

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. ROY PRAVEEN KUMAR |
| EC NO. | 109462 |
| DESIGNATION | RETAIL LENDING |
| PLACE OF WORK | MUZAFFARPUR,RO MUZAFFARPUR-II |
| BIRTHDATE | 31-01-1989 |
| PROPOSED DATE OF HEALTH CHECKUP | 11-03-2023 |
| BOOKING REFERENCE NO. | 22M109462100046410E |

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 **04-03-2023** 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))

PATHOLOGY REPORT

| | | |
|--------------------------------|-----------------|-----------------------|
| Name:- Mr. Praveen Kumar Roy | Age :-34Y/M | Date :-11/03/2023 |
| Ref. By :- Dr. Bank Of Barauda | (E.C. No109462) | Serial Number :- 0111 |

CBC (Complete Blood Count)

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|-------------------------------------|---------------|------------------------|-------------------------|
| Hb (Haemoglobin) | 14.2 | gm/dl | 12 - 17 |
| Total Leukocyte Count | 5,500 | /Cumm. | 4000 - 11000 |
| RBC Count | 4.46 | Million/Cumm. | 3.8 - 5.8 |
| PCV / Haematocrit | 40.2 | % | 30 - 50 |
| Platelet Count | 1.26 | Lakhs/c.mm | 1.5 - 4.5 |
| MCV | 87.8 | fl | 80 - 100 |
| MCH | 26.5 | pg | 26 - 34 |
| MCHC | 31.8 | gm/dl | 31.5 - 35 |
| Differential Leukocyte Count | | | |
| Neutrophil | 65 | % | 40 - 70 |
| Lymphocyte | 25 | % | 20 - 40 |
| Monocyte | 02 | % | 02 - 10 |
| Eosinophi | 08 | % | 01 - 06 |
| Basophil | 00 | % | < 1 - 2 % |
| ESR | 24 | mm/1 st hr. | 00 - 20 |

end of report

Signature

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KFT (KIDNEY Function Test) – serum

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> | | |
|-------------------------------|---------------|-------------|-------------------------|-----|-------|
| S. Urea | 26.0 | mg/dl | 13 | - | 45 |
| S. Creatinine | 0.92 | mg/dl | Male | 0.7 | - 1.4 |
| | | | Female | 0.6 | - 1.2 |
| S. BUN | 12.14 | mg/dl | 6.0 | - | 21 |
| S. Sodium (Na ⁺) | 139.1 | mmol/ltr | 135 | - | 150 |
| S. Potassium(K ⁺) | 4.59 | mmol/ltr | 3.5 | - | 5.5 |
| S. Chloride(Cl ⁻) | 101.1 | mmol/ltr | 94 | - | 110 |
| S. Calcium | 9.35 | mg/dl | 8.7 | - | 11.0 |
| S. Uric Acid | 6.05 | mg/dl | Male | 3.5 | - 7.2 |
| | | | Female | 2.5 | - 6.2 |

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LFT (Liver Function Test) – serum

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|-------------------------|---------------|-------------|--|
| S. Total Bilirubin | 0.77 | mg/dl | Adults: 0.1 - 1.2 Infants: 1.2 - 12 |
| S. SGPT (ALT) | 28.0 | U/L | 05 - 40 |
| S. SGOT (AST) | 33.0 | U/L | 05 - 40 |
| S. GGT | 35 | U/L | 05 - 45 |
| S. Alkaline Phosphatase | 101.0 | U/L | Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390 |
| S. Total Protein | 7.11 | g/dl | 6.0 - 8.3 |
| S. Albumin | 3.98 | g/dl | 3.2 - 5.0 |
| S. Globulin | 3.13 | g/dl | 2.8 - 4.5 |
| S. A/G Ratio | 1.27 | | |

BLOOD GROUPING

| | | |
|----------------|---|-----------|
| Grouping (ABO) | : | "A" Group |
| Rh Typing | : | Positive. |

end of report

Signature

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Lipid Profile - serum

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|--------------------------|---------------|-------------|---|
| S. Cholesterol | 192.0 | mg/dl | 130 - 200 |
| S. Triglycerides | 110.0 | mg/dl | Fasting: 25 - 160 |
| S. VLDL-Cholesterol | 22.0 | mg/dl | 10 - 40 |
| S. HDL-Cholesterol | 48.0 | mg/dl | Male: 30 - 65 Female: 35 - 80 |
| S. LDL-Cholesterol | 122.0 | mg/dl | 60 - 150 |
| Ratio of Cholesterol/HDL | 4.0 | | Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0 |
| LDL/HDL Ratio | 2.54 | | 1.5 - 3.5 |

BIOCHEMISTRY

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|--|---------------|-------------|-------------------------|
| P. Glucose Fasting | 104.0 | mg/dl | 70 - 110 |
| P. Glucose-Post Prandial (after 1.30hrs meal) | 128.0 | mg/dl | 80 - 160 |

end of report

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Urine Routine And Microscopy

| <u>TEST</u> | <u>RESULTS</u> |
|--------------------------------|--------------------|
| Physical Examination | |
| Volume | 20 ml |
| Colour | Straw |
| Specific Gravity | 1.020 |
| Appearance | Clear |
| pH | 5.0 (Acidic) |
| Chemical Examination | |
| Protein | Nil |
| Sugar | Nil |
| Bile Salts | N/D |
| Bile Pigments | N/D |
| Microscopic Examination | |
| Pus Cells | 1-2 /hpf |
| Red Blood Cells | Nil /hpf |
| Epithelial Cells | Present (+) |
| Crystal/Cast | Nil |
| Other | Nil |
| ***end of report*** | |

Signature

PATHOLOGY REPORT

| | | |
|--------------------------------|----------------|-----------------------|
| Name:- Mr. Anand Vivek | Age :34Y/M | Date :-11/03/2023 |
| Ref. By :- Dr. Bank Of Barauda | E C.No(177046) | Serial Number :- 0112 |

GLYCOSYLATED HEMOGLOBIN

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> |
|-------------|---------------|-------------|
| HbA1c | 4.99 | % |

Mean Blood Glucose level (MBG) – 105.0
mg/dl

Normal Reference Values

| | | |
|--------------|---|--------------|
| Normal | : | < 8.0 % |
| Good Control | : | 8.0 - 9.0 % |
| Fair Control | : | 9.0 - 10.0 % |
| Poor Control | : | > 10.0 % |

Summary :- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

end of report

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| TEST NAME | METHOD | VALUE | UNITS | NORMAL RANGE |
|-----------------------------------|---------|-------|--------|--------------|
| TOTAL TRIIODOTHYRONINE (T3) | C.L.I.A | 118.0 | ng/dL | (60 - 200) |
| TOTAL THYROXINE (T4) | C.L.I.A | 7.10 | µg/dL | (4.5 - 12.0) |
| THYROID STIMULATING HORMONE (TSH) | C.L.I.A | 4.05 | µIU/mL | (0.3 - 5.5) |

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a
end of report

Signature