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	MRS. GARG NANCY
EC NO.	120738
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GHAZIABAD,VIJAY NAGAR
BIRTHDATE	30-11-1991
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M120738100100314E

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 **14-03-2024** 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))

Nancy Garg
Ref. Health checkup
20/03/2024

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NH-24, Hapur Road, Near Landcraft Golflinks,
Ghaziabad - 201002
Ph. +91 120 353 5353, M. 88609 45566
www.manipalhospitals.com

RADIOLOGY REPORT

NAME	MRS Nancy GARG	STUDY DATE	29/03/2024 9:36AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010665579
ACCESSION NO.	R7142553	MODALITY	CR
REPORTED ON	29/03/2024 9:44AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:
LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: 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

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

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RADIOLOGY REPORT

NAME	MRS Nancy GARG	STUDY DATE	29/03/2024 10:06AM
AGE / SEX	32 y / F	HOSPITAL NO.	MH010665579
ACCESSION NO.	R7142554	MODALITY	US
REPORTED ON	29/03/2024 10:31AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears enlarged in size (measures 152 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.
SPLEEN: Spleen is normal in size (measures 85 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 9.1 mm.
COMMON BILE DUCT: Appears normal in size and measures 2.7 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 97 x 32 mm.
Left Kidney: measures 98 x 42 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.
UTERUS: Uterus is anteverted, bulky in size (measures 98 x 47 x 42 mm) but normal in shape and shows coarse myometrial echotexture.
Endometrial thickness measures 2.8 mm. Cervix appears normal.
OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
Right ovary measures 31 x 30 x 16 mm with volume 7.7 cc.
Left ovary measures 30 x 29 x 15 mm with volume 6.7 cc.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.
-Bulky uterus with coarse myometrial echotexture.

Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

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LABORATORY REPORT

Name	:	MRS NANCY GARG	**Age**	:	32 Yr(s) Sex :Female
Registration No	:	MH010665579	**Lab No**	:	202403004220
Patient Episode	:	H18000002002	**Collection Date :**		29 Mar 2024 09:21
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		29 Mar 2024 14:12
Receiving Date	:	29 Mar 2024 09:21			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.070	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.420	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.120	µIU/mL	[0.250-5.000]

NOTE:
TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.
In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.
The TSH assay aids in diagnosing thyroid or hypophysial disorders.
The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.
The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

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LABORATORY REPORT

Name	:	MRS NANCY GARG	**Age**	:	32 Yr(s) Sex :Female
Registration No	:	MH010665579	**Lab No**	:	202403004220
Patient Episode	:	H18000002002	**Collection Date :**		29 Mar 2024 09:21
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		29 Mar 2024 16:38
Receiving Date	:	29 Mar 2024 09:21			

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

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.

NOTE:
- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS NANCY GARG		**Age**	:	32 Yr(s) Sex :Female
Registration No	: MH010665579		**Lab No**	:	202403004220
Patient Episode	: H18000002002		**Collection Date :**		29 Mar 2024 09:21
Referred By	: HEALTH CHECK MGD		**Reporting Date :**		29 Mar 2024 14:34
Receiving Date	: 29 Mar 2024 09:21				

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	4.17	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.4	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.7	%	[36.0-46.0]
MCV (DERIVED)	92.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.7	pg	[25.0-32.0]
MCHC(CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.2	%	[11.6-14.0]
Platelet count	282	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	10.20	fL	
WBC COUNT(TC)(IMPEDENCE)	6.72	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	48.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	**21.0 #**	**mm/1sthour**	**[0.0-**

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age** :	32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No** :	202403004220
Patient Episode	: H18000002002	**Collection Date :**	29 Mar 2024 09:21
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 16:31
Receiving Date	: 29 Mar 2024 09:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
Method: HPLC			

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)	100	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION		
Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	**SLIGHTLY TURBID**	
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)

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age**	: 32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No**	: 202403004220
Patient Episode	: H18000002002	**Collection Date**	: 29 Mar 2024 10:15
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 29 Mar 2024 14:20
Receiving Date	: 29 Mar 2024 10:15		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	**8-10 /hpf**	**(0-5/hpf)**
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	2-4 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	155	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	72	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	49	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	14	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	92.0	mg/dl	[<120.0] Near/ Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age**	: 32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No**	: 202403004220
Patient Episode	: H18000002002	**Collection Date**	: 29 Mar 2024 09:21
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 29 Mar 2024 14:12
Receiving Date	: 29 Mar 2024 09:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum

UREA	**14.9 #**	**mg/dl**	**[15.0-40.0]**
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	**7.0 #**	**mg/dl**	**[8.0-20.0]**
Method: Calculated			
CREATININE, SERUM	**0.58 #**	**mg/dl**	**[0.70-1.20]**
Method: Jaffe rate-IDMS Standardization			
URIC ACID	**3.8 #**	**mg/dl**	**[4.0-8.5]**
Method:uricase PAP			
SODIUM, SERUM	137.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.18	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	122.4	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 to1.73 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.

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age**	: 32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No**	: 202403004220
Patient Episode	: H18000002002	**Collection Date**	: 29 Mar 2024 09:21
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 29 Mar 2024 14:12
Receiving Date	: 29 Mar 2024 09:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL *Method: D P D*	0.72	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.59	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	6.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.36	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	2.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.95		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	15.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	**13.50 #**	**U/L**	**[14.00-54.00]**
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	54.0	IU/L	[32.0-91.0]
GGT	15.0	U/L	[7.0-50.0]

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age**	: 32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No**	: 202403004220
Patient Episode	: H18000002002	**Collection Date**	: 29 Mar 2024 09:21
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 29 Mar 2024 14:12
Receiving Date	: 29 Mar 2024 09:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age**	: 32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No**	: 202403004221
Patient Episode	: H18000002002	**Collection Date**	: 29 Mar 2024 09:21
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 29 Mar 2024 14:12
Receiving Date	: 29 Mar 2024 09:21		

BIOCHEMISTRY

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

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia), Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MRS NANCY GARG	**Age** :	32 Yr(s) Sex :Female
Registration No	: MH010665579	**Lab No** :	202403004222
Patient Episode	: H18000002002	**Collection Date :**	29 Mar 2024 13:24
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	29 Mar 2024 16:04
Receiving Date	: 29 Mar 2024 13:24		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE
Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	116.0	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----------

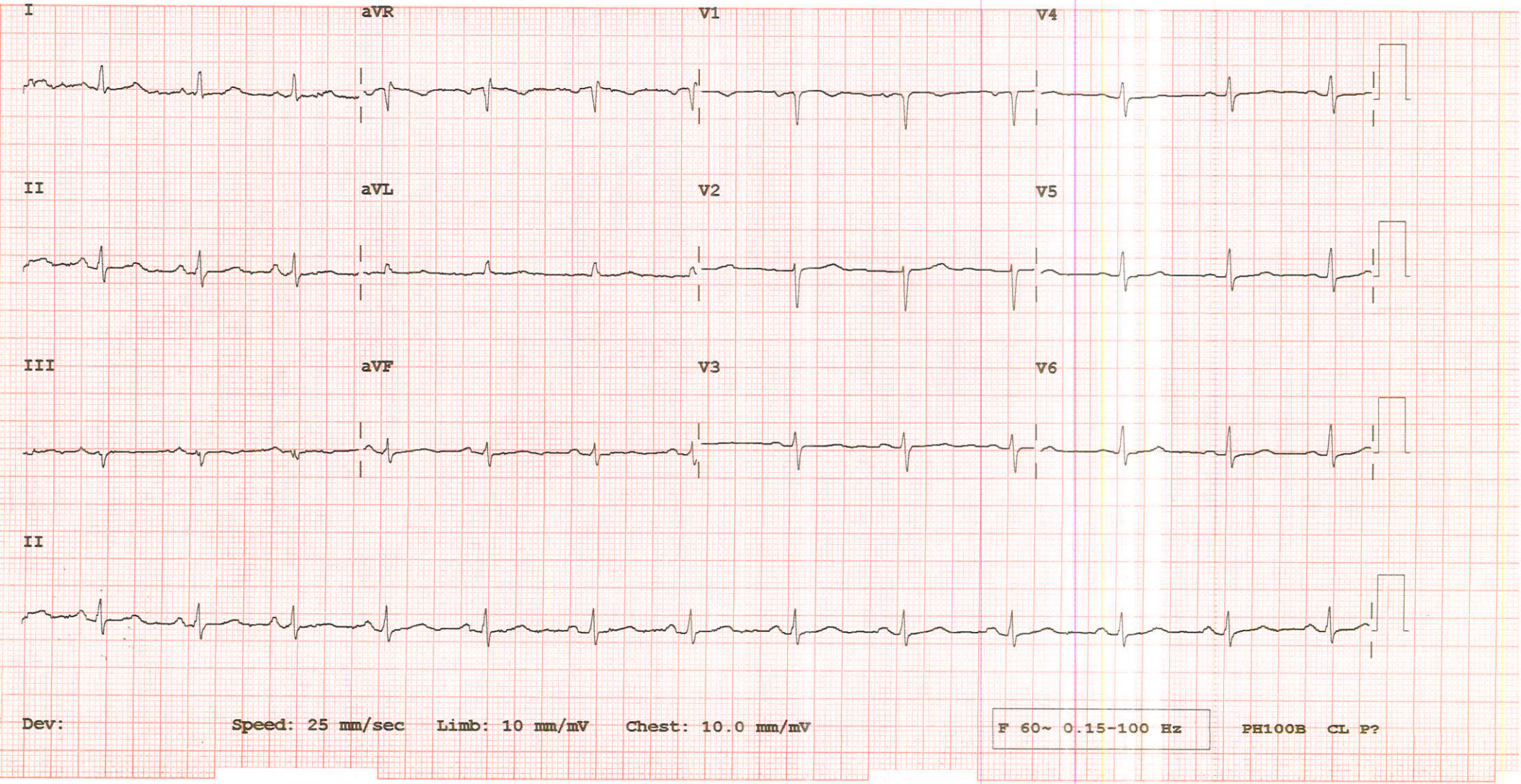
Dr. Alka Dixit Vats
Consultant Pathologist

10665579 29/03/2024 10:20:55 NANCY GARG

Manipal Hospitals, Ghaziabad

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH100B CL P?

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TMT INVESTIGATION REPORT

Patient Name	MRS NANCY GARG	Location	: Ghaziabad
Age/Sex	: 32Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH010665579	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol : Bruce
Duration of exercise : 5min 27sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
Peak BP : 150/90mmHg

MPHR : 188BPM
85% of MPHR : 159BPM
Peak HR Achieved : 168BPM
% Target HR : 89%
METS : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	86	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	143	140/90	Nil	No ST changes seen	Nil
STAGE 2	2:35	163	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:24	94	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** 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

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