



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. PRASAD SHYAMA KANT
EC NO.	109174
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GIRIDIH
BIRTHDATE	05-01-1987
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M109174100051512E

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 **21-03-2023** 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))





બંક ઝાંઝ બારોડા
Bank of Baroda



નામ
Name: SHYAMA KANT PRASAD

સહાયકી નંબર
E.C. No.: 109174

અધિકારી દ્વારા
Issuing Authority

સહાયકી નંબર
Signature of







असर्फी हॉस्पिटल

सबके लिए स्वास्थ्य

OUT PATIENT DEPARTMENT

Department of General Medicine

Mediwheel

Regd. No. : MAR23-44302
 Patient Name : MR. SHYAMA KANT PRASAD
 Age/Sex : 36 Y 2 M 20 D / Male
 Address : NEAR BLOCK, SIRSIA, GIRIDIH - 815302, Jharkhand, INDIA
 Doctor : Dr. Aditya Anurag MD (Medicine)

Visit : OPD/250323/5369
 Mobile : 9631126389
 Date : 25-Mar-2023 3:16 pm
 OPD Timing :
 Referred By :

Allergies :
 Height : Ft In Temp. : C SPO2 : 98 %
 Weight : 66 Kg Pulse : 107 BPM B.P. : 110/60 mm/Hg

History and complaints :
 Examination: No complaint at present
 Diagnosis: No chronic illness

Investigations:
 ECG - WNL
 CPRT/A - overexposed
 Glucic acid - 7.6...
 HbA1c - 5.8
 T. Bil - 3.25...
 D Bil - 0.45...
 Ab - 12.4
 TC - 8700
 PLT - 89000
 TSM - 1.87
 USG W/A - Grad IFA...

Medicines Prescribed:
 1. Sipp. B. Heptagon 2tsf TDS.
 2. T. R. IFAGUT (400) 1x2 - 5 days
 3. Avoid fatty meal
 4. T. UDILIV (300) 1x2 - 10 days
 5. Review abt a 2 weeks

Advice (Diet/ Lifestyle / Rehab)
 Days

Follow up: Days
 Date :
 Time :

Signature of Doctor

*Prescription to be valid for 7 Days only.
 *This document is not valid for Medico-Legal purposes.



25-Mar-23 14:04:58

MR SHYAMAKANT PRASAD

Male

MEDICA DEANHEAD



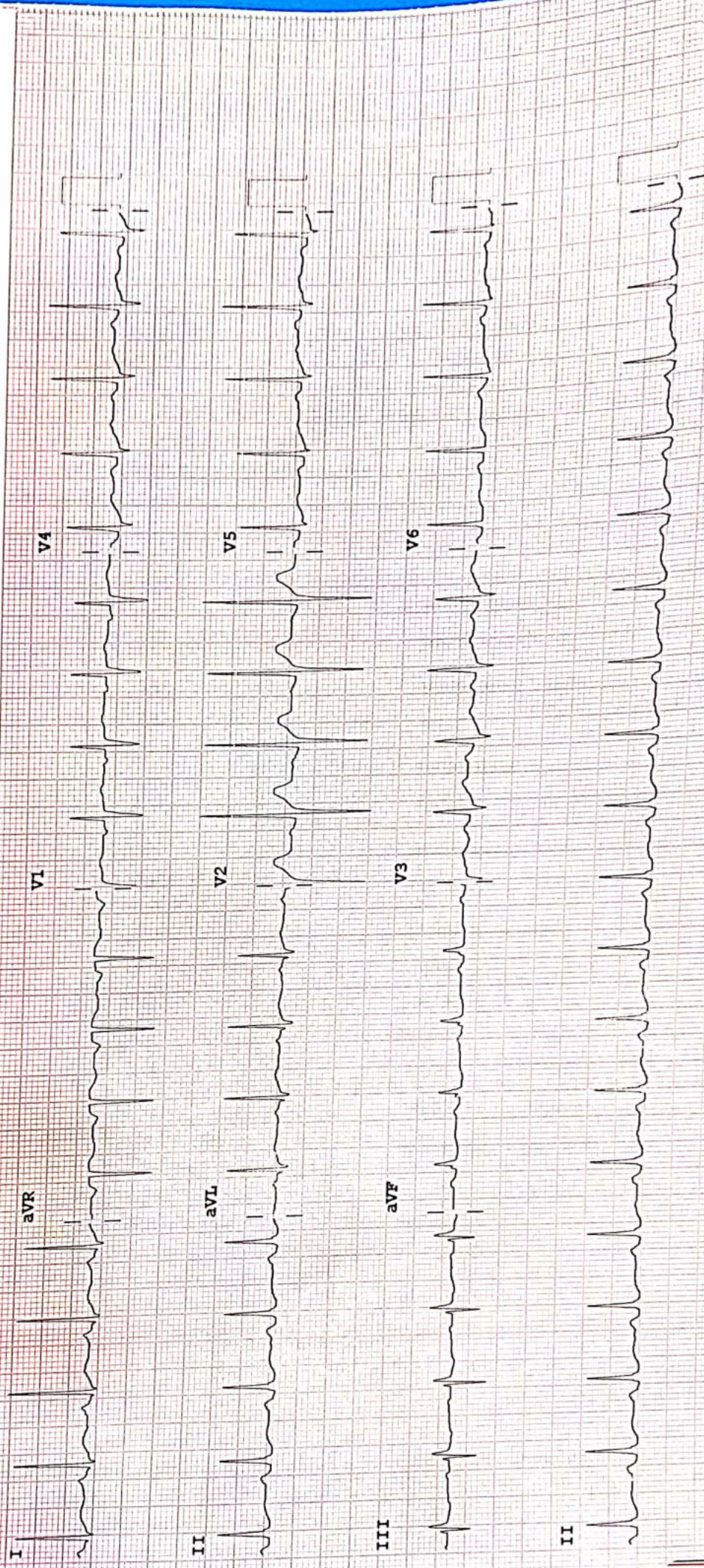
Rate 112 . Sinus tachycardia.....rate> 99
 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 . Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T
 . Baseline wander in lead(s) V2

