

प्रति,

समन्वयक,

Mediwheel (Arcofem) Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	PRIYANKA MALAV
जन्म की तारीख	14-12-1993
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	20-11-2023
बुकिंग संदर्भ सं.	23098609100075666S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. MALAV MANOJ
कर्मचारी की क.कू संख्या	98609
कर्मचारी का पद	CREDIT
कर्मचारी के कार्य का स्थान	SENDHWA
कर्मचारी के जन्म की तारीख	03-01-1984

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 18-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

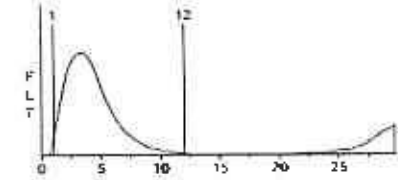
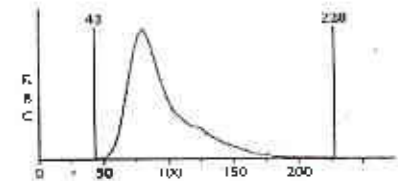
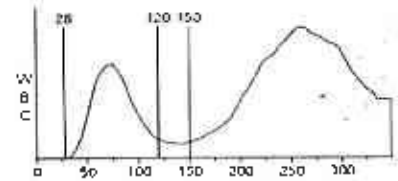
(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofem) Healthcare Limited) से संपर्क करें।)



Name: Priyanka Malav
Age: 31Year
Test Time: 2024-03-07 11:44:00 AM

ID: 000000000003
Sex: Female
Print Time: 2024-03-07 05:45:02 PM

Item	Result	Unit	Range	Hit
WBC (WBC)	13.4	10 ³ /uL	4.0~11.0	H
LYM% (LYM%)	21.8	%	20.0~50.0	
MID% (MID%)	2.2	%	3.0~10.0	L
GRAN% (GRAN%)	76.0	%	50.0~75.0	H
LYM# (LYM#)	2.90	10 ³ /uL	0.80~4.00	
MID# (MID#)	0.20	10 ³ /uL	0.12~1.20	
GRAN# (GRAN#)	10.30	10 ³ /uL	2.00~7.00	H
RBC (RBC)	4.21	10 ⁶ /uL	3.60~5.50	
HGB (HGB)	11.6	g/dL	11.0~16.0	
HCT (HCT)	37.6	%	35.0~48.0	
MCV (MCV)	89.4	fL	82.0~99.0	
MCH (MCH)	27.5	pg	27.0~34.0	
MCHC (MCHC)	30.8	g/dL	32.0~36.0	L
RDW_SD (RDW_SD)	44.2	fL	37.0~54.0	
RDW_CV (RDW_CV)	14.1	%	11.5~14.5	
PLT (PLT)	310	10 ³ /uL	150~450	
MPV (MPV)	6.4	fL	7.4~10.4	L
PDW (PDW)	8.3	fL	10.0~16.0	L
PCT (PCT)	0.19	%	0.10~0.28	
P_LCR (P_LCR)	7.10	%	13.00~43.00	L
P_LCC (P_LCC)	22	10 ³ /uL	13~129	



Sender: Self

Patho./Technologist

Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769		PATIENT ID 322359244	
Name Mrs. PRIYANKA MALAV	Visit Date & Time 07/03/2024 18:57:10	Ref. Lab Phaiya Diagnostic Center	
Age 31 Yrs	Sample Accepted at 07/03/2024 16:57:38	Ref. By	
Sex Female	Test Authenticated at 07/03/2024 21:22:08		



BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
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HBA1C

HAEMOGLOBIN GLYCOSYLATED BLOOD

Method: H.P.L.C. with EDTA Blood

5.90 % SEE BELOW

HBA1c (%) Interpretation

- Below 6.0% - Normal Value
- 6.0% - 7.0% - Good Control
- 7.0% - 8.0% - Fair Control
- 8.0% - 10% - Unsatisfactory Control
- above 10% - Poor Control

Method- Fully Automated H.P.L.C. Method using Bidirectional ,NGSP Certified.

Clinical Information:

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.

