

भारतीय चिह्न गुरुतु प्राधिकार

भारत सरकार

Unique Identification Authority of India  
Government of India

नोएडादल कुरु संख्ये / Enrollment No. : 1028/99618/29436

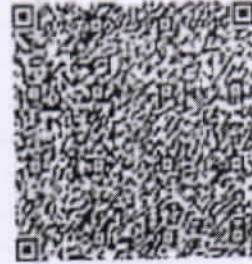
17/12/2016

To  
Psvndv Prasad  
प्रवन्दव प्रसाद  
S/O: Pallikonda Lakshmana Rao  
#40-17-36  
fakir gudem  
pltkl ramakotalah veedhi  
vijayawada  
Vijayawada (Urban)  
Venkateswarapuram, Vijayawada (urban), Krishna,  
Andhra Pradesh - 520010  
7349356897



KA025510177FH

02551017



निम्न आधार संख्ये / Your Aadhaar No. :

**3393 5907 2600**

नन्नु आधार, नन्नु गुरुतु



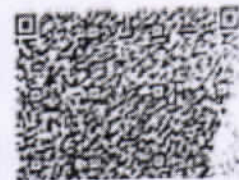
भारत सरकार  
Government of India



प्रवन्दव प्रसाद  
Psvndv Prasad

जन्म दिन / DOB: 21/07/1979

पुरुष / Male





बैंक ऑफ बरोडा  
Bank of Baroda

प्रसाद पी एस वी एन डी वी

नाम  
Name  
Prasad PSVNDV

E.C. No.  
167645



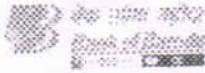
*Prasad PSVNDV*

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder





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. PSVNDV PRASAD
EC NO.	167645
DESIGNATION	HEAD CASHIER "E"_II
PLACE OF WORK	REMALLE
BIRTHDATE	21-07-1979
PROPOSED DATE OF HEALTH CHECKUP	12-11-2022
BOOKING REFERENCE NO.	22D167645100028370E

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 **28-10-2022** 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))



PSVNDV. PRASAD

Male

43 Years

Rate 99 . Atrial fibrillation..... V-rate 97-100, irreg A-activity  
RSR' in V1 or V2, right VCD or RVH..... QRS area positive & R' V1/V2

