

# 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. PRASAD JEETENDRA |          |
| EC NO.                          | 77897                |          |
| DESIGNATION                     | DIRECTOR RSETIS      |          |
| PLACE OF WORK                   | PRATAPGARH           | -        |
| BIRTHDATE                       | 16-01-1980           | -        |
| PROPOSED DATE OF HEALTH CHECKUP | 31-03-2023           | $\dashv$ |
| BOOKING REFERENCE NO.           | 22M77897100053890E   | -        |

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 27-03-2023 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))

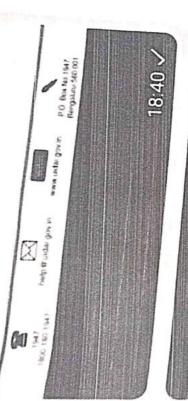






RANGUNI MALLAH BASTI, POST SHRAMIK NAGAR Dhanbad, Jharkhand, 828105

अर बालपत प्रसाद, रमुना मन्ताह बस्ती, पोस्ट बमिक नगर घाना तेतुलमाती, भूती, पनबाद, हमरखण्ड, 828105







## भारत सरकार GOVERNMENT OF IN

जितेन्द्र प्रसाद Jeetendra Prasad जन्म वर्ष / Year of Birth : 1980 पुरुष / Male

5759 8776 9499

आधार — आम आदमी का



# **OUT PATIENT DEPARTM**

Date



2:04 pm

Department of General Medicine

OPD/310323/6577

1 9510760838

1 31-Mar-2023

#### Mediwheel

Patient Name

Age/Sex

Regd. No. : MAR23-44667

Visit

: MR. JEETENDRA PRASAD Mobile Mala

Address : TETULMARI, BHULI , DHANRAD - Jharkhand , INDIA

: 43 Y 2 M 15 D

Doctor

: Dr. Aditya Anurag MD (Medicine) OPD Timing Referred By

Allergies : Height: 5 Ft 5 In Temp. : Weight: 19 BPM H.P. : //0/70 mm/Hg

History and complaints :

Generalized weathers. 010 -

Examination:

Diagnosis:

PLT-11250 (TSM' 15.59) No doug history

No elocorie ille.

cheef nons

Investigations:

Secribed:

A- Hypothymoidi

LF T-WNL

OT. THYRONORM-25µg1×1-Els. to contre

Planie-WAL.

@ Review abter 2 noth E.

Days

(Diet/ Lifestyle / Rehab)

TCH

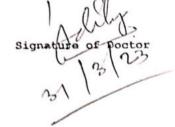
Follow up:

Date :

Time :

\*Prescription to be valid for 7 Days only.

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## **OUT PATIENT DEPARTM**



Regd. No.

: MAR23-44667

Visit

Department of Dental Sci. & Maxillo Facial Surgery : OPD/310323/6319

Patient Name

: MR. JEETENDRA PRASAD

Mobile

: 9510760838

Age/Sex

: 43 Y 2 M 15 D

Date

9:44 am : 31-Mar-2023

Address

: TETULMARI, BHULI , DHANBAD - Jharkhand , INDIA

Male

Doctor

: Dr. Sandip Mondal BDS (WBUHS), Consultant

OPD Timing

of Oral & Dental Surgeon

Referred By

SP02 :

Allergies :

Height:

SFt S In Temp. : 74 Kg

Ø TL BPM

History and complaints :

Examination:

Fen tooth attrited, of the lower Jaw position.

Diagnosis:

Investigations:

Medicines Prescribed:

coolora month wanh.

Follow up:

Days

Advice (Diet/ Lifestyle / Rehab)

Date :

Time :

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Baramuri, P.O. Bishunpur Polytechnic, Dhanbad-828130 CIN: U85110JH2005PLC011673 Ph.: 78083 68888 Email: info@asarfihospital.com / www. asarfihospital.com

P? PH100B CL F 50~ 0.50-100 Hz W Sinus rhythm......grs. V-rate 50-99 90 Unconfirmed Diagnosis Chest: 10.0 mm/mV - OTHERWISE NORMAL ECG -V3 Limb: 10 mm/mV Speed: 25 mm/sec aVF 12 Lead; Standard Placement 165 88 351 405 20 -17 80 --AXIS--Device: Rate PR QRSD QT QTC QRS H

321

Baramuri , P.O. - Bishunpur Polytechnic, Dhanbad (Jharkhand) - 828130 Regd. Office: Phularitand, Kharkaree, Dhanbad (Jharkhand) - 828125

Mob.: 78083 68888 CIN: U85110JH2005PLC011673

## RADIOLOGY REPORT

| Patient Information |                    |             |             |
|---------------------|--------------------|-------------|-------------|
| Patient Name        | MR JEETENDRA KUMAR | Patient ID  | 44667       |
| Age   Gender        | 43Y/MALE           | Scan Date   | MAR 31 2023 |
| Referring Doctor    | DR SELF            | Report Date | MAR 31 2023 |

### X-RAY CHEST

### **FINDINGS**

The heart is normal in size and contour.

The aorta is normal.

The mediastinum, hila and pulmonary vasculature are also normal.

Trachea is central. Tracheo-bronchial tree is normal.

No focal lung lesion is seen.

No pneumothorax is seen.

The costophrenic sulci and hemidiaphragms are preserved.

Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

### CONCLUSION

No gross chest abnormality is seen.

**DIFFERENTIAL DIAGNOSIS** 

NA

RECOMMENDATION

Kindly correlate with other clinical parameters.

Dr. Sanjay Khemuka

MD Radiology

Consultant Radiologist

Maharashtra Medical Council

Registration Number: 56467



MR JEETENDRA KUMAR 43Y DR SELF | 1



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सबके लिए स्वास्थ्य

### ECHOCARDIOGRAPHY REPORT

Name: MR JEETENDRA PRASAD

Age: 43

Sex: Male

Date: 31/03/2023



| EASUREMENTS | 2D & M-MOD | DE CALCULATIONS  |
|-------------|------------|--|
|             | EDV(Teich) | 100 ml   |
|             | ESV(Teich) | 37 ml  |
|             |            | 63 %   |
| 17.7/77     | %FS        | 34 %   |
|             | SV(Teich)  | 63 ml  |
| 1.6 cm      | LVd Mass   | 203.98 g   |
| 3.1 cm      | RWT        | 0.46   |
|             |            | 3.3 cm EDV(Teich) 3.1 cm ESV(Teich) 1.1 cm EF(Teich) 4.6 cm %FS 1.1 cm SV(Teich) 1.6 cm LVd Mass |

MITRAL VALVE

**AORTIC VALVE** 

| INITIAN      | - VALVE              |
|--------------|----------------------|
| MV E Vel     | 0.56 m/s             |
| MV DecT      | 244 ms               |
| MV Dec Slope | 2.3 m/s <sup>2</sup> |
| MV A Vel     | 0.56 m/s             |
| MV E/A Ratio | 0.99                 |
| E'           | 0.12 m/s             |
| E/E'         | 4.59                 |

AV Vmax 1.52 m/s AV maxPG 9.19 mmHg

TRICUSPID VALVE

PULMONARY VALVE

PV Vmax PV maxPG 1.19 m/s 5.65 mmHg

### **COMMENTS:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-63%)
- NORMAL MITRAL INFLOW PATTERN
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

### **IMPRESSION:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-63%)

DR.S.H\CHAVAN (CONSULTANT CARDIOLOGIST)

TECH. SIG

Asarfi Hospital Limited

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Baramuri, P.O. - Bishunpur Polytechnic, Dhanbad (Jharkhand) - 828130 Regd. Office: Phulantand, Kharkaree, Dhanbad (Jharkhand) - 828125

Mob.: 78083 68888

# RADIOLOGY REPORT



| Reg. No.  | 44667               | Ref. Dr. | SELF              |
|-----------|---------------------|----------|-------------------|
| Name      | MR JEETENDRA PRASAD | Study    | USG WHOLE ABDOMEN |
| Age & Sex | 43Y/M               | Rep Date | 31.03.2023        |

### USG WHOLE ABDOMEN

LIVER

: Liver is normal in size, shape & echotexture. No obvious focal

lesion is seen. IHBR are not dilated.

