

Health Check-up Certificate

Name Rajbeer Singh Date 09/11/24
 Age/Sex 54/M Mob No. 9999905005 Emp. Sign _____

General Appearance	Good
Height (in Cm)	173 cm
Weight (in Kg)	78 kg
B.P (mmhg)	130/80
P/R	63
BMI	26.1 (overweight)
CBC with ESR	15.80 g/dl (21 (± hr/mm))
Blood Grouping & Rh factor	B+
Urine R/E	Normal
Fasting Blood Sugar	145.0 mg/dl
HB1AC	8.20 %
TSH, T3/T4	Normal
Lipid Profile	Normal
Kidney Profile Test	Normal
BUN	25.00 mg/dl
Liver Profile Test	Normal
ECG	Normal
Chest X ray PA View	Normal
USG Whole Abdomen	Normal
PSA Male	1.87 ng/ml
Eye Examination	6/6 BE
Dental Examination	Normal
ENT Examination	Normal
Dietician	Normal

Remarks fit for work

DR. MOHIT VERMA
 MBBS MD FICC FIDM
 Reg No. KMC-5324
 Prem Hospital Super Speciality & Trauma Center -

Doctor Seal with Signature



PREM HOSPITAL

SUPER SPECIALITY AND TRAUMA CENTRE



Lab Ref No. : 245018631 Pt. Mobile : 9991905005
 Patient Name : **Mr. RAJ BEER SINGH** Collection Time : 09-Nov-2024 9:57AM
 Age/ Gender : 51Y / Male Receiving Time : 09-Nov-2024 11:27AM
 Sample Type : EDTA Reporting Time : 09-Nov-2024 11:45AM
 Referred By : Dr. Mohit Verma



Test Name	Results	Units	Biological Ref-Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN	15.80	g/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT	5800	Thousand/ Cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	60	%	40-75
Lymphocytes	33	%	25-45
Eosinophils	02	%	1-6
Monocytes	05	%	1-10
Basophils	00	%	0-1

TOTAL R.B.C. COUNT	5.16	Million/Cumm	4.0-5.5
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(Electric Impedance)

HAEMATOCRIT (P.C.V.)	44.80	%	33 - 51
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(Calculated)

MCV	87.00	fL	73-98
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(Calculated)

MCH	30.50	pg	24-34
-----	-------	----	-------

(Calculated)

MCHC	35.20	g/dl	30-36
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(Calculated)

RDW-CV	14.50	%	11.5 - 14.5
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(Calculated)

RDW-SD	45.00	fL	35.0-56.0
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(Calculated)

Platelet Count	1.76	lacs/mm ³	1.50 - 4.50
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(Electric Impedance)

MPV	10.80	fL	11.5-14.5
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(Calculated)

E.S.R.

ERYTHROCYTE SEDIMENTATION RATE	21	1hr/mm	0 - 20
--------------------------------	----	--------	--------



Shubhi

Dr Shubhi Sharma
(MBBS, MD)
Consultant Pathologist

+91- 8650967770

info@premhospital.in www.premhospital.in

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PREM HOSPITAL

SUPER SPECIALITY AND TRAUMA CENTRE

Lab Ref No. : 245018631
Patient Name : **Mr. RAJ BEER SINGH**
Age/ Gender : 51Y / Male
Sample Type : EDTA
Referred By : Dr. Mohit Verma

Pl. Mobile : 9991905005

Collection Time : 09-Nov-2024 9:57AM

Receiving Time : 09-Nov-2024 11:27AM

Reporting Time : 09-Nov-2024 11:45AM



Test Name	Results	Units	Biological Ref-Interval
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(Westergren Method with EDTA blood)

BLOOD GROUP

Blood Group

B

RH

POSITIVE

GLYCOSYLATED HAEMOGLOBIN

HbA1c

8.20

%

ESTIMATED AVERAGE GLUCOSE

188.64

mg/dl

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetes : <5.7

Prodiabetes : 5.7-6.4

Diabetes : \geq 6.5

Excellent Control : 6-7

Fair To Good Control of diabetes : 7-8

Unsatisfactory Control of diabetes : 8-10

Poor Control of diabetes : >10

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

BIOCHEMISTRY

BLOOD SUGAR FASTING

145.0

mg/dl

70 - 110

The blood glucose test may be used to detect high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia) and to screen for diabetes in people who are at risk before signs and symptoms are apparent; in some cases, there may be no early signs or symptoms of diabetes.