PR 97  
QRS 360  
QT 462  
QTC

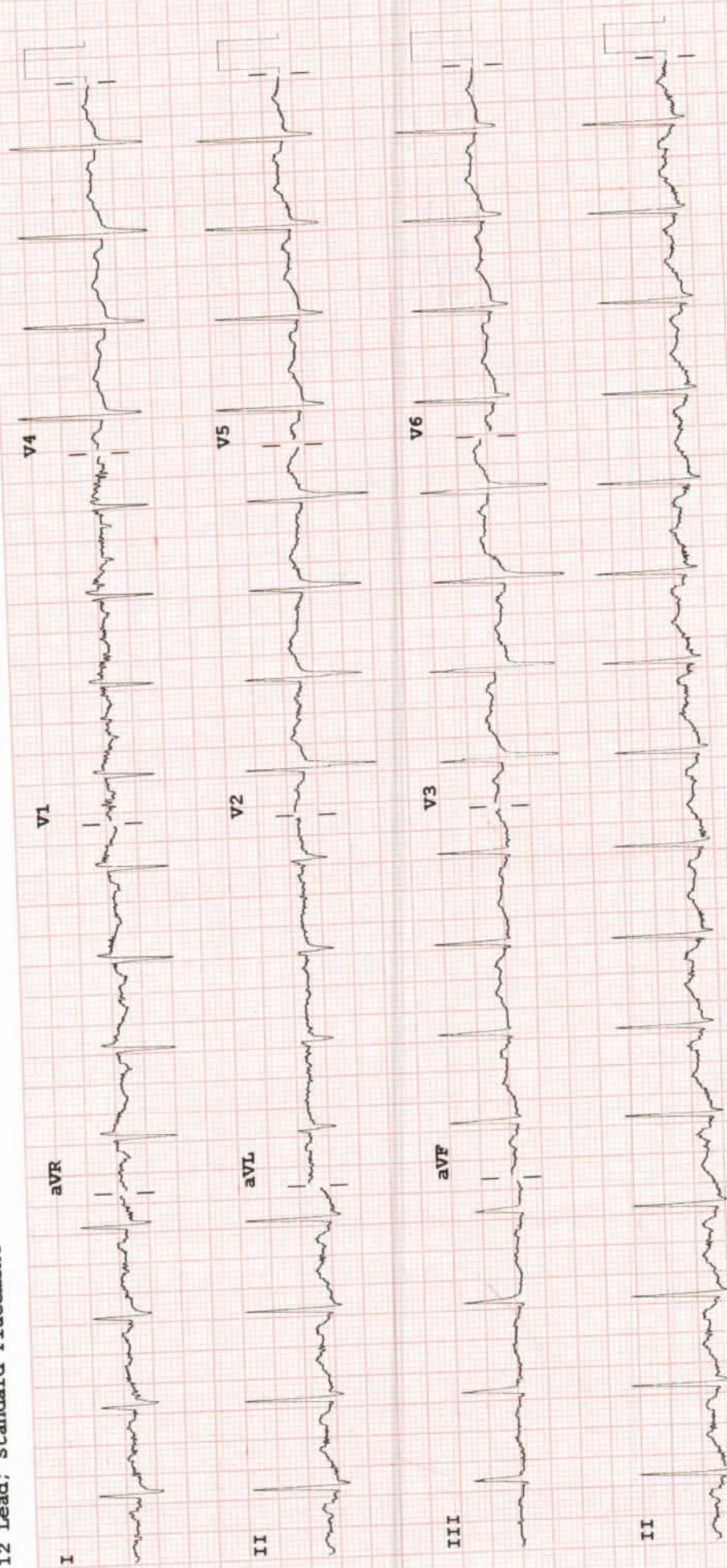
--AXIS--

P 79  
QRS 39  
T

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?

RECORDED WITH

PHILIPS





## 2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient's Name –: PSVNDV PRASAD Age/Sex :- 43Y/M Date: 12-11-2022 OP No: 69940

### M-MODE:

LV: 4.4 X 2.9 cms EF :62 % FS : 31 %  
LA: 2.8 cms  
AO: 2.6 cms  
IVS: 1.0 cms  
PW: 0.8 cms

### B-MODE:

LV: NO RWMA  
LA: NORMAL  
RA: NORMAL  
RV: NORMAL  
AO: NORMAL  
PA: NORMAL  
IAS: Intact  
IVS: Intact

Mitral Valve : NORMAL  
Aortic Valve : NORMAL  
Tricuspid Valve: ; NORMAL  
Pulmonary Valve: ; NORMAL

### PERICARDIUM: NO PE

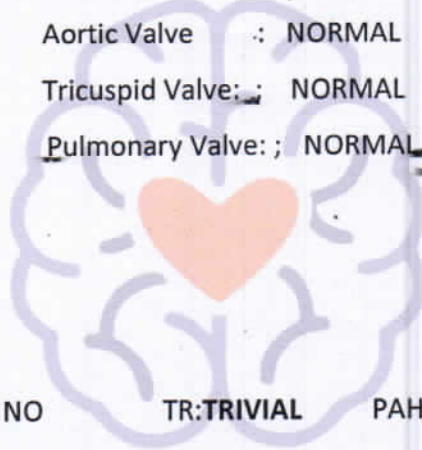
Colour Flow: \_\_ MR : TRIVIAL AR: NO TR:TRIVIAL PAH: NO

### DOPPLER:

MV Flow: A<E AV Flow: 1.0 M/s, PV Flow: 0.8 M/s, RVSP: 18 mmHg

### IMPRESSION

MILD CONCENTRIC LVH  
NO RWMA  
NORMAL LV FUNCTION  
TRIVIAL MR, TRIVIAL TR , NO PAH  
NO VEGETATION/CLOT/PE



DR. S. Viswanatha Kartik MD, DM,  
Dept. of Cardiology  
Consultant Interventional Cardiologist.

Dr. N. Anil Kumar MD., DM, FESC. FSCAI  
Dept. of Cardiology,  
Consultant Interventional Cardiologist.



