

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. SHARMA MAHESH CHAND
EC NO.	120716
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GHAZIABAD,SURYNAGAR
BIRTHDATE	06-07-1974
PROPOSED DATE OF HEALTH CHECKUP	25-02-2023
BOOKING REFERENCE NO.	22M120716100043968E

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 **22-02-2023** 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))



भारत सरकार
Government of India



मानिश चंद शर्मा
Manish Chand Sharma
सर्वे RP/DOB: 06/07/1974
पुरुष / MALE

5812 4870 6789

VID: 9125 5450 9836 7252

भारत सरकार, भारत मंत्रालय

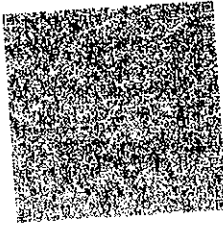


भारतीय विरिष्ठ सेवाएं भारिष्ठरत
Unique Identification Authority of India



पता: 1329 सोनू एगल, भद्रकल नरुन
रुद्रकल नरुन ररुन, वरुनरुन, वरुनरुन,
भरुनरुन
भरुन नरुन - 201005

Address: Sharma, 1329 Sohi Enclave,
C/O Indira Garden, Rajbagh Metro Station,
Vardaan Garden, Rajbagh Metro Station,
Sampada, Sarhadia, Gurgaon,
Uttar Pradesh - 201005



5812 4870 6789

VID : 9125 5450 9336 7252



1047



help@uidai.gov.in



www.uidai.gov.in

mahesh chand, sharma

ID:

25-Feb-2023 10:01:43

Manipal Hospitals, Ghaziabad

49years
Male

Caucasian

Vent. rate	76 bpm
PR interval	140 ms
QRS duration	84 ms
QT/QTc	352/396 ms
P-R-T axes	65 71 60