LIVER PROFILE TEST

BILIRUBIN TOTAL

0.57

mg/dl

0.2 - 2.0

Methodology : Diazonium Ion Blanked

BILIRUBIN DIRECT

0.18

mg/dl

0.0 - 1.0

Methodology : DUD

BILIRUBIN INDIRECT

0.39

mg/dl

0.0 - 0.60

Methodology : Calculated

S.G.O.T.

38.0

U/L

0 - 45

Methodology : UV without PSP

S.G.P.T.

49.0

U/L

0 - 49

Methodology : UV without PSP



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(MBBS, MD)

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SUPER SPECIALITY AND TRAUMA CENTRE

Lab Ref No. : 245018631 PL. Mobile : 9991905005 Collection Time : 09-Nov-2024 9:57AM
 Patient Name : **Mr. RAJ BEER SINGH** Receiving Time : 09-Nov-2024 11:27AM
 Age/ Gender : 51Y / Male Reporting Time : 09-Nov-2024 12:58PM
 Sample Type : SERUM
 Referred By : Dr. Mohit Verma



Test Name	Results	Units	Biological Ref-Interval
SERUM ALKALINE PHOSPHATASE Methodology : IFCC	96.0	IU/L.	42- 128
TOTAL PROTEINS Methodology : Buret	7.80	Gm/dL.	6.4 - 8.3
ALBUMIN Methodology : BCE	4.90	Gm/dL.	3.5 - 5.5
GLOBULIN Methodology : Calculated	2.90	Gm/dL.	2.3 - 3.5
A : G RATIO Methodology : Calculated	1.69		0.0 - 2.0
PSA (FIA)	1.87	ng/ml	< 4.00

Prostatic Specific Antigen (P.S.A)

NORMAL RANGE : 0 - 4

BORDER LINE : 4 - 10

Interpretation(s)

Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA.

TPSA =Complex PSA+FPSA.

Use:

Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment.

Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Increased in:

Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention.

Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise. Physiological fluctuations

Decreased in:

Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy

KIDNEY FUNCTION TEST



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राज्य कर्मचारियों के ईलाज के लिए अनुबंधित हॉस्पिटल एवं सभी प्रकार के मेडिकल धारकों के लिए केशलेस सुविधा उपलब्ध।

Lab Ref No. : 245018631 Pt. Mobile : 9991905005
 Patient Name : **Mr. RAJ BEER SINGH**
 Age/ Gender : 51Y / Male
 Sample Type : SERUM
 Referred By : Dr. Mohit Verma

Collection Time : 09-Nov-2024 9:57AM
 Receiving Time : 09-Nov-2024 11:27AM
 Reporting Time : 09-Nov-2024 12:58PM



