-2030	

Name: **SHIVAM BAJPAI**
Date of Birth: **27-06-1989** Blood Group: **B+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **RAVI S BAJPAI**

Address:
**108/201 RAM BAGH KANPUR KANPUR, KANPUR
NAGAR 208012**

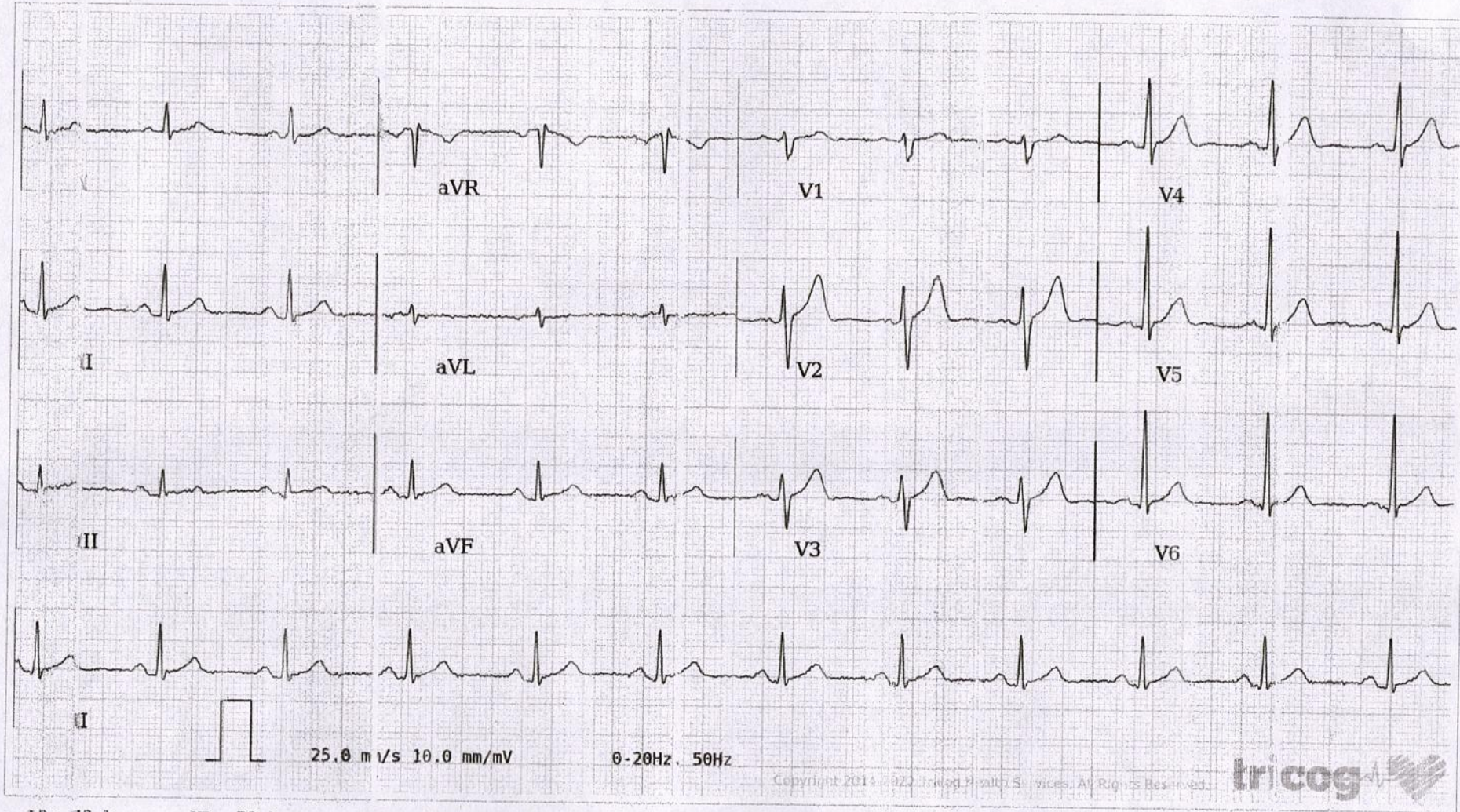
Date of First Issue: **(12-11-2016)**

Sajid



Age / Gender: 32/Male
 Patient ID: CALI0102142122
 Patient Name: Mr. SHIVAM BAJPAI