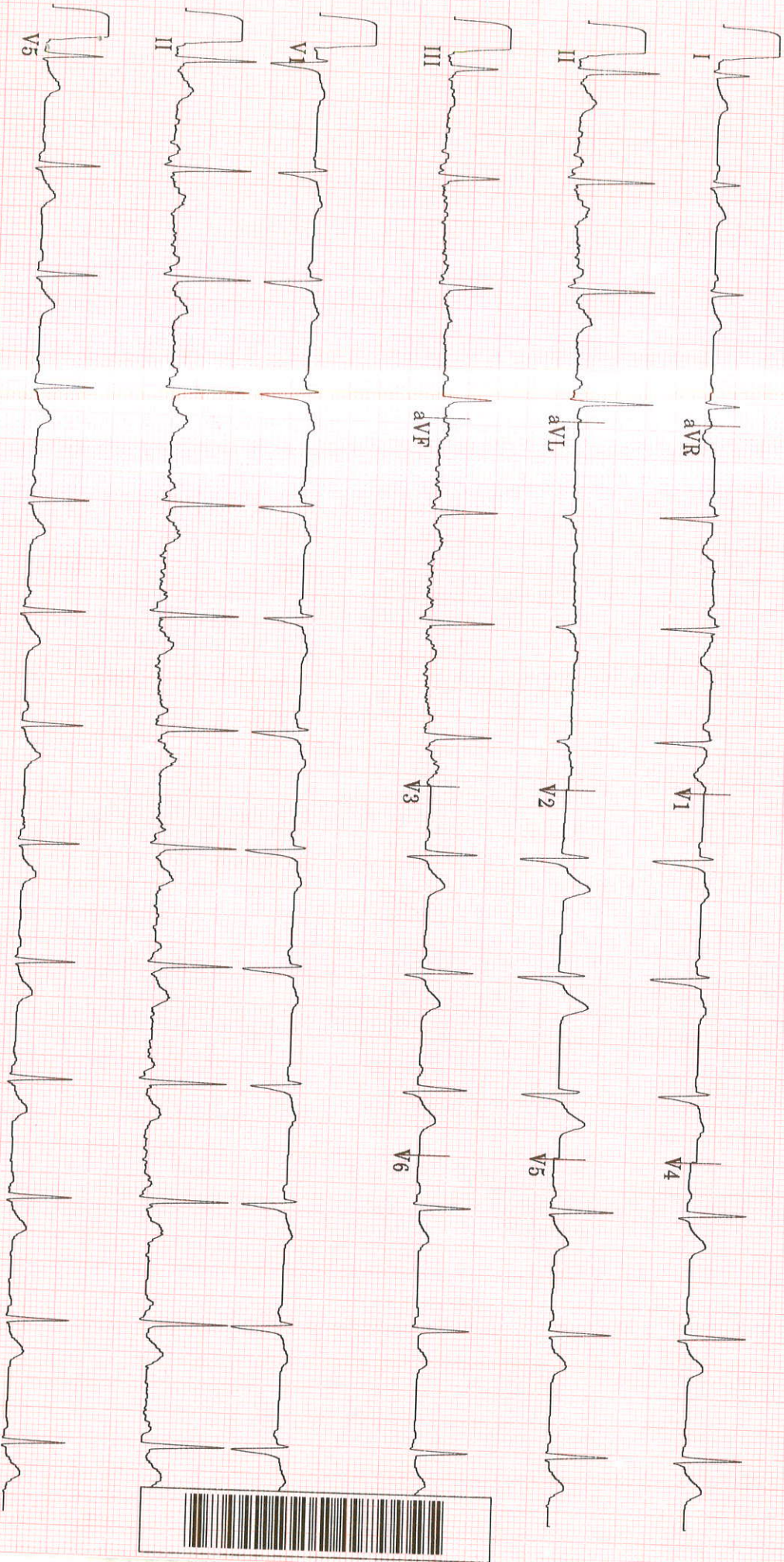
Normal sinus rhythm
Normal ECG

nilaksh

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 pv 2.5s + 3 rthm 1a



TMT INVESTIGATION REPORT

Patient Name : MrMahesh SHARMA	Location	: Ghaziabad
Age/Sex : 48Year(s)/male	Visit No	: V000000001-GHZZ
MRN No MH010805713	Order Date	: 25/02/2023
Ref. Doctor : HCP	Report Date	: 25/02/2023

Protocol : Bruce **MPHR** : 171BPM
Duration of exercise : 6min 11sec **85% of MPHR** : 145BPM
Reason for termination : THR achieved **Peak HR Achieved** : 153BPM
Blood Pressure (mmHg) : Baseline BP : 128/76mmHg **% Target HR** : 89%
 Peak BP : 140/80mmHg **METS** : 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	77	128/76	Nil	No ST changes seen	Nil
STAGE 1	3:00	128	134/76	Nil	No ST changes seen	Nil
STAGE 2	3:00	151	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:11	153	140/80	Nil	ST depression in inferior leads	Nil
RECOVERY	6:27	92	130/80	Nil	ST depression in inferior leads	Nil

COMMENTS:

- No ST changes in base line ECG.
- ST depression in inferior leads at stage II and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **mildly positive** 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, Opp. Bahmeta Village, Ghaziabad,Uttar Pradesh - 201 002
P: 0120-616 5666

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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

P: 01 80 4000 0000. Email: info@manipalhospitals.com www.manipalhospitals.com

RADIOLOGY REPORT

Name	Mahesh SHARMA	Modality	DX
Patient ID	MH010805713	Accession No	R5209356
Gender/Age	M / 48Y 7M 22D	Scan Date	25-02-2023 10:24:12
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	25-02-2023 10:48:35

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
 TRACHEA: Normal.
 CARINA: Normal.
 RIGHT AND LEFT MAIN BRONCHI: Normal.
 RIGHT HILUM: Normal.
 LEFT HILUM: 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:

No significant abnormality noted.

Recommend clinical correlation.



