

## 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. KHARI SUMIT		
EC NO.	198760		
DESIGNATION	SINGLE WINDOW OPERATOR A		
PLACE OF WORK	MAJHOLA		
BIRTHDATE	30-01-1995		
PROPOSED DATE OF HEALTH	30-03-2023		
CHECKUP			
BOOKING REFERENCE NO.	22M198760100053338E		

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 27-03-2023 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



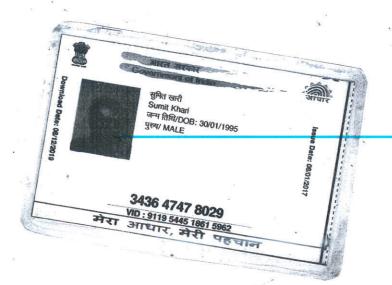
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



# SUGGESTIVE LIST OF MEDICAL TESTS

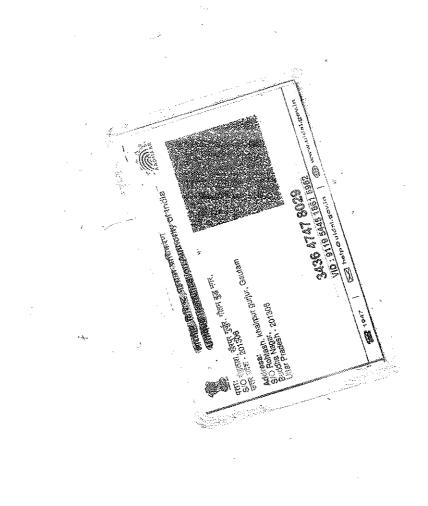
FOR MALE	FOR FEMALE
CBC	CBC
ESR Blood Crown & DU 5	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T. Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years)
-	and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

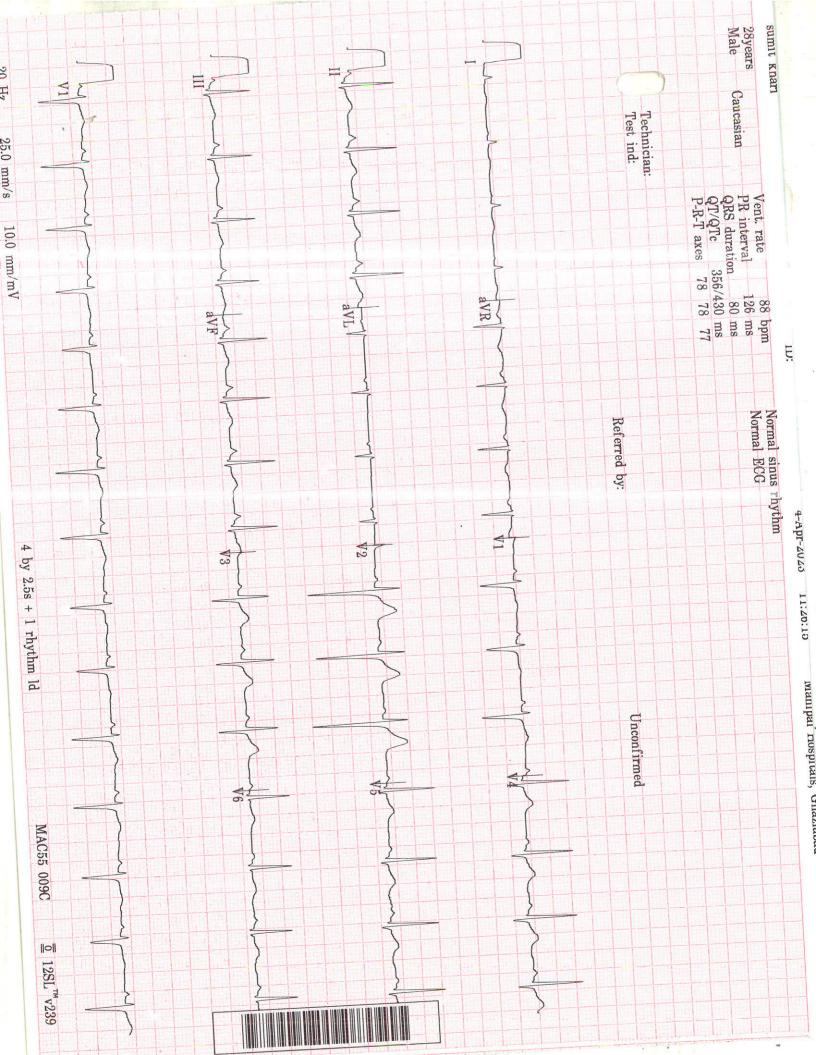




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### TMT INVESTIGATION REPORT

