





(For Report Purpose Only)



PRN

: 114638

Lab No

: 14848

Patient Name

: Mrs. GOUR SUNITA

Req.No

: 14848

Age/Sex

: 41Yr(s)/Female

Collection Date & Time: 28/01/2023 08:52 AM

Company Name

: BANK OF BARODA

Print Date & Time

Reporting Date & Time : 28/01/2023 01:13 PM

Referred By

: Dr.HOSPITAL PATIENT

: 28/01/2023 01:15 PM

18000 - 16000

PARAMETER NAME

RESULT VALUE

UNIT

NORMAL VALUES

HAEMATOLOGY

HAEMOGRAM				
HAEMOGLOBIN (Hb)	:	14.1	GM/DL	Male: 13.5 - 18.0 Female: 11.5 - 16.5
PCV	:	45.1	%	Male: 40 - 54 Female: 37 - 47
RBC COUNT	:	5.33	Million/cu mm	Male: 4.5 - 6.5 Female: 3.9 - 5.6
M.C.V	:	84.6	cu micron	76 - 96
M.C.H.	:	26.5	pg	27 - 32
M.C.H.C	:	31.3	picograms	32 - 36
RDW-CV	:	13.0	%	11 - 16
WBC TOTAL COUNT	:	6250	/cumm	ADULT: 4000 - 11000 CHILD 1-7 DAYS: 8000 - 18000 CHILD 8-14 DAYS: 7800 - 16000 CHILD 1MONTH-<1YR: 4000 - 10000
PLATELET COUNT	:	264000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT				
NEUTROPHILS	:	66	%	ADULT: 40 - 70 CHILD:: 20 - 40
ABSOLUTE NEUTROPHILS	:	4125	μL	2000 - 7000
LYMPHOCYTES	:	24	%	ADULT: 20 - 40 CHILD:: 40 - 70
ABSOLUTE LYMPHOCYTES	:	1500	μL	1000 - 3000
EOSINOPHILS	:	04	%	01 - 04
ABSOLUTE EOSINOPHILS	:	250	μL	20 - 500
MONOCYTES	:	06	%	02 - 08
ABSOLUTE MONOCYTES	:	375	μL	200 - 1000
BASOPHILS	:	00 *	%	00 - 01
ABSOLUTE BASOPHILS	:	0	μL	0 - 100

Technician N

PANDURANG TAMBARE Report Type By :-

Dr. POONAM KADAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)



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NORMAL VALUES

Normocytic Normochromic

RBC MORPHOLOGY WBC MORPHOLOGY

Within Normal Limits

PLATELETS

Adequate

Not Detected

PARASITES Method: Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR ESR MM (AT The End of 1 Hr.) By : 30 mm/hr

Male: 0 - 15

Westergren Method

Female: 0 - 20

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE

Dr. POONAM KADAM MD (Microbiology), Dip.Patho

Bacteriology (MMC-2012



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UNIT

NORMAL VALUES

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP

"B"

RH FACTOR

POSITIVE

NOTE

This is for your information only.

Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.

In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE

Dr. POONAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC

For Free Home Collection Call: 9545200011



(For Report Purpose Only)



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PARAMETER NAME

RESULT VALUE

UNIT

NORMAL VALUES

BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting Blood Sugar Level PP

: 104 125 MG/DL

60 - 110

70 - 140 MG/DL

END OF REPORT

Technician,

PANDURANG TAMBARE Report Type By :-

Dr. POONAM KADAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/066



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UNIT

NORMAL VALUES

BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum) UREA NITROGEN (serum)

CREATININE (serum) URIC ACID (serum)

0.6 3.8

5.14

11

MG/DL

0 - 45 7 - 21

MG/DL MG/DL

0.5 - 1.5

MG/DL

Male: 3.4 - 7.0 Female: 2.4 - 5.7

SERUM ELECTROLYTES

139 SERUM SODIUM 4.2 SERUM POTASSIUM 104 SERUM CHLORIDE

mEq/L mEq/L mEq/L

136 - 149 3.8 - 5.2

98 - 107

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE

POONAM KADAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)

