

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	MS. SWARUP SHIKHA
EC NO.	120083
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	PATNA, BORING ROAD
BIRTHDATE	05-01-1994
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M120083100088536E

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 **06-02-2024** 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.

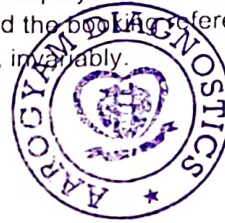
We solicit your co-operation in this regard.

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))



Blind stamp
we

ID: 165

10-02-2024 11:34:38 AM

SHIKA SWARUP
Female 30Years

HR : 60 bpm

P : 89 ms

PR : 144 ms

QRS : 89 ms

QT/QTc : 354/354 ms

P/QRST : -97/157 °

RV5/SV1 : 1.76/1.08/1.9 mV

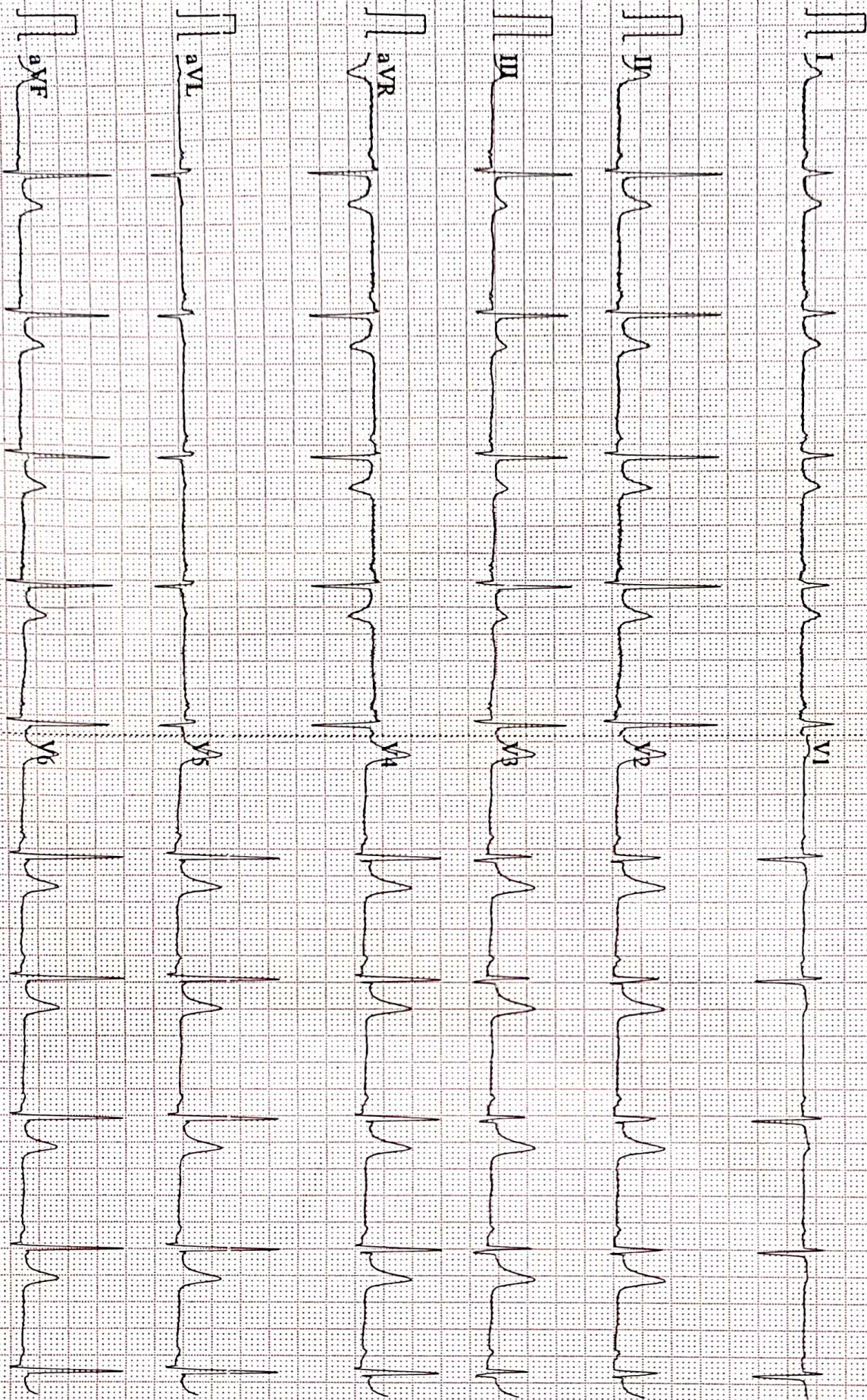
Diagnosis Information:

Sinus Arrhythmia

Slight ST Elevation(V4,V5)

Ref-Phys. :

Report Confirmed by:



0.67~i00itz AC50 25mm/s 10mm/mV 2=5.0s V00 V2.2 SEMIF V1&1 DAIGNOSTIC

Patient Name	SHIKHA SWARUP	Date	10-02-2024
Age/Sex	30/F	Ref. Dr.	CORPORATE

CHEST X-ray(PA)

FINDINGS:

Normal bronchovascular markings in bilateral lung fields

Bilateral hila are normal.

Trachea appears normal.

Visualized bones are grossly normal.

Cardiac shadow is within normal limits

Bilateral costophrenic angles are clear.

Impression :

- *No significant abnormality detected.*



Dr. Sandip Maheshwari

MD Radio diagnosis





Name :- Shikha Swarup
Refd by :- Corp.

Age/Sex:- 30Yrs/F
Date :-10/02/24

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (13.6cm) with slightly raised echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.
- CBD** :- It is normal in calibre & is echofree.
- Pancreas** :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.
- Spleen** :- Normal in size (9.7cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.
- Kidneys** :- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.
Right Kidney measures 11.6 cm and Left Kidney measures 11.5cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Enlarged in size (10.5cm x 5.6cm) and anteverted in position with echogenic line of blood clot seen in endo cervical canal. Endometrial (ET-9.4mm) thickness and myometrial echoes appears normal.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 29mm x 14mm and Left ovary measures 24mm x 17mm.
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-

Mild Fatty Liver.

A/V Bulky Uterus With Echogenic Line of Blood Clot Seen in Endo Cervical Canal.

Otherwise Normal Scan.

Dr. U. Kumar
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist



ISO 9001 : 2015

AAROGYAM DIAGNOSTICS

(A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

F- 41, P.C. Colony, Opp. Madhuban Complex,
Near Malahi Pakari Chowk, Kankarbagh, Patna – 20

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date	10/02/2024	Srl No.	11	Patient Id	2402100011
Name	Mrs. SHIKHA SWARUP	Age	30 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.1	%	

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



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Date	10/02/2024	Srl No. 11	Patient Id 2402100011
Name	Mrs. SHIKHA SWARUP	Age 30 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.2	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	58	%	40 - 75
LYMPHOCYTE	37	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	3.73	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	33.6	%	35 - 45
M C V	90.08	fl.	80 - 100
M C H	30.03	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	1.86	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	71.2	mg/dl	70 - 110
SERUM CREATININE	1.01	mg%	0.5 - 1.3
BLOOD UREA	24.01	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.0	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



Date	10/02/2024	Srl No. 11	Patient Id 2402100011
Name	Mrs. SHIKHA SWARUP	Age 30 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.58	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.19	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 5.2
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	1.379		
SGOT	18.9	IU/L	5 - 35
SGPT	22.2	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	73.9	U/L	35.0 - 104.0
GAMMA GT	23.8	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	51.0	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	157.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	39.7	mg/dL	35.1 - 88.0
V L D L	10.2	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	107.5	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.965		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.708		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



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Date	10/02/2024	Srl No. 11	Patient Id 2402100011
Name	Mrs. SHIKHA SWARUP	Age 30 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.0		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.



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Date	10/02/2024	Srl No.	11	Patient Id	2402100011
Name	Mrs. SHIKHA SWARUP	Age	30 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



MC-2024

Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat
Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in
Regd. Office : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059



40204100198

TEST REPORT

Reg.No : 40204100198	Reg.Date : 11-Feb-2024 14:34	Collection : 11-Feb-2024 14:34
Name : SHIKLTON SWARAP	Sex : Female	Received : 11-Feb-2024 14:34
Age : 30 Years	Referred By : AAROGYAM DIAGNOSTICS @ PATNA	Report : 11-Feb-2024 15:47
Referral Dr : □	Status : Final	Dispatch : 11-Feb-2024 16:08
		Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.15	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	6.57	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	4.230	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

Dr. Rina Prajapati
D.C.P. DNB (Path)
G-21793