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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002
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This report is subject to the terms and conditions mentioned overleaf

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RADIOLOGY REPORT

Name	Mahesh SHARMA	Modality	US
Patient ID	MH010805713	Accession No	R5209357
	M / 48Y 7M 22D	Scan Date	25-02-2023 10:45:01
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	25-02-2023 11:17:31

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears normal in size (measures 148 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 83 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.4 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.

Right Kidney: measures 98 x 46 mm.

Left Kidney: measures 106 x 50 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 27 x 26 x 24 mm with volume 8 cc. Rest normal.

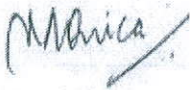
SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



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

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This report is subject to the terms and conditions mentioned overleaf

LABORATORY REPORT

Name	: MR MAHESH SHARMA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010805713	Lab No	: 202302002758
Patient Episode	: H18000000277	Collection Date	: 25 Feb 2023 09:52
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2023 14:11
Receiving Date	: 25 Feb 2023 11:03		

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.73 #	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	15.2	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	48.7	%	[40.0-50.0]
MCV (DERIVED)	85.0	fL	[83.0-101.0]
MCH (CALCULATED)	26.5 #	pg	[27.0-32.0]
MCHC (CALCULATED)	31.2 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.6 #	%	[11.6-14.0]
Platelet count	151	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	12.4		
WBC COUNT (TC) (IMPEDEANCE)	6.39	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	63.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	/1sthour	[0.0-

LABORATORY REPORT

Name	: MR MAHESH SHARMA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010805713	Lab No	: 202302002758
Patient Episode	: H18000000277	Collection Date	: 25 Feb 2023 11:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2023 14:19
Receiving Date	: 25 Feb 2023 11:03		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(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	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

LABORATORY REPORT

Name	: MR MAHESH SHARMA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010805713	Lab No	: 202302002758
Patient Episode	: H18000000277	Collection Date	: 25 Feb 2023 09:52
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2023 16:28
Receiving Date	: 25 Feb 2023 11:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.0 #	%	[0.0-5.6]
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)	126	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 glycemic control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	242 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	89	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	52.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	172.0 #	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189

LABORATORY REPORT

Name : MR MAHESH SHARMA Age : 48 Yr(s) Sex :Male
 Registration No : MH010805713 Lab No : 202302002758
 Patient Episode : H18000000277 Collection Date : 25 Feb 2023 09:52
 Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2023 14:25
 Receiving Date : 25 Feb 2023 11:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA	23.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.2	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.87	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.3	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	140.6	mmol/L	[136.0-144.0]
POTASSIUM, SERUM	5.03	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.8	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated) 102.1 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 MAHESH SHARMA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010805713	Lab No	: 202302002758
Patient Episode	: H18000000277	Collection Date	: 25 Feb 2023 09:52
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2023 14:25
Receiving Date	: 25 Feb 2023 11:03		

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	0.67	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.52 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.34	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.52		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	63.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	99.00 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]

LABORATORY REPORT

Name : MR MAHESH SHARMA Age : 48 Yr(s) Sex : Male
Registration No : MH010805713 Lab No : 202302002758
Patient Episode : H18000000277 Collection Date : 25 Feb 2023 09:52
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2023 14:26
Receiving Date : 25 Feb 2023 11:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	31.0		[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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

Name : MR MAHESH SHARMA Age : 48 Yr(s) Sex : Male
Registration No : MH010805713 Lab No : 202302002759
Patient Episode : H18000000277 Collection Date : 25 Feb 2023 09:52
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2023 14:26
Receiving Date : 25 Feb 2023 09:52

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	mg/dl	[70.0-110.0]

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



Dr. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT

Name	: MR MAHESH SHARMA	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010805713	Lab No	: 202302002760
Patient Episode	: H1800000277	Collection Date	: 25 Feb 2023 13:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2023 14:23
Receiving Date	: 25 Feb 2023 13:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	137.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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



Dr. Alka Dixit Vats
Consultant Pathologist