

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. MURMU HEMANT KUMAR
EC NO.	109177
DESIGNATION	DAFTARY
PLACE OF WORK	CHIRKUNDA
BIRTHDATE	02-10-1987
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M109177100048610E

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 **14-03-2023** 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))





बैंक ऑफ बड़ौदा
Bank of Baroda



नाम : हेमन्त कुमार मुर्मू
Name : HEMANT KUMAR MURMU

कर्मचारी कूट नं. : 109177
E.C. No. : 109177

जारीकर्ता प्राधिकारी, डी.एम.प्र. क्षेत्र
Issuing Authority, DGM Jharkhand Region

धारक के हस्ताक्षर
Signature of Holder



भारत सरकार
GOVERNMENT OF INDIA


हेमंत कुमार मुर्मू
Hemant Kumar Murmu
जन्म वर्ष / Year of Birth : 1987
पुरुष / Male



6646 3580 2236


आधार – आम आदमी का अधिकार



आधार


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता: S/O: बाबुजान मुर्मू, मैरा नवाटांड,
मायानावाटांड, धनबाद, मैरा नवाटांड,
झारखण्ड, 828109

Address: S/O: Babujan Murmu,
maira nawaland, Mayranawatandr,
Dhanbad, Maira Nawatand,
Jharkhand, 828109

 1947
1800 180 1947

 help@uidai.gov.in

 www.uidai.gov.in

 P.O. Box No.1947,
Bengaluru-560 001





असर्फी हॉस्पिटल

सबके लिए स्वास्थ्य

OUT PATIENT DEPARTMENT

Department of General Medicine

Mediwheel

Regd. No. : MAR23-44290
 Patient Name : MR. HEMANT KUMAR MURMU
 Age/Sex : 36 Y 2 M 24 D / Male
 Address : NAWATAND , DHANBAD - 828109 , Jharkhand , INDIA
 Doctor : Dr. Aditya Anurag MD (Medicine)

Visit : OPD/250323/5370
 Mobile : 8409277047
 Date : 25-Mar-2023 3:22 pm
 OPD Timing :
 Referred By :

Allergies :
 Height : Ft In Temp. : C SPO2 : 96 %
 Weight : 73 Kg Pulse : 77 BPM B.P. 120/80 mm/Hg

History and complaints :

Examination:

No chronic illness

Diagnosis:

No complaint at present

CXR-PA - WNL
ECG - WNL

Investigations:

S. creat - 0.7
 FB5-104.
 HbA1c - 5.2...
 RE. urea - 11.4
 UACR - 0.15
 ESR - 15
 Hb - 14.4
 TC - 5.000
 PLT - 1,51,000
 TSH - 1.94
 UGG-W/A - ~~not~~ Grade I Fatty liver
 ECTG - WNL

Medicines Prescribed:

Adv
- Maintain healthy lifestyle.

Follow up:

Days

Date :

Time :

Advice (Diet/ Lifestyle / Rehab)

Signature of Doctor

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



25-Mar-23 12:39:38

MEDICA DHANBAD

MR. HEMANT KUMAR MURMU

Male

36 Years



Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 147
QRS 75
QT 375
QTc 416

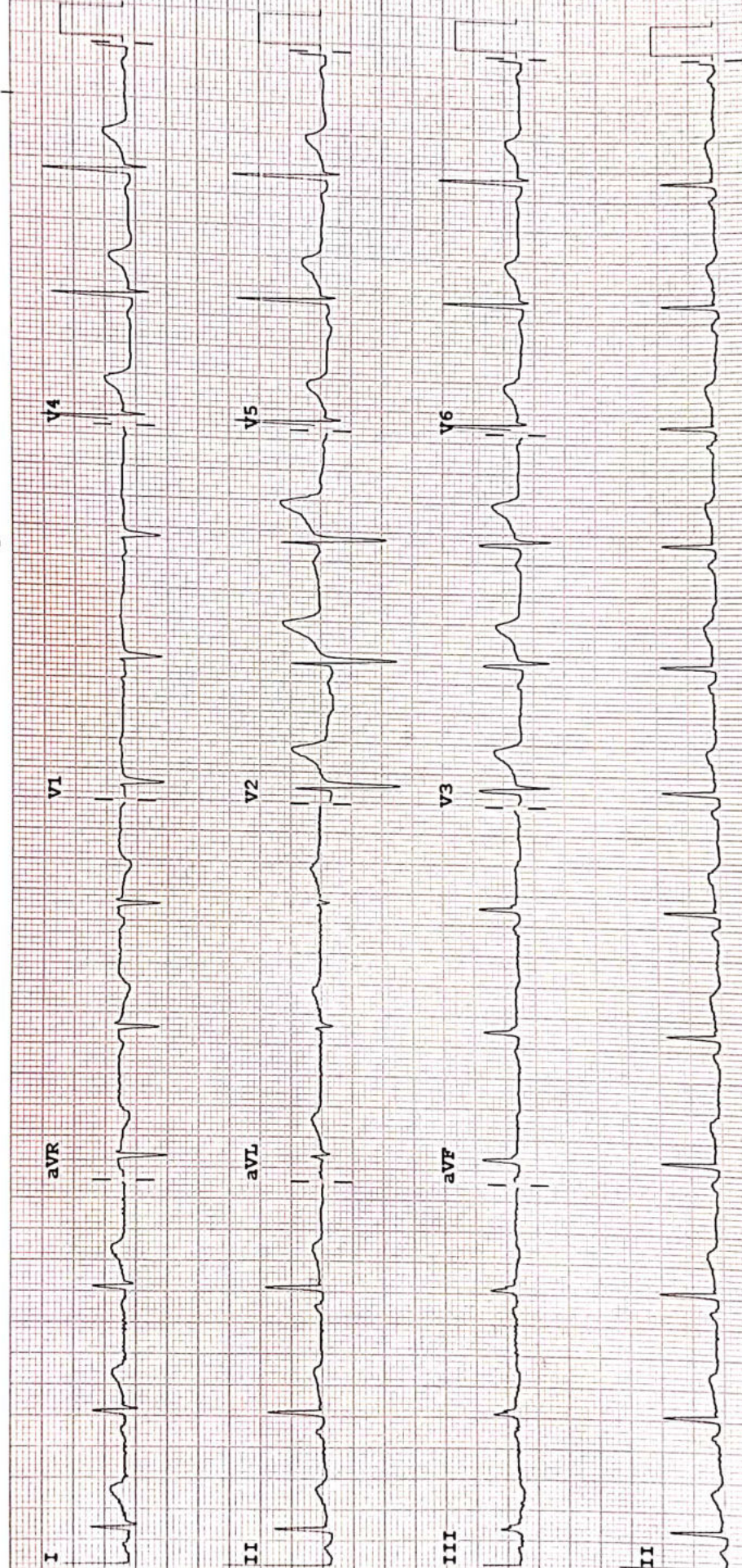
--AXIS--

P 48
QRS 64
T 16

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

PH100B CL

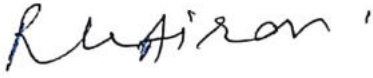
P?

RADIOLOGY REPORT

Patient Information			
Patient Name	MR HEMANT KUMAR MURMU	Patient ID	44290
Age Gender	36 YRS /MALE	Scan Date	MAR 25 2023
Referring Doctor	SELF	Report Date	MAR 25 2023

CHEST X-RAY

Trachea and mediastinum central.
Both hilar shadows prominent.
Both diaphragm are of equal height and normal in shape and position.
Both lungs field show nor bronchovascular markings.
Both Cp angles clear.
Heart Shadow slightly prominent.
Impression. Mild Cardiomegaly
Advised ECG



Dr. R. K. Airon
MD Radiodiagnosis (HN-008701/77)
Consultant Radiologist

MR HEMANT KUMAR MURMU 36Y DR SELF | 1



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ECHOCARDIOGRAPHY REPORT

Name: **MR HEMANT KUMAR MURMU**

Age: **36**

Sex: **Male**

Date: **25/03/2023**

2D & M-MODE MEASUREMENTS

LA Diam	3.0 cm
Ao Diam	3.4 cm
IVSd	1.2 cm
LVIDd	4.6 cm
LVPWd	0.8 cm
IVSs	1.6 cm
LVIDs	2.8 cm

2D & M-MODE CALCULATIONS

EDV(Teich)	97 ml
ESV(Teich)	29 ml
EF(Teich)	70 %
%FS	40 %
SV(Teich)	68 ml
LVd Mass	183.35 g
RWT	0.33

MITRAL VALVE

MV E Vel	0.77 m/s
MV DecT	155 ms
MV Dec Slope	5.0 m/s ²
MV A Vel	0.82 m/s
MV E/A Ratio	0.94

AORTIC VALVE

AV Vmax	1.11 m/s
AV maxPG	4.94 mmHg

TRICUSPID VALVE

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.	44290	Ref. Dr.	SELF
Name	MR. HEMANT KR MURMU	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 8.7cm in size.
- KIDNEYS** : The right kidney measures 9.9 x 4.2cm. The left kidney measures 10.6 x 4.9cm. 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. It measures 3.5 x 2.6 x 2.8cm in size (volume – 14gram).
- 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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Name : MR. HEMANT KUMAR MURMU
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44290
Pat. Type : General



Collection Time : 25-03-2023 12:19 pm
Receiving Time : 25-03-2023 12:20 pm
Reporting Time : 25-03-2023 2:59 pm
Publish Time : 25-03-2023 3:08 pm

Test Name	Result	Flag	Unit	Reference Range
Biochemistry				
Creatinine, Serum				
<i>Method</i> : Enzymatic				
<i>Machine Name</i> : XL640				
Creatinine, Serum	0.7		mg/dl	0.6-1.4
Uric Acid, Serum				
<i>Method</i> : Enzymatic				
<i>Machine Name</i> : XL640				
Uric Acid, Serum	6.8		mg/dl	3.4-7.0
Blood Urea Nitrogen (BUN)				
<i>Method</i> : Calculated				
<i>Machine Name</i> : XL640				
Blood Urea Nitrogen (BUN)	5.1	L	mg/dl	07-21
Fasting Blood Glucose, Plasma				
<i>Method</i> : GOD-POD				
<i>Machine Name</i> : XL640				
Fasting Blood Glucose, Plasma	104.2		mg/dl	70-110
LIPID PROFILE, SERUM				
<i>Method</i> : Spectrophotometry				
<i>Machine Name</i> : XL640				
Cholesterol, Total (CHOD/PAP)	169.0		mg/dl	0-200
Triglycerides (Enzymatic)	130.0		mg/dl	0-150
HDL Cholesterol (Enzymatic)	50.0		mg/dl	0-50
LDL Cholesterol (Calculated)	93.0		mg/dl	0-100
VLDL Cholesterol (Calculated)	26.0		mg/dl	0-30
GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD				
<i>Method</i> : HPLC / Nephelometry				
<i>Machine Name</i> : BIO-RAD, D-10 / MISPA				
HbA1C	5.2		%	4.4-6.2
Estimated average glucose (eAG)	102		mg/dl	

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DR N N SINGH
(PATHOLOGIST)

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Condition of Laboratory Testing & Reporting

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सबके लिए स्वास्थ्य

ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

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



Name : MR. HEMANT KUMAR MURMU
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44290
Pat. Type : General



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Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT)				
Method: Spectrophotometry			Machine Name:	XL-640
Bilirubin Total (Diazo)	0.5		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.3		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	49.7		U/L	7-50
SGOT (IFCC without PDP)	33.9		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	230.0		U/L	70-306
GGT (Enzymatic)	67.7	H	U/L	0-55
Protein Total (Biuret)	7.1		g/dl	6.4-8.3
Albumin (BCG)	4.4		g/dl	3.5-5.2
Globulin (Calculated)	2.7		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.6			0.8-2.0

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Name : MR. HEMANT KUMAR MURMU
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44290
Pat. Type : General

