

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 RAJEEV
EC NO.	74734
DESIGNATION	JOINT MANAGER
PLACE OF WORK	SHAHJAHANPUR,LAL IMLI CHAURAHA
BIRTHDATE	01-07-1971
PROPOSED DATE OF HEALTH CHECKUP	14-01-2023
BOOKING REFERENCE NO.	22M74734100036630E

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 **12-01-2023** 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))

HH008825737

SGT RAJEEV KUMAR



DOB : 01 Jul 1971

DOM : 12 Aug 2021

RD

DL2 0000 0679 6672

AIR FORCE

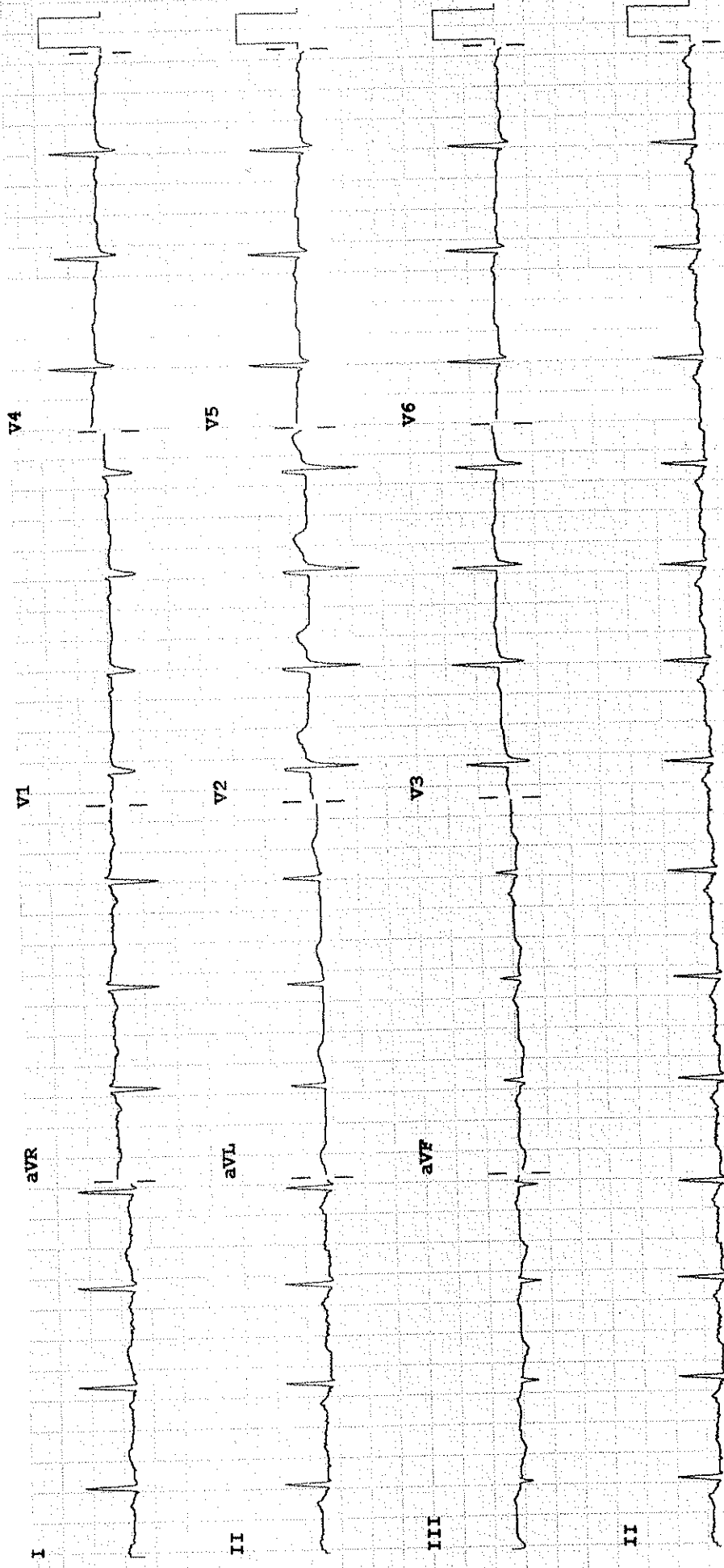
O+ve

GENERAL



- ABNORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

RADIOLOGY REPORT

Name	RAJEEV KUMAR	Modality	DX
Patient ID	MH008825737	Accession No	R5037153
Gender/Age	M / 51Y 6M 15D	Scan Date	14-01-2023 10:09:37
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	14-01-2023 10:55:05

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
 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: Anterior end of right fifth rib is bifid. Rest normal.
 VISUALIZED SOFT TISSUES: Normal.
 DIAPHRAGM: Normal.
 VISUALIZED ABDOMEN: Normal.
 VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields
Bifid anterior end of right fifth rib.
 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

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RADIOLOGY REPORT

Name	RAJEEV KUMAR	Modality	US
Patient ID	MH008825737	Accession No	R5037154
Gender/Age	M / 51Y 6M 15D	Scan Date	14-01-2023 11:41:44
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	14-01-2023 11:56:36

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 140 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 79 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.7 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 96 x 55 mm. A cortical cyst with cyst wall calcification measuring 16 x 14 mm is seen at mid pole. Another simple anechoic cortical cyst measuring 40 x 39mm is seen at upper pole.

Left Kidney: measures 89 x 59 mm.

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 31 x 24 mm with volume 14 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhath Prakash Gupta,
MBBS, DNB, MNAMS, FRCR(I)
Consultant Radiologist, Reg no DMC/R/14242

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LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 32230105095
Patient Episode	: H18000000147	Collection Date	: 14 Jan 2023 20:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Jan 2023 21:56
Receiving Date	: 14 Jan 2023 21:05		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.493	ng/mL	[<3.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ECLIA)	1.53	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.38	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.400	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

LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 51 Yr(s) Sex : Male
Registration No	: MH008825737	Lab No	: 202301001467
Patient Episode	: H18000000147	Collection Date	: 14 Jan 2023 09:52
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Jan 2023 12:35