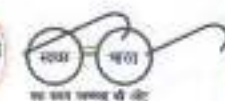
Test Name	Results	Units	Biological Ref-Interval
BLOOD UREA Methodology : Urease UV	25.00	mg/dl	13-45
SERUM CREATININE	1.2	mg/dl	0.6-1.4
SERUM URIC ACID Methodology : Colorimetric	7.00	mg/dl	2.5 - 6.6
SERUM SODIUM (Na) Methodology : ISE	141	mmol/l	135 - 150
SERUM POTASSIUM (K) Methodology : ISE	5.00	mmol/l	3.5 - 5.5
CALCIUM Methodology : ISE	9.00	mg/dl	8.5-11
PROTEIN	7.9	Gm/dl	6.4-8.3
ALBUMIN	4.9	Gm/dl	3.5-5.5
LIPID PROFILE			
SERUM CHOLESTEROL	239.0	mg/dl	0 - 200
SERUM TRIGLYCERIDE	172.0	mg/dl	25 - 160
HDL CHOLESTEROL	49.0	mg/dl	30 - 80
VLDL CHOLESTEROL	34.4	mg/dl	02 - 30
LDL CHOLESTEROL	155.6	mg/dL	< 100
TOTAL LIPIDS	718.6	mg/dl	400 - 800
LDL/HDL RATIO	3.2	mg/dL	0.0 - 3.5
CHOL/HDL CHOLESTROL RATIO	4.9	mg/dL	3.5 - 5.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level < 35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.



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(MBBS, MD)
Consultant Pathologist



PREM HOSPITAL

SUPER SPECIALITY AND TRAUMA CENTRE

Lab Ref No. : 245018631
 Patient Name : Mr. RAJ BEER SINGH
 Age/Gender : 51Y / Male
 Sample Type : SERUM
 Referred By : Dr. Mohit Verma

Pl. Mobile : 9991905005

Collection Time : 09-Nov-2024 9:57AM
 Receiving Time : 09-Nov-2024 11:27AM
 Reporting Time : 09-Nov-2024 12:58PM



Biological Ref-Interval

Test Name	Results	Units	Biological Ref-Interval
THYRIOD PROFILE			
Triiodothyronine (T3) (FIA)	1.08	ng/mL	0.70-2.04
Thyroxine (T4) (FIA)	6.12	ug/dl	0.60-14.1
THYROID STIMULATING HORMONE (TSH) (FIA)	2.54	uIU/mI	0.30-5.50

INTERPRETATION-Ultra Sensitive 4th generation assay

1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level. 2.Low TSH,high FT4 and TSH receptor antibody(TrAb) +ve seen in patients with Graves disease. 3.Low TSH,high FT4 and TSH receptor antibody(TrAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter. 4.HighTSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis. 5.HighTSH,Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency. 6.Low TSH,Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism. 7.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels. 8.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis. 9.Normal or ↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3). 10.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism. 11.Normal T3 & ↓ T4 along with ↑ TSH is seen in Hypothyroidism. 12.Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypothyroidism. 13.Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol. 14.Although ↑ TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can result from TSH secreting pituitary tumours. **DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL** (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL 2nd Trimester : 0.20-3.00 uIU/mL 3rd Trimester : 0.30-3.00 uIU/mL The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy. **REMARK-** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. Reference ranges are from Teltz fundamental of clinical chemistry 8th ed (2019)

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT

Volume

20

ml



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Dr. Shub...

Consultant

सर्वस्वास्थ्य के इलाज के लिए अनुबद्धित हॉस्पिटल एवं सभी प्रकार के मेडीकल प्रोसेडर के लिए केशलेस सुविधा उपलब्ध।



PREM HOSPITAL

SUPER SPECIALITY AND TRAUMA CENTRE

Lab Ref No. : 245018631 Pt. Mobile : 9991905005
 Patient Name : Mr. RAJ BEER SINGH
 Age/ Gender : 51Y / Male
 Sample Type : URINE
 Referred By : Dr. Mohit Verma

Collection Time : 09-Nov-2024 9:57AM
 Receiving Time : 09-Nov-2024 11:27AM
 Reporting Time : 09-Nov-2024 1:52PM



Test Name	Results	Units	Biological Ref-Interval
Colour	PALE YELLOW		
Appearance	CLEAR		
pH	6.5		4.6 - 8.0
Billrubin	Negative		Negative
Ketones	NIL		NIL
Sugar (Glucose)	NIL		NIL
Protein	NIL		NIL
Specific gravity	1.030		
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/HPF	Nil
Pus Cells	2-4	/HPF	Nil
Epithelial Cells	1-2	/HPF	Nil
Crystals	Nil		Nil
Casts	Nil		Nil
Bacteria	Absent		
Yeast	Absent		Absent
Other	Absent		

----- (END OF REPORT) -----



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Shubhi

Dr Shubhi Sharma
 (MBBS, MD)
 Consultant Pathologist

Pre Hospital Super Speciality Trauma Centre

2024-11-09 10:37:00

Name : ra.jbeer

Sex : female Age : 51

Section: 50

RoomID:

BedID:

ID:

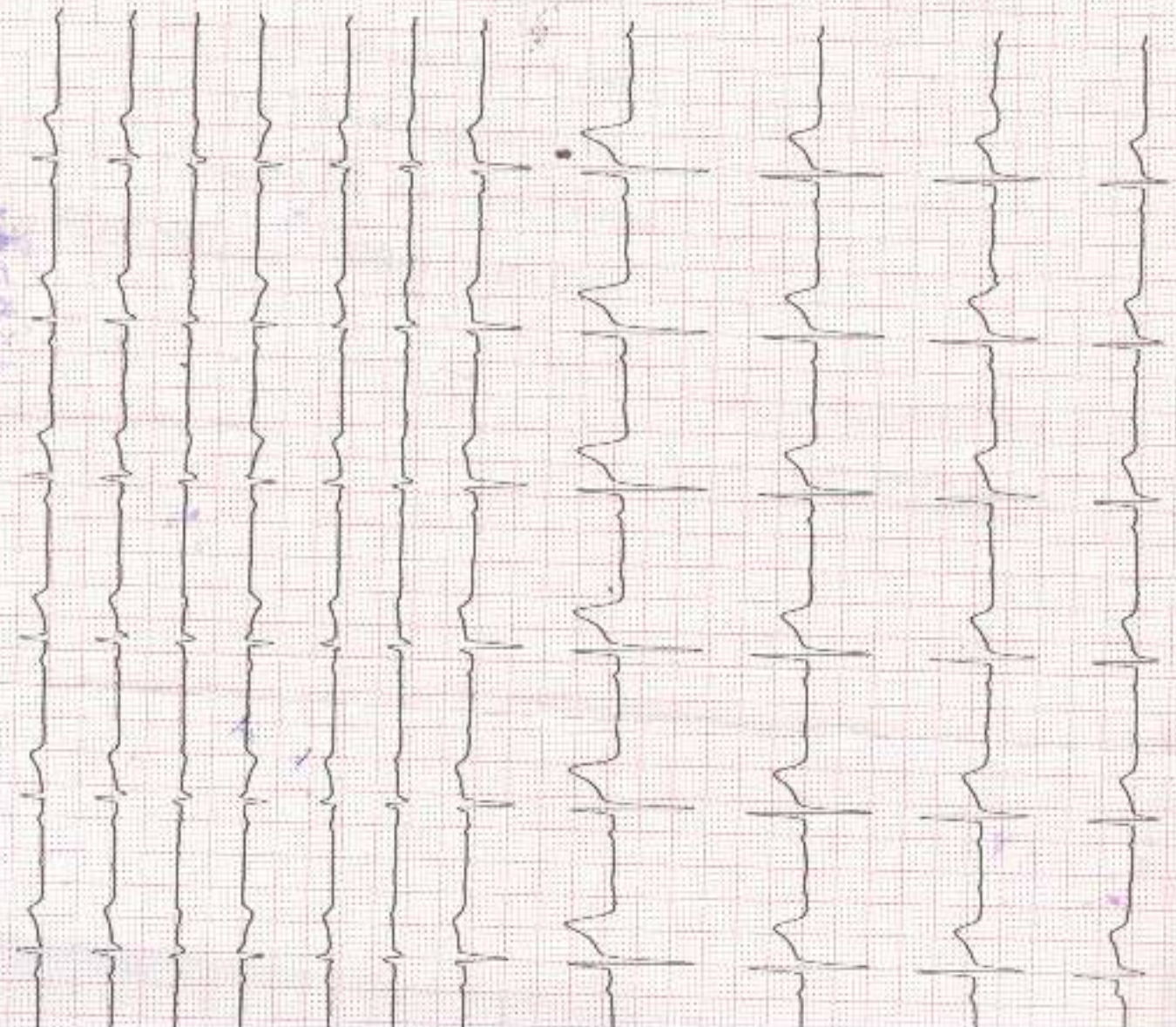
Operator:

39:ra.jbeer

Custom3:

Data for reference only:

HR bpm : 61
PR Interval ms : 170
P Duration ms : 107
QRS Duration ms : 73
T Duration ms : 192
QT/QTc ms : 348/351
P/QRS/T Axis deg : 14.5/8.4/22.0
R(V5)/S(V1) mV : 0.66/0.72
R(V5)+S(V1) mV : 1.38



10mm/mV 25mm/s

<< Conclusions >>

Longitudinal left axis deviation

Report need physician confirm



NAME : MR. RAJBEER SINGH
AGE : 51Y/M
DATE : 09-11-2024
REF.BY : SELF

CHEST X-RAY PA

- Bilateral lung parenchyma are normal. No focal lesion seen.
- Both hilar shadows & broncho vascular markings are normal.
- Trachea is normal positioned.
- Bilateral domes of diaphragm & costophrenic angles appear normal.
- Cardiac- silhouette appears normal.
- Ct ratio is within normal limits.
- Bones & soft tissues appear normal.

IMPRESSION : --NORMAL RADIOGRAPH.

Dr. Shourya Sharma
MD Radiodiagnosis



NAME : MR. RAJBEER SINGH
AGE : 51Y/M
DATE : 09-11-2024
REF. BY : SELF

ULTRASOUND ABDOMEN AND PELVIS

- **Liver:** Enlarged in size 15.3 and moderate fatty echotexture. No focal lesion / IHBR dilatation is seen.
- **Portal vein:** Normal in course and caliber.
- **CBD:** Normal in course and caliber.
- **Gall bladder:** Distended with wall thickness within normal limits. No calculi / mass lesion seen within.
- **Spleen:** Normal in size and echotexture. No focal lesion seen.
- **Pancreas:** Normal in size and echotexture. No focal lesion / ductal dilatation / calcification seen.
- **Paraaortic region:** No obvious lymphadenopathy.
- **Kidneys:**
 - **Right kidney:** Normal in size measuring 8.5 x 3.8cm and echotexture. No focal lesion / calculi seen. Cortico medullary differentiation is maintained. No e/o hydronephrosis.
 - **Left kidney:** Normal in size measuring 9.5 x 4.3 cm and echotexture. No focal lesion / calculi seen. Cortico medullary differentiation is maintained. No e/o hydronephrosis.
- **Urinary bladder:** Distended with wall thickness within normal limits. No calculi / mass lesion seen within. No diverticuli / sacculation seen.
- **Prostate:** Normal in size / shape and echotexture.
- No free fluid seen in the abdomen and pelvis.

IMPRESSION: - HEPATOMEGALY & MODERATE FATTY LIVER


Dr. Raginee Chandrakar
DMRD, DNB Radiodiagnosis



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. SINGH RAJ BEER
EC NO.	158056
DESIGNATION	REGIONAL HEAD
PLACE OF WORK	KARNAL, RO KARNAL
BIRTHDATE	01-01-1973
PROPOSED DATE OF HEALTH CHECKUP	09-11-2024
BOOKING REFERENCE NO.	24D158056100120626E

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 **08-11-2024** till **31-03-2025**. 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 & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation
