

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. PAL RAJESH KUMAR
EC NO.	108219
DESIGNATION	CREDIT
PLACE OF WORK	BANGARMAU
BIRTHDATE	08-08-1986
PROPOSED DATE OF HEALTH	25-06-2022
CHECKUP	
BOOKING REFERENCE NO.	22J108219100020376E

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 16-06-2022 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.

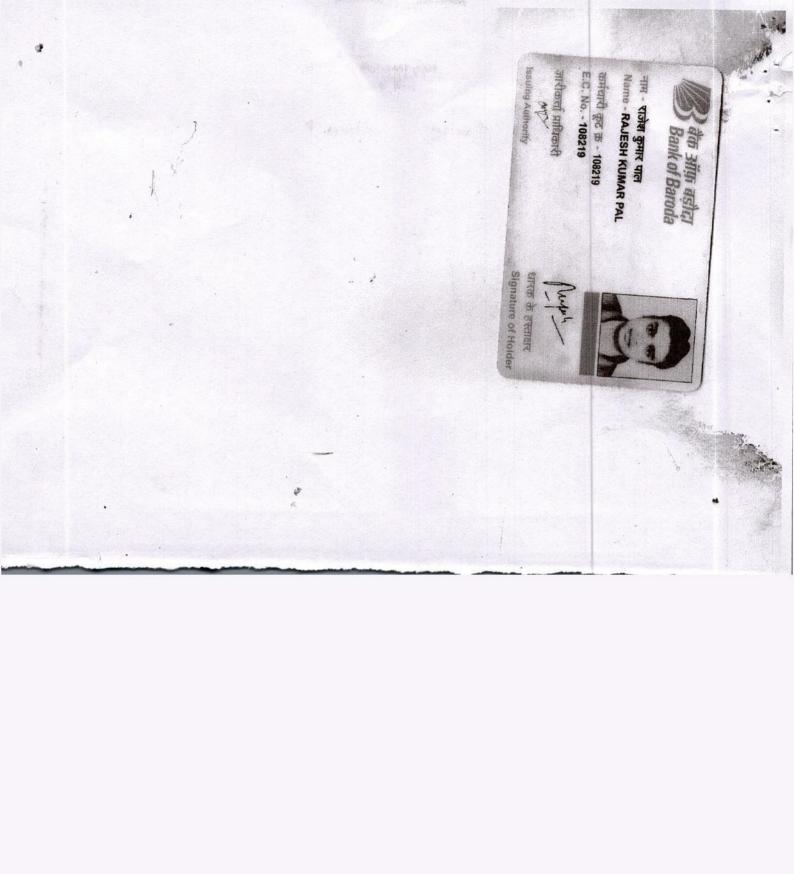
We solicit your co-operation in this regard.

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))