GALL BLADDER

: GB is partially distended. No obvious calculus or mass lesion is

seen. The wall thickness is normal.

**CBD** 

: CBD is normal in course & caliber.

PV

: P.V 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 7.8 cm

in size.

KIDNEYS

: The right kidney measures 10 x 4cm. The left kidney measures

10.5 x 3.8cm. Both kidneys are normal in shape, size & position.

pelvicalyceal system is normal. Corticomedullary

differentiation is maintained. No focal lesion is seen.

URINARY BLADDER

: Urinary bladder is partially distended. No obvious calculus or

mass lesion is seen.

**PROSTATE** 

: Prostate is normal in size, shape & echotexture. It measures 3.9 x 3

x 3.6cm in size (volume – 23gram).

**OTHERS** 

: No ascites or retroperitoneal lymphadenopathy is seen.

**IMPRESSION** 

No significant abnormality detected.

Clinical correlation is suggested.

Dr. VAISHALI PATEL MBBS, DNB (Radio-diagnosis) Consultant Radiologist



(A Unit of Asarfi Hospital Ltd.)

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







Name

MR. JEETENDRA PRASAD

Age / Sex : 43 Yrs / Male

Doctor

Reg. No. MAR23-44667 Pat Type : Mediwheel

Collection Time: 31-03-2023 12:00 pm Receiving Time: 31-03-2023 12:01 pm Reporting Time: 31-03-2023 2:01 pm

Publish Time : 31-03-2023 2:03 pm

| Test Name    | Result | Flag | Unit | Reference Range |
|--------------|--------|------|------|-----------------|
| Biochemistry |        |      |      | *               |
|              |        |      |      |                 |

| Diodienisti y                                    |       |   |               |                       |
|--|-------|---|---------------|-----------------------|
| Creatinine, Serum<br>Method: Etaymatic           |       |   | Machine Name: | XL640                 |
| Creatinine, Serum                                | 0.8   |   | mg/dl         | 0.6-1.4               |
| Uric Acid, Serum<br>Method: Enzymatic            |       |   | Machine Name: | XL640                 |
| Uric Acid, Serum                                 | 6.4   |   | mg/dl         | 3.4-7.0               |
| Blood Urea Nitrogen (BUN) Method: Calculated     |       |   | Machine Name: | XL640                 |
| Blood Urea Nitrogen (BUN)                        | 11.1  |   | mg/dl         | 07-21                 |
| Fasting Blood Glucose, Plasma<br>Method: GOD-FOD |       |   | Machine Name: | XL640                 |
| Fasting Blood Glucose, Plasma                    | 99.5  |   | mg/dl         | 70-110                |
| LIPID PROFILE, SERUM Method: Spectrophotometry   |       |   | Machine Name: | XL640                 |
| Cholesterol, Total (CHOD/PAP)                    | 208.0 | Н | mg/dl         | 0-200                 |
| Triglycerides (Enzymatic)                        | 118.0 |   | mg/dl         | 0-150                 |
| HDL Cholesterol (Enzymatic)                      | 54.0  | н | mg/dl         | 0-50                  |
| LDL Cholesterol (Calculated)                     | 130.4 | н | mg/dl         | 0-100                 |
| VLDL Cholesterol (Calculated)                    | 23.6  |   | mg/dl         | 0-30                  |
| GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOC            | DD    |   | - ma          | þ.                    |
| Method: HPLC/Nephelometry                        |       |   | Machine Name: | BIO-RAD, D-10 / MISPA |
| HbA1C  | 5.5   |   | %             | 4.4-6.2               |

Interpretation:

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Page 1 of 8



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Collection Time: 31-03-2023 12:00 pm

Receiving Time: 31-03-2023 12:01 pm

Reporting Time: 31-03-2023 1:52 pm

Publish Time : 31-03-2023 1:55 pm



Name

MR. JEETENDRA PRASAD

Age / Sex

43 Yrs / Male

Doctor

Reg. No.