Date and Time: 12th Feb 22 11:5: AM



AR: 73 bpm VR: 73 bpm QISD: 80 ms QT: 354 ms QTc: 389 ms PRI: 146 ms P-R-T: 65° 64° 66°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

REPORTED BY

Charit

Avinash

Dr. Charit
 MD, DM: Cardiology

Dr. Avinash K



INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj
Ph: 9235432681,
CIN : U85110DL2003PLC308206



Patient Name	: Mr.SHIVAM BAJPAI	Registered On	: 12/Feb/2022 10:51:34
Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 12/Feb/2022 11:02:38
UHID/MR NO	: CALI.0000032408	Received	: 12/Feb/2022 13:22:19
Visit ID	: CALI0102142122	Reported	: 12/Feb/2022 15:29:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) **, Blood

Blood Group	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) **, Blood

Haemoglobin	15.30	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl
TLC (WBC)	5,100.00	/Cu mm	4000-10000
DLC			
Polymorphs (Neutrophils)	59.00	%	55-70
Lymphocytes	31.00	%	25-40
Monocytes	5.00	%	3-5
Eosinophils	5.00	%	1-6
Basophils	0.00	%	< 1
ESR			
Observed	8.00	Mm for 1st hr.	
Corrected	0.00	Mm for 1st hr.	< 9
PCV (HCT)	47.00	cc %	40-54
Platelet count			
Platelet Count	2.5	LACS/cu mm	1.5-4.0
PDW (Platelet Distribution width)	16.50	fL	9-17
P-LCR (Platelet Large Cell Ratio)	36.70	%	35-60
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282
MPV (Mean Platelet Volume)	11.20	fL	6.5-12.0
RBC Count			
RBC Count	5.45	Mill./cu mm	4.2-5.5
Blood Indices (MCV, MCH, MCHC)			
MCV	80.70	fl	80-100
MCH	28.10	pg	28-35
MCHC	34.90	%	30-38
RDW	13.00	%	11-16
RDW-CV	40.60	fL	35-60
Neutrophils Count	3,009.00	/cu mm	3000-7000
Eosinophils Count (AEC)	255.00	/cu mm	40-440



Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)





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Visit ID	: CALI0102142122	Reported	: 12/Feb/2022 14:37:50
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING **, Plasma

Glucose Fasting	91.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP **

Sample: Plasma After Meal

Glucose PP **	112.40	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	37.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	111	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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BUN (Blood Urea Nitrogen) ** <i>Sample:Serum</i>	11.90	mg/dL	7.0-23.0	CALCULATED
Creatinine ** <i>Sample:Serum</i>	0.77	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** <i>Sample:Serum</i>	117.10	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** <i>Sample:Serum</i>	5.22	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	26.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	44.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	26.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.93	gm/dl	6.2-8.0	BIRUET
Albumin	4.53	gm/dl	3.8-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.89		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	102.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.42	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.29	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.13	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	168.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	114	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	14.60	mg/dl	10-33	CALCULATED
	73.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



ASIN
Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE **, Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE **, Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

(+) < 0.5
 (++) 0.5-1.0
 (+++) 1-2
 (++++) > 2





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE **, Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%




Dr. Anupam Singh
M.B.B.S., M.D. (Pathology)





INDRA DIAGNOSTIC CENTRE

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Age/Gender	: 32 Y 0 M 0 D /M	Collected	: 12/Feb/2022 11:02:38
UHID/MR NO	: CALI.0000032408	Received	: 12/Feb/2022 13:18:19
Visit ID	: CALI0102142122	Reported	: 12/Feb/2022 14:24:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL **, Serum

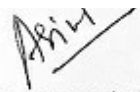
T3, Total (tri-iodothyronine)	112.32	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.47	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.19	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.




Dr. Anupam Singh
M.B.B.S, M.D.(Pathology)





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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION : NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.




Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size measures 13.2 cm and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is seen.

PROSTATE

- The prostate gland is normal in size measures 2.7 x 3.8 x 3.7 cms (Volume - 19 gms). with smooth outline.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

FINAL IMPRESSION

- NO SIGNIFICANT ABNORMALITY SEEN IN PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