Indra Diagnostic Centre aliganj, Lucknow



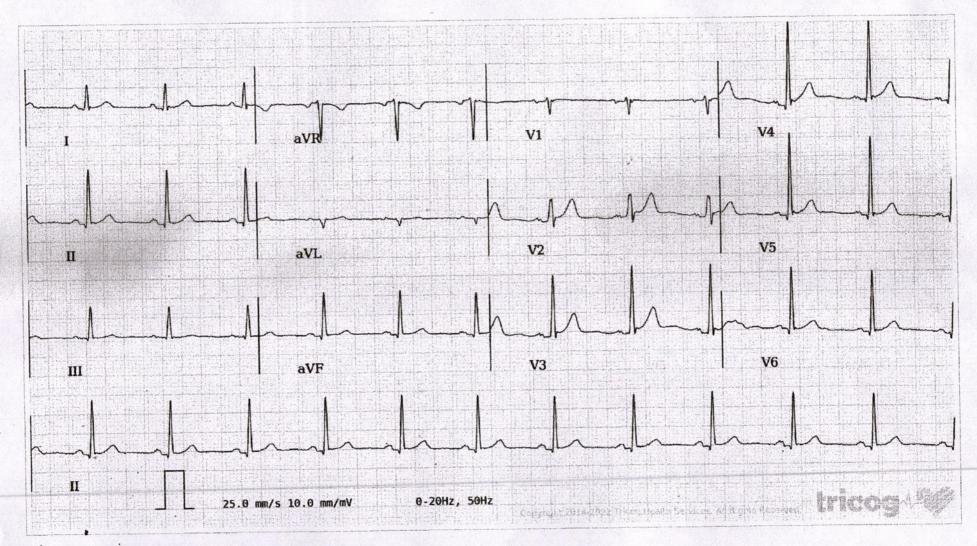
MR.RAJESH KUMAR PAL

Date and Time: 25th Jun 22 11:37 AM

Age / 34 Gender:M

Patient ID:

CALI0031682223



AR: 74bpm

VR: 74bpm

QRSD: 80ms

QT: 352ms

QTc: 390ms

PRI: 140ms

P-R-T: 43° 66° 43°

Sinus Rhythm, Normal Axis. Please mention age and gender of the patient. Please correlate clinically.

AUTHORIZED BY

6

Dr. Charit MD, DM: Cardiology REPORTED BY

Dr Nethra



Since 1991

INDRA DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR PAL Registered On : 25/Jun/2022 08:45:39 Age/Gender Collected : 34 Y 0 M 0 D /M : 25/Jun/2022 08:56:21 UHID/MR NO : CALI.0000035225 Received : 25/Jun/2022 12:45:53 Visit ID : CALI0031682223 Reported : 25/Jun/2022 16:04:51

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

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin g/dl 15.40 1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl

Male- 13.5-17.5 g/dl

Female- 12.0-15.5 g/dl

				•
TLC (WBC)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	55.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	10.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	. <9	
PCV (HCT)	47.00	cc %	40-54	
Platelet count				
Platelet Count	1.75	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	55.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.14	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.87	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE







 $\label{eq:Add:B1/2} Add: B\ 1/2, Sector\ J, Near\ Sangam\ Chauraha, Lda\ Stadium\ Road, Aliganj\ Ph:\ 9235432681,$

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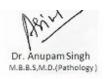
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	100.80	fl	80-100	CALCULATED PARAMETER
MCH	31.70	pg	28-35	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	14.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,520.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	640.00	/cu mm	40-440	











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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING ** , Plasma

Glucose Fasting 83.20 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) 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.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP ** 104.40 mg/dl <140 Normal GOD POD

Sample:Plasma After Meal 140-199 Pre-diabetes >200 Diabetes

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) 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.

c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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 mnagement.







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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.

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 nondiabetic 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.





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



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

BUN (Blood Urea Nitrogen) ** 12.74 mg/dL 7.0-23.0 CALCULATED	
Creatinine **	
### CALCULATED Rate) ** Sample:Serum	
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum 80.90 ml/min/1.73m2 - 90-120 Normal - 60-89 Near Normal CALCULATED Uric Acid ** Sample:Serum 7.30 mg/dl 3.4-7.0 URICASE LFT (WITH GAMMA GT) **, Serum	i
Sample:Serum LFT (WITH GAMMA GT) ** , Serum SGOT / Aspartate Aminotransferase (AST) 20.60 U/L < 35	
SGOT / Aspartate Aminotransferase (AST) 20.60 U/L < 35 IFCC WITHOUT P5	
SGOT / Aspartate Aminotransferase (AST) 20.60 U/L < 35 IFCC WITHOUT P5 SGPT / Alanine Aminotransferase (ALT) 21.00 U/L < 40	
SGPT / Alanine Aminotransferase (ALT) 21.00 U/L < 40 IFCC WITHOUT P5 Gamma GT (GGT) 15.10 IU/L 11-50 OPTIMIZED SZAZII Protein 6.88 gm/dl 6.2-8.0 BIRUET Albumin 4.57 gm/dl 3.8-5.4 B.C.G. Globulin 2.31 gm/dl 1.8-3.6 CALCULATED A:G Ratio 1.98 1.1-2.0 CALCULATED Alkaline Phosphatase (Total) 127.00 U/L 42.0-165.0 IFCC METHOD Bilirubin (Total) 1.16 mg/dl 0.3-1.2 JENDRASSIK & GR Bilirubin (Direct) 0.45 mg/dl < 0.30	
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Bilirubin (Direct) 0.45 mg/dl < 0.30 JENDRASSIK & GR	05
Bilirubin (Indirect) 0.71 mg/dl < 0.8 JENDRASSIK & GR	.OF
LIPID PROFILE (MINI) ** , Serum	
Cholesterol (Total) 184.00 mg/dl <200 Desirable CHOD-PAP 200-239 Borderline High > 240 High	
HDL Cholesterol (Good Cholesterol) 43.50 mg/dl 30-70 DIRECT ENZYMATI	IC
LDL Cholesterol (Bad Cholesterol) 112 mg/dl < 100 Optimal CALCULATED 100-129 Nr.	
Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
28.32 mg/dl 10-33 CALCULATED	18/1
	Anupam Singh B.B.S,M.D.(Pathology)