MAR23-44667

Pat. Type Mediwheel

Reference Range Unit Flag Result Test Name

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 | I 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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Page 2 of 8





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Car



Name

: MR. JEETENDRA PRASAD

Age / Sex

43 Yrs / Male

Doctor

Reg. No. : MAR23-44667 Pat. Type : Mediwheel

Collection Time: 31-03-2023 12:00 pm Receiving Time: 31-03-2023 12:01 pm Reporting Time: 31-03-2023 1:52 pm Publish Time: 31-03-2023 1:55 pm

| Test Name  | Result | Flag | Unit          | Reference Range |
|--|--------|------|---------------|-----------------|
| Liver Function Test (LFT)  Method: Spectrophotometry |        |      | Machine Name: |                 |
| Bilirububin Total (Diazo)                            | 1.1    |      | mg/dl         | 0.3-1.2         |
| Bilirububin Direct (Diazo)                           | 0.4    | н    | mg/dl         | 0.00-0.2        |
| Bilirububin Indirect (Calculated)                    | 0.7    |      | mg/dl         | 0.00-1.0        |
| SGPT (IFCC without PDP)                              | 20.6   |      | U/L           | 7-50            |
| SGOT (IFCC without PDP)                              | 29.6   |      | U/L           | 5-45            |
| Alkaline Phosphate (PNP AMP Kinetic)                 | 247.5  |      | U/L           | 70-306          |
| GGT (Enzymatic)                                      | 23.8   |      | U/L           | 0-55            |
| Protein Total (Biuret)                               | 7.1    |      | g/dl          | 6.4-8.3         |
| Albumin (BCG)  | 4.1    |      | g/dl          | 3.5-5.2         |
| Globulin (Calculated)                                | 3.0    |      | g/dl          | 2.3-3.5         |
| A: G Ratio (Calculated)                              | 1.3    |      | -66           | 0.8-2.0         |

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Page 3 of 8



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Collection Time: 31-03-2023 12:00 pm



Name

MR. JEETENDRA PRASAD

Age / Sex

43 Yrs / Male

Doctor

MAR23-44667

Reg. No. Pat. Type

Mediwheel

Receiving Time: 31-03-2023 12:01 pm Reporting Time: 31-03-2023 1:52 pm Publish Time : 31-03-2023 1:55 pm

| Test Name   | Result   | Flag | Unit  | Reference Range |
|---|----------|------|-------|-----------------|
| Clinical Pathology                                    |          |      | _     |                 |
| Routine Urine Examination; Urine  Method: Microscopic |          |      |       |                 |
| Appearance  | CLEAR    |      | •     |                 |
| Colour  | STRAW    |      |       |                 |
| Volume  | 20       |      | ml.   |                 |
| Protiens  | TRACE    |      |       |                 |
| Glucose   | NEGATIVE |      |       |                 |
| PH  | 6.0      |      | •     |                 |
| Specific Gravity                                      | 1.020    |      | *     |                 |
| Bilirubin   | NEGATIVE |      |       |                 |
| Ketone Bodies   | XX       |      | 3     |                 |
| Bile Salts  | XX       |      | 9     | 199             |
| Bile Pigments   | XX       |      | 900   |                 |
| 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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Page 4 of 8

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# ASARFI HOSPITAL LABORATORY OSPITA

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Name

: MR. JEETENDRA PRASAD

Age / Sex

: 43 Yrs / Male

Doctor

Reg. No.

