

प्रति,

समन्वयक,

Mediwheel (Arcofemi 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 जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. VERMA RAMESH CHANDRA
क.कू.संख्या	61460
पदनाम	JOINT MANAGER
कार्य का स्थान	DELHI,KARKARDOOMA
जन्म की तारीख	15-02-1967
स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
बुकिंग संदर्भ सं.	23M61460100093074E

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 **22-02-2024** 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 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 (Arcofemi Healthcare Limited) से संपर्क करें।)

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. VERMA RAMESH CHANDRA
EC NO.	61460
DESIGNATION	JOINT MANAGER
PLACE OF WORK	DELHI,KARKARDOOMA
BIRTHDATE	15-02-1967
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M61460100093074E

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 **22-02-2024** 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,

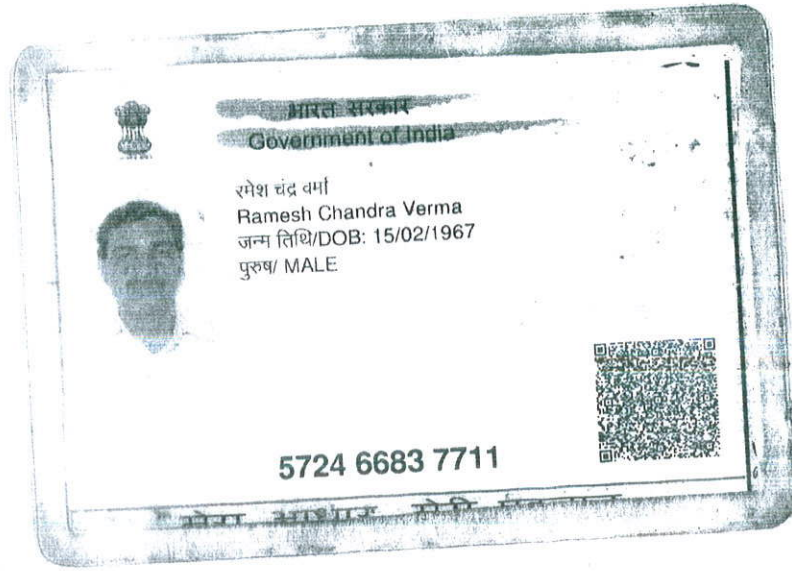
Sd/-

Chief General Manager
HRM Department
Bank of Baroda

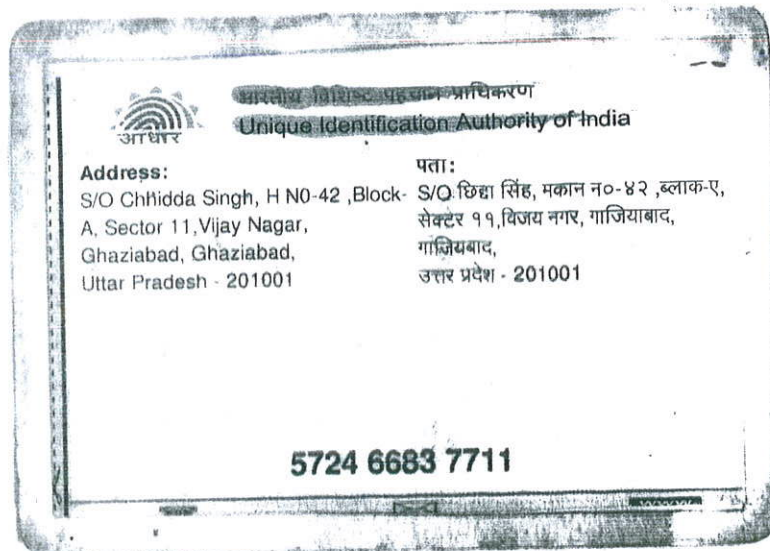
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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



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INVESTIGATION REPORT

Patient Name	Mr. RAMESH CHAND VERMA	Location	Ghaziabad
Age/Sex	57 Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH10817661	Order Date	:24/02/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:24/02/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade II LV diastolic dysfunction.
4. No MR, No AR.
5. No TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



INVESTIGATION REPORT

Patient Name	MR RAMESH CHAND VERMA	Location	Ghaziabad
Age/Sex	57Year(s)/male	Visit No	: V0000000001-GHZB
Ref. Doctor	Dr.BHUPENDRA SINGH	Order Date	24/02/2024
	MH108176610	Report Date	24/02/2024

Echocardiography

Measurements (mm):


	Observed values	Normal values
Aortic root diameter	31	20-36 (22mm/M ²)
Aortic valve opening	20	15-26
Left atrium size	33	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	45	32	(ED=37-56:Es=22-40)
Interventricular septum	10	14	(ED=6-12)
Posterior wall thickness	10	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-61/66 DT-	Nil
Aortic	95	Nil
Tricuspid	34	Nil
Pulmonary	74	Nil