AVERAGE BLOOD GLUCOSE

123 H

- 90 - 120 Very Good Control
- 121 - 150 Adequate Control
- 151 - 180 Sub-optimal Control
- 181 - 210 Poor Control
- > 211 Very Poor Control



Dr. G P Shukla

M.D. Pathology
R.M.C. No: 15151

Abbreviations Meaning: H - High, L - Low, HH - Critically High, LL - Critically Low, @ - Repeat

Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation. Subject to Jaipur Jurisdiction

Technologist

Lab No. : 070324-003
Patient's Name : MRS. PRIYANKA MALAV
Referred By : C/O MSM HOSPITAL KOTA
Consultant Dr. :

Date : 27-Mar-2024
Age/Sex : 31 Y /F

LABORATORY INVESTIGATION REPORTS

Test	Patient's Value	Reference Value
URINE		
URINE SUGAR Fasting	Absent	Absent
HAEMATOLOGY		
E.S.R (WINTROBES METHOD)	33 mm 1st hour	0 - 18 mm 1st hour
Blood Group	"B"	
Rh (D) Factor	Positive	

BIOCHEMISTRY

URIC ACID 3.6 mg/dl 2.5 - 6.2 mg/dl

Uric acid:- Uric acid is a metabolite found in purines, nucleic acid and nucleoproteins. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation. Serum uric acid concentration varies from individual to individual depending on several factors viz. sex, diet, ethnic origin, genetic constitution and pregnancy. Increased levels are found in gout, arthritis, impaired renal renal function and starvation.

Decreased level are found in Wilsons disease, Fanconis syndrome and yellow atrophy of the liver.

Patho/Technologist

Lab No. : 070324-003
Patient's Name : MRS. PRIYANKA MALAV
Referred By : C/O MSM HOSPITAL KOTA
Consultant Dr. :

Date : 7-Mar-2024
Age/Sex : 31 Y/F

LABORATORY INVESTIGATION REPORT

URINE EXAMINATION

Test	Patient's Value	Reference Value
PHYSICAL EXAMINATION		
Quantity	10 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear
Deposits	Absent	Absent
Specific Gravity	Q.N.S.	
CHEMICAL EXAMINATION		
Reaction	Acidic	Acidic
Sugar	Nil	Nil.
Albumin	Nil	Nil.
MICROSCOPIC EXAMINATION		
Epithelial Cells	4-6/hpf	
Pus Cells	1-2/hpf	3-5/hpf
Red Blood Cells	Nil	Nil.
Crystals	Nil	Nil.
Amorphous Material	Absent	Absent
Casts	Absent	Absent
Bacteria	Absent	Absent

Remarks:-

Urine sugar test done by Benedict's qualitative method.

Test give positive result when Glucose, Galactose, Lactose, Fructose, Maltose, Pentose present in urine.

Test give False positive result when Ascorbic acid, Homogentisic acid, Many antibiotics (Anti-tubercular drugs) Phenothiazines, Salicylates, Levodopa present in urine.

Patho/Technologist

Lab No. : 070324-003
Patient's Name : MRS. PRIYANKA MALAV
Referred By : C/O MSM HOSPITAL KOTA
Consultant Dr. :

Date : 7-Mar-2024
Age/Sex : 31 Y/F

LABORATORY INVESTIGATION REPORT

RFT MINI

Test	Patient's Value	Reference Value
UREA	20.6 mg\dl	15-45 mg\dl
CREATININE	0.8 mg\dl	0.5-1.4 mg\dl
BUN U.V. TURBIDIMETRIC	9.6 mg\dl	5-15



Patho/Technologist

Lub No. : 070324-003
 Patient's Name : MRS. PRIYANKA MALAV
 Referred By : C/O MSM HOSPITAL KOTA
 Consultant Dr. :

Date : 7-Mar-2024
 Age/Sex : 31 Y/F

LABORATORY INVESTIGATION REPORT

LIVER FUNCTION TEST

Test	Patient's Value	Reference Value
TOTAL SERUM BILIRUBIN	0.6 mg/dl	0 - 1.8 mg/dl
DIRECT SERUM BILIRUBIN	0.2 mg/dl	< 0.3 mg/dl
INDIRECT S. BILIRUBIN	0.40 mg/dl	< 0.8 mg/dl
S.G.O.T	55.2 IU/L	UP to 45 IU/L
S.G.P.T	39.2 IU/L	UP to 40 IU/L
ENZYMATIC		
ALKALINE PHOSPHATASE	86.8 IU/L	42 - 141 IU/L
PNPP (AMP)		
TOTAL PROTEIN	6.1 g/dl	6.0 to 8.5 g/dl
ALBUMIN	3.9 g/dl	3.4 to 5.6 g/dl
GLOBULIN	2.2 g/dl	1.9 to 3.5 g/dl
A:G RATIO	1.77	1.2 TO 2.3

Alkaline Phosphatase:- Serum ALP measurement of particular interest in the Hepatobiliary disease and in bone diseases. The main site of synthesis of this enzyme is hepatocytes adjacent to biliary canaliculi and active osteoblasts. However, it is known that response of the liver to any form of Biliary tree obstruction is to synthesise more ALP.

Increased activity:- Serum ALP is increased in disease of bone including Metastasis, Rickets, Pagets disease and in healing fractures, Intrahepatic or extrahepatic obstructions in liver. Elevated levels are seen in growing children due to new bone formation (Osteoblastic activity). Increased in ALP activity may often be the first indication of Hepatotoxic action of therapeutic drugs. Marked elevation in the absence of Jaundice but in the presence of primary source may be indicative of metastasis.

Decreased activity:- Low levels of ALP are found in a rare Congenital defect, Hypophosphatemia and in pernicious Anaemia.

Protein:- Total protein is useful for monitoring gross changes in protein levels caused by various disease states. It is usually performed in conjunction with other tests such as serum albumin, liver function test or protein electrophoresis. An albumin/globulin ratio is often calculated to obtain additional information.

INCREASES:- in dehydration, multiple myeloma and chronic liver diseases.

DECREASES:- in renal diseases and terminal liver failure.

Patho/Technologist

Lab No. : 070324-003
 Patient's Name : MRS. PRIYANKA MALAV
 Referred By : C/O MSM HOSPITAL KOTA
 Consultant Dr. :

Date : 7-Mar-2024
 Age/Sex : 31 Y/F

LABORATORY INVESTIGATION REPORT

LIPID PROFILE

Test	Patient's Value	Reference Value
LIPID PROFILE		
S. CHOLESTROL CHOD-PAP	170.2 mg\dl	130- 250 mg\dl
S. HDL CHOLESTROL	46.2 mg\dl	30-65 mg\dl
S. TRIGLYCERIDE	110.3 mg\dl	40-180 mg\dl
S. LDL CHOLESTROL	101.94 mg\dl	Upto 180 mg\dl
S. VLDL CHOLESTROL	22.06 mg\dl	15 - 45 mg%
CHOL / HDL RATIO	3.68 Ratio	Desirable level: <4.3 Borderline level: 4.4 - 11 High level > 11
LDL / HDL RATIO	2.21 Ratio	Desirable level: <3.0 Borderline level: 3.0-6.0 High level >6.0

CHOLESTEROL is a fat soluble steroid found in the animal fats and oils. It is distributed in the Blood, Brain, Liver, Kidney and the nerve fibers myelin sheaths. It is an essential component of the cell membrane development and production of Bile Acid, Adrenal Steroids and Sex hormones. Cholesterol Test detects disorders of blood lipids and indicate potential risk for atherosclerotic coronary artery disease.

HDL CHOLESTEROL is a class of lipoproteins produced by liver and intestines. HDL comprised of phospholipids and one or two apolipoproteins. It plays a role in the metabolism of the other lipoproteins and in cholesterol transport from peripheral tissues to the liver. Decreased HDL level are atherogenic. Elevated HDL level protect against arteriosclerosis by removing cholesterol from vessel walls and transporting it to the liver where it is removed from the body. HDL Cholesterol test assesses Coronary Artery Disease Risk and monitor persons with low HDL levels.

LDL & VLDL, The LDL Cholesterol are the cholesterol rich remanans of the VLDL lipid transport vehicle. LDL mainly entabolized in the liver and also in nonhepatic cells. The VLDL are major carriers of triglycerides. This test done to determine Coronary Heart Disease Risk. The LDLs are closely associated with increased incidence of atherosclerosis and CHD.

TRIGLYCERIDES account for more than 90% of dietary intake and comprise 95 % of fat stored in tissue. It is insoluble in water are the main plasma glycerol ester. This test evaluates suspected atherosclerosis and measures the body's ability to metabolize fat. Elevated triglycerides together with elevated cholesterol are atherosclerotic disease risk factors.

Patho/Technologist

R-20, Sector A, R. K. Puram, Kota - 324 010 Mob: 7375945789

Name Mrs. PRIYANKA MALAV	Visit Date & Time 07/03/2024 18:57:10	PATIENT ID 322359244
Age 31 Yrs	Sample Accepted at : 07/03/2024 18:57:38	Ref. Lab Phalya Diagonstic Center
Sex Female	Test Authenticated at : 07/03/2024 21:22:08	Ref. By



HORMONES & MARKERS

Test Name	Value	Status	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

THYROID-TRIIODOTHYRONINE (T3) 1.08 ng/ml 0.6 - 1.78

Method: Chemiluminescence

THYROID - THYROXINE (T4) 9.23 ug/dl 5.5 - 12.23

Method: Chemiluminescence

THYROID STIMULATING HORMONE (TSH) 1.14 uIU/ml 0.35 - 5.6

Ultra Sensitive

Method: Chemiluminescence with serum

NOTE: In pregnancy total T3, T4 increase to 1.5 times the normal range.

Reference Range (T3)

Premature Infants 26-30 Weeks, 3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

Reference Ranges (T4):

Premature Infants 26-30 weeks, 3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

Reference Ranges (TSH)

Premature Infants 26-32 weeks, 3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.16 - 16 uIU/ml

Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.

1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive hyper or low/hypo release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized.

--- End of Report ---



Dr. G P Shukla
M.D. Pathology
R.M.C. No: 15155

Abbreviations Meaning: H - High, L - Low, HLL - Critically High, LL - Critically Low, @ - Repeat

Test(s) performed on collected sample(s) received. please correlate with clinical finding & other related investigation. Subject to Jaipur jurisdiction

Technologist



आदित्या डायग्नोस्टिक्स

Ph: 0744-2470851

M: 8955758050

Committed to Quality

१४-वी, श्रीनारायणपुरम, कोटा (राज.) (लावण्या हॉस्पिटल के पॉले)

Email: adityadiagnostics@gmail.com

Patient Name:	Mrs. Priyanka	Age / Sex:	31 YRS / F
Referred By:	MSM Hospital	Date:	07/03/2024
Reg. no.	9267		
Collected on:	07/03/2024		
Investigations:	PAP SMEAR		



9267

CYTOLOGY

PAP SMEAR

TEST METHOD- Conventional Pap Smear

SPECIMEN TYPE- Received 2 Pap smears

REPORTING SYSTEM- 2014 BETHESDA System for Reporting Cervical Cytology

SPECIMEN ADEQUACY- Satisfactory for evaluation

MICROSCOPY-

Pap smear shows sheets of superficial and intermediate squamous epithelial cells.

Mild neutrophilic infiltrate and lactobacilli seen in the background.

No koilocytic change or dysplasia seen.

INTERPRETATION / RESULT- NILM (Negative for Intraepithelial Lesion or Malignancy)

EPITHELIAL CELL ABNORMALITY

- SQUAMOUS CELL ABNORMALITY- Not seen

- GLANDULAR CELL ABNORMALITY- Not seen

ADVICE- Correlate clinically.

--- End of report ---

Technologist

Page 1 of 1
Pathologist

All tests are done very carefully as per kit manufacturer's instructions. If any error is found, test can be repeated free of cost on doctor's advice. All investigations are only helpful in arriving at a diagnosis and values should be correlated clinically.

NAME	:	Priyanka Malav	AGE	:	31 Yrs
SEX	:	Female	DATE	:	09.03.2024
REF. BY	:	Self			

X-RAY CHEST

Both lung fields are normal.

Cardiac shadow is normal.

B/L CP angles are normal.

Bony shadow are normal.

Impression :-

- No significant abnormality.

Please correlate clinically.

Dr. Ritwika Kaushik
MBBS, MS
RMC 28724



पूर्ण रूप से निरोग परीक्षण एक दृष्टिकोण अपराध है।
इसकी सुझाव दोन ही 20-100 पर दो जा सकती है।


Dr. Ankur Sharma
MBBS
RMC 2

ID: 1645 2024-03-07 10:56:34



0.67~100Hz AC50 25mm/s 10mm/mV ♡97 V1.0 SEMIP V1.7 A