

#### 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. SINGH SARJIT
EC NO.	58122
DESIGNATION	BRANCH HEAD
PLACE OF WORK	GHAZIABAD,INDIRAPURAM
BIRTHDATE	01-05-1965
PROPOSED DATE OF HEALTH	25-06-2022
CHECKUP	
BOOKING REFERENCE NO.	22J58122100020334E

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 15-06-2022 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 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.

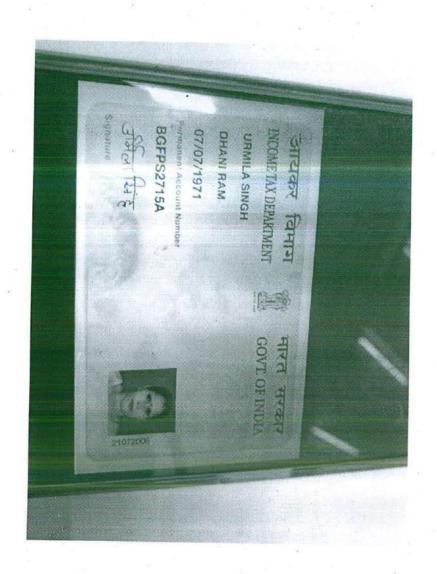
We solicit your co-operation in this regard.

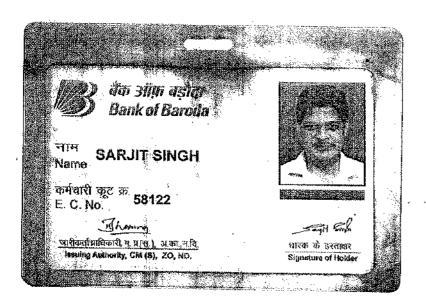
Yours faithfully,

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 (Arcolemi Healthcare Limited))





A. Car



Name	URMILA SINGH	Age	50y 11m 19d	Gender	FEMALE	
MRN	GHZB-0000175083	Visit No	V000000001-GHZB			
Lab No	G000320808	Collected On	25/06/2022 10:04AM	Received On	25/06/2022 10:08AM	
Referred By	Deepak Verma	Reported On	25/06/2022 2:58PM			

**Test Name** 

Result

Criticality Factor

Biological Reference Interval

**Test Method** 

GLUCOSE, FASTING (F) (Serum Fasting)

94 mg/dl

70 - 110 mg/dl

····· END OF REPORT ······

Processed by :- SHAHID SAIFI

DR ALKA DIXIT VATS CONSULANT PATHOLOGIST **PATHOLOGIST** 

mc7-39093

Report Printed On: 27/6/2022

8:49AM

Page 1 of 1



Name	URMILA SINGH Age		50y 11m 19d	Gender	FEMALE
MRN	GHZB-0000175083	Visit No	V0000000001-GHZB		K.
Lab No	G000320840	Collected On	25/06/2022 12:17PM	Received On	25/06/2022 12:18PM
Referred By	Deepak Verma	Reported On	25/06/2022 3:02PM		

Criticality

Biological

**Test Name** 

Result

**Factor** 

Reference Interval

**URINE EXAMINATION, ROUTINE (Urine)** 

PHYSICAL EXAMINATION

Colour PALE YELLOW

CLEAR Appearance 5.0

pHSpecific gravity 1.005

**CHEMICAL EXAMINATION** 

Nil Glucose

Protein Absent Ketone bodies Absent

Urobilinogen Absent

MICROSCOPIC EXAMINATION

2-3 /HPF Leukocytes

Erythrocytes NIL

**Epithelial Cells** 2-4 /HPF Casts NIL

Crystals NIL Others NIL

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

Processed by :- KAPIL GAUR

mcI-39093 DR ALKA DIXIT VATS CONSULANT PATHOLOGIST **PATHOLOGIST** 

Report Printed On: 27/6/2022

8:49AM

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Name	URMILA SINGH	Age	50y 11m 19d	Gender	FEMALE
MRN	GHZB-0000175083	Visit No -	V0000000001-GHZB		
Lab No	G000320809	Collected On	25/06/2022 10:05AM	Received On	25/06/2022 10:08AM
Referred By	Deepak Verma	Reported On	25/06/2022 4:01PM		

**Test Name** 

Result

Criticality Factor Biological

Reference Interval

BLOOD GROUP (A, B, O) AND RH FACTOR WITH REVERSE GROUPING (Whole Blood)

**BLOOD GROUPING** 

"O"

RH TYPING

**POSITIVE** 

ESR (WESTERGREN), AUTOMATED ERYTHROCYTE

43 mm/1st hour

0 - 20 mm/Hr

SEDIMENTATION RATE

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*\*

Processed by :- KAPIL GAUR

Report Printed On: 27/6/2022

DR ALKA DIXIT VATS
CONSULANT PATHOLOGIST
PATHOLOGIST

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8:49AM



Name	URMILA SINGH	Age	50y 11m 19d	Gender	FEMALE
MRN	GHZB-0000175083	Visit No	V0000000001-GHZB	8	
Lab No	G000320809	Collected On	25/06/2022 10:05AM	Received On	25/06/2022 10:08AM
Referred By	Deepak Verma	Reported On	25/06/2022 11:28AM		

Test Name	Result	Criticality Factor	Biological Reference Interval
HEMOGLOBIN, HB	12.6 g/dl		12 - 16 gm/ dl
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION, MCHC	33.2 g/dl		33 - 36%
MEAN CORPUSCULAR HAEMOGLOBIN, MCH	26.0 pg		26 -34 pg
MEAN CORPUSCULAR VOLUME, MCV	78.3 fl		77 - 97 fl
PLATELET COUNT	160 x10 <sup>3</sup> cells/ Cumm		150x10^3 - 400x10^3 cells/cumm
RED BLOOD CELLS, RBC COUNT	4.84 million/cu mm		3.8 - 5.3 millions /cumm
RED CELL DISTRIBUTION WIDTH, RDW	14.9 %		11.5 - 14.5 %
LEUCOCYTE COUNT, TOTAL (TLC), AUTOMATED	6.16 x10 <sup>3</sup> cells/ Cumm		4x10^3 - 11x10^3 cells/cumm
HEMATOCRIT (HCT)	37.9 %		34 -45%
BASOPHILS	00 %		
EOSINOPHILS	05 %		2 -7 %
LYMPHOCYTES	32 %		17 - 45 %
MONOCYTES	04 %		4 -13%
NEUTROPHILS	59 %		40 - 80%
ENI	O OF REPORT ······		n. 1114

Processed by :- SHAHID SAIFI

DR CHARU AGARWAL CONSULTANT PATHOLOGIST Pathologist

Report Printed On: 27/6/2022

8:49AM

Page 2 of 4



	LIDAMI A CINCH	Age	50y 11m 19d	Gender	FEMALE
Varrie	URMILA SINGH	Visit No	V0000000001-GHZB		
MRN	GHZB-0000175083	The state of the s		Received On	25/06/2022 10:08AM
Lab No	G000320809		1 25/00/2022 10:00	-	
	The state of the s		n 25/06/2022 11:52AM		

K	Test Name IDNEY FUNCTION TESTS (Seri	Result um)	Criticality Factor	Biological Reference Interval	Test Method
)"	UREA	24.5 mg/dl		15 - 40 mg/dl	*
	CREATININE, SERUM	0.64 mg/dl		0.7 - 1.2 mg/dl	
	URIC ACID	4.4 mg/dl		4 - 8.5 mg/dl	
	SODIUM, SERUM	138.6 mmol/L		136 - 144 mmol/ L	
	POTASSIUM, SERUM	4.49 mmol/L		3.6 - 5.1 mmol/L	
	CHLORIDE, SERUM	103.5 mmol/L		101 - 111 mmol/L	
	LIPID PROFILE (Serum)				
	CHOLESTEROL, TOTAL	170 mg/dl		Upto 200 mg/dl	
	TRIGLYCERIDES, SERUM	84 mg/dl		Upto 150 mg/dl	
1	CHOLESTEROL, HDL, DIRECT	58 mg/dl		35 - 65 mg/dl	
	CHOLESTEROL, LDL, DIRECT	95 mg/dl	*	0 -120 mg/dl	
	Cholesterol, VLDL	17 mg/dl		0 - 35 mg/dl	
	LIVER FUNCTION TESTS (Se	rum)			
	BILIRUBIN, TOTAL	0.63 mg/dl		0.3 -1.2 mg/dl	
	BILIRUBIN, DIRECT	0.14 mg/dl		0 - 0.3 mg/dl	Page 3 of 4
	Report Printed On: 27/6/20	22 8:49AM			3-

# MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 www.manipalhospitals.com



Name	URMILA SINGH	Age	50y 11m 19d	Gender	FEMALE
MRN	GHZB-0000175083	Visit No	V0000000001-GHZB	14	
Lab No	G000320809	Collected On	25/06/2022 10:05AM	Received On	25/06/2022 10:08AM
Referred By	Deepak Verma	Reported On	25/06/2022 11:52AM		

Test Name	Result	Criticality Factor	Biological Reference Interval	Test Method
Indirect Bilirubin	0.49		0.1 - 0.3 mg/dl	
TOTAL PROTEIN, SERUM	7.0 g/dl		6.6 - 8.7 g/dl	
ALBUMIN, SERUM	4.57 g/dl			
A/G RATIO (ALBUMIN / GLOBULIN RATIO)	1.88		1:1 - 2.5:1	
GLOBULIN, SERUM	2.4			
SGPT	29 IU/L		14 - 54 IU/L	
SGOT	25 IU/L		0 - 40 IU/L	
GGTP, GGT, GAMMA GT, GAMMA GLUTAMYL TRANSPEPTIDASE	20 IU/L		7 -50 U/L	
ALKALINE PHOSPHATASE, ALP	88 IU/L	May 1	32 -91 IU/L	
	,,,,,,,	···· END OF RI	EPORT	Registration No: 42422

Processed by :- SHAHID SAIFI --

DR CHARU AGARWAL CONSULTANT PATHOLOGIST Pathologist

Report Printed On: 27/6/2022

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Name	JRMILA SINGH Age		JRMILA SINGH Age 50y 11		50y 11m 19d	Gender	FEMALE	
MRN	GHZB-0000175083	Visit No	V0000000001-GHZB					
Lab No	G000320875	Collected On	25/06/2022 2:40PM	Received On	25/06/2022 2:43PM			
Referred By	Deepak Verma	Reported On	25/06/2022 6:00PM					

**Test Name** 

Result

Criticality Factor

Biological Reference Interval

**Test Method** 

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (Serum Post Prandial)

99 mg/dl

80 -140 mg/dl

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

mcI-39093

**DR ALKA DIXIT VATS**CONSULANT PATHOLOGIST
PATHOLOGIST

Processed by :- KAPIL GAUR

Report Printed On:

27/6/2022

8:49AM

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# **Human Care Medical Charitable Trust**

Registered Office: Sector-6, Dwarka, New Delhi- 110075



Name

# **ManipalHospitals**







Registration No : MH010204820 Lab No 32220608951

Patient Episode : R03000039303 Collection Date: 25 Jun 2022 14:10

Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date: 25 Jun 2022 15:19

Receiving Date : 25 Jun 2022 14:20

#### BIOCHEMISTRY

THYROID PROFILE, Serum

			Non Pregnant Adult
T3 - Triiodothyronine (ECLIA)	1.39	ng/ml	[0.70-2.04]
"4 - Thyroxine (ECLIA)	8.96	micg/dl	[4.60-12.00]
hyroid Stimulating Hormone (ECLIA)	3.330	μIU/mL	[0.340-4.250]

Pregnancy TSH:1st Trimester:0.6 - 3.4 Pregnancy TSH:2nd Trimester:0.37 - 3.6 micIU/mL Pregnancy TSH:3rd Trimester:0.38 - 4.04 micIU/mL

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

\* 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

Page 1 of 1

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

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Needan Sugar

Human Care Medical Charitable Trust

Adjoining MINL Building, Main Roach Sector 6, Dwarka, New Deib 110075.

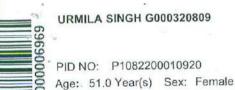
Phone: +91 1 4967 4967 | www.mailpalhospitals.com | www.ncmct.in
NABH Accredited Hospital | NABL Accredited Hospital | Awarded Emergency Excellence Services H-2019-0640/09/06/2019-08/06/2022 MC/3228/04/09/2019-03/09/2021 E-2019-0026/27/07/2019-26/07/2021

Awarded Nursing Excellence Services N-2019-0113/27/07/2019-26/07/2021 IND18.6278/05/12/2018- 04/12/2019



Awarded Clean & Green Hospital

Website: www.hcmct.in, delhi.manipalhospitals.com | Email: mailus@manipalhospitals.com | Phone: 011-49674967





Reference: Dr.DEEPAK VERMA

Sample Collected At: Manipal Hospital NH-24, HAPUR ROAD, OPP. BAHMETA, GHAZIABAD 201002 201002

VID: 220108000006969

Registered On: 25/06/2022 12:10 PM Collected On:

25/06/2022 03:24 PM

25/06/2022 12:10PM Reported On:

HbA1c Glycated Haemoglobin

(EDTA Whole Blood)

**Observed Value** Investigation

Unit

%

**Biological Reference Interval** 

HbA1C- Glycated Haemoglobin

Non-diabetic: <= 5.6

Pre-diabetic: 5,7-6.4 Diabetic: >= 6.5

Estimated Average Glucose (eAG) \$

108.28

5.4

mg/dL

#### Interpretation & Remark:

(HPLC)

HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.

Trends in HbA1c are a better indicator of diabetic control than a solitary test. 3.

4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation

To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7\*A1c-46.7

Interference of Haemoglobinopathies in HbA1c estimation.

A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status

C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

-- End of Report --

Page 1 of 1

Dr. Mohit Jain MD Pathology









#### RADIOLOGY REPORT

Name - URMILA SINGH		Modality	US	
Patient ID	GHZB-0000175083	Accession No	1110486	
Gender/Age	F / 50Y TIM 18D	Scan Date	25-06-2022 10:48:44	
Ref. Phys Dr. Deepak Verma		Report Date 25-06-2022 11:		

# USG A BOOMEN & PELVIS

FINDINGS

LIVER: appears mildly enlarged in size (measures 151 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 84 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.6 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.

NUSCHOITIBI.

Right Kidney: measures 84 x 30 mm. It shows two concretions measuring 3.2 mm and 4.4 mm at lower and mid calyx respectively.

Left Kidney: measures 87 x 38 mm. It shows a concretion measuring 4.5 mm at upper 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.

UTERUS: Uterus is anteverted, normal in size (measures 82 x 46 x 44 mm), shape and echotexture.

Endometrial thickness measures 3.6 mm. Cervix appears normal.

OVARIES: Both ovaries are not seen probably atrophied. Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

#### IMPRESSION

-Mild hepatomegaly with diffuse grade I fatty infiltration in liver.

-Bilateral renal concretions.

Recommend clinical correlation.



# RADIOLOGY REPORT

Name	URMILA SINGH	Modality	US	
Patient ID	GHZB-0000175083	Accession No	1110486	
Gender/Age	F / 50Y 11M 18D	Scan Date	25-06-2022 10:48:44	
Ref. Phys Dr. Deepak Verma		Report Date 25-06-2022 11:0		

( Mhore

Dr. Monica Shekhawat, MBBS, DNB, Consultant Radiologist, Reg No MCI 11 10887



## RADIOLOGY REPORT

Name	URMILA SINGH	Modality	DX 1110487 25-06-2022 10:21:14	
Patient ID	GHZB-0000175083	Accession No		
Gender/Age	F / 50Y 11M 18D	Scan Date		
Ref. Phys Dr. Deepak Verma		Report Date 25-06-2022 15:5		

#### 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.

MA GARAY

VISUALIZED ABDOMEN: Normal,

#### IMPRESSION

No significant abnormality noted. Recommend clinical correlation.

De Marian Chakhawat MBE

Dr. Monica Shekhawat, MBBS, DNB, Consultant Radiologist, Reg No MCI 11 10887

# manipal hospitals





#### TMT INVESTIGATION REPORT

Patient Name: Mrs. URMILA SINGH

Location

: Ghaziabad

Age/Sex

: 51Year(s)/Female

Visit No

: V0000000001-GHZB

MRN No

: GHZB-0000175083

Order Date

: 27/6/2022

Ref. Doctor : HCP

Report Date

: 27/6/2022

Protocol

: Bruce

**MPHR** 

: 169BPM

**Duration of exercise** 

: 3min 49sec

85% of MPHR

: 143BPM

Reason for termination : Patient fatigue

Peak HR Achieved : 145BPM

% Target HR

: 85%

Blood Pressure (mmHg) : Baseline BP : 124/80mmHg

Peak BP : 134/80mmHg

METS

: 5.5METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	91	124/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	138	134/80	Nil	No ST changes seen	Nil
STAGE 2	0:49	145	134/80	Nil	1-1.5mm slow upsloping ST depression noted in inferolateral leads	Nil
RECOVERY	3:03	82	128/80	Nil	No ST changes seen	Nil

#### **COMMENTS:**

No ST changes in base line ECG.

- 1-1.5mm slow upsloping ST depression noted in inferolateral leads at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

#### **IMPRESSION:**

Treadmill test is positive for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh MD, DM (CARDIOLÓGY), FACC

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD

Sr.Consultant Cardiology

Cardiology Registrar

Page 1 of 2

Manipal Hospital, Ghaziabad

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

P: 0120-616 5666

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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