: MAR23-44667

Pat. Type : Mediwheel

Collection Time: 31-03-2023 12:00 pm Receiving Time: 31-03-2023 12:01 pm

124

Reporting Time: 31-03-2023 1:52 pm Publish Time : 31-03-2023 1:55 pm

| att type . Weatwheet                                   |        |      |       |                 |
|--|--------|------|-------|-----------------|
| Test Name  | Result | Flag | Unit  | Reference Range |
| Protein:Creatinine Ratio; Urine                        |        |      |       |                 |
| Method: Immunoturbidimetry, Spectrophotometry  Protein | 15.0   |      | mg/L  |                 |
| Creatinine   | 150.0  |      | mg/dl |                 |
| PCR  | 0.10   |      | mg/g  | 0-0.5           |
|  |        |      |       |                 |

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Page 5 of 8

It is presumed that the test(5) performed are on the specimen(s) (Sample(5) belonging to the patient harmed or restautive at the point of generation of the said specimen(s) (Sample(5)(2) aboratory investigations are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Tests results are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigations are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigations are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigations are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only lool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only look of the same point of the same of the facilitate in arriving at diagnosis and should be clinically correlated. (3)Test investigation are only look of the same point of the s



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Name

MR. JEETENDRA PRASAD

Age / Sex

43 Yrs / Male

Doctor

Reg. No.

: MAR23-44667

Pat. Type

Mediwheel

Collection Time: 31-03-2023 12:00 pm Receiving Time: 31-03-2023 12:01 pm

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Publish Time : 31-03-2023 1:55 pm

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| rat. Type : Mediwneel               |          | 77   | Unit          | Reference    | Range |
|-------------------------------------|----------|------|---------------|--------------|-------|
| Test Name                           | Result   | Flag | Unic          | 1.020201100  |       |
| Haematology                         |          |      | -35           |              |       |
| BLOOD GROUP, ABO & RH TYPING        |          |      |               |              |       |
| Method: Agglutination               |          |      |               |              |       |
| ABO GROUP                           | В        |      |               | 0-0          |       |
| RH TYPING                           | POSITIVE |      |               | 0-0          |       |
| ESR (Erythrocyte Sedimentaion Rate) |          |      | Machine Name: | VES-MATIC 20 |       |
| Method: Westergren                  |          |      | 7.57 (2.70)   |              |       |
| ESR                                 | 10       |      | mm/hr         | 0-10         |       |

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Page 6 of 8



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Name

MR. JEETENDRA PRASAD

Age / Sex

Pat. Type

43 Yrs / Male

Mediwheel

Doctor

Reg. No. : MAR23-44667

Collection Time: 31-03-2023 12:00 pm Receiving Time: 31-03-2023 12:01 pm Reporting Time: 31-03-2023 1:52 pm Publish Time: 31-03-2023 1:55 pm

| Test Name                         | Result | Flag | Unit          | Reference Range |
|-----------------------------------|--------|------|---------------|-----------------|
| Complete Blood Count (CBC)        |        |      | Machine Name: | Sysmex 6 part   |
| Method: Electronical Impedence    | 14.6   |      | g/dl          | 13-18           |
| Hemoglobin                        | 14.6   |      | /cu-mm        | 4000-11000      |
| Total Leukocyte Count (TLC)       | 6,400  |      | 1K            | 40-50           |
| PCV                               | 43.7   |      | %             |                 |
| мсн                               | 27.9   |      | Pg            | 27-31           |
| MCHC                              | 33.3   |      | g/dl          | 31.5-35.5       |
| Red Cell Distribution Width (RDW) | 14.9   | Н    | %             | 11.6-14         |
|                                   | 58     |      | %             | 55-75           |
| Neutrophils                       | 32     | н    | %             | 15-30           |
| Lymphocytes                       |        |      | %             | 1-6             |
| Eosinophils                       | 04     |      |               | 2-10            |
| Monocytes                         | 06     |      | %             |                 |
| Basophils                         | 00     |      | %             | 0-1             |
| RBC Count                         | 5.22   |      | million/mm3   | 4.5-5.5         |
| Mean Carpuscular Volume (MCV)     | 83.8   |      | fL            | 83-101          |
| Platelet Count                    | 1.25   | L    | lakhs/cumm    | 1.5-4.5         |
|                                   |        |      |               |                 |

