

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. KUMAR ANIL
EC NO.	121428
DESIGNATION	JOINT MANAGER
PLACE OF WORK	JAHANGIR NAGAR
BIRTHDATE	13-06-1991
PROPOSED DATE OF HEALTH CHECKUP	29-03-2023
BOOKING REFERENCE NO.	22M121428100055070E

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 **29-03-2023** 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**

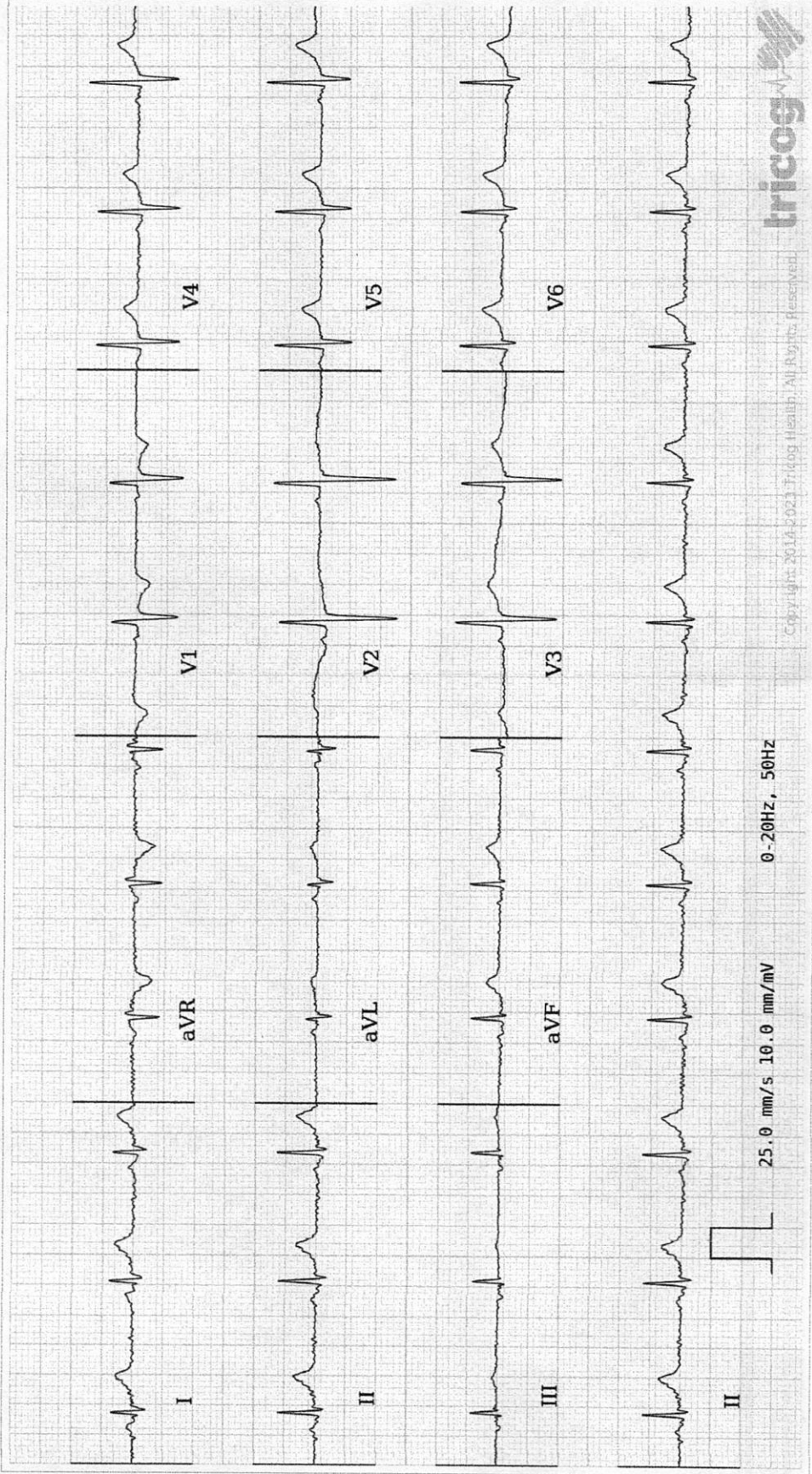
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





Chandan Diagnostic

Age / Gender: 31/Male Date and Time: 3rd Apr 23 9:42 AM  
Patient ID: CAL10001572324  
Patient Name: Mr. ANIL KUMAR



AR: 69bpm VR: 69bpm QRS: 78ms QT: 362ms QTcB: 387ms PRI: 114ms P-R-T: 15° 73° 46°

Sinus Rhythm, Short PR Interval. Please correlate clinically.

