



LABORATORY REPORT

Name :	Mr. Aasutosh Vyas	Reg. No :	303101201
Sex/Age :	Male/36 Years	Reg. Date :	25-Mar-2023 08:43 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Mar-2023 02:36 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :160

Weight (kgs) :72.5

Blood Pressure : 160/100mmHg

Pulse : 74/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

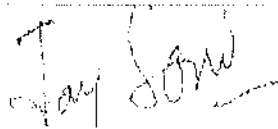
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



ભારત સરકાર

Government of India



દા.રે. માસ્ટરિસ

Vyas Assistant

જન્મ વર્ષ : Year of Birth : 1987

પુરુષ / Male



6952 3866 0410

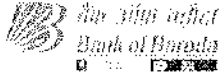
સામાન્ય માણસનો અધિકાર

A. J. Vyas

No: 9909360046

Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899





Siddharth mabeeriyal

mediwheel - 9289016045

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. VYAS ASHUTOSH
EC NO.	161523
DESIGNATION	DIGI CHAMP
PLACE OF WORK	AHME DABAD, PIBB AHME DABAD
BIRTHDATE	04-02-1987
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M161523100050/86E

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 **20-03-2023** 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))


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Age/Sex : 36 Years / Male	Pass. No. :	Tele No. : 9909360046
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Hemoglobin <small>Colorimetric method</small>	14.9	g/dL	13.0 - 18.0
Hematocrit (Calculated) <small>Calculated</small>	45.80	%	47 - 52
RBC Count	4.96	million/cmm	4.7 - 6.0
MCV	92.2	fL	78 - 110
MCH (Calculated)	29.9	Pg	27 - 31
MCHC (Calculated)	32.5	%	31 - 36
RDW (Calculated)	12.3	%	11.5 - 14.0
WBC Count	5510	/cmm	4000 - 10500
MPV (Calculated)	9.3	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	65	% 42.0 - 76.2	3582 /cmm	2000 - 7000
Lymphocytes (%)	30	% 20 - 46	1653 /cmm	1000 - 3000
Eosinophils (%)	02	% 0 - 6	165 /cmm	200 - 1000
Monocytes (%)	03	% 2 - 10	110 /cmm	20 - 500
Basophils (%)	00	% 0 - 1	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology: Normocytic and Normochromic.
 WBC Morphology: Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance): 313000 /cmm 150000 - 450000
 Platelets: Platelets are adequate with normal morphology.
 Parasites: Malarial parasite is not detected.
 Comment: -

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* This test has been out sourced.

Approved By : 
 Dr. Keyur Patel
 M.B.DCP

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
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Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: EDTA Whole Blood

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Ref. By	:	Dispatch At	:		
Location	: CHPL	Sample Type	:	Sample Type	: EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO : "AB"

Rh (D) : Positive

Note : -

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Intra red measurement</i>	23	mm/hr	ESR AT 1 hour 1-7
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (< 1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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MB, DCP

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Age/Sex	: 36 Years / Male	Pass. No.	:	Tele No.	: 9909360046
Ref. By	:	Dispatch At	:		
Location	: CHPL	Sample Type	:	Sample Type	: Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	124.70	mg/dL	70 - 110
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GOD/POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
 - Or
 2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs
 - Or
 3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
 - Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011,34,S11


POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	140.3	mg/dL	70 - 140
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GOD/POD Method

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Age/Sex : 36 Years / Male	Pass. No. :	Tele No. : 9909360046
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	202.00	mg/dL	Desirable : < 200 Borderline High: 200-239 High : > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	84.40	mg/dL	Normal < 150 Borderline High: 150-199 High: 200-499 Very High > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	35.30	mg/dL	High Risk : < 40 Low Risk : > 60
<i>Accelerator selective detergent method</i>			
LDL	149.82	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : > 190.0
<i>Calculated</i>			
VLDL	16.88	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	4.24		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.72		0 - 5.0
<i>Calculated</i>			

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Ref. By	:	Dispatch At	:		
Location	: CHPL	Sample Type	:	Sample Type	: Serum


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY
(U) WITH GGT

Total Protein <i>Buret Reaction</i>	8.31	gm/dL	Premature 1 Day : 3.4 - 5.0 1 Day to 1 Month : 4.6 - 6.8 2 to 12 Months : 4.8 - 7.6 1 Year : 6.0 - 8.0 Adults : 6.6 - 8.7
Albumin <i>By Bromocresol Green</i>	5.04	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	3.27	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.54		0.8 - 2.0
SGOT <i>UV without PSP</i>	38.2	U/L	0 - 40
SGPT <i>UV without PSP</i>	44.8	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer Multiple point rate</i>	77.4	IU/L	53 - 128
Total Bilirubin <i>Vanadate Oxidation</i>	0.29	mg/dL	0 - 1.2
Conjugated Bilirubin	0.07	mg/dL	0.0 - 0.4

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MR.DCP

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Age/Sex : 36 Years Male **Pass. No.** : **Tele No.** : 9909360046
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

Unconjugated Bilirubin 0.22 ng/dL 0.0 - 1.1
Calculated
GGT 28.70 ng/dL < 49
SZASZ Method

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.69	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.58	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	8.80	mg/dL	6.0 - 20.0

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Age/Sex : 36 Years / Male	Pass. No. :	Tele No. : 9909360046
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	6	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	Nil	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks		

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.38	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	11.2	µg/dL	3.2 - 12.6
--	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring F T4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: Serum

TSH 1.880 μ IU/ml 0.35 - 5.50
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/ml.


Second Trimester : 0.2 to 3.0 μ IU/ml.

Third trimester : 0.3 to 3.0 μ IU/ml.

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012: 2170

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Location : CHPL		Sample Type : Serum

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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)	0.28	ng/mL	0 - 4
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

--- End Of Report ---

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Ref. By :		Dispatch At :		Sample Type :	EDTA Whole Blood
Location :	CHPL				

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	99.67	mg/dL
--------------------	-------	-------

Calculated
Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1c is continuously synthesised in the red blood cell through its 120 days life span The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

***** End Of Report *****

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Approved By : Dr. Keyur V Patel

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Approved On : 26-Mar-2023 06:01 PM

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🌐 www.curovis.co.in



LABORATORY REPORT

Name :	Mr. Aasutosh Vyas	Reg. No :	303101201
Sex/Age :	Male/36 Years	Reg. Date :	25-Mar-2023 08:43 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Mar-2023 04:14 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

