



बैंक ऑफ बड़ौदा
Bank of Baroda
India's International Bank

Service - Cum - Identity Card for Retired Employee



नाम Name : GANESH KAMATH

क कू कू Employee Code : 40758

पदनाम Designation : Clerk

जन्म तिथि Date of Birth : 17.07.1961

सेवा प्रारंभ तिथि Date of Joining : 16.04.1984

सेवा निवृत्ति तिथि Retirement Date : 31.07.2021

जारीकर्ता ISSUED BY

स.म.उ (उ क्षेत्र) क्षेत्रीय कार्यालय, बेंगलूरु दक्षिण

AGM (D.R.M) REGIONAL OFFICE, BENGALURU SOUTH

Holder's Signature

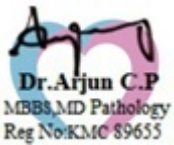
Name : Mr. GANESH KAMATH
PID No. : MED111123187 **Register On** : 28/05/2022 9:29 AM
SID No. : 922030313 **Collection On** : 28/05/2022 10:06 AM
Age / Sex : 60 Year(s) / Male **Report On** : 28/05/2022 5:22 PM
Type : OP **Printed On** : 30/05/2022 4:58 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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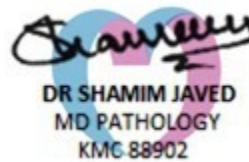
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.1	%	42 - 52
RBC Count (EDTA Blood)	4.56	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	38.85	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	55.7	%	40 - 75
Lymphocytes (EDTA Blood)	33.6	%	20 - 45
Eosinophils (EDTA Blood)	3.7	%	01 - 06




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Monocytes (EDTA Blood)	6.2	%	01 - 10
Basophils (EDTA Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.51	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.72	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.30	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.50	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	242	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	10	mm/hr	< 20



Dr. Arjun C.P
 MBBS, MD Pathology
 Reg No: KMC 89655

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 KMC 88902

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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.86	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.38	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.48	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.63	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	32.17	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.05	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	55.17	U/L	56 - 119
Total Protein (Serum/Biuret)	6.96	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.76	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.52		1.1 - 2.2


DR. VANITHA R. SWAMY MD
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 Reg No : 99049

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	100.69	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	133.69	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual' circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	39.53	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	34.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	61.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	0.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	7.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %


Estimated Average Glucose 154.2 mg/dL
(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.08	ng/ml	0.4 - 1.81
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	7.63	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	1.59	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0


(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.


2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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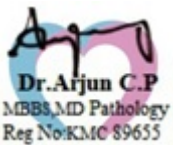
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

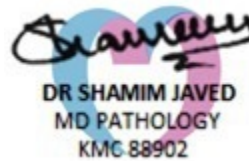
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	10		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.008		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		


INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	11.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	122.59	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	199.69	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.


Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.90	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.73	mg/dL	3.5 - 7.2
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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.919	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.


PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' Positive'		
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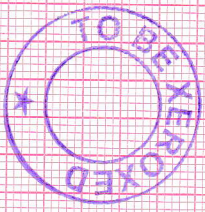
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-- End of Report --

60 years
Male

Vent. rate	91 bpm
PR interval	148 ms
QRS duration	88 ms
QT/QTc	342/420 ms
P-R-T axes	61 14 127

Technician: MANJU
Test Ind:



Referred by: C/O MEDIWHEEL

Reviewed by:

DR. SRIDHAR.L
 MD (MSc), DM (Cardio), FICC
 Interventional Cardiologist
 K.M.C. No.: 32248