Patient Name: Mr

Sumit KHARI

Location

: Ghaziabad

Age/Sex

: 28Year(s)/male

Visit No

: V000000001-GHZB

MRN No

Order Date

: 04/04/2023

Ref. Doctor : HCP

Report Date

: 04/04/2023

Protocol

: Bruce

MPHR

: 192BPM

**Duration of exercise** 

: 7min 00sec

85% of MPHR

: 163BPM

Reason for termination : THR achieved

Peak HR Achieved : 172BPM

: 89%

Blood Pressure (mmHg) : Baseline BP : 110/77mmHg

% Target HR

Peak BP : 130/82mmHg

: 8.5METS **METS** 

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	91	110/72	Nil	No ST changes seen	Nil
STAGE 1	3:00	123	116/72	Nil	No ST changes seen	Nil
STAGE 2	3:00	155	124/82	Nil	No ST changes seen	Nil
STAGE 3	1:00	172	130/82	Nil	No ST changes seen	Nil
RECOVERY	3:12	119	114/80	Nil	No ST changes seen	Nil

### **COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

### **IMPRESSION:**

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DNB (CARDIOLOGY), MNAMS MD

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

Page 1 of 2

P: 0120-616 5666

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P . 04 00 4026 0200 F into Comparibace itals com



# **RADIOLOGY REPORT**

Name	Sumit KHARI	Modality	US	
Patient ID	MH010892241	Accession No	R5369805	
Gender/Age	M / 28Y 2M 3D	Scan Date	04-04-2023 10:50:35	
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	04-04-2023 11:16:48	

# **USG ABDOMEN & PELVIS**

#### **FINDINGS**

LIVER: Liver is normal in size (measures 128 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained.

Rest normal

Right Kidney: measures 93 x 36 mm. It shows a concretion measuring 3.2 mm at upper calyx. Left Kidney: measures 100 x 47 mm. It shows a concretion measuring 1.8 mm at lower calyx. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal. PROSTATE: Prostate is normal in size, shape and echotexture. It measures 37 x 28 x 25 mm with volume 14 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

Marica!

-Bilateral renal concretions.

Recommend clinical correlation.

Dr. Monica Shekhawat, MBBS, DNB,

Consultant Radiologist, Reg No MCI 11 10887

This document is digitally signed and hence no manual signature is required

Teleradiology services provided by Manipal Hospitals Radiology Group
MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf



# RADIOLOGY REPORT

Name	Sumit KHARI	Modality	DX	
Patient ID	MH010892241	Accession No	R5369804	
Gender/Age	M / 28Y 2M 3D	Scan Date	04-04-2023 09:31:08	
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	04-04-2023 09:54:48	

#### XR- CHEST PA VIEW

### FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

Marica!

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK; Normal.

# **IMPRESSION**

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat, MBBS, DNB,

Consultant Radiologist, Reg No MCI11 10887

This document is digitally signed and hence no manual signature is required

Teleradiology services provided by Manipal Hospitals Radiology Group-MANIPAL HOSPITALS

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NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002



MR SUMIT KHARI

Registration No

MH010892241

Lab No

Patient Episode

32230401231

H18000000411

**Collection Date:** 

04 Apr 2023 13:30

Referred By

HEALTH CHECK MGD

Reporting Date:

04 Apr 2023 14:27

**Receiving Date** 

04 Apr 2023 13:31

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

# THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.05	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.07	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.230	μIU/mL	[0.340-4.250]

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

- \* References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

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-----END OF REPORT-----

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Neelan Lugal



LABORATORY REPORT					
Name	: MR SUMIT KHARI	Age ;	28 Yr(s) Sex :Male		
Registration No	: MH010892241	Lab No :	202304000335		
Patient Episode	: H18000000411	<b>Collection Date:</b>	04 Apr 2023 09:21		
Referred By Receiving Date	: HEALTH CHECK MGD : 04 Apr 2023 09:21	Reporting Date:	04 Apr 2023 17:35		

# HAEMATOLOGY

TEST	RESULT	UNIT BIOLOGI	ICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMAT	red)	SPECIMEN-EDTA Whol	e Blood
RBC COUNT (IMPEDENCE) HEMOGLOBIN Method:cyanide free SLS-color	4.98 15.0	millions/cu mm g/dl	[4.50-5.50] [12.0-16.0]
HEMATOCRIT (CALCULATED) MCV (DERIVED) MCH (CALCULATED) MCHC(CALCULATED) RDW CV% (DERIVED)	43.3 86.9 30.1 <b>34.6</b> #	% fL pg g/dl %	[40.0-50.0] [83.0-101.0] [27.0-32.0] [31.5-34.5] [11.6-14.0]
Platelet count MPV(DERIVED)	202 10.9	x 10³ cells/cumm	[150-400]
WBC COUNT(TC)(IMPEDENCE) DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)	6.33	x 10³ cells/cumm	[4.00-10.00]
Neutrophils Lymphocytes Monocytes Eosinophils Basophils	68.0 25.0 5.0 2.0 0.0	000 000 000 000 000	[40.0-80.0] [17.0-45.0] [2.0-10.0] [2.0-7.0] [0.0-2.0]
ESR	7.0	/1sthour	[0.0-

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Name : MR SUMIT KHARI Age : 28 Yr(s) Sex : Make

Referred By : HEALTH CHECK MGD Reporting Date : 04 Apr 2023 17:25

**Receiving Date** : 04 Apr 2023 09:21

**BIOCHEMISTRY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin) 5.5 % [0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HDAIC in %

