

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. KUMAR DEEPAK
EC NO.	97094
DESIGNATION	JOINT MANAGER
PLACE OF WORK	MODINAGAR
BIRTHDATE	16-09-1975
PROPOSED DATE OF HEALTH CHECKUP	21-03-2023
BOOKING REFERENCE NO.	22M97094100048236E

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 **13-03-2023** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार
Government of India



दीपक कुमार
Deepak Kumar
जन्म तिथि/ DOB: 16/09/1975
पुरुष / MALE



8873 1428 4923

मेरा आधार, मेरी पहचान

deepak kumar

ID:

21-Mar-2023 10:34:14

Manipal Hospitals, Ghaziabad

47 years
Male

Caucasian

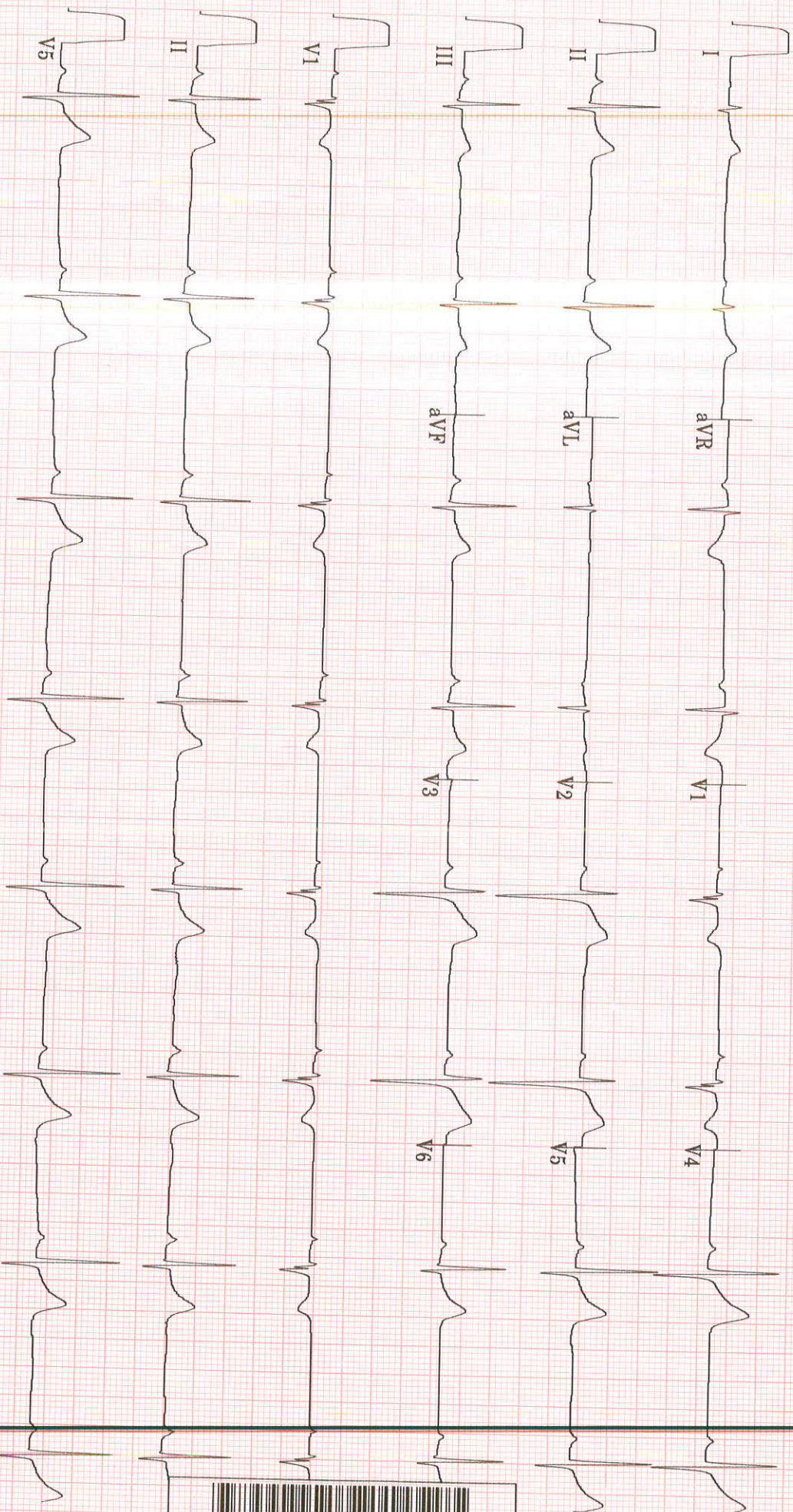
Vent. rate	45 bpm
PR interval	186 ms
QRS duration	88 ms
QT/QTc	420/363 ms
P-R-T axes	72 92 61

Marked sinus bradycardia
Rightward axis
Abnormal ECG

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 hv 2.5s + 3 rhythm 1da





TMT INVESTIGATION REPORT

Patient Name : Mr Deepak KUMAR	Location : Ghaziabad
Age/Sex : 47Year(s)/male	Visit No : V0000000001-GHZB
MRN No MH010862798	Order Date : 21/03/2023
Ref. Doctor : HCP	Report Date : 21/03/2023

Protocol	: Bruce	MPHR	: 173BPM
Duration of exercise	: 7min 00sec	85% of MPHR	: 147BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 155BPM
Blood Pressure (mmHg)	: Baseline BP : 118/72mmHg Peak BP : 136/76mmHg	% Target HR	: 89%
		METS	: 8.5METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	54	118/72	Nil	No ST changes seen	Nil
STAGE 1	3:00	116	130/72	Nil	No ST changes seen	Nil
STAGE 2	3:00	147	130/72	Nil	No ST changes seen	Nil
STAGE 3	1:00	155	136/76	Nil	No ST changes seen	Nil
RECOVERY	3:03	75	120/72	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra SinghMD, 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

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RADIOLOGY REPORT

Name	Deepak KUMAR	Modality	US
Patient ID	MH010862798	Accession No	R5113628
Gender/Age	M / 47Y 6M 4D	Scan Date	21-09-2023 11:11:27
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	21-09-2023 11:47:58

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 129 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 82 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 10.4 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.7 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 35 mm.
Left Kidney: measures 106 x 44 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 44 x 30 x 28 mm with volume 20 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta,
MBBS,DNB,MNAMS,FRCR(I)
Consultant Radiologist, Reg no DMC/R/14242

MANIPAL HOSPITALS

This document is digitally signed and hence no manual signature is required

Teleradiology services provided by Manipal Hospitals Radiology Group
www.manipalhospitals.com

LABORATORY REPORT

Name	: MR DEEPAK KUMAR	Age	: 47 Yrs) Sex :Male
Registration No	: MH010862798	Lab No	: 32230308212
Patient Episode	: H1800000357	Collection Date	: 21 Mar 2023 20:20
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 21:18
Receiving Date	: 21 Mar 2023 20:27		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	1.130	ng/mL	[<2.500]

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

Name	: MR DEEPAK KUMAR	Age	: 47 Yr(s) Sex :Male
Registration No	: MH010862798	Lab No	: 32230308212
Patient Episode	: H18000000357	Collection Date	: 21 Mar 2023 20:20
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 21:18
Receiving Date	: 21 Mar 2023 20:27		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.11	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.35	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.910	µIU/mL	[0.340-4.250]

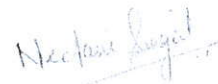
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* 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-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT

Name : MR DEEPAK KUMAR Age : 47 Yrs Sex : Male
 Registration No : MH010862798 Lab No : 202303001954
 Patient Episode : H1800000357 Collection Date : 21 Mar 2023 10:14
 Referred By : HEALTH CHECK MGD Reporting Date : 21 Mar 2023 15:36
 Receiving Date : 21 Mar 2023 11:32

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.94	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	13.5	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.3	%	[40.0-50.0]
MCV (DERIVED)	85.6	fL	[83.0-101.0]
MCH (CALCULATED)	27.3	pg	[27.0-32.0]
MCHC (CALCULATED)	31.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]
Platelet count	130 #	x 10³ cells/cumm	[150-400]
MPV (DERIVED)	15.1		
WBC COUNT (TC) (IMPEDENCE)	3.75 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	60.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[17.0-45.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	3.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	/1sthour	[0.0-

LABORATORY REPORT

Name	: MR DEEPAK KUMAR	Age	: 47 Yr(s) Sex : Male
Registration No	: MH010862798	Lab No	: 202303001954
Patient Episode	: H18000000357	Collection Date	: 21 Mar 2023 11:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 15:32
Receiving Date	: 21 Mar 2023 11:32		

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	1.000	(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	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

LABORATORY REPORT

Name	: MR DEEPAK KUMAR	Age	: 47 Yr(s) Sex : Male
Registration No	: MH010862798	Lab No	: 202303001954
Patient Episode	: H18000000357	Collection Date	: 21 Mar 2023 10:14
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 17:38
Receiving Date	: 21 Mar 2023 11:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.0 #	%	[0.0-5.6]
Estimated Average Glucose (eAG)	126	mg/dl	

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

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.

HBA1C TEST HAS BEEN PERFORMED BY METROPOLIS.

LABORATORY REPORT

Name	: MR DEEPAK KUMAR	Age	: 47 Yr(s) Sex :Male
Registration No	: MH010862798	Lab No	: 202303001954
Patient Episode	: H1800000357	Collection Date	: 21 Mar 2023 10:14
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 12:43
Receiving Date	: 21 Mar 2023 11:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL	189	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	68	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	68.0 #	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	14	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	107.0	mg/dl	[<120.0]
Near/ Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	2.8		Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

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LABORATORY REPORT

Name	: MR DEEPAK KUMAR	Age	: 47 Yrs) Sex :Male
Registration No	: MH010862798	Lab No	: 202303001954
Patient Episode	: H18000000357	Collection Date	: 21 Mar 2023 10:14
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 12:43
Receiving Date	: 21 Mar 2023 11:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	18.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.77	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.0	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.87	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.3	mmol/l	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	108.1	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. 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.			

LABORATORY REPORT

Name	: MR DEEPAK KUMAR	Age	: 47 Yr(S) Sex :Male
Registration No	: MH010862798	Lab No	: 202303001954
Patient Episode	: H18000000357	Collection Date	: 21 Mar 2023 10:14
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2023 12:43
Receiving Date	: 21 Mar 2023 11:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.61	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.48	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.44	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.50		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	39.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	29.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	51.0	IU/L	[32.0-91.0]
GGT	44.0		[7.0-50.0]

LABORATORY REPORT

Name : MR DEEPAK KUMAR Age : 47 Yr(s) Sex : Male
Registration No : MH010862798 Lab No : 202303001954
Patient Episode : H18000000357 Collection Date : 21 Mar 2023 10:14
Referred By : HEALTH CHECK MGD Reporting Date : 21 Mar 2023 12:48
Receiving Date : 21 Mar 2023 11:32

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	AB 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. Alka Dixit Vats
Consultant Pathologist

LABORATORY REPORT


Name : MR DEEPAK KUMAR Age : 47 Yr(s) Sex : Male
Registration No : MH010862798 Lab No : 202303001955
Patient Episode : H18000000357 Collection Date : 21 Mar 2023 10:14
Referred By : HEALTH CHECK MGD Reporting Date : 21 Mar 2023 12:43
Receiving Date : 21 Mar 2023 10:14

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	100.0	mg/dl	[70.0-110.0]

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


Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MR DEEPAK KUMAR Age : 47 Yr(s) Sex : Male
Registration No : MH010862798 Lab No : 202303001956
Patient Episode : H1800000357 Collection Date : 21 Mar 2023 12:45
Referred By : HEALTH CHECK MGD Reporting Date : 21 Mar 2023 15:11
Receiving Date : 21 Mar 2023 12:45


BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	102.0	mg/dl	[80.0-140.0]

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

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


Dr. Alka Dixit Vats
Consultant Pathologist