

Patient Name : Mr.K RATAN CHOWDARY	Collected : 04/Apr/2023 08:03AM
Age/Gender : 31 Y 2 M 21 D/M	Received : 04/Apr/2023 12:39PM
UHID/MR No : CINR.0000150506	Reported : 04/Apr/2023 03:48PM
Visit ID : CINROPV191157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8125475285	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD-EDTA</b>				
<b>HAEMOGLOBIN</b>	14.9	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.3	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,000	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.7	%	40-80	Electrical Impedence
LYMPHOCYTES	32.3	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4536	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2584	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	248	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	624	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	8	Cells/cu.mm	0-100	Electrical Impedence
<b>PLATELET COUNT</b>	266000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	11	mm at the end of 1 hour	0-15	Modified Westgren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

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**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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UHID/MR No : CINR.0000150506	Reported : 04/Apr/2023 04:37PM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.K RATAN CHOWDARY	Collected : 04/Apr/2023 08:03AM
Age/Gender : 31 Y 2 M 21 D/M	Received : 04/Apr/2023 12:15PM
UHID/MR No : CINR.0000150506	Reported : 04/Apr/2023 01:53PM
Visit ID : CINROPV191157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	96	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dL	<200	CHO-POD
TRIGLYCERIDES	91	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.61		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	109.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.68	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.63</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>15.70</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>7.3</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.06	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>100</b>	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.31	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.863	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

**Note:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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UHID/MR No : CINR.0000150506	Reported : 04/Apr/2023 09:31PM
Visit ID : CINROPV191157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8125475285	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.040	ng/mL	0-4	CLIA



Patient Name : Mr.K RATAN CHOWDARY	Collected : 04/Apr/2023 08:03AM
Age/Gender : 31 Y 2 M 21 D/M	Received : 04/Apr/2023 01:18PM
UHID/MR No : CINR.0000150506	Reported : 04/Apr/2023 01:25PM
Visit ID : CINROPV191157	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8125475285	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2092194

Patient Name : Mr.K RATAN CHOWDARY	Collected : 04/Apr/2023 10:46AM
Age/Gender : 31 Y 2 M 21 DM	Received : 04/Apr/2023 03:33PM
UHID/MR No : CINR.0000150506	Reported : 04/Apr/2023 03:45PM
Visit ID : CINROPV191157	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick


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

Result/s to Follow:

URINE GLUCOSE(FASTING), PERIPHERAL SMEAR



**DR. PRASHANTH. R**  
M.B.B.S, MD  
Consultant Pathologist



**Dr. Anita Shobha Flynn**  
M.B.B.S, MD(Pathology)  
Consultant Pathologist



Name : Mr. K Ratan Chowdary

Age: 31 Y

UHID: CINR.0000150506



OP Number: CINROPV191157

Bill No : CINR-OCR-83876

Date : 04.04.2023 08:00

Address : bangalore

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	PULMONARY FUNCTION TEST <i>Pending</i>	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE (POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG <i>(6)</i>	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	OPHTHAL BY GENERAL PHYSICIAN <i>- Infected</i>	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>- 11.50</i>	

*24. physiotherapy - 14*

*(RE) - 0.50 Dsph / - 0.50 Dcyl x 30°*  
*(LE) PL / - 0.50 Dcyl x 30°*



Date: 04-04-2023

Department : GENERAL

MR NO : CINR.0000150506

Doctor :

Name : Mr. K Ratan Chowdary

Registration No :

Age/ Gender : 31 Y / Male

Qualification :

Consultation Timing: 07:58

Height : 180cm	Weight : 86-8 Kg	BMI : 26.5	Waist Circum :
Temp : 2	Pulse : 80/min	Resp : 18/min	B.P : 111/73 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

04-04-2023

M. Ratan e

31y/M.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Acrorjani - Ate

Ears: MAJ.

Nose: MAJ

Throat: MAJ.

Follow up date:



Dr. RAVINDRANATH KUDVA  
M.B.B.S., D.L.O.

*[Handwritten Signature]*

**Apollo Clinic, Indiranagar**

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

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## OPHTHAL PRESCRIPTION

PATIENT NAME: Mr. K. Patan Chowdary

DATE: 4/4/23

UHID NO: 150606

AGE: 31y

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: F

This is to certify that I have examined Mr. K. Patan Chowdary  
31 years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance				-0.50				-0.50
Add				6/6				6/6

PD - RE: \_\_\_\_\_ LE: \_\_\_\_\_

Colour Vision: Normal

Remarks: Normal

  
Apollo clinic Indiranagar

Ratan chowdhary  
ID: 150506

04.04.2023 9:57:29  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

14.01.1992  
31 Years

Male

QRS: 86 ms  
QT / QTcBaz: 370 / 424 ms  
PR: 126 ms  
P: 58 ms  
RR / PP: 760 / 759 ms  
P / QRS / T: 54 / 19 / 50 degrees

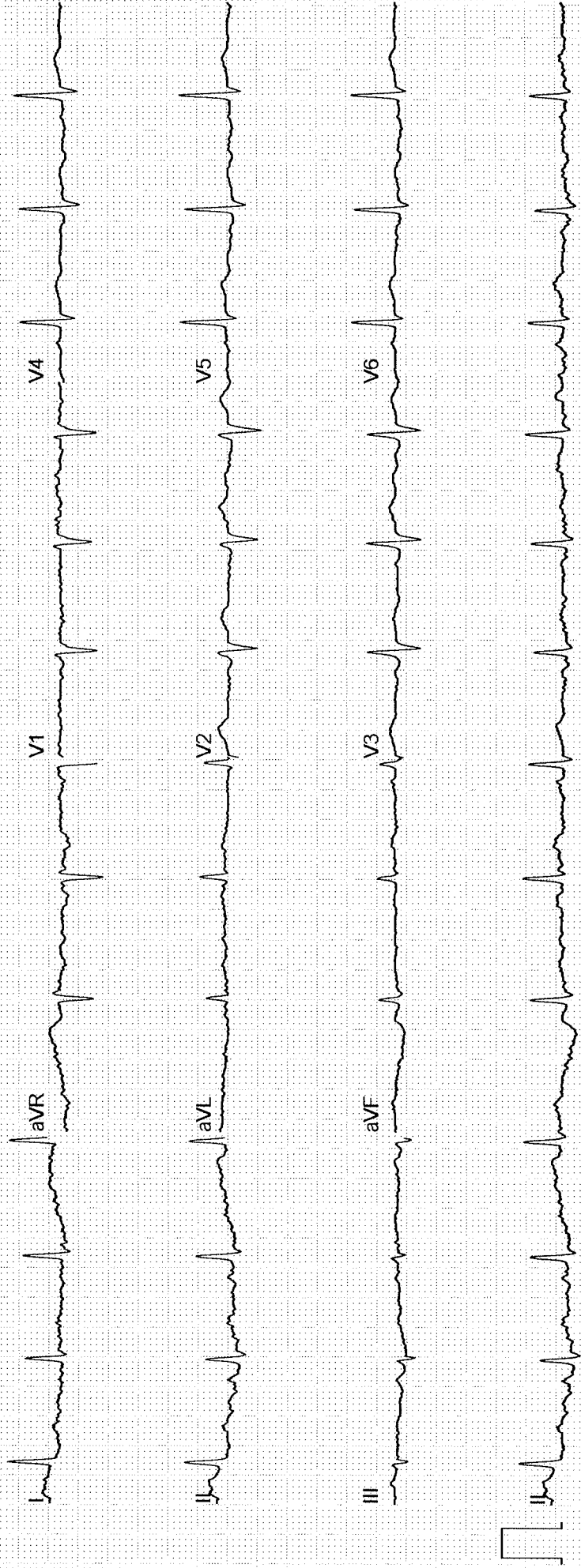
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

79 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

NW new

*Handwritten signature*



NAME: MR Ratan C	AGE/SEX: 31yrs/M	OP NUMBER: 150506
Ref By : SELF	DATE: 04-04-2023	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.3	IVS(D): 0.9	MV: E Vel: 0.7	A Vel : 0.6
LA: 3.0	LVIDD(D): 5.1	AV Peak: 0.8	
	LVPW(D): 0.9	PV Peak: 1.2	
	IVS(S): 1.2		
	LVID(S): 3.6		
	LVPW(S): 1.3		
	LVEF: 55 %		
	TAPSE: 2.0		

**Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Pulmonary Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

<b>LVC:</b>	<b>Normal</b>
<b>Others</b>	---

**IMPRESSION :**

**Normal cardiac chambers**

**No Regional wall motion abnormality**

**No MR/AR/TR**

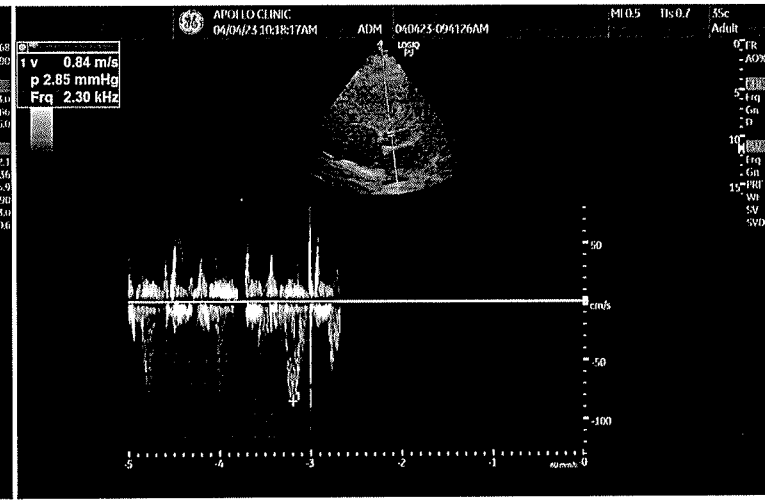
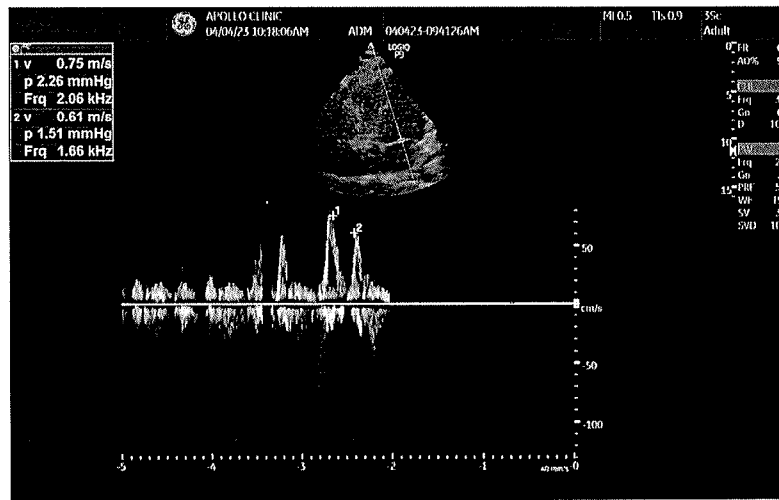
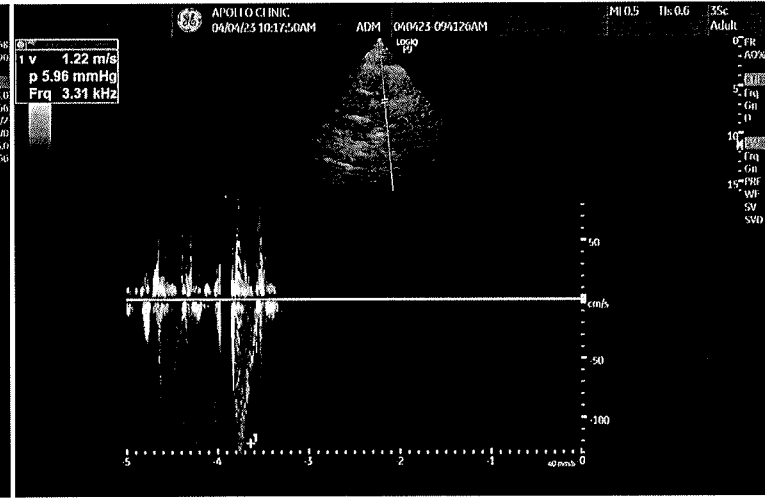
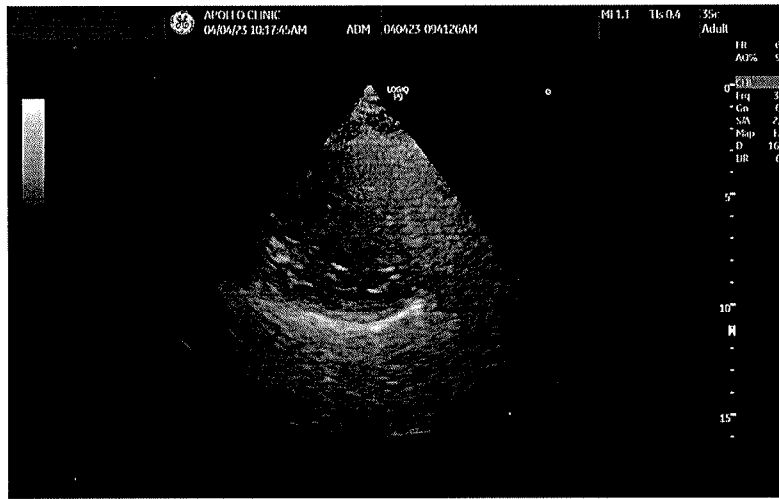
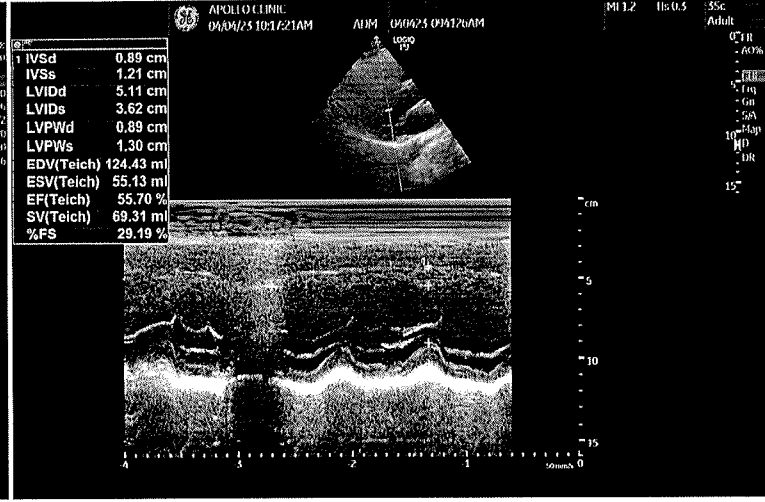
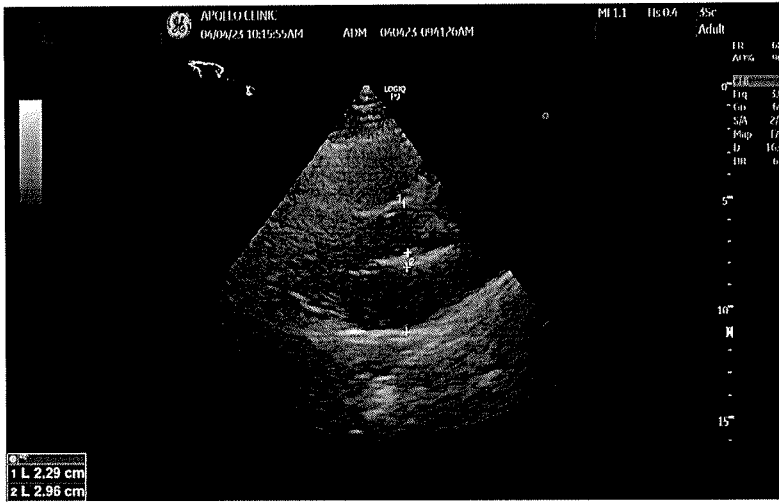
**No clot/vegetation/pericardial effusion**

**Normal LV systolic function - LVEF= 55%**

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**







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. KOTHA RATAN CHOWDARY
EC NO.	171641
DESIGNATION	CREDIT
PLACE OF WORK	BANGALORE,FRASER TOWN
BIRTHDATE	14-01-1992
PROPOSED DATE OF HEALTH CHECKUP	31-03-2023
BOOKING REFERENCE NO.	22M171641100051330E

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 **21-03-2023** 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,

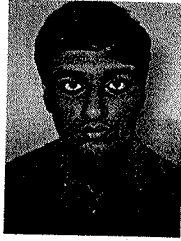
Sd/-

**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))



భారత ప్రభుత్వం  
GOVERNMENT OF INDIA



కొత్త రతన్ చౌదరి  
Kotha Ratan Chowdary

పుట్టిన సంవత్సరం/Year of Birth: 1992  
పురుషుడు / Male



2540 8823 7742

ఆధార్ - సామాన్యని హక్కు

**Patient Name** : Mr. K Ratan Chowdary

**Age/Gender** : 31 Y/M

**UHID/MR No.** : CINR.0000150506

**OP Visit No** : CINROPV191157

**Sample Collected on** :

**Reported on** : 04-04-2023 16:10

**LRN#** : RAD1968174

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8125475285

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology



**Patient Name** : Mr. K Ratan Chowdary

**Age/Gender** : 31 Y/M

**UHID/MR No.** : CINR.0000150506

**OP Visit No** : CINROPV191157

**Sample Collected on** :

**Reported on** : 04-04-2023 12:42

**LRN#** : RAD1968174

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 8125475285

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size (13.4 cm), shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.0x4.7 cm.

Left kidney measures 9.2x5.0 cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**PROSTATE:** Prostate is normal in size and echo-pattern.

No free fluid is seen.

### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

**Dr.RAMESH**  
Consultant Radiologist