Call - 05/5200011



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NORMAL VALUES

BIOCHEMISTRY

BILIRUBIN TOTAL (serum)	:	0.6	MG/DL	INFANTS: 1.2 - 12.0 ADULT:: 0.1 - 1.2
BILIRUBIN DIRECT (serum)	:	0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	:	0.40	MG/DL	0.0 - 1.0
S.G.O.T (serum)	:	24	IU/L	5 - 40
S.G.P.T (serum)	:	25	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	:	64	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	:	7.8	GM/DL	6.4 - 8.3
ALBUMIN (serum)		4.5	GM/DL	3.5 - 5.7
GLOBULIN (serum)	:	3.30	GM/DL	1.8 - 3.6
A/G RATIO		1.36		1:2 - 2:1

END OF REPORT

Report Type By :- PANDURANG TAMBARE

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For Free Home Collection Call . 9545200011



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PARAMETER NAME

RESULT VALUE

186

125.8

13.20

3.96

2.68

UNIT

NORMAL VALUES

Male: 120 - 240

Male:: 42 - 79.5

0 - 150

Female: 110 - 230

Female: : 42 - 79.5

BIOCHEMISTRY

LIPID	PROFIL	E
-------	--------	---

CHOLESTEROL (serum)	
TRIGLYCERIDE (serum)	

66 47

LDL (serum) VLDL (serum)

HDL (serum)

CHOLESTROL/HDL RATIO

LDL/HDL RATIO

MG/DL

MG/DL

MG/DL

MG/DL MG/DL

0 - 130 5 - 51

Male: 1.0 - 5.0 Female: : 1.0 - 4.5 Male: <= 3.6 Female: <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl) HDL Cholesterol (mg/dl)	Below 200 Above 60 Below 150	200-240 40-59 150-499	Above 240 Below 40 Above 500
Triglycerides (mg/dl) LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable. Cholesterol & Triglycerides reprocessed, & confirmed.

END OF REPORT

Far Free Hama Callaction Call: 05/5200011

Technician

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Dr. POONAM KADAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)



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UNIT

NORMAL VALUES

BIOCHEMISTRY

HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by : 6.3

4.5 - 6.5

HPLC

Estimated Average Glucose (eAG) : 133.2

mg/dL

Interpretation:

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>/= 18 yrs of age) :

5.7 % - 6.4 % : Increased risk for developing diabetes.

>/= 6.5 % : Diabetes

Therapeutic goals for glycemic control:

Adults : < 7%

Toddlers and Preschoolers : < 8.5% (but > 7.5 %)

School age (6-12 yrs) : < 8%

Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from

hypoglycemia, patient motivation and adherence. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

Estimated Average Glucose (eAG)

eAG is an estimated average of blood glucose level over previous 8-12 weeks.

2. HbA1C and eAG have a linear relationship.

3. The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref : American Diabetes Association (Standards of Medical Care in Diabetes - 2022)

END OF REPORT

Technician

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Dr. POONAM KADAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/066

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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	:	1.20	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	:	8.89	μg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	:	1.63	μIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid harmone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid land, possibly due to autoantibody disease, possibly due to toxic stress or possit due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition thre is inadequte thyroid stimulating harmone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are yaking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total 10	Total 1	t Oilla I	OH
First Trimester	0.86 - 1.87	6.60 - 12	2.4 0.30 - 4	.50
2 nd Trimester	1.0 - 2.60	6.60 - 15	5.5 0.50 - 4	.60
3 rd Trimester	1.0 - 2.60	6.60 - 15	5.5 0.80 - 5	.20
The guidelines for	r age related	reference ranges for T	3,T4,& Ultra TSH	
Total T3		Total T4	Ultra TSH	
Cord Blood 0.30	- 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1 0-38	9