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
Routine Urine Examination; Urine				
<i>Method: Microscopic</i>				
Appearance	CLEAR	.		
Colour	STRAW	.		
Volume	30		ml.	
Protiens	NIL	.		
Glucose	NIL	.		
PH	6.5	.		
Specific Gravity	1.020	.		
Bilirubin	NEGATIVE	.		
Ketone Bodies	XX	.		
Bile Salts	XX	.		
Bile Pigments	XX	.		
Nitrite	NEGATIVE	.		
Pus Cells	2-3		/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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Test Name	Result	Flag	Unit	Reference Range
Protein:Creatinine Ratio; Urine				
<i>Method: Immunoturbidimetry, Spectrophotometry</i>				
Protein	15.0		mg/L	
Creatinine	100.0		mg/dl	
PCR	0.15		mg/g	0-0.5

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Collection Time : 25-03-2023 12:19 pm
Receiving Time : 25-03-2023 12:20 pm
Reporting Time : 25-03-2023 3:17 pm
Publish Time : 25-03-2023 3:19 pm

Test Name	Result	Flag	Unit	Reference Range
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Haematology

BLOOD GROUP, ABO & RH TYPING

Method : Agglutination

ABO GROUP	O	.	.	0-0
RH TYPING	POSITIVE	.	.	0-0

ESR (Erythrocyte Sedimentaion Rate)

Method : Westergren

Machine Name: VES-MATIC 20

ESR	15	H	mm/hr	0-10
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(PATHOLOGIST)

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Test Name	Result	Flag	Unit	Reference Range
Complete Blood Count (CBC)				
<i>Method</i> : Electronical Impedence			<i>Machine Name</i> : Sysmex 6 part	
Hemoglobin	14.4		g/dl	13-18
Total Leukocyte Count (TLC)	5,000		/cu-mm	4000-11000
PCV	41.9		%	40-50
MCH	30.7		Pg	27-31
MCHC	34.3		g/dl	31.5-35.5
Red Cell Distribution Width (RDW)	14.2	H	%	11.6-14
Neutrophils	60		%	55-75
Lymphocytes	36	H	%	15-30
Eosinophils	04		%	1-6
Monocytes	00	L	%	2-10
Basophils	00		%	0-1
RBC Count	4.68		million/mm ³	4.5-5.5
Mean Corpuscular Volume (MCV)	89.6		fL	83-101
Platelet Count	1.51		lakhs/cumm	1.5-4.5

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(PATHOLOGIST)

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Condition of Laboratory Testing & Reporting

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ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

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



Name : MR. HEMANT KUMAR MURMU
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44290
Pat. Type : General



Collection Time: 25-03-2023 12:19 pm
Receiving Time: 25-03-2023 12:20 pm
Reporting Time: 25-03-2023 2:59 pm
Publish Time: 25-03-2023 3:08 pm

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	1.25		ng/ml	0.8-2.0
T4, Total	6.83		µg/dL	5.10-14.10
TSH (Ultrasensitive)	1.94		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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24 HOUR EMERGENCY

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असर्फी हॉस्पिटल
सबके लिए स्वास्थ्य

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



Name : MR. HEMANT KUMAR MURMU
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44290
Pat. Type : General

Collection Time: 25-03-2023 12:19 pm
Receiving Time: 25-03-2023 12:20 pm
Reporting Time: 26-03-2023 5:09 pm
Publish Time: 26-03-2023 5:15 pm

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

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24 HOUR EMERGENCY

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Collection Time: 25-03-2023 12:19 pm
Receiving Time: 25-03-2023 12:20 pm
Reporting Time: 27-03-2023 10:58 am
Publish Time: 27-03-2023 11:47 am

Name : MR. HEMANT KUMAR MURMU
Age / Sex : 36 Yrs / Male
Doctor :
Reg. No. : MAR23-44290
Pat. Type : General

Test Name	Result	Flag	Unit	Reference Range
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Microbiology

Culture & Sensitivity (Urine)

Method: vitek 2 compact

Machine Name: vitek 2 compact

Organism Isolated: NO GROWTH OF ANY ORGANISM

Note:

In view of developing antibiotics resistance in india. It is advisalbe to use anitbiotics belonging to Group B & C only if the patient is resistant to antibiotics.

* Insturment used Bact/Alert 3D 60 & vitek 2 compact.

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