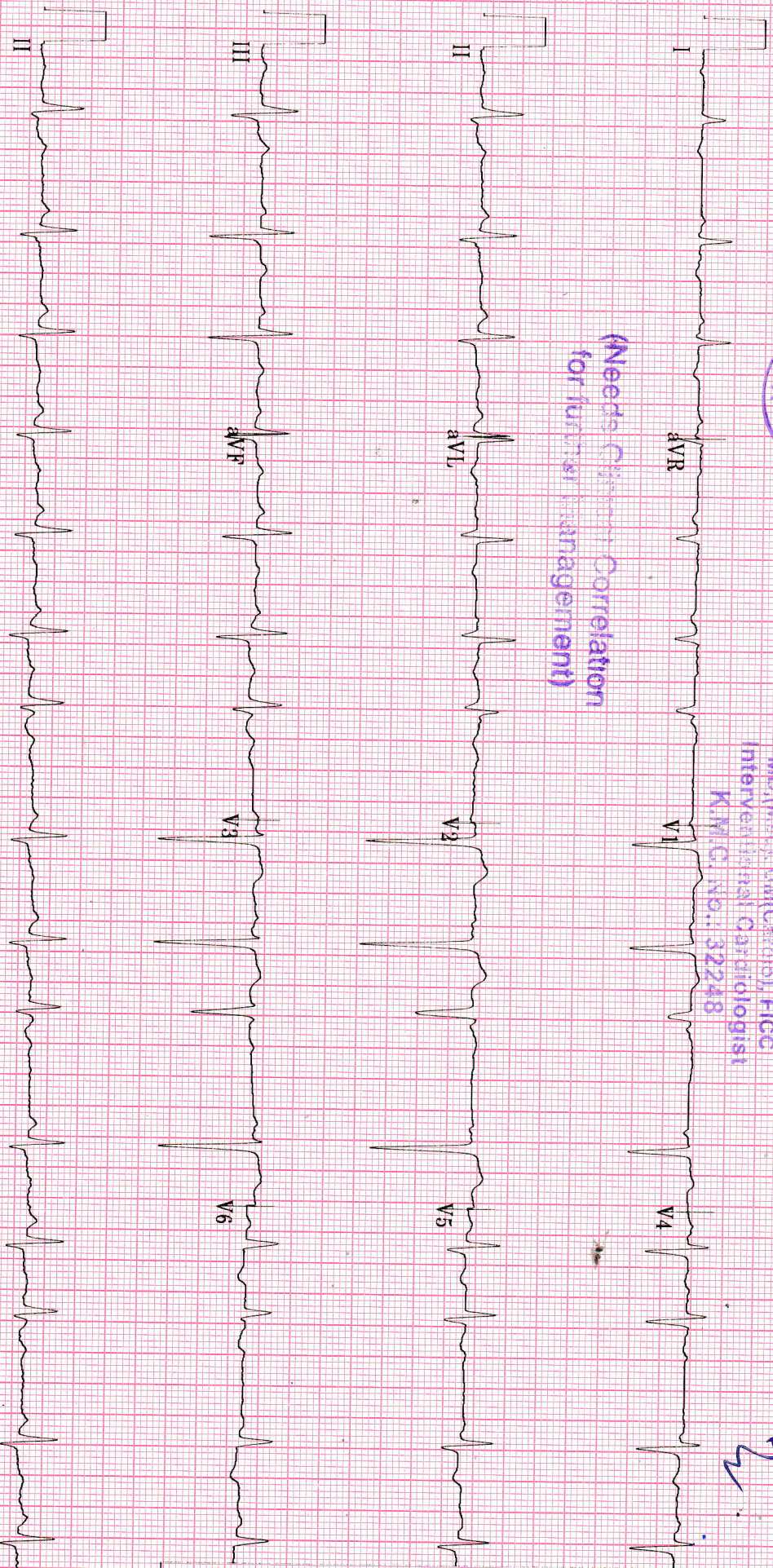
(Needs Clinical Correlation
for further management)

