



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	HARSHA VARDHAN MAREEDU HARSHA
DATE OF BIRTH	20-02-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	22-10-2022
BOOKING REFERENCE NO.	22D179263100027962S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. BHAVANA CHITTAJALLU
EMPLOYEE EC NO.	179263
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	VIJAYAWADA, BENZ CIRCLE
EMPLOYEE BIRTHDATE	06-03-1992

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 **17-10-2022** 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's spouse 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))



Name : Mr. M HARSHA VARDHAN OP MR 68749  
Visit No. : V200012078  
Age/Gender : 30 Y/Male  
Referred by : Dr DR SOUMYA MEDARAMETLA  
External Visit ID :

Patient No. : P100009618  
Registered On : 22/10/2022 10:27  
Collected On : 22/10/2022 10:27  
Reported On : 22/10/2022 12:06

**Final Report**

Test Name / Method	Results	Units	Reference Range	Sample Type
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**HAEMATOLOGY**

**ERYTHROCYTE SEDIMENTATION  
RATE-ESR**

05 mm/hr 0 - 15

Whole Blood

*Manual-Modified Westergren*

**BLOOD GROUP & RH TYPING**

" B "  
POSITIVE

*method : Slide Agglutination/Reverse And Forward*

**Interpretation Notes :**

\*Suggested Gel card method for confirmation.

NOTE : ABO group should be reconfirmed after 6 months of age in newborn, as the ABO antibodies are weak or absent in sera until 3-6 months of age.

\*\*\* End Of Report \*\*\*

PROCESSED BY : MOGHAL HAJAVALI

Dr.MUSTHAQ AHMED  
M.Sc, PHD

MEERJA RAFI  
M.Sc,M.Phil,DCR

SREE VANI BADDIPUTI  
MBBS, MD.  
Reg.No : 66636



#3-20/14, Main Road, Enikepadu, Vijayawada - 521108.  
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<b>HAEMATOLOGY</b>				
<b>Complete Blood Count</b>				
<b>HAEMOGLOBIN</b> <i>Photometry- SLS Method</i>	14.0	gms/dl	13.0- 18.0	Whole Blood
<b>TOTAL COUNT/WBC</b> <i>Automated -Electrical Impedance/Manual</i>	6260	cells/cumm	4000- 11000	
<b>DIFFERENTIAL COUNT (DC)</b> <i>Automated -Flow Cytometry/Manual</i>				
<b>DIFFERENTIAL COUNT (DC)</b>				
NEUTROPHILS	57	%	40-75	
LYMPHOCYTES	36	%	20-40	
EOSINOPHILS	05	%	0-6	
MONOCYTES	02	%	1-10	
BASOPHILS	00	%	0-1	
<b>RED BLOOD COUNT - RBC</b> <i>method :Electrical Impedance</i>	5.27	million/cumm	4.5- 6	
<b>PACKED CELL VOLUME- PCV</b> <i>method : Calculated</i>	45.5	%	34- 48	
<b>MEAN CORPUSCULAR VOLUME-MCV</b> <i>method : Calculated</i>	86.3	fL	80- 96	
<b>MEAN CORPUSCULAR HAEMGLOBIN- MCH</b> <i>method : Calculated</i>	26.5	pg	27- 32	
<b>MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATIONMCHC</b> <i>method : Calculated</i>	30.7	gm/dl	30- 35	
<b>RDW</b> <i>Automated-Electrical Impedance</i>	12.6	%	11.0 - 16.0	
<b>PLATELET COUNT</b> <i>Automated -Electrical Impedance</i>	2.79	Lakhs/cmm	1.5 - 4.1	

\*\*\* End Of Report \*\*\*

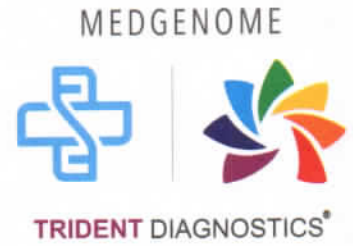
PROCESSED BY : MOGHAL HAJAVALI

**MEERJA RAFI**  
M.Sc,M.Phil,DCR



# ANU Institute of Neuro & Cardiac Sciences

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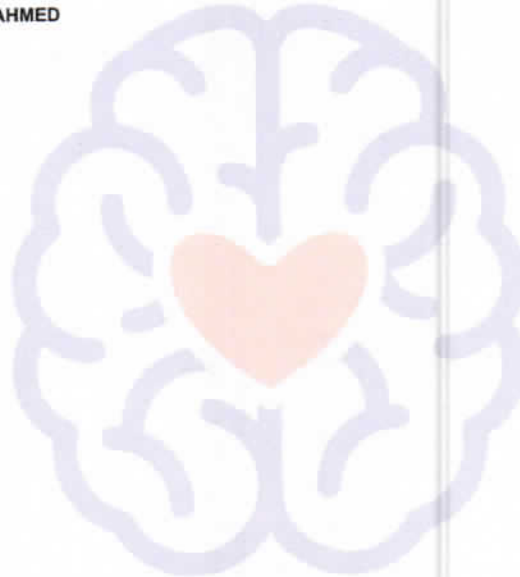


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Test Name / Method	Results	Units	Reference Range	Sample Type
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**CLINICAL BIOCHEMISTRY**

<b>FASTING BLOOD SUGAR</b> <i>method : Hexokinase</i>	90	mg/dl	Normal: 70 - 99 Pre-Diabetic : 100 - 125 Diabetic : >126	FLOURIDE PLASMA
<b>FASTING URINE SUGAR</b> <i>method : Reagent Strip</i>	NIL	%	Nil	URINE
<b>POST PRANDIAL BLOOD SUGAR</b> <i>method : Hexokinase</i>	129	mg/dl	80-140	FLOURIDE PLASMA
<b>POST PRANDIAL URINE SUGAR</b> <i>method : Reagent Strip</i>	NIL	%	Nil	URINE
<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b> <i>*method : Turbidimetric Inhibition Immunoassay</i>				Whole Blood
GLYCOSYLATED HEMOGLOBIN (HbA1c)	5.2	%	<= 5.6 % - Normal 5.7 - 6.4 % -Prediabetes >= 6.5 % - Diabetes	
Estimated Average Glucose(eAG)	102	mg/dl		

**Interpretation Notes :**

- Estimated average Glucose (eAG) is calculated as per Diabetic Control & Complication Trial (DCCT) guidelines.
- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- HbA1c may be falsely low in diabetics with haemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
- Abnormal hemoglobins might affect the RBC or glycation rates. In these cases even analytically correct results do not reflect the same level of glycemic control.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Values have to be correlated with the clinical findings.

**URIC ACID**  
*Method: Uricase-POD*      **8.1**      mg/dl      3.4 - 7.0      **SERUM**

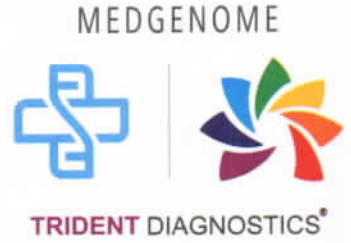
\*\*\* End Of Report \*\*\*

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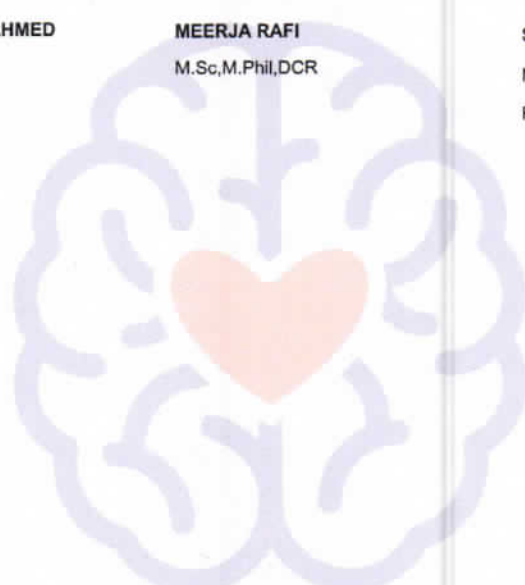
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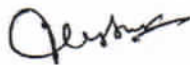
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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Lipid Profile</b>				
<b>CHOLESTEROL TOTAL</b> <i>Method : CHOD-POD</i>	166	mg/dl	200-239: Borderline >240: Elevated <200: Normal	SERUM
<b>TRIGLYCERIDES</b> <i>Method : GPO/POD</i>	114	mg/dl	<150: Normal 151-200: Borderline 201-499: High >500: Very High	
<b>HDL CHOLESTEROL</b> <i>Direct Method</i>	31	mg/dl	>55 NoRisk 35-55 Moderate Risk <35 High Risk	
<b>LDL CHOLESTEROL</b> <i>Direct Method</i>	110	mg/dl	<100: Optimal 101-129: Near/Above Optimal 130-159: Borderline 160-189: High >190: Very High	
<b>VLDL CHOLESTEROL</b> <i>method : Calculated</i>	25	mg/dl	7.0-40.0	
<b>CHOL/HDL RATIO</b> <i>method : Calculated</i>	5.3		0.0-4.5	
<b>LDL/HDL RATIO</b> <i>method : Calculated</i>	3.5		0.0-3.5	

\*\*\* End Of Report \*\*\*

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**CLINICAL BIOCHEMISTRY**

**THYROID PROFILE**

**TRIIODO THYRONINE-T3 TOTAL**

Method : ECLIA

1.01 ng/ml 0.80 - 2.0 SERUM

**THYROXINE -T4 TOTAL**

Method : ECLIA

7.83 ug/dl 5.1 - 14.1

**THYROID STIMULATING HORMONE -  
TSH (Ultra Sensitive)**

Method : ECLIA

0.92 mIU/ml 0.40 - 4.20

\*\*\* End Of Report \*\*\*

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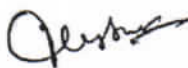
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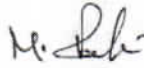
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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Liver Function Test</b>				
<b>TOTAL BILIRUBIN</b> <i>method : Diazonium</i>	0.50	mg/dl	0.0-1.2	SERUM
<b>BILIRUBIN DIRECT</b> <i>method : Diazonium</i>	0.20	mg/dl	0 - 0.3	
<b>BILIRUBIN INDIRECT</b> <i>method : Calculated</i>	0.30	mg/dl	0.0-1.0	
<b>SGOT(AST)</b> <i>Without P5p</i>	21	U/L	Upto 40	
<b>SGPT(ALT)</b> <i>Without P5p</i>	28	U/L	Upto 41	
<b>ALKALINE PHOSPHATASE</b> <i>Method : PNPP</i>	103	IU/L	35 - 140	
<b>GAMMA GT</b> <i>Szasz Method</i>	22	U/L	8 - 61	
<b>TOTAL PROTEIN</b> <i>method : Biuret</i>	7.6	g/dl	6.4 - 8.7	
<b>ALBUMIN</b> <i>Method : BCG</i>	4.0	g/dl	3.5-5.2	
<b>GLOBULIN</b> <i>method : Derived</i>	3.6	gm/dl	2.5-3.8	
<b>A/G RATIO</b> <i>method : Calculated</i>	1.1		1.0-2.1	

\*\*\* End Of Report \*\*\*

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**CLINICAL PATHOLOGY**

**URINE ROUTINE/ANALYSIS**  
*method : Macroscopic Examination*

URINE

**PHYSICAL EXAMINATION**

COLOUR : Pale yellow (Result) / Pale Yellow/Clear (Reference Range)

Method: Macroscopic examination

VOLUME : 22 ml (Result) / - (Reference Range)

Method: Macroscopic examination

APPEARANCE : Clear (Result) / Clear (Reference Range)

Method: Macroscopic examination

SPECIFIC GRAVITY : 1.010 (Result) / 1.005-1.030 (Reference Range)

Method: Reagent Strip Method (Ion exchange)

**CHEMICAL EXAMINATION**

pH Method: Reagent Strip Method (Double Indicator) : 6.5 (Result) / 4.6-8.0 (Reference Range)

PROTEIN Method: Reagent Strip Method (Protein Error of indicator/SSA Test) : Negative (Result) / Negative (Reference Range)

GLUCOSE : Negative (Result) / Negative (Reference Range)

Method: Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)

KETONES Method: Reagent Strip Method (Sodium Nitroprusside Test) : Negative (Result) / Negative (Reference Range)

LEUCOCYTE ESTERASE : Negative (Result) / Negative (Reference Range)

UROBILINOGEN : Negative (Result) / <1.0 mg/dL (Reference Range)

Method: Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)

BILIRUBIN : Negative (Result) / Negative (Reference Range)

Method: Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)

BLOOD Method: Reagent Strip Method (Peroxidase - Like Activity) : Negative (Result) / Negative (Reference Range)

NITRITES : Negative (Result) / Negative (Reference Range)

Method: Reagent Strip Method (Diazonium Method)

**MICROSCOPIC EXAMINATION**

RBCs : Nil (Result) / /HPF (Reference Range) / 0 - 2 (Reference Range)

Method: Microscopic Examination

EPITHELIAL CELLS : 1 - 2 (Result) / /HPF (Reference Range) / 0 - 5 (Reference Range)

Method: Microscopic Examination

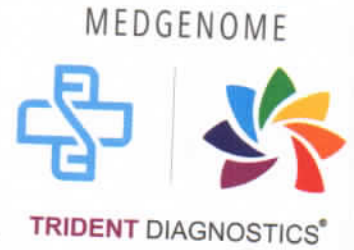
PUS CELLS : 1 - 2 (Result) / /HPF (Reference Range) / 0-3 (Reference Range)

Method: Microscopic Examination



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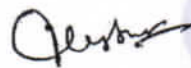
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<b>BACTERIA</b> Method:Microscopic Examination	Not Seen	Not Seen
<b>CRYSTALS</b> Method:Microscopic Examination	Not Seen	Not Seen
<b>CASTS</b> Method:Microscopic Examination	Not Seen	Not Seen
<b>OTHERS</b>		-

\*\*\* End Of Report \*\*\*

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All investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically.  
Lab Managed by Trident Diagnostics - A MedGenome subsidiary



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#### TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor and can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by doctor's advice for your specific care.
- Test requested might not be performed for the following reasons:
  - a) Specimen quality insufficient (Inadequate collections/spillage in transit)
  - b) Specimen quality unacceptable ( haemolysed /clotted/ lipemic etc.)
  - c) Incorrect specimen type.
  - d) Test cancelled either on request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purpose only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a "PRELIMINARY" status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a "FINAL" culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL" status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get it rectified immediately. If the collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (forums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.

Male

30 Years

Rate 64 . Sinus rhythm.....normal P axis, V-rate 50- 99  
Baseline wander in lead(s) V4

PR 155  
QRSD 86  
QT 402  
QTc 415

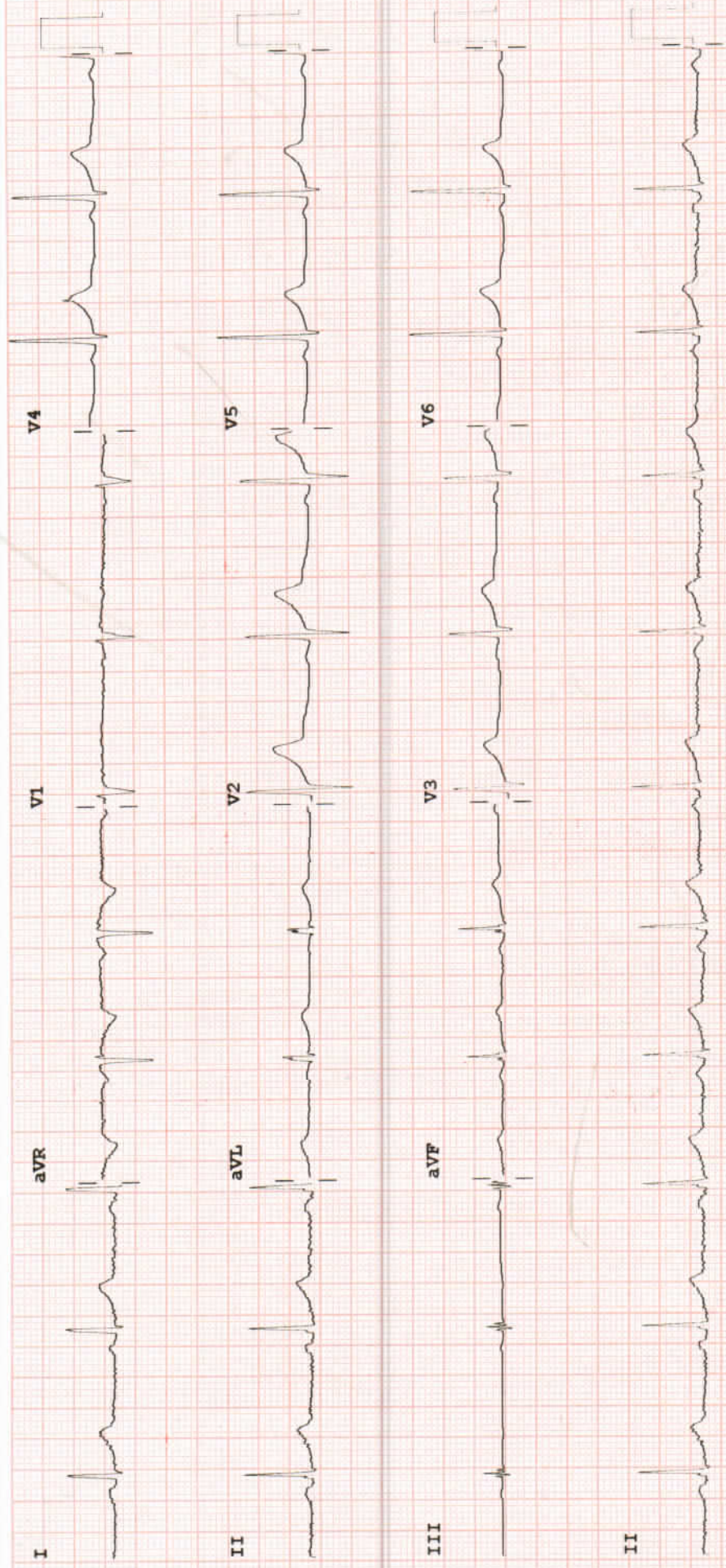
--AXIS--

P 38  
QRS 34  
T 26

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



## 2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient's Name – M.HARSHA VARDHAN , Age/Sex :- 30Y/M Date: 22-10-2022 OP No: 68749

### M-MODE:

LV: 4.5 X 2.9 cms EF : 62 % FS : 31 %  
LA: 2.7 cms  
AO: 2.6 cms  
IVS: 1.2 cms  
PW: 1.0 .cms

### B-MODE:

LV: NO RWMA  
LA: NORMAL  
RA: NORMAL  
RV: NORMAL  
AO: NORMAL  
PA: NORMAL  
IAS: Intact  
IVS: Intact

Mitral Valve : NORMAL  
Aortic Valve : NORMAL  
Tricuspid Valve: ; NORMAL  
Pulmonary Valve: NORMAL

### PERICARDIUM: NO PE

Colour Flow: \_\_\_ MR : TRIVIAL AR: NO TR: TRIVIAL PAH: NO

### DOPPLER:

MV Flow: A<E AV Flow: 1.3 M/s, PV Flow: 1.2M/s, RVSP: 22 mmHg

### IMPRESSION

NO RWMA  
NORMAL LV FUNCTION  
TRIVIAL MR, TRIVIAL TR , NO PAH  
NO VEGETATION/PE

FOR  
Ch-Sonittra

DR. S. Viswanatha Kartik MD, DM,  
Dept. of Cardiology  
Consultant Interventional Cardiologist.

Dr. N. Anil Kumar MD., DM, FESC. FSCAI  
Dept. of Cardiology  
Consultant Interventional Cardiologist.



Name: M. Harsha Vardhan

Age/Sex: 30 yrs/M

Ref. By: Dr. Dr. BHANU PRAVEEN NAIDU MRCP(UK)

Date: 22.10.2022

### ULTRASONOGRAPHY OF ABDOMEN

- LIVER:** 15.9 cm Enlarged in size and Increased echotexture.  
No focal lesions noted. No intra-hepatic biliary dilatation.
- PORTAL VEIN:** Normal in calibre.
- GALLBLADDER:** Distended. Wall thickness is normal.  
No calculi / peri cholecystic fluid collection.
- CBD:** Normal in calibre.
- PANCREAS:** Normal in size and texture.  
No focal lesions / ductal dilatation / calcifications.
- SPLEEN:** 11.0 cm Normal in size and echotexture. No focal lesions.
- RETROPERITONEUM:** Aorta & IVC are normal in calibre.  
No pre/para aortic lymphadenopathy. No obvious mass lesions at adrenal region.
- RIGHT KIDNEY:** 11.1 x 4.3 cm Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.
- LEFT KIDNEY:** 11.4 x 4.2 cm Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.
- URINARY BLADDER:** Distended. Mural thickness is normal. No Calculi.
- PROSTATE** : Normal

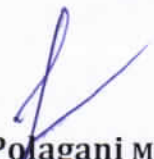
\*No obvious pelvic pathology noted.

\*No free fluid noted in peritoneal cavity.

### CONCLUSION:

- **Hepatomegaly with Grade I Fatty Liver.**

SUGGEST CLINICAL CORRELATION.

  
Dr Pavan Kumar Polagani MBBS,DNB  
Consultant Radiologist

**Dr. PAVAN KUMAR POLAGANI**  
MBBS, DNB  
Regd.No: 70809  
**CONSULTANT RADIOLOGIST**



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Government of India

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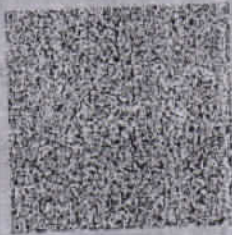
రిజిస్ట్రేషన్ / Enrolment No.: 0623/04242/11400

Download Date: 02/07/2021

To  
మరేడు హర్షా వర్ధన్  
Mareedu Harsha Vardhan  
C/O - Mareedu Visweswara Rao  
25-104, 2nd floor, S-1  
sri chakra apartment  
Yanamalakuduru  
Vijayawada (Rural)  
Yanamalakuduru  
Krishna Andhra Pradesh - 520007  
9700222201

Issue Date: 23/06/2021

Signature Not Verified



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6699 0956 9896  
VID : 9155 4383 5190 0254

నా ఆధార్, నా గుర్తింపు



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Government of India



Download Date: 02/07/2021



మరేడు హర్షా వర్ధన్  
Mareedu Harsha Vardhan  
పుట్టిన తేదీ/DOB: 20/02/1992  
పురుషుడు / MALE

Issue Date: 23/06/2021

6699 0956 9896  
VID : 9155 4383 5190 0254

నా ఆధార్, నా గుర్తింపు



Government of India



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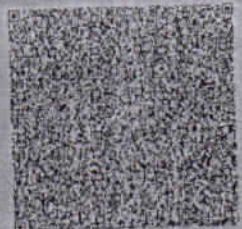


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దిరుసామా:  
202-వరదానూ మరేడు విశ్వేశ్వర రావు, 25-104, 25  
ఫ్లోర్ S-1, శ్రీ చక్ర అపార్ట్ మెంట్, యనమలకుదురు,  
విశాఖపట్టణ రూరల్, కృష్ణా  
అంధ్ర ప్రదేశ్ - 520007

Address:  
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