Name: P.Prasad

Age/Sex: 43 yrs/M

Ref. By: Dr. D.PUJITHA MD(GEN)

Date: 12.11.2022

### **ULTRASONOGRAPHY OF ABDOMEN**

- LIVER:** **15.9 cm Enlarged in size and increased echotexture.**  
No focal lesions noted. No intra-hepatic biliary dilatation.
- PORTAL VEIN:** Normal in calibre.
- GALLBLADDER:** Distended. Wall thickness is normal.  
No calculi / peri cholecystic fluid collection.
- CBD:** Normal in calibre.
- PANCREAS:** Normal in size and texture.  
No focal lesions / ductal dilatation / calcifications.
- SPLEEN:** **9.3 cm** Normal in size and echotexture. No focal lesions.
- RETROPERITONEUM:** Aorta & IVC are normal in calibre.  
No pre/para aortic lymphadenopathy. No obvious mass lesions at adrenal region.
- RIGHT KIDNEY:** **10.8 x 4.1 cm** Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.
- LEFT KIDNEY:** **10.9 x 4.6 cm** Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.
- URINARY BLADDER:** Distended. Mural thickness is normal. No Calculi.
- PROSTATE** : Normal
- \*No obvious pelvic pathology noted.
- \*No free fluid noted in peritoneal cavity.

### **CONCLUSION:**

- ***Hepatomegaly with grade I fatty liver.***

SUGGEST CLINICAL CORRELATION.

Dr Pavan Kumar Polagani MBBS,DNB

Consultant Radiologist  
Dr. PAVAN KUMAR POLAGANI  
MBBS, DNB

Regd.No: 70809

CONSULTANT RADIOLOGIST



Name : Mr. PSVNDV PRASAD OPMR69940  
Visit No. : V200014522  
Age/Gender : 43 Y/Male  
Referred by : Dr DR PUJITHA DUGGIRALA  
External Visit ID : OPMR69940

Patient No. : P100010818  
Registered On : 12/11/2022 09:34  
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**Final Report**

Test Name / Method	Results	Units	Reference Range	Sample Type
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**HAEMATOLOGY**

**ERYTHROCYTE SEDIMENTATION  
RATE-ESR**  
*Manual-Modified Westergren*

20 mm/hr  $\leq 10$

Whole Blood

**BLOOD GROUP & RH TYPING**  
*method : Slide Agglutination*

" AB "  
POSITIVE

**Interpretation Notes :**

\*Suggested Gel card method for confirmation.

NOTE : ABO group should be reconfirmed after 6 months of age in newborn, as the ABO antibodies are weak or absent in sera until 3-6 months of age.

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

PROCESSED BY : MOGHAL HAJAVALI

VERIFIED BY : G SURESH

Dr. MUSTHAQ AHMED  
M.Sc, PHD

MEERJA RAFI  
M.Sc,M.Phil,DCR

SREE VANI BADDIPUTI  
MBBS, MD.  
Reg.No : 66636





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Test Name / Method	Results	Units	Reference Range	Sample Type
<b>HAEMATOLOGY</b>				
<b>Complete Blood Count</b>				
<b>HAEMOGLOBIN</b> <i>Photometry- SLS Method</i>	15.2	gms/dl	13.0 - 17.0	Whole Blood
<b>TOTAL COUNT/WBC</b> <i>Automated -Electrical Impedance/Manual</i>	8800	cells/cumm	4000 - 10000	
<b>DIFFERENTIAL COUNT (DC)</b> <i>Automated -Flow Cytometry/Manual</i>				
<b>DIFFERENTIAL COUNT (DC)</b>				
NEUTROPHILS	54	%	40-75	
LYMPHOCYTES	35	%	20-40	
EOSINOPHILS	06	%	1 - 6	
MONOCYTES	05	%	2 - 10	
BASOPHILS	00	%	<1 - 2	
<b>RED BLOOD COUNT - RBC</b> <i>method :Electrical Impedance</i>	5.14	million/cumm	4.5 - 5.5	
<b>PACKED CELL VOLUME- PCV</b> <i>method : Calculated</i>	45.0	%	40 - 50	
<b>MEAN CORPUSCULAR VOLUME-MCV</b> <i>method : Calculated</i>	87.6	fL	83 - 101	
<b>MEAN CORPUSCULAR HAEMGLOBIN-MCH</b> <i>method : Calculated</i>	29.6	pg	27- 32	
<b>MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATIONMCHC</b> <i>method : Calculated</i>	33.8	gm/dl	31.5 - 34.5	
<b>RDW</b> <i>Automated-Electrical Impedance</i>	14.0	%	11.6 - 14	
<b>PLATELET COUNT</b> <i>Automated -Electrical Impedance</i>	3.00	Lakhs/cmm	1.5 - 4.1	