--AXIS--
 P 32
 QRS 34
 T 0

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

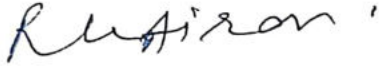
RADIOLOGY REPORT

Patient Information			
Patient Name	MR SHYAMA KANT PRASAD	Patient ID	44302
Age Gender	36 YRS /MALE	Scan Date	MAR 25 2023
Referring Doctor	SELF	Report Date	MAR 25 2023

CHEST XRAY

Trachea and mediastinum central.
Cardio thoracic ratio normal.
Both hilar shadows prominent.
Both diaphragm are of equal height and normal in shape and position.
Both lungs show increased bronchovascular markings with interstitial thickening suggesting Bronchitis.
Cystic changes right lower zone suggesting Bronchiectasis.
Both Cp angles clear.

Impression. Bronchitis with Bronchiectasis Rt



Dr. R. K. Airon

MD Radiodiagnosis (HN-008701/77)

Consultant Radiologist

MR SHYAMA KANT PRASAD 36Y DR SELF | 1



24 HOUR EMERGENCY

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ECHOCARDIOGRAPHY REPORT

Name: MR SHYAMA KANT PRASAD

Age: 36

Sex: Male

Date: 25/03/2023

2D & M-MODE MEASUREMENTS

LA Diam	2.9 cm
Ao Diam	2.9 cm
IVSd	1.0 cm
LVIDd	4.3 cm
LVPWd	1.0 cm
IVSs	1.4 cm
LVIDs	2.9 cm

2D & M-MODE CALCULATIONS

EDV(Teich)	81 ml
ESV(Teich)	31 ml
EF(Teich)	62 %
%FS	33 %
SV(Teich)	51 ml
LVd Mass	165.05 g
RWT	0.48

MITRAL VALVE

MV E Vel	0.81 m/s
MV DecT	155 ms
MV Dec Slope	5.2 m/s ²
MV A Vel	0.90 m/s
MV E/A Ratio	0.90

AORTIC VALVE

AV Vmax	1.15 m/s
AV maxPG	5.29 mmHg

TRICUSPID VALVE

PV Vmax	1.41 m/s
PV maxPG	7.95 mmHg

PULMONARY VALVE

COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-63%)
- GRADE I DIASTOLIC DYSFUNCTION
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

IMPRESSION:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-63%)
- GRADE I DIASTOLIC DYSFUNCTION

DR. UDAY SHANKAR
(NON-INVASIVE CARDIOLOGIST)

TECH. SIG

RADIOLOGY REPORT

Reg. No.	44302	Ref. Dr.	SELF
Name	MR. SHYAMA KANT PRASAD	Study	USG WHOLE ABDOMEN
Age & Sex	36Y/M	Rep Date	25.03.2023

USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size & shape. It appears bright in echotexture. No obvious focal lesion is seen. IHBR are not dilated.
- GALL BLADDER** : GB is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is normal in shape, size & echotexture. It measures 11.1cm in size.
- KIDNEYS** : The right kidney measures 10.1 x 4.2cm. The left kidney measures 9.7 x 3.7cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- PROSTATE** : Prostate is normal in size, shape & echotexture.
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** : • **Grade I diffuse fatty infiltration of liver.**
Clinical correlation is suggested.




Dr. VAISHALI PATEL
MBBS, DNB (Radio-diagnosis)
Consultant Radiologist



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Reporting Time: 25-03-2023 1:41 pm
Publish Time: 25-03-2023 2:21 pm

Name : MR. SHYAMA KANT PRASAD
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44302
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
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Biochemistry

Creatinine, Serum

Method: Enzymatic

Creatinine, Serum

1.0

Machine Name: XL640

mg/dl 0.6-1.4

Uric Acid, Serum

Method: Enzymatic

Uric Acid, Serum

7.1

H

Machine Name: XL640

mg/dl 3.4-7.0

Blood Urea Nitrogen (BUN)

Method: Calculated

Blood Urea Nitrogen (BUN)

8.17

Machine Name: XL640

mg/dl 07-21

Fasting Blood Glucose, Plasma

Method: GOD-POD

Fasting Blood Glucose, Plasma

102.0

Machine Name: XL640

mg/dl 70-110

LIPID PROFILE, SERUM

Method: Spectrophotometry

Cholesterol, Total (CHOD/PAP)

140.0

Machine Name: XL640

mg/dl 0-200

Triglycerides (Enzymatic)

180.0

H

mg/dl 0-150

HDL Cholesterol (Enzymatic)

45.0

mg/dl 0-50

LDL Cholesterol (Calculated)

59.0

mg/dl 0-100

VLDL Cholesterol (Calculated)

36.0

H

mg/dl 0-30

GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD

Method: HPLC / Nephelometry

HbA1C

5.8

Machine Name: BIO-RAD, D-10 / MISPA

% 4.4-6.2

Estimated average glucose (eAG)

119

mg/dl


DR N N SINGH
(PATHOLOGIST)

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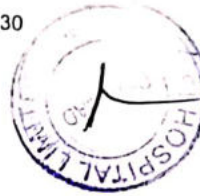


असर्फी हॉस्पिटल
सबके लिए स्वास्थ्य

ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishnupur Polytechnic, Dhanbad 828 130
Ph. No.: 7808368888,9297862282,9234681514



Collection Time: 25-03-2023 12:15 pm
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Publish Time: 25-03-2023 2:02 pm

Name : MR. SHYAMA KANT PRASAD
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44302
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
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Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | MEASUREMENT | OF HbA1C RESULTS |

-----|-----|
| Hemoglobin variants,elevated fetal | Any condition that shortens erythrocyte |
| hemoglobin (HbF) and chemically | survival or decreases mean erythrocyte |
| modified derivatives of hemoglobin | age (e.g.,recovery from acute blood loss,|
| (e.g. carbamylated Hb in patients | hemolytic anemia, HbSS, HbCC, and HbSC) |
| with renal failure) can affect the | will falsely lower HbA1c test results |
| accuracy of HbA1c measurements | regardless of the assay method used.Iron |
| | deficiency anemia is associated with |
| | higher HbA1c |

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Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				
<i>Method: Spectrophotometry</i>				
Bilirubin Total (Diazo)	3.25	H	mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.45	H	mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.80		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	41.2		U/L	7-50
SGOT (IFCC without PDP)	33.0		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	222.5		U/L	70-306
GGT (Enzymatic)	52.3		U/L	0-55
Protein Total (Biuret)	7.0		g/dl	6.4-8.3
Albumin (BCG)	4.4		g/dl	3.5-5.2
Globulin (Calculated)	2.6		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.69			0.8-2.0

Machine Name: XL-640

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(PATHOLOGIST)

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Test Name	Result	Flag	Unit	Reference Range
Haematology				
BLOOD GROUP, ABO & RH TYPING				
<i>Method: Agglutination</i>				
ABO GROUP	A	.		0-0
RH TYPING	POSITIVE	.		0-0
ESR (Erythrocyte Sedimentaion Rate)				
<i>Method: Westergren</i>				
ESR	25	H	mm/hr	0-10

Machine Name: VES-MATIC 20


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(PATHOLOGIST)

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Test Name	Result	Flag	Unit	Reference Range
Complete Blood Count (CBC)				
<i>Method</i> : Electrical Impedence				
			<i>Machine Name</i> : Sysmex 6 part	
Hemoglobin	12.4	L	g/dl	13-18
Total Leukocyte Count (TLC)	8700		/cu-mm	4000-11000
PCV	39.4	L	%	40-50
MCH	21.0	L	Pg	27-31
MCHC	31.5		g/dl	31.5-35.5
Red Cell Distribution Width (RDW)	16.1	H	%	11.6-14
Neutrophils	85	H	%	55-75
Lymphocytes	10	L	%	15-30
Eosinophils	02		%	1-6
Monocytes	03		%	2-10
Basophils	00		%	0-1
RBC Count	5.9	H	million/mm ³	4.5-5.5
Mean Corpuscular Volume (MCV)	66.7	L	fL	83-101
Platelet Count	0.89	L	lakhs/cumm	1.5-4.5

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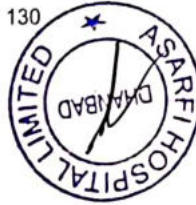
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Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
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Immunology and Serology

THYROID PROFILE, TOTAL, SERUM

Method: ECLIA

Machine Name: Vitros Eci

T3, Total	1.37		ng/ml	0.8-2.0
T4, Total	9.31		µg/dL	5.10-14.10
TSH (Ultrasensitive)	1.82		mIU/mL	0.27-4.2

Interpretation:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

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(PATHOLOGIST)

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Reporting Time : 27-03-2023 12:51 pm
Publish Time : 27-03-2023 12:54 pm

Name : MR. SHYAMA KANT PRASAD
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44302
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
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Clinical Pathology

Routine Urine Examination; Urine

Method : Microscopic

Appearance	CLEAR	.		
Colour	STRAW	.		
Volume	30	.	ml.	
Protiens	NEGATIVE	.		
Glucose	NEGATIVE	.		
PH	6.0	.		
Specific Gravity	1.015	.		
Bilirubin	NEGATIVE	.		
Ketone Bodies	XX	.		
Bile Salts	XX	.		
Bile Pigments	XX	.		
Pus Cells	1-2	.	/hpf.	
Epithelial Cells	1-2	.	/hpf.	
R.B.C.	NIL	.	/hpf.	
Casts	NOT SEEN	.	/hpf.	
Crystals	NOT SEEN	.	/hpf.	
others	NOT SEEN	.		

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DR N N SINGH
(PATHOLOGIST)

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Condition of Laboratory Testing & Reporting

(1)It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s)(2)Laboratory investigallons are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Tests results are not valid for medico legal Purposes.(4)Test requested might not be performed due to following Reason: (a)Specimen received is Insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b)Incorrect specimen type for requested test. (c)Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7)In case of queries or unexpected test results please call at +91 9297862282, Email- labasarfi@gmail.com

24 HOUR EMERGENCY

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"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

Name : MR. SHYAMA KANT PRASAD
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44302
Pat. Type : Mediwheel



Collection Time: 25-03-2023 12:15 pm
Receiving Time: 25-03-2023 12:20 pm
Reporting Time: 27-03-2023 12:51 pm
Publish Time : 27-03-2023 12:54 pm

Test Name	Result	Flag	Unit	Reference Range
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Protein:Creatinine Ratio; Urine

Method: Immunoturbidimetry, Spectrophotometry

Protein	12.0		mg/L	
Creatinine	100.0		mg/dl	
PCR	0.10		mg/g	0-0.5

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DR N N SINGH
(PATHOLOGIST)

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Condition of Laboratory Testing & Reporting

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Name : MR. SHYAMA KANT PRASAD
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44302
Pat. Type : Mediwheel



Collection Time: 25-03-2023 12:15 pm
Receiving Time: 25-03-2023 12:20 pm
Reporting Time: 27-03-2023 10:24 am
Publish Time: 27-03-2023 10:26 am

Test Name	Result	Flag	Unit	Reference Range
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Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.
Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | MEASUREMENT | OF HBA1C RESULTS |

-----|-----|
| Hemoglobin variants, elevated fetal | Any condition that shortens erythrocyte |
| hemoglobin (HbF) and chemically | survival or decreases mean erythrocyte |
| modified derivatives of hemoglobin | age (e.g., recovery from acute blood loss, |
| (e.g. carbamylated Hb in patients | hemolytic anemia, HbSS, HbCC, and HbSC) |
| with renal failure) can affect the | will falsely lower HbA1c test results |
| accuracy of HbA1c measurements | regardless of the assay method used. Iron |
| | deficiency anemia is associated with |
| | higher HbA1c |

Glucose, PP

Method: GOD-POD

Glucose, PP	101.5	mg/dl	70-140
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Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine


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