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CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR PAL Registered On : 25/Jun/2022 08:45:40 Age/Gender Collected : 34 Y 0 M 0 D /M : 25/Jun/2022 17:05:10 UHID/MR NO : CALI.0000035225 Received : 25/Jun/2022 18:27:39 Visit ID : CALI0031682223 Reported : 25/Jun/2022 19:04:56

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
URINE EXAMINATION, ROUTINE **	' , Urine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
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	0-1/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE **, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
merpretation:				

(+) < 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

SUGAR, PP STAGE ** , Urine

Sugar, PP Stage

ABSENT

Interpretation:

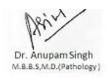
(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(+++++) > 2 gms%











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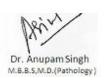
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	124.15	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	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/1	mL First Trimes	ter
		0.5-4.6 μIU/1	mL Second Trin	nester
		0.8-5.2 μIU/1	mL Third Trime	ster
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/1	mL Child(21 wk	- 20 Yrs.)
		1-39 μΙΟ	J/mL Child	0-4 Days
		1.7-9.1 μIU/1		2-20 Week
	The state of the s			

- 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.











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Patient Name : Mr.RAJESH KUMAR PAL Registered On : 25/Jun/2022 08:45:40

 Age/Gender
 : 34 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000035225
 Received
 : N/A

Visit ID : CALI0031682223 Reported : 25/Jun/2022 12:40:48

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

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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CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR PAL Registered On : 25/Jun/2022 08:45:41

 Age/Gender
 : 34 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000035225
 Received
 : N/A

Visit ID : CALI0031682223 Reported : 25/Jun/2022 12:18:07

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

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 12.4 cm in longitudinal span 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 9.5 x 3.5 cmposition and cortical echotexture. Cortico-medullary demarcation is maintained.
- Two small calculi measuring 4.5, 4.1 mm seen at lower pole calyx of right kidney.
- Left kidney is normal in size 11.0 x 4.0 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- A small calculus measuring 3.7 mm seen at upper pole calyx of left kidney.
- A welldefined thinwalled simple cortical cyst measuring 1.2 x 1.4 cm seen at mid pole region of left kidney.
- 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.
- Bowel loops are normal in caliber and peristalsis.

URINARY BLADDER



Home Sample Collection 1800-419-0002



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

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAJESH KUMAR PAL Registered On : 25/Jun/2022 08:45:41

 Age/Gender
 : 34 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000035225
 Received
 : N/A

Visit ID : CALI0031682223 Reported : 25/Jun/2022 12:18:07

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• 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 2.9 x 2.9 x 3.0 cm (Volume 13.5 gms) with smooth outline.

FINAL IMPRESSION

- BILATERAL RENAL CALCULI.
- LEFT RENAL SIMPLE CORTICAL CYST.

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 *

*Facilities Available at Select Location