Dr. Bhupendra Singh
 MD, DM (CARDIOLOGY), FACC
 Sr. Consultant Cardiology

Dr. Abhishek Singh
 MD, DNB (CARDIOLOGY), MNAMS
 Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
 Cardiology Registrar

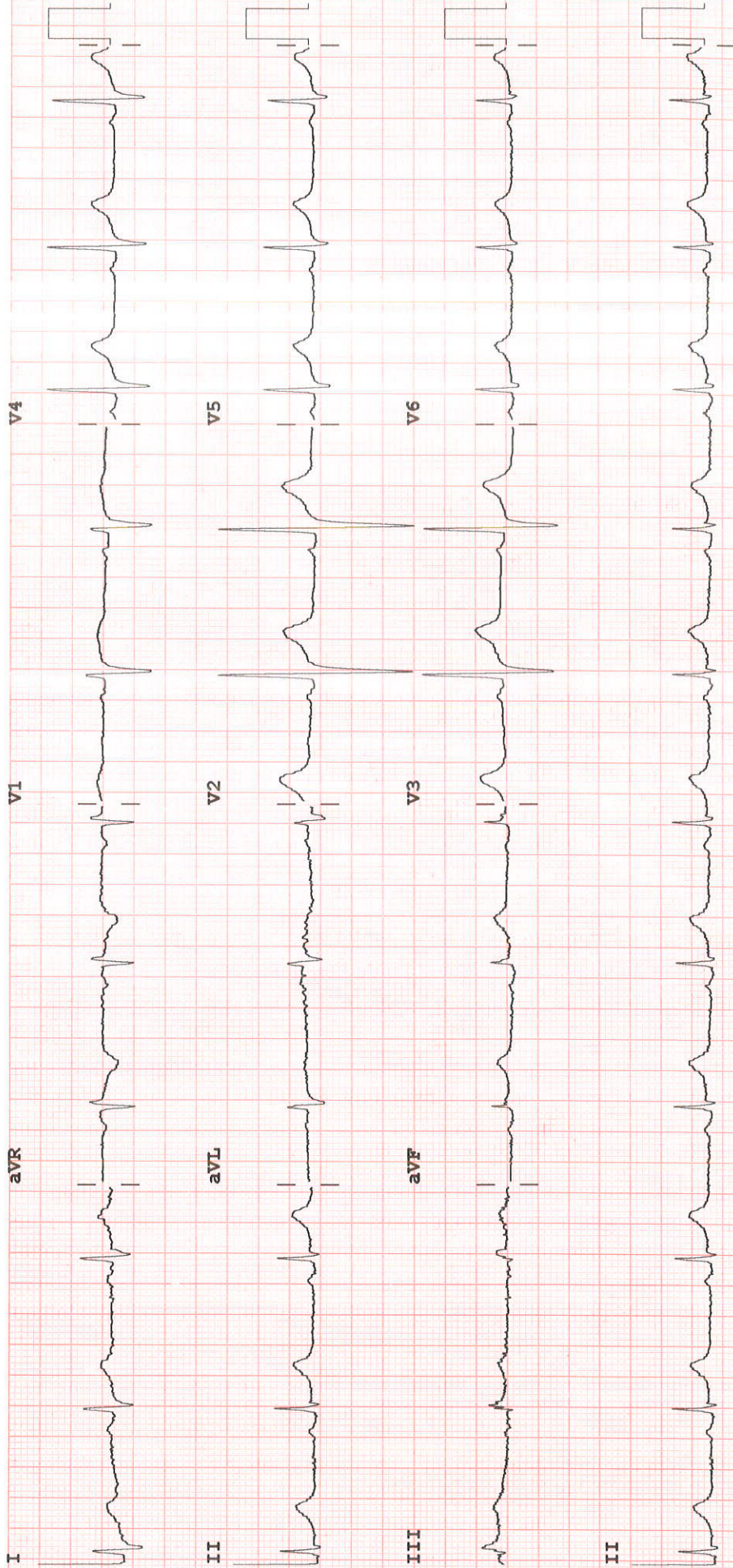
Manipal Hospital, Ghaziabad
 NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002
 P : 0120-3535353

Page 2 of 2

Manipal Hospitals, Ghaziabad
Ramesh Chandra Verma

- ABNORMAL 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?



RADIOLOGY REPORT

NAME	MR Ramesh chandra VERMA	STUDY DATE	24/02/2024 11:49AM
AGE / SEX	57 y / M	HOSPITAL NO.	MH010817661
ACCESSION NO.	R6939960	MODALITY	CR
REPORTED ON	24/02/2024 12:56PM	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 seen.