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Page 7 of 8

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Result

Collection Time: 31-03-2023 12:00 pm Receiving Time: 31-03-2023 12:01 pm

Reporting Time: 31-03-2023 1:52 pm Publish Time : 31-03-2023 1:55 pm

Vitros ECi

Reference Range

MR. JEETENDRA PRASAD Name 43 Yrs / Male Age / Sex Doctor

Reg. No. MAR23-44667 Pat. Type Mediwheel

Test Name

Method: ECLIA

Immunology and Serology

Prostate Specific Antigen (PSA), Total, Serum

Prostate Specific Antigen (PSA), Total, Serum

VITROS ECI Machine Name:

Unit

Flag

0.0 - 4.0ng/ml

Border line 4.0 - 10.0

THYROID PROFILE, TOTAL, SERUM

Machine Name: Method: ECLIA 0.8-2.0 ng/ml 1.19 T3, Total 5.10-14.10 µg/dL 7.70 T4, Total 0.27 - 4.2mIU/mL

TSH (Ultrasensitive)

15.59

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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DR N N SINGH (PATHOLOGIST)

Page 8 of 8



(A Unit of Asarfi Hospital Ltd.)

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







Name

MR. JEETENDRA PRASAD

43 Yrs / Male

Age / Sex

Doctor

Reg. No.

Pat. Type

MAR23-44667 Mediwheel

Collection Time: 31-03-2023 12:00 pm

Receiving Time: 31-03-2023 12:01 pm Reporting Time: 01-04-2023 3:50 pm

Publish Time : 01-04-2023 3:52 pm

Unit Reference Range Test Name Flag Result

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.

|                                    | Hba1c   factors that affect interp       | RETATION |        |  |
|------------------------------------|--|----------|--------|--|
| MEASUREMENT   OF HBA1C RE          | · · · · · · · · · · · · · · · · · · ·    |          |        |  |
|                                    |  |          |        |  |
|                                    | etal   Any condition that shortens eryth |          |        |  |
|                                    | lly   survival or decreases mean erythro | N M 100  |        |  |
| modified derivatives of hemogle    | obin   age (e.g.,recovery from acute blo | od loss, |        |  |
| (e.g. carbamylated Hb in patien    | ts   hemolytic anemia, HbSS, HbCC, and   | Hbsc)    |        |  |
| with renal failure) can affect the | will falsely lower HbA1c test results    | ******** |        |  |
| accuracy of HbA1c measuremer       | nts   regardless of the assay method use | ed.Iron  |        |  |
| deficiency anemia is associate     | d with                                   |          |        |  |
| higher HbA1c                       | 33                                       |          |        |  |
| Glucose, PP                        |  |          |        |  |
| Method: GOD-POD                    |  |          |        |  |
| Glucose PP                         | 115.2                                    | mg/dl    | 70-140 |  |

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine



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Page 2 of 8

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Name

MR. JEETENDRA PRASAD

Age / Sex

43 Yrs / Male

Doctor

Reg. No.

MAR23-44667

Pat. Type

Mediwheel

Collection Time: 31-03-2023 12:00 pm

Receiving Time: 31-03-2023 12:01 pm

Reporting Time: 02-04-2023 10:28 am

Publish Time : 03-04-2023 10:53 am

Machine Name: vitek 2 compact

Test Name

Result

Flag

Unit

Reference Range

Microbiology

Culture & Sensitivity (Urine)

Method: vitek 2 compact
Organism Isolated

NO GROWTH OF ANY

**ORGANISM** 

Note:

In view of developing antibiotics resistance in inida. It is advisable 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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DR N N SINGH (PATHOLOGIST)

Page 9 of 9

ondison of Laboratory Testing & Reporting

(1) it is presumed that the lest(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative all the point of generation of the said specimen(s)/Sample(