Receiving Date	: 14 Jan 2023 10:46		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.93	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	13.0	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.9	%	[40.0-50.0]
MCV (DERIVED)	85.0	fL	[83.0-101.0]
MCH (CALCULATED)	26.4 #	pg	[27.0-32.0]
MCHC (CALCULATED)	31.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.8 #	%	[11.6-14.0]
Platelet count	296	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	11.1		
WBC COUNT (TC) (IMPEDENCE)	10.13 #	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	50.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	45.0 #	/1sthour	[0.0-

LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 51 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202301001467
Patient Episode	: H18000000147	Collection Date	: 14 Jan 2023 09:52
Referred By	: HEALTH CHECK MGD	Reporting Date	: 14 Jan 2023 17:12
Receiving Date	: 14 Jan 2023 10:46		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	6.1 #	%	[0.0-5.6]
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Method: HPLC

As per American Diabetes Association(ADA)
HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk)5.7-6.4
Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)	128	mg/dl
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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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	265 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	162 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	59.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	32	mg/dl	[0-35]
CHOLESTEROL, LDL, DIRECT	174.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

LABORATORY REPORT

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Receiving Date	: 14 Jan 2023 10:46		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum			
UREA	31.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	14.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.89	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.7	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	140.9	mmol/L	[136.0-144.0]
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POTASSIUM, SERUM	4.32	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	107.2	mmol/l	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	99.0	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.54	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.43 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.32	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.40		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	27.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	26.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	100.0 #	IU/L	[32.0-91.0]

LABORATORY REPORT

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	22.0		[7.0-50.0]

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

Blood Group & Rh typing O 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. Charu Agarwal
 Consultant Pathologist