Please correlate clinically

Dr. Prabhath Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MR Ramesh chandra VERMA	STUDY DATE	24/02/2024 12:33PM
AGE / SEX	57 y / M	HOSPITAL NO.	MH010817661
ACCESSION NO.	R6939962	MODALITY	US
REPORTED ON	24/02/2024 1:39PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 137 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.
SPLEEN: Spleen is normal in size (measures 87 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 11 mm.
COMMON BILE DUCT: Appears normal in size and measures 4 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 92 x 44 mm.
Left Kidney: measures 102 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.
Pre-void urine volume 244 cc.
Post-void residual urine volume 39cc (Significant).
PROSTATE: Prostate is borderline enlarged in size (measures 41 x 35 x 30 mm with volume 22 cc) but normal in shape and echotexture. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Diffuse grade I fatty infiltration in liver.
- Borderline prostatomegaly with significant post void residue.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name	: MR RAMESH CHANDRA VERMA	Age	: 57 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202402004112
Patient Episode	: H18000001838	Collection Date	: 24 Feb 2024 11:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2024 13:13
Receiving Date	: 24 Feb 2024 11:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.260	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.490	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.190	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.



LABORATORY REPORT

Name	: MR RAMESH CHANDRA VERMA	Age	: 57 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202402004112
Patient Episode	: H18000001838	Collection Date	: 24 Feb 2024 11:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2024 13:13
Receiving Date	: 24 Feb 2024 11:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	2.130	ng/mL	[<3.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age .
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend



LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA
 Registration No : MH010817661
 Patient Episode : H18000001838
 Referred By : HEALTH CHECK MGD
 Receiving Date : 24 Feb 2024 11:04

Age : 57 Yr(s) Sex : Male
 Lab No : 202402004112
 Collection Date : 24 Feb 2024 11:04
 Reporting Date : 24 Feb 2024 13:15

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.56 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.2	%	[40.0-50.0]
MCV (DERIVED)	81.3 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.9	%	[11.6-14.0]
Platelet count	218	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.3		
WBC COUNT (TC) (IMPEDENCE)	8.25	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA
Registration No : MH010817661
Patient Episode : H18000001838
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:07

Age : 57 Yr(s) Sex : Male
Lab No : 202402004112
Collection Date : 24 Feb 2024 11:07
Reporting Date : 25 Feb 2024 13:36

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	(4.6-8.0)
Reaction[pH]	5.0	(1.003-1.035)
Specific Gravity	1.005	

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	NORMAL	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR RAMESH CHANDRA VERMA	Age	: 57 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202402004112
Patient Episode	: H18000001838	Collection Date	: 24 Feb 2024 11:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Feb 2024 14:04
Receiving Date	: 24 Feb 2024 11:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	7.1 #	%	[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)	157	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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	161	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	245 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	48.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	49 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	64.0	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA
Registration No : MH010817661
Patient Episode : H18000001838
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:04

Age : 57 Yr(s) Sex : Male
Lab No : 202402004112
Collection Date : 24 Feb 2024 11:04
Reporting Date : 24 Feb 2024 12:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.3		<3 Optimal 3-4 Borderline >6 High Risk

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 Method: GLDH, Kinatic assay	33.6	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	15.7	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.74	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	5.6	mg/dl	[4.0-8.5]
SODIUM, SERUM	137.90	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.45	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	102.7	mmol/L	[101.0-111.0]

**LABORATORY REPORT**

Name	: MR RAMESH CHANDRA VERMA	Age	: 57 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202402004112
Patient Episode	: H18000001838	Collection Date	: 24 Feb 2024 11:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Feb 2024 12:59
Receiving Date	: 24 Feb 2024 11:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	102.4	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 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.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.55	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.54	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	2.01		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	16.00	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MR RAMESH CHANDRA VERMA
Registration No : MH010817661
Patient Episode : H18000001838
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:04

Age : 57 Yr(s) Sex : Male
Lab No : 202402004112
Collection Date : 24 Feb 2024 11:04
Reporting Date : 24 Feb 2024 12:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	19.60		U/L [17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	92.0 #		IU/L [32.0-91.0]
GGT	18.0		U/L [7.0-50.0]

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.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA
Registration No : MH010817661
Patient Episode : H18000001838
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 11:04

Age : 57 Yr(s) Sex : Male
Lab No : 202402004113
Collection Date : 24 Feb 2024 11:04
Reporting Date : 24 Feb 2024 12:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	135.0 #	mg/dl	[70.0-110.0]

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, adrenocortical 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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA Age : 57 Yr(s) Sex : Male
Registration No : MH010817661 Lab No : 202402004114
Patient Episode : H18000001838 Collection Date : 24 Feb 2024 16:01
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:20
Receiving Date : 24 Feb 2024 16:01

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	239.0 #	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

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

Dr. Charu Agarwal
Consultant Pathologist