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

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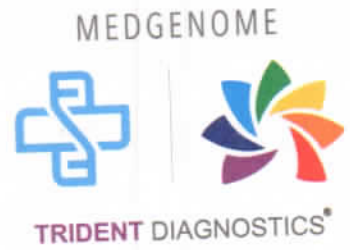
**MEERJA RAFI**  
M.Sc,M.Phil,DCR





**ANU** Institute of  
**Neuro & Cardiac  
Sciences**

#3-20/14, Main Road, Enikepadu, Vijayawada - 521108.  
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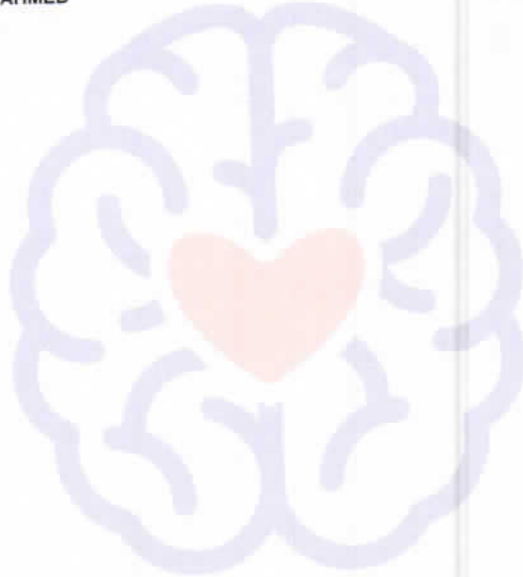


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**CLINICAL BIOCHEMISTRY**

<b>BLOOD UREA NITROGEN-BUN</b> <i>method : Derived</i>	8	mg/dl	6 - 20	SERUM
<b>SERUM CREATININE</b> <i>method : Jaffe Kinetic</i>	0.69	mg/dl	0.7 - 1.2	
<b>Interpretation Notes :</b>				
<ul style="list-style-type: none"> <li>• Creatinine is a waste product largely from muscle breakdown. High values, especially with high BUN levels, may indicate problems with the kidneys. Increased levels observed in Acute or chronic renal failure; urinary tract obstruction, nephrotoxic drugs.</li> <li>• creatinine is widely used as a test of renal (Kidney) function both as a general screen, along with urine protein, for renal disease, and as a test for monitoring of renal function in patients with renal disorder. Decreased creatinine are seen in reduced muscle mass, possible drug effect.</li> <li>• Values have to be correlated with the clinical findings.</li> </ul>				
<b>BUN/Creatinine Ratio</b> <i>method : Calculated</i>	13	%		
<b>URIC ACID</b> <i>Method: Uricase-POD</i>	5.7	mg/dl	3.4 - 7.0	

Whole Blood

<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b> <i>*method : Turbidimetric Inhibition Immunoassay</i>				
<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b>	9.2	%	<= 5.6 % - Normal 5.7 - 6.4 % -Prediabetes >= 6.5 % - Diabetes	
<b>Estimated Average Glucose(eAG)</b>	217	mg/dl		

**Interpretation Notes :**

- Estimated average Glucose (eAG) is calculated as per Diabetic Control & Complication Trial (DCCT) guidelines.
- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- HbA1c may be falsely low in diabetics with haemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
- Abnormal hemoglobins might affect the RBC or glycation rates. In these cases even analytically correct results do not reflect the same level of glycemic control.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Values have to be correlated with the clinical findings.

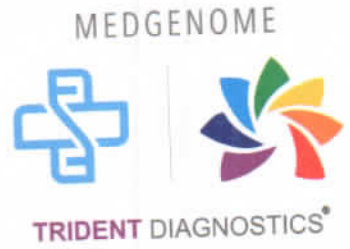
<b>PROSTATE SPECIFIC ANTIGEN (PSA)- Total</b> <i>Method : ECLIA</i>	0.31	ng/ml	< 3.2 ng/mL	SERUM
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# ANU Institute of Neuro & Cardiac Sciences

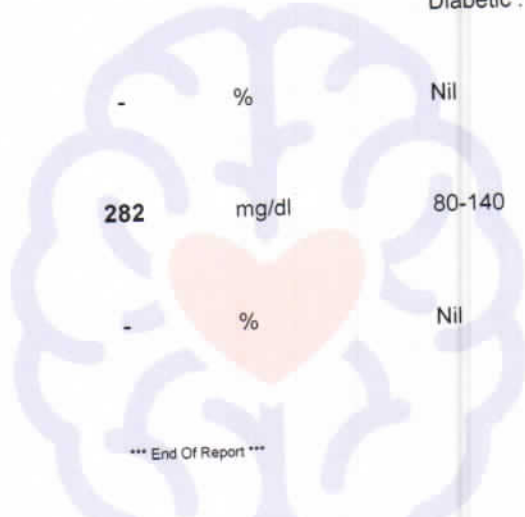
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<b>FASTING BLOOD SUGAR</b> <i>method : Hexokinase</i>	<b>140</b>	mg/dl	Normal: 70 - 99 Pre-Diabetic : 100 - 125 Diabetic : >126	FLOURIDE PLASMA
<b>FASTING URINE SUGAR</b> <i>method : Reagent Strip</i>	-	%	Nil	URINE
<b>POST PRANDIAL BLOOD SUGAR</b> <i>method : Hexokinase</i>	<b>282</b>	mg/dl	80-140	FLOURIDE PLASMA
<b>POST PRANDIAL URINE SUGAR</b> <i>method : Reagent Strip</i>	-	%	Nil	URINE




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

PROCESSED BY : MOGHAL HAJAVALI

VERIFIED BY : G SURESH

  
 Dr.MUSTHAQ AHMED  
 M.Sc, PHD

  
 MEERJA RAFI  
 M.Sc,M.Phil,DCR

  
 SREE VANI BADDIPUTI  
 MBBS, MD.  
 Reg.No : 66636

# All investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically.  
 \*Lab Managed by Trident Diagnostics - A MedGenome subsidiary



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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Lipid Profile</b>				
<b>CHOLESTEROL TOTAL</b> <i>Method : CHOD-POD</i>	221	mg/dl	200-239: Borderline >240: Elevated <200: Normal	SERUM
<b>TRIGLYCERIDES</b> <i>Method : GPO/POD</i>	254	mg/dl	<150: Normal 151-200: Borderline 201-499: High >500: Very High	
<b>HDL CHOLESTEROL</b> <i>Direct Method</i>	28	mg/dl	>55 NoRisk 35-55 Moderate Risk <35 High Risk	
<b>LDL CHOLESTEROL</b> <i>Direct Method</i>	169	mg/dl	<100: Optimal 101-129: Near/Above Optimal 130-159: Borderline 160-189: High >190: Very High	
<b>VLDL CHOLESTEROL</b> <i>method : Calculated</i>	24	mg/dl	7.0-40.0	
<b>CHOL/HDL RATIO</b> <i>method : Calculated</i>	7.8		0.0-4.5	
<b>LDL/HDL RATIO</b> <i>method : Calculated</i>	6.0		0.0-3.5	

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

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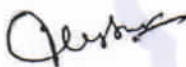
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Test Name / Method	Results	Units	Reference Range	Sample Type
<b>CLINICAL BIOCHEMISTRY</b>				
<b>THYROID PROFILE</b>				
<b>TRIODO THYRONINE-T3 TOTAL</b> Method : ECLIA	1.08	ng/ml	0.80 - 2.0	SERUM
<b>THYROXINE -T4 TOTAL</b> Method : ECLIA	9.06	ug/dl	5.1 - 14.1	
<b>THYROID STIMULATING HORMONE - TSH (Ultra Sensitive)</b> Method : ECLIA	3.44	mIU/ml	0.40 - 4.20	

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

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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Liver Function Test</b>				<b>SERUM</b>
<b>TOTAL BILIRUBIN</b> <i>method : Diazonium</i>	1.05	mg/dl	0.0-1.2	
<b>BILIRUBIN DIRECT</b> <i>method : Diazonium</i>	0.34	mg/dl	0 - 0.3	
<b>BILIRUBIN INDIRECT</b> <i>method : Calculated</i>	0.71	mg/dl	0.0-1.0	
<b>SGOT(AST)</b> <i>Without P5p</i>	27	U/L	Upto 40	
<b>SGPT(ALT)</b> <i>Without P5p</i>	27	U/L	Upto 41	
<b>ALKALINE PHOSPHATASE</b> <i>Method : PNPP</i>	135	IU/L	35 - 140	
<b>GAMMA GT</b> <i>Szasz Method</i>	66	U/L	8 - 61	
<b>TOTAL PROTEIN</b> <i>method : Biuret</i>	8.2	g/dl	6.4 - 8.7	
<b>ALBUMIN</b> <i>Method : BCG</i>	4.4	g/dl	3.5-5.2	
<b>GLOBULIN</b> <i>method : Derived</i>	3.8	gm/dl	2.5-3.8	
<b>A/G RATIO</b> <i>method : Calculated</i>	1.1		1.0-2.1	