ARSUTOSH
5 YRS

HR 74/min

Rx is: P 41 °
QRS 56 *

Male

Intervals: RR 815 ms

T 28 °

36 years
160 cm / 72 kg

P 100 ms
PR 146 ms

P (II) 0.12 mV
S (VI) -0.86 mV

QR5 98 ms
QT 345 ms

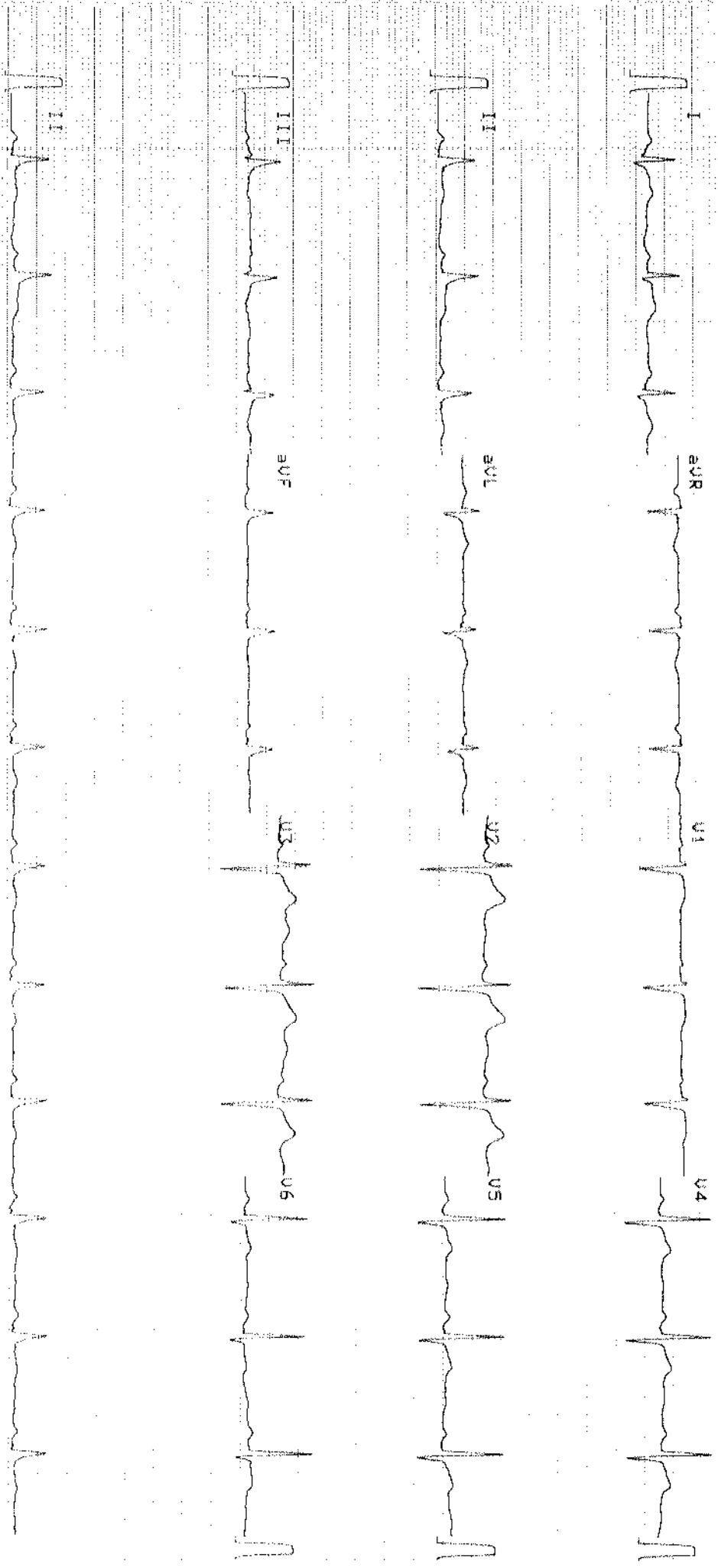
R (US) 1.28 mV
Sokol. 2.69 mV

QTc 384 ms
(Bazett)

10 mm/mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

2.05-25 Hz

FS2 55F 53S

25.03.2023 09:22:25

CURCUI'S HEALTHCARE

BT-102PLUS 1.24 C



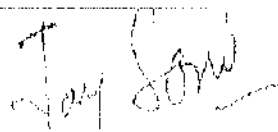
LABORATORY REPORT

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Sex/Age :	Male/36 Years	Reg. Date :	25-Mar-2023 08:43 AM
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2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 40 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name	: Mr. Aasutosh Vyas	Reg. No	: 303101201
Sex/Age	: Male/36 Years	Reg. Date	: 25-Mar 2023 08:43 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 27-Mar 2023 03:18 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.


Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

----- - End Of Report -----

This is an electronically authenticated report


DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



Page 1 of 1

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LABORATORY REPORT

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Sex/Age :	Male/36 Years	Reg. Date :	25-Mar-2023 08:43 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Mar-2023 02:44 PM

Eye Check - Up

No Eye Complaints

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

----- End Of Report -----

This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)

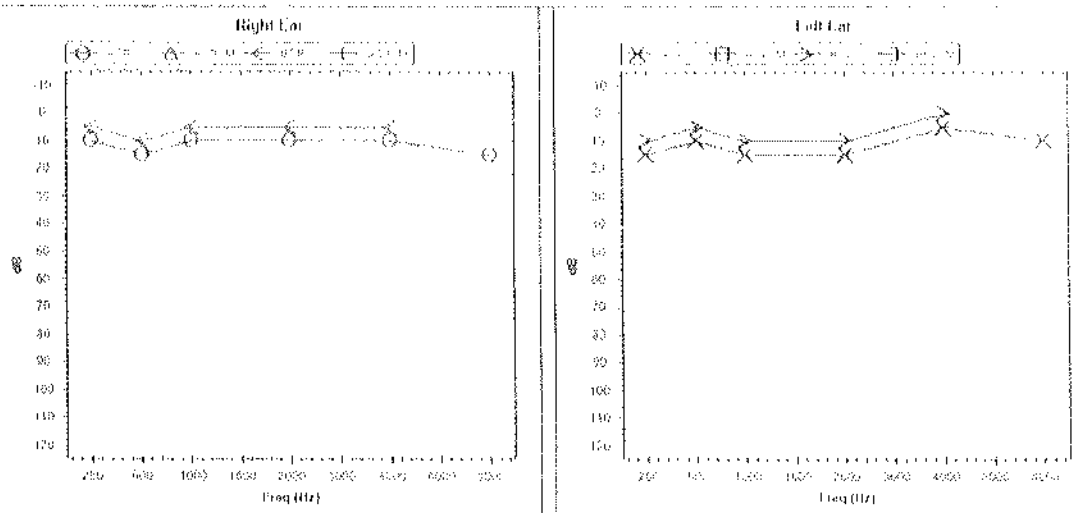
NAME:- ASHUTOSH VYAS .

ID NO:-

AGE:- 36Y / M

DATE:- 25/03/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	Unmasked	Masked	Unmasked	
RIGHT		()	(X)	()	(>)	11
LEFT		(Δ)	(O)	()	(<)	11
NO RESPONSE: Add J below the respective systems.						

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	11	11
BONE CONDUCTION		
SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