HS 9/11/22
WNE

AVN - 20°

AVB - 20/20/20

WNE



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

P/N 2009828-020

Vital Signs™

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MAC55 010Bsp1 12SL™ V241 H

Name	MR.GANESH KAMATH	ID	MED111123187
Age & Gender	60Y/MALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.94	cms
LEFT ATRIUM	:	3.06	cms
AVS	:	1.59	cms
LEFT VENTRICLE (DIASTOLE)	:	6.00	cms
(SYSTOLE)	:	5.06	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.57	cms
(SYSTOLE)	:	0.94	cms
POSTERIOR WALL (DIASTOLE)	:	1.06	cms
(SYSTOLE)	:	1.84	cms
EDV	:	180	ml
ESV	:	121	ml
FRACTIONAL SHORTENING	:	15	%
EJECTION FRACTION	:	34	%
EPSS	:		cms
RVID	:	2.08	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	:	'E' - 1.04 m/s	'A' - 0.79 m/s	TRIVIAL MR
AORTIC VALVE	:	1.08 m/s		NO AR
TRICUSPID VALVE	:	PASP 28mmHg		TRIVIAL TR
PULMONARY VALVE	:	0.84 m/s		NO PR



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:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle	:	Dilated, Apico septal mid septal mid & basal antero septal segments thin & hypokinetic
Left Atrium	:	Normal
Right Ventricle	:	Normal
Right Atrium	:	Normal.
Mitral valve	:	Normal, No mitral valve prolapse.
Aortic valve	:	Normal, Trileaflet
Tricuspid valve	:	Normal.
Pulmonary valve	:	Normal.
IAS	:	Intact.
IVS	:	Intact.
Pericardium	:	No Pericardial effusion.

IMPRESSION :

- ISCHEMIC HEART DISEASE
- LV SEGMENTAL HYPOKINESIA
- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION. PASP 28 mmHg
- REDUCED LV SYSTOLIC FUNCTION. EF: 34 %
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

Ls/rk
DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST

Ls/rk **Dr. SRIDHAR .L**
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



Customer Name	Mr. Ramesh Kumar	Customer ID	MBD111123187
Age & Gender	6/yr / male	Visit Date	28/05/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NG	NG
Distance Vision	6/6p	6/6p
Colour Vision	WNL	WNL

Observation / Comments:

Refractive Error
Continue same glass

**CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD**
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

[Signature]

Name	MR.GANESH KAMATH	ID	MED111123187
Age & Gender	60Y/MALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.4	1.6
Left Kidney	10.7	1.9

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size (wt-19.7gms) and echopattern.

No evidence of ascites.

Impression: *Increased hepatic echopattern suggestive of fatty infiltration.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Hbp/so



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **GANESH KAMATH**

Gender: Male Female Age: **61** years DOB: **17/07/1961**

Mobile: **7019946877** Pincode: **560055**

E-mail: **vmamatha214@gmail.com**

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No

Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Liver Disease Yes No

Cancer Yes No

Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Cancer Yes No

Lifestyle

Do you exercise regularly? Yes No

Do you consume alcohol more than 2 times a week? Yes No

Do you smoke/chew tobacco? Yes No

Are you vegetarian? Yes No

General

Do you see a doctor at least once in 6 months? Yes No

Do you undergo a health checkup every year? Yes No

How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

Is there a family history of Breast Cancer? Yes No

Is there a family history of Endometrial (Uterus) Cancer? Yes No

Is there a family history of Ovarian Cancer? Yes No

Do you have irregular periods? Yes No

Do you have heavy bleeding during periods? Yes No

Do you have scanty periods? Yes No

Have you attained Menopause? Yes No

Do you have children? Yes No

Was it a normal delivery? Yes No

Did you have diabetes/hypertension during delivery? Yes No

Bar code

Vitals

To be filled by Technician

Height: **172** cms

Waist: **38** in.

Hip: **37** in.

Weight: **80.6** kg

Fat: **32.6** %

Visc. Fat: **16** %

RM: **1709** cal

BMI: **27.2** kg/m²

Body Age: **65** years

Sys. BP: **118** mmHg

Dia. BP: **90** mmHg

97 Punc.

Signature:

Name	GANESH KAMATH	Customer ID	MED111123187
Age & Gender	60Y/M	Visit Date	May 28 2022 9:28AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

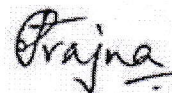
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: *Essentially normal study.*



DR. PRAJNA SHENOY
CONSULTANT RADIOLOGIST