New Born 0.75 - 2.60 1 Week 6.0-15.9 2-20 Week: 1.7-9.1 1-5 Years 1.0-2.60 1-12 Months 6.8 - 14.9 20 Week- 20 years 0.7 - 6.4 5-10 Years 0.90 - 2.40

1-3 Years 6.8-13.5 10-15 Years 0.80 - 2.10 3-10 Years 5.5-12.8

END OF REPORT

Technician

Report Type By :-PANDURANG TAMBARE

Dr. POONAM MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)

For Fron Home Calle



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PARAMETER NAME

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UNIT

NORMAL VALUES

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY

30

ML

COLOUR

COLOURLESS

APPEARANCE

CLEAR

REACTION

ACIDIC

SPECIFIC GRAVITY

1.010

CHEMICAL EXAMINATION

PROTEIN

ABSENT

SUGAR

ABSENT

KETONES

ABSENT

BILE SALTS

ABSENT

BILE PIGMENTS

ABSENT

UROBILINOGEN

NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS

: 0-1

RBC CELLS

/hpf

EPITHELIAL CELLS

: ABSENT

/ hpf

CASTS

: 0-1

/hpf /hpf

CRYSTALS

ABSENT

: ABSENT

OTHER FINDINGS

ABSENT

BACTERIA

: ABSENT

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE

MD (Microbiology), Dip.Ptr Bacteriology (MMC-2002)0



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. GOUR SUNITA
EC NO.	85095
DESIGNATION	CREDIT
PLACE OF WORK	PUNE, VIDHYARTHI GRUH
BIRTHDATE	01-01-1982
PROPOSED DATE OF HEALTH	28-01-2023
CHECKUP	
BOOKING REFERENCE NO.	22M85095100039214E

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 **27-01-2023** 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



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE NAME

: 28-JAN-2023

: MRS. GOUR SUNITA

REP. DATE: 28-JAN-2023

PATIENT CODE : 114638

REFERRAL BY : Dr. HOSPITAL PATIENT

AGE/SEX: 41 YR(S) / FEMALE

CHEST X-RAY PA VIEW

OBSERVATION:

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION:

No significant abnormality noted in the present study.

-Kindly correlate clinically.

(ENTRY LEVEL)

PRE ACCREDITED

Dr. PIYUSH YEOLE (MBBS, DMRE) CONSULTANT RADIOLOGIST





REQ. DATE

: 28-JAN-2023

: 114638

REP. DATE: 28-JAN-2023

NAME

: MRS. GOUR SUNITA

AGE/SEX: 41 YR(S) / FEMALE

PATIENT CODE

REFERRAL BY : Dr. HOSPITAL PATIENT

*

BILATERAL SONOMAMMOGRAPHY

OBSERVATION:

RT. BREAST.

Fibro-glandular tissues appear normal.

Skin and subcutaneous tissue appear normal.

Nipple shows normal features.

No significant axillary adenopathy.

LT. BREAST.

Fibro-glandular tissue appear normal.

Skin and subcutaneous tissue appear normal.

Nipple appear normal.

No e/o axillary lymphadenopathy.

IMPRESSION:

(ENTRY LEVEL)

PRE ACCREDITED

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE MBBS, DMRE

CONSULTANT RADIOLOGIST)



Dept. of Radiology



: 28-JAN-2023 Purpose

REP. DATE: 28-JAN-2623edefined

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REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION:

Liver: Is normal in size (13.2cms), shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B.: Moderately distended, normal.

Spleen: Is normal in size(10.0cms), shape & echotexture. No focal lesion.

Pancreas: Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 11.3 x 3.7 cm. Left kidney measures : 11.0 x 5.1 cm.

Urinary bladder: Moderately distended, normal.

Uterus: Anteverted, normal in size (6.8 x 4.5 x 3.9 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 6.7 mm.

Both ovaries: show normal features. Adnexa clear.

No obvious demonstrable small bowel / RIF pathology. Normal Aorta, IVC, adrenals and other retroperitoneal structures. No ascites / lymphadenopathy / pleural effusion.

IMPRESSION:

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST