

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 PARMAL
EC NO.	61044
DESIGNATION	HEAD PEON
PLACE OF WORK	GHAZIABAD,RAJNAGAR
BIRTHDATE	09-07-1964
PROPOSED DATE OF HEALTH CHECKUP	10-06-2023
BOOKING REFERENCE NO.	23J61044100061190E

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 **06-06-2023** till **31-03-2024** 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**

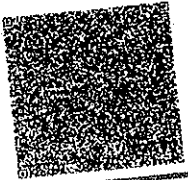
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार  
GOVERNMENT OF INDIA



प्रमाल सिंह  
Parmal Singh  
जन्म तिथि/DOB: 02/07/1964  
पुरुष/ MALE  
Mobile No: 9717371254  
**8753 1609 2147**  
VID : 9195 9802 5028 6750



मेरा आधार, मेरी पहचान

*Parmal Singh*

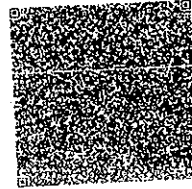


भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 13/12/2019

पता:  
संबन्धित: गोवर्धन सिंह, 363, गली न-7, सेवा एन,  
गाजियाबाद, गाजियाबाद,  
उत्तर प्रदेश - 201001

Address :  
S/O: Goverdhan Singh, 363, GALI NO-7,  
SEWA N, Ghaziabad, Ghaziabad,  
Uttar Pradesh - 201001



Issue Date: 06/06/2014



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## TMT INVESTIGATION REPORT

Patient Name : Parmal SINGH	Location : Ghaziabad
Age/Sex : 59Year(s)/male	Visit No : V0000000001-GHZB
MRN No MH011053597	Order Date : 10/06/2023
Ref. Doctor : HCP	Report Date : 10/06/2023

<b>Protocol</b> : Bruce	<b>MPHR</b> : 161BPM
<b>Duration of exercise</b> : 7min 11sec	<b>85% of MPHR</b> : 136BPM
<b>Reason for termination</b> : THR achieved	<b>Peak HR Achieved</b> : 136BPM
<b>Blood Pressure (mmHg)</b> : Baseline BP : 152/80mmHg	<b>% Target HR</b> : 85%
Peak BP : 166/84mmHg	<b>METS</b> : 8.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	88	152/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	106	160/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	126	166/84	Nil	No ST changes seen	Nil
STAGE 3	1:11	136	166/84	Nil	No ST changes seen	Nil
RECOVERY	3:04	98	160/84	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Good 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**MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-616 5666

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P+91 80 4936 0300 Einfo@manihospitals.com www.manipalhospitals.com

## RADIOLOGY REPORT

NAME	MR Parampal SINGH	STUDY DATE	10/06/2023 11:12AM
AGE / SEX	58 y / M	HOSPITAL NO.	MH011053597
ACCESSION NO.	R5652991	MODALITY	US
REPORTED ON	10/06/2023 11:30AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS WITH PVR  
FINDINGS**

LIVER: Liver is normal in size (measures 137 mm), shape and echotexture. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 87 mm), shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 8.8 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 3.3 mm.  
 IVC, HEPATIC VEINS: Normal.  
 BILIARY SYSTEM: Normal.  
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal. Low level echoes are seen in its lumen -- suggesting sludge. Rest normal.  
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.  
 KIDNEYS: Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.  
 Right Kidney: measures 89 x 42 mm .  
 Left Kidney: measures 103 x 37 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.  
 Pre-void urine volume 540 cc.  
 Post-void residual urine volume 16 cc (Insignificant).  
 PROSTATE: Prostate is borderline enlarged in size (measures 47 x 32 x 30 mm with volume 24 cc) but normal in shape and echotexture. Rest normal.  
 SEMINAL VESICLES: Normal.  
 BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

- Sludge in gallbladder lumen.
- Borderline prostatomegaly.

*Prabhat*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)  
CONSULTANT RADIOLOGIST

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



## RADIOLOGY REPORT

NAME	MR Parampal SINGH	STUDY DATE	10/06/2023 9:20AM
AGE / SEX	58 y / M	HOSPITAL NO.	MH011053597
ACCESSION NO.	R5652990	MODALITY	CR
REPORTED ON	10/06/2023 9:21AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: There are mildly hyperinflated lung fields.

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.

VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

## IMPRESSION:

Mildly hyperinflated lung fields.

*Please correlate clinically*

*Prabhat*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

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

## LABORATORY REPORT

<b>Name</b>	: MR PARMAL SINGH	<b>Age</b>	: 58 Yr(s) Sex :Male
<b>Registration No</b>	: MH011053597	<b>Lab No</b>	: 32230603203
<b>Patient Episode</b>	: H18000000622	<b>Collection Date</b>	: 10 Jun 2023 13:52
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Jun 2023 15:23
<b>Receiving Date</b>	: 10 Jun 2023 14:03		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Test Name</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
TOTAL PSA, Serum (ECLIA)	0.972	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.



## LABORATORY REPORT

<b>Name</b>	: MR PARMAL SINGH	<b>Age</b>	: 58 Yr(s) Sex :Male
<b>Registration No</b>	: MH011053597	<b>Lab No</b>	: 32230603203
<b>Patient Episode</b>	: H1800000622	<b>Collection Date</b>	: 10 Jun 2023 13:52
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Jun 2023 15:23
<b>Receiving Date</b>	: 10 Jun 2023 14:03		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.22	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	6.96	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.550	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-----

*Soma Pradhan*

**Dr. Soma Pradhan**

**LABORATORY REPORT**

Name	: MR PARMAL SINGH	Age	: 58 Yr(s) Sex :Male
Registration No	: MH011053597	Lab No	: 202306001107
Patient Episode	: H18000000622	Collection Date	: 10 Jun 2023 09:00
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Jun 2023 12:46
Receiving Date	: 10 Jun 2023 12:22		

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.68	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.1	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	40.7	%	[40.0-50.0]
MCV (DERIVED)	87.0	fL	[83.0-101.0]
MCH (CALCULATED)	28.0	pg	[27.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>16.4 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
Platelet count	155	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	----		
WBC COUNT (TC) (IMPEDENCE)	8.29	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>32.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>

LABORATORY REPORT

Name : MR PARMAL SINGH Age : 58 Yr(s) Sex :Male  
Registration No : MH011053597 Lab No : 202306001107  
Patient Episode : H18000000622 Collection Date : 10 Jun 2023 12:22  
Referred By : HEALTH CHECK MGD Reporting Date : 10 Jun 2023 15:45  
Receiving Date : 10 Jun 2023 12:22

CLINICAL PATHOLOGY

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 1.010 (1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin Negative (NEGATIVE)  
Glucose NIL (NIL)  
Ketone Bodies Negative (NEGATIVE)  
Urobilinogen Normal (NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 1-2 /hpf (0-5/hpf)  
RBC 2-4 /hpf (0-2/hpf)  
Epithelial Cells NIL /hpf  
CASTS NIL  
Crystals NIL  
OTHERS NIL



## LABORATORY REPORT

<b>Name</b>	: MR PARMAL SINGH	<b>Age</b>	: 58 Yr(s) Sex :Male
<b>Registration No</b>	: MH011053597	<b>Lab No</b>	: 202306001107
<b>Patient Episode</b>	: H18000000622	<b>Collection Date</b>	: 10 Jun 2023 09:00
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Jun 2023 17:28
<b>Receiving Date</b>	: 10 Jun 2023 12:22		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	5.7 #	%	[0.0-5.6]
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) 117 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 glycemc control.

### Serum LIPID PROFILE

<b>Serum TOTAL CHOLESTEROL</b>	202 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	78	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	52.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	16	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	134.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

LABORATORY REPORT

Name : MR PARMAL SINGH Age : 58 Yr(s) Sex : Male  
 Registration No : MH011053597 Lab No : 202306001107  
 Patient Episode : H18000000622 Collection Date : 10 Jun 2023 09:00  
 Referred By : HEALTH CHECK MGD Reporting Date : 10 Jun 2023 10:18  
 Receiving Date : 10 Jun 2023 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA	25.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.8	mg/dl	[4.0-8.5]
Method: uricase PAP			

SODIUM, SERUM	138.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.96	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.3	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated) 94.7 ml/min/1.73sq.m [>60.0]

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.



## LABORATORY REPORT

Name	: MR PARMAL SINGH	Age	: 58 Yr(s) Sex :Male
Registration No	: MH011053597	Lab No	: 202306001107
Patient Episode	: H18000000622	Collection Date	: 10 Jun 2023 09:00
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Jun 2023 10:18
Receiving Date	: 10 Jun 2023 12:22		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 <i>Method: D P D</i>	0.41	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.34	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.26	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.28		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	25.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	25.60	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	86.0	IU/L	[32.0-91.0]

## LABORATORY REPORT

<b>Name</b>	: MR PARMAL SINGH	<b>Age</b>	: 58 Yr(s) Sex :Male
<b>Registration No</b>	: MH011053597	<b>Lab No</b>	: 202306001107
<b>Patient Episode</b>	: H1800000622	<b>Collection Date</b>	: 10 Jun 2023 09:00
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### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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GGT	23.0		[7.0-50.0]
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Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing A 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