Non diabetic adults >= 18years <5.7

Prediabetes (At Risk )5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 111 mg/dl

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 glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour PALE YELLOW (Pale Yellow - Yellow)

Appearance CLEAR

Reaction[pH] 5.0 (4.6-8.0) Specific Gravity 1.005 (1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin Negative (NEGATIVE)

Glucose NIL (NIL)
Ketone Bodies Negative (NEGATIVE)

Urobilinogen Normal (NORMAL)

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LABORATORY REPORT						
Name	: MR SUMIT KHARI	Age ;	28 Yr(s) Sex :Male			
Registration No	: MH010892241	Lab No :	202304000335			
Patient Episode	: H18000000411	Collection Date:	04 Apr 2023 12:50			
Referred By	: HEALTH CHECK MGD	Reporting Date:	04 Apr 2023 17:36			
<b>Receiving Date</b>	: 04 Apr 2023 12:50					

# **CLINICAL PATHOLOGY**

MICROSCOPIC EXAMINATION (Automated/Ma Pus Cells 1-2 /hp RBC NIL Epithelial Cells nil CASTS nil		(0-5/hpf) (0-2/hpf)	
Crystals nil OTHERS nil			
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL	118	mg/dl	[<200] Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	66	mg/dl	High risk:>240 [<150] Borderline high:151-199 High: 200 - 499
HDL- CHOLESTEROL Method: Enzymatic Immunoimhibition	40.0	mg/dl	Very high:>500 [35.0-65.0]
VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	13 65.0	mg/dl mg/dl	[0-35] [<120.0] Near/
Above optimal-100-129	n*		Borderline High:130-159
T.Chol/HDL.Chol ratio(Calculated)	3.0		High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.6		<3 Optimal 3-4 Borderline
			>6 High Risk

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Note:



Name : MR SUMIT KHARI Age : 28 Yr(s) Sex Male

Referred By : HEALTH CHECK MGD Reporting Date : 04 Apr 2023 17:24 Receiving Date : 04 Apr 2023 09:21

**BIOCHEMISTRY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Technical Note

Specimen: Serum			
UREA	21.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			[20.0 10.0]
BUN, BLOOD UREA NITROGEN	10.0	mg/dl	[8.0-20.0]
Method: Calculated			S
CREATININE, SERUM	0.74	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization URIC ACID		¥	
Method:uricase PAP	4.7	mg/dl	[4.0-8.5]
Method: ulicase PAP			
SODIUM, SERUM	138.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.57	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.5	mmol/l	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	105 5	3 / 1 /	
corn (carcurated)	125.5	ml/min/1.73sq.m	[>60.0]

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

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LABORATORY REPORT						
Name	•	MR SUMIT KHARI	Age		28 Yr(s) Sex :Male	
Registration No	: 1	MH010892241	Lab No	:	202304000335	
Patient Episode	: I	H18000000411	Collection Da	ite:	04 Apr 2023 09:21	
Referred By	: I	HEALTH CHECK MGD	Reporting Da	ite:	04 Apr 2023 17:24	
<b>Receiving Date</b>	: (	04 Apr 2023 09:21			production of the second solution and the West State (Med State (M	

BIOCHEMISTRY			
TEST	RESULT	UNIT BIOLOG	ICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.81	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.63	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.40	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.52		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	20.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	16.00 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	59.0	IU/L	[32.0-91.0]
GGT	21.0		[7.0-50.0]

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28 Yr(s) Sex :Mal

Registration No MH010892241 Lab No 202304000335 **Patient Episode** H18000000411 **Collection Date:** 

04 Apr 2023 09:21 Referred By HEALTH CHECK MGD Reporting Date: 04 Apr 2023 17:31

**Receiving Date** 04 Apr 2023 09:21

**BLOOD BANK** 

**TEST** RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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----END OF REPORT----

Dr. Alka Dixit Vats **Consultant Pathologist** 



LIFE'S ON

LABORATORY REPORT

Name : MR SUMIT KHAR

: MH010892241

Lab No

28 Yr(s) Sex :Male 202304000336

Registration No Patient Episode

. 14111010092241

**Collection Date:** 

04 Apr 2023 09:21

: H18000000411

Conection Date

04 Apr 2023 09.21

Referred By

HEALTH CHECK MGD

Reporting Date:

04 Apr 2023 17:25

**Receiving Date** 

04 Apr 2023 09:21

**BIOCHEMISTRY** 

**TEST** 

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

88.0

mg/dl

[70.0-110.0]

Method: Hexokinase

-----END OF REPORT-

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IND OF REPORT---

Dr. Alka Dixit Vats Consultant Pathologist



Name : MR SUMIT KHAR

Lab No

28 Yr(s) Sex :Male

Registration No

: MH010892241

202304000337

**Patient Episode** 

: H18000000411

**Collection Date:** 

04 Apr 2023 12:45

Referred By

: HEALTH CHECK MGD

Reporting Date:

04 Apr 2023 17:21

Receiving Date

: 04 Apr 2023 12:45

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

86.0

mg/dl

[80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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----END OF REPORT-----

Dr. Alka Dixit Vats Consultant Pathologist