AUTHORIZED BY

Dr. Chirrit  
MD, DM: Cardiology  
63382

REPORTED BY

Dr. Mohammed Zakriya

KMC 110543

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



# CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj  
Ph: 9235432681,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr. ANIL KUMAR	Registered On	: 03/Apr/2023 08:43:21
Age/Gender	: 31 Y 9 M 20 D /M	Collected	: 03/Apr/2023 08:50:36
UHID/MR NO	: CALI.0000042423	Received	: 03/Apr/2023 12:18:11
Visit ID	: CALI0001572324	Reported	: 03/Apr/2023 14:34:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \*\*, Blood

Blood Group	A
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \*\*, Whole Blood

Haemoglobin	15.10	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	7,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	73.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	21.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	8.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	<9	
PCV (HCT)	47.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	39.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.89	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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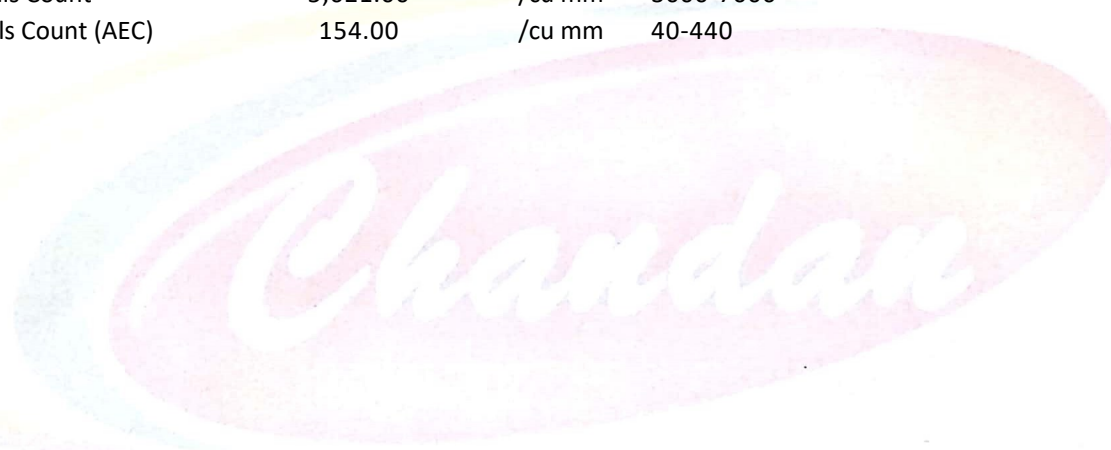


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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	98.10	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	31.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,621.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	154.00	/cu mm	40-440	



Dr. Anupam Singh (MBBS MD Pathology)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING \*\*, Plasma

Glucose Fasting	90.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP \*\*

Sample: Plasma After Meal

Glucose PP **	143.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	88	mg/dl		

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)	NGSP mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated hemoglobin occurs. \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

<b>BUN (Blood Urea Nitrogen) **</b> Sample: Serum	8.60	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine **</b> Sample: Serum	0.88	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid **</b> Sample: Serum	3.37	mg/dl	3.4-7.0	URICASE





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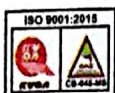
#### LFT (WITH GAMMA GT) \*\*, Serum

SGOT / Aspartate Aminotransferase (AST)	25.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.50	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.31	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.11	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.99		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	94.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	<b>1.21</b>	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.50</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.71	mg/dl	< 0.8	JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) \*\*, Serum

Cholesterol (Total)	192.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	52.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	101	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>38.74</b>	mg/dl	10-33	CALCULATED
Triglycerides	193.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Anupam Singh (MBBS MD Pathology)





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Patient Name	: Mr. ANIL KUMAR	Registered On	: 03/Apr/2023 08:43:22
Age/Gender	: 31 Y 9 M 20 D /M	Collected	: 03/Apr/2023 11:40:19
UHID/MR NO	: CALI.0000042423	Received	: 03/Apr/2023 15:15:22
Visit ID	: CALI0001572324	Reported	: 03/Apr/2023 16:00:11
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \*\*, Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \*\*, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT







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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE \*\*, Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

### SUGAR, PP STAGE \*\*, Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

Dr. Anupam Singh (MBBS MD Pathology)





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Age/Gender	: 31 Y 9 M 20 D /M	Collected	: 03/Apr/2023 08:50:36
UHID/MR NO	: CALI.0000042423	Received	: 03/Apr/2023 12:32:30
Visit ID	: CALI0001572324	Reported	: 03/Apr/2023 13:24:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	126.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.65	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Anupam Singh (MBBS MD Pathology)





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Patient Name	: Mr. ANIL KUMAR	Registered On	: 03/Apr/2023 08:43:25
Age/Gender	: 31 Y 9 M 20 D /M	Collected	: N/A
UHID/MR NO	: CALI.0000042423	Received	: N/A
Visit ID	: CALI0001572324	Reported	: 03/Apr/2023 14:41:04
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION :

- NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

  
Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

##### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

###### LIVER

- The liver is normal in size ~ 13.5 cm and shows **diffused raised echogenicity of hepatic parenchyma with loss of periportal echoes ..... S/O grade II fatty liver.** No focal lesion is seen.

###### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

###### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

###### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

###### KIDNEYS

- Right kidney is normal in size ~ 9.9 x 3.9 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 10.8 x 4.6 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

###### SPLEEN

- The spleen is normal in size ~ 9.9 cm and has a normal homogenous echo-texture.

###### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

###### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is seen.





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### PROSTATE

- The prostate gland is normal in size ~ 2.7 x 3.1 x 2.8 cm (Volume ~ 12.7 gms ) with smooth outline.

#### FINAL IMPRESSION

- GRADE II FATTY LIVER.

**Adv: Clinico-pathological correlation and follow-up.**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:  
ECG/EKG



  
Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location

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Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018