

ADITYA DIAGNOSTICS & RESEARCH LABS ECG REPORT

ID : 1491 Years Male cm kg / mmHg Race:Unknown Room No.: Department: Exam Room: Medication:

HR : 57 bpm
P : 98 ms ✓
PR : 136 ms
QRS : 80 ms
QT/QTc : 365/356 ms ✓
P/QRS/T : 62/60/36 °
RV5/SV1 : 1.135/0.288 mV

Diagnosis Information:
Sinus Bradycardia
Premature Atrial Contraction

O22-156 M/31 Y
MR. KUMAR ATUL

Aditya Diagnostics 18-04-2021

NSR

Sinus Brady Card

Technician :
Ref-Phys. :
Report Confirmed by:

Dr. J. S. RAO
HARI'S HEART CLINIC

1st Floor, Mig: 021, 4th Road, KP
Hyderabad-572 Ph: 9866253811



0.67~100Hz AC50 25mm/s 10mm/mV 2*5s ♥57 SE-301 V1.05 SBMIP V1R1

18-04-2021 01:33:14 PM




बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name

अनुर कुमार
Anur Kumar

E.C. No.

118191


प्रतिष्ठापक प्राधिकारी
Issuing Authority




धारक के हस्ताक्षर
Signature of Holder



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. KUMAR ATUL
EC NO.	118191
DESIGNATION	COMPLIANCE
PLACE OF WORK	HYDERABAD,RO HYDERABAD METRO
BIRTHDATE	26-09-1990
PROPOSED DATE OF HEALTH CHECKUP	16-04-2021
BOOKING REFERENCE NO.	21J118191100000200E

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 **15-04-2021** 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 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))

HARI'S HEART CLINIC

హరి హార్ట్ క్లినిక్

2D ECHO AND COLOUR DOPPLER REPORT

Patient Name Mr - ATUL Age/Gender 30/M

Referred by Archieva diagnosis Date 17/4/21

INDICATION:

MITRAL VALUE : N

AORTIC VALUE : N

TRICUPID VALUE : N

PULMONARY VALUE : N

LEFT ATRIUM : 2.7

AORTA : 2.5

LIFT VENTRICLE:

IVS: 1.1 cm

PW: 1.0 cm

EDD: 4.4 cm

ESD: 3.0 cm

EF: 60 %

RIGHT ATRIUM : N

RIGHT VENTRICLE: N

PULMONARY ARTERY: N

IVC/SVC: N

DOPPLER:

PJV: 1.0 m/s

AJV: 1.0 m/s

E: 0.7 m/s

A: 0.5 m/s E > A


COLOUR FLOW: NO MR, NO AR, NO TR,

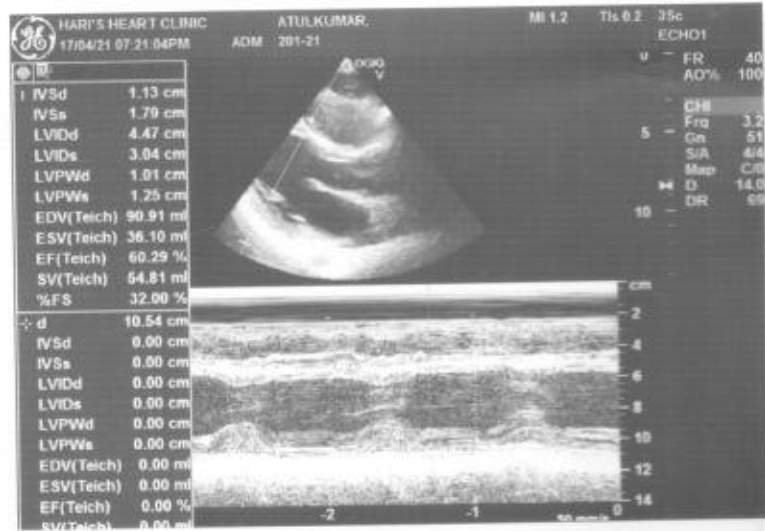
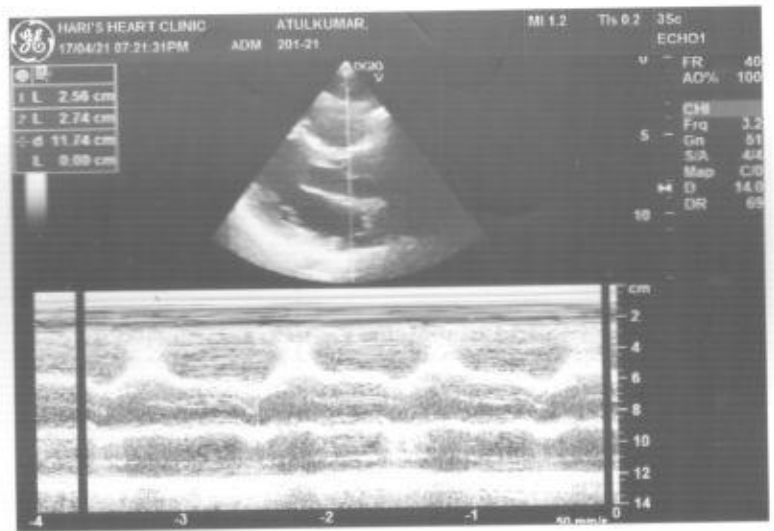
NO RWMA.

NO PE

OTHERS: Septae Intact

CONCLUSION: (A) LV Systolic function


Dr. V. HARIRAM
Cardiologist
Hari's Heart Clinic





Name : MR. KUMAR ATUL
Age /Sex : 31Y /M
Ref. By : BANK OF BARODA (MW)

Reg. No : O22-156
Registration Date : 18-04-2021
Alt ID :

X-RAY CHEST PA VIEW

- Prominent lung markings.
- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.

Adv - HRCT


DR ABDUR

Consultant Radiologist



Name : MR. KUMAR ATUL
Age /Sex : 31 Y / M
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Alt ID :

Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	12.9 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.3 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	38 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	81 Cubic microns	76 - 96 Cubic microns
MCH	28 Picograms	27- 32 Picograms
MCHC	34 gm%	30 - 36 gm%
WBC (Total)	7,300 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	71 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	25 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	02 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	1,98,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	06 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Lab Incharge

Method : Automated Cellcounter&Microscopy

* End of Report *

Dr K Mahesh Kumar MD
Consultant Pathologist

Verified By

Dr Rajani Gutta
Chief Biochemist



Name : MR. KUMAR ATUL
Age /Sex : 31 Y / M
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Reg. No : O22-156
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Investigation


Result

Normal Ranges

Fasting Plasma Glucose *	72 mg/dl	70 - 110 mg/dl
Blood Sugar		
Method GOD-POD		
Post Prandial Glucose *	110 mg/dl	70 - 160 mg/dl
(Blood Sugar)		
Method GOD-POD		

* End of Report *


Dr K. Mahesh Kumar MD
Consultant Pathologist


Verified By

Dr Rajani Gutta
Chief Biochemist



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Investigation

Result

Normal Ranges

Blood Urea *
 GLDH Method

15 mg/dl

10 - 50 mg/dl

Serum Creatinine *
 Method Enzymatic

1.3 mg/dl

Male : 0.7 - 1.3 mg/dl
 Female : 0.6 - 1.1 mg/dl
 New Born 1 - 4 days : 0.3 - 1.0 mg/dl
 Infant (upto 1year) : 0.2 - 0.4 mg/dl
 Children : 0.3 - 0.7 mg/dl

Serum Uric Acid *
 Method:Uricase POD

8.5 mg/dl

Male : 3.5 - 7.2 mg/dl
 Female : 2.6 - 6.0 mg/dl

*** End of Report ***

Verified By

Dr K Mallesh Kumar MD
 Consultant Pathologist

Dr Rajani Gutta
 Chief Biochemist



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Investigation

Result

Normal Ranges

Liver Function Tests

Total Bilirubin (Method: Walter &Gerarde)	: 0.67 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	: 0.19 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	: 0.48 mg/dl	
Alkaline Phosphatase (Method: GSCC)	: 56 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
SGPT (Method: IFCC)	: 16 IU/L	UP TO 55 IU/L
SGOT (Method: IFCC)	: 13 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	: 6.9 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	: 4.3 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	: 2.6 gm/dl	
A/G Ratio	1.65	
Gamma GT IFCC Method	25 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

*** End of Report ***


Dr K Mahesh Kumar MD
Consultant Pathologist


Verified By

Dr Rajani Gutha
Chief Biochemist



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Investigation

Result

Normal Ranges

% HbA1c (Glycosylated Haemoglobin)
(Method: HPLC-NGSP Certified)

5.0 %

< 6.0 : Pre Diabetic
6-7 : Good Control
7-8 : Weak Control
> 8.0 : Poor Control

Intpretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.


Dr K Mahesh Kumar MD
Consultant Pathologist

* End of Report *


Verified By

Dr Rajani Gutha
Chief Biochemist



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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	: 0.88 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	: 7.0 mg/dL	4.87 - 11.72 mg/dL
Thyroid Stimulating Hormone(TSH)	: 2.12 μ IU/ml	0.35 - 4.90 μ IU/ml

Method: C.L.I.A

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. It is especially useful in the differential diagnosis of 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.

* End of Report *


Dr K Mahesh Kumar MD
Consultant Pathologist


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Dr Rajani Gutha
Chief Biochemist



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Investigation

Result

Complete Urine Examination

Investigation

Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
Apperance : Clear
Reaction : Acidic
Specific Gravity : 1.015

CHEMICAL EXAMINATION

Albumin : Nil
Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 2 - 3 /HPF
Epithelial Cells : 1 - 2 /HPF
RBC : Nil /HPF
Crystals : Nil
Casts : Nil
Bacteria : Nil
Others : Nil

End of report

Dr K Mahesh Kumar, MD
Consultant Pathologist

Verified by

Dr Rajani Gutha
Chief Biochemist