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

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**CLINICAL PATHOLOGY**

URINE

**URINE ROUTINE/ANALYSIS**

method : Macroscopic Examination

**PHYSICAL EXAMINATION**

**COLOUR**  
Method: Macroscopic examination  
**VOLUME**  
Method: Macroscopic examination  
**APPEARANCE**  
Method: Macroscopic examination  
**SPECIFIC GRAVITY**  
Method: Reagent Strip Method (Ion exchange)

**CHEMICAL EXAMINATION**

**pH** Method: Reagent Strip Method (Double Indicator)  
**PROTEIN** Method: Reagent Strip Method (Protein Error of indicator/SSA Test)  
**GLUCOSE**  
Method: Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)  
**KETONES** Method: Reagent Strip Method (Sodium Nitroprusside Test)  
**LEUCOCYTE ESTERASE**  
**UROBILINOGEN**  
Method: Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)  
**BILIRUBIN**  
Method: Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)  
**BLOOD** Method: Reagent Strip Method (Peroxidase - Like Activity)  
**NITRITES**  
Method: Reagent Strip Method (Diazonium Method)

**MICROSCOPIC EXAMINATION**

**RBCs**  
Method: Microscopic Examination  
**EPITHELIAL CELLS**  
Method: Microscopic Examination  
**PUS CELLS**  
Method: Microscopic Examination

PALE YELLOW			Pale Yellow/Clear
20	ml	-	
SEMI TURBID			Clear
1.015		1.005-1.030	
6.5		4.6-8.0	
NEGATIVE			Negative
NEGATIVE	%		Negative
NEGATIVE			Negative
NEGATIVE			Negative
NIL			<1.0 mg/dL
NEGATIVE			Negative
NEGATIVE			Negative
NEGATIVE			Negative
NIL	/HPF	0 - 2	
1-2	/HPF	0 - 5	
4-6	/HPF	0-3	



Name : Mr. PSVNDV PRASAD OPMR69940  
Visit No. : V200014522  
Age/Gender : 43 Y/Male  
Referred by : Dr DR PUJITHA DUGGIRALA  
External Visit ID : OPMR69940

Patient No. : P100010818  
Registered On : 12/11/2022 09:34  
Collected On : 12/11/2022 09:42  
Reported On : 12/11/2022 14:40

BACTERIA NOT SEEN Not Seen  
Method:Microscopic Examination  
CRYSTALS NOT SEEN Not Seen  
Method:Microscopic Examination  
CASTS NOT SEEN Not Seen  
Method:Microscopic Examination  
OTHERS -- -

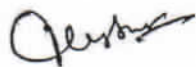
**STOOL ROUTINE**  
method : Manual

COLOUR Method:Macroscopic Examination - Brownish  
CONSISTENCY Method:Macroscopic Examination - Semi Solid  
MUCUS Method:Macroscopic Examination - Absent  
REACTION Method:Macroscopic Examination - Alkaline  
PUS CELLS Method:Microscopic Examination - 0 - 5  
RBCs Method:Microscopic Examination - Nil  
EPITHELIAL CELLS Method:Microscopic Examination - Absent  
OVA Method:Microscopic Examination - Absent  
CYSTS Method:Microscopic Examination -  
OTHER FINDING Method:Microscopic Examination -

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

PROCESSED BY : MOGHAL HAJAVALI

VERIFIED BY : G SURESH



Dr.MUSTHAQ AHMED  
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MEERJA RAFI  
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#### TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor and can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by doctor's advice for your specific care.
- Test requested might not be performed for the following reasons:
  - a) Specimen quality insufficient (inadequate collections/spillage in transit)
  - b) Specimen quality unacceptable (haemolysed/clotted/lipemic etc.)
  - c) Incorrect specimen type.
  - d) Test cancelled either on request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purpose only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a 'PRELIMINARY' status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a 'FINAL' culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column and will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL" status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get it rectified immediately. If the collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (forums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.