

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	GHAZIABAD, RAJNAGAR
BIRTHDATE	15-02-1967
PROPOSED DATE OF HEALTH CHECKUP	02-03-2023
BOOKING REFERENCE NO.	22M61460100045316E

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 **01-03-2023** 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))



भारत सरकार
Government of India




रमेश चंद्र वर्मा
Ramesh Chandra Verma
जन्म तिथि/DOB: 15/02/1967
पुरुष/ MALE



5724 6683 7711

योग आधार योजना

7281557

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:	पता:
S/O Chhidda Singh, H NO-42 ,Block- A, Sector 11,Vijay Nagar, Ghaziabad, Ghaziabad, Uttar Pradesh - 201001	S/O छिदा सिंह, मकान नं-४२ ,ब्लॉक-ए, सेक्टर ११,विजय नगर, गाजियाबाद, गाजियाबाद, उत्तर प्रदेश - 201001

5724 6683 7711



TMT INVESTIGATION REPORT

Patient Name : Mr Ramesh chandra. VERMA	Location : Ghaziabad
Age/Sex : 56Year(s)/male	Visit No : V0000000001-GHZB
MRN No MH010817661	Order Date : 02/03/2023
Ref. Doctor : HCP	Report Date : 02/03/2023

Protocol : Bruce	MPHR : 164BPM
Duration of exercise : 5min 16sec	85% of MPHR : 139BPM
Reason for termination : THR achieved	Peak HR Achieved : 141BPM
Blood Pressure (mmHg) : Baseline BP : 134/84mmHg	% Target HR : 85%
Peak BP : 148/90mmHg	METS : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	97	134/84	Nil	No ST changes seen	Nil
STAGE 1	3:00	134	140/84	Nil	No ST changes seen	Nil
STAGE 3	2:16	141	148/90	Nil	No ST changes seen	Nil
RECOVERY	3:46	94	140/90	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh

MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra

MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002
P : 0120-616 5666

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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@manipalhospitals.com www.manipalhospitals.com

RADIOLOGY REPORT

Name	Ramesh chandra VERMA	Modality	DX
Patient ID	MH010817661	Accession No	R5230088
Gender / Age	M / 56Y 15D	Scan Date	02-03-2023 10:14:20
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	02-03-2023 10:57:11

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Prominent bronchovascular markings are seen on both sides
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:

Prominent bronchovascular markings are seen on both sides

Please correlate clinically

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RADIOLOGY REPORT

Name	Ramesh chandra VERMA	Modality	DX
Patient ID	MH010817661	Accession No	R5230088
Gender/Age	M / 56Y 15D	Scan Date	02-03-2023 10:14:20
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	02-03-2023 10:57:11

Prabhat

Dr. Prabhat Prakash Gupta,
MBBS, DNB, MNAMS, FRCR(I)
Consultant Radiologist, Reg no DMC/R/14242

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RADIOLOGY REPORT

Name	Ramesh chandra VERMA	Modality	US
Patient ID	MH010817661	Accession No	R5230089
Gender/Age	M / 56Y 15D	Scan Date	02-03-2023 12:19:58
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	02-03-2023 14:24:57

USG ABDOMEN & PELVIS WITH PVR**FINDINGS**

LIVER: appears enlarged in size (measures 153 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 97 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.9 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: Both kidneys are normal in size and shape but show raised renal cortical echotexture. Cortico-medullary differentiation is however maintained. Rest normal.

Right Kidney: measures 93 x 46 mm with parenchymal thickness 9.5 mm.

Left Kidney: measures 101 x 41 mm with parenchymal thickness 7.1 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 268 cc.

Post-void residual urine volume 15 cc (Insignificant).

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 40 x 32 x 29 mm with volume 20 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

-Bilateral raised renal cortical echotexture (ADV: RFT correlation)

Recommend clinical correlation.

RADIOLOGY REPORT

Name	Ramesh chandra VERMA	Modality	US
Patient ID	MH010817661	Accession No	R5230089
Gender/Age	M / 56Y 15D	Scan Date	02-03-2023 12:19:58
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	02-03-2023 14:24:57



Dr. Prabhath Prakash Gupta,
MBBS,DNB,MNAMS,FRCR(I)
Consultant Radiologist, Reg no DMC/R/14242

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LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA Age : 56 Yr(s) Sex : Male
 Registration No : MH010817661 Lab No : 202303000119
 Patient Episode : H18000000292 Collection Date : 02 Mar 2023 09:49
 Referred By : HEALTH CHECK MGD Reporting Date : 02 Mar 2023 12:44
 Receiving Date : 02 Mar 2023 10:26

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.17	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	14.0	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.3	%	[40.0-50.0]
MCV (DERIVED)	83.8	fL	[83.0-101.0]
MCH (CALCULATED)	27.1	pg	[27.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.5	%	[11.6-14.0]
Platelet count	195	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	11.9		
WBC COUNT (TC) (IMPEDEANCE)	6.76	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	55.0	%	[40.0-80.0]
Lymphocytes	33.0	%	[17.0-45.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	4.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	14.0 #	/1sthour	[0.0-

LABORATORY REPORT

Name	: MR RAMESH CHANDRA VERMA	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202303000119
Patient Episode	: H18000000292	Collection Date	: 02 Mar 2023 10:26
Referred By	: HEALTH CHECK MGD	Reporting Date	: 02 Mar 2023 12:24
Receiving Date	: 02 Mar 2023 10:26		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

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

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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

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LABORATORY REPORT

Name	: MR RAMESH CHANDRA VERMA	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202303000119
Patient Episode	: H18000000292	Collection Date	: 02 Mar 2023 09:49
Referred By	: HEALTH CHECK MGD	Reporting Date	: 02 Mar 2023 17:55
Receiving Date	: 02 Mar 2023 10:26		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	6.4 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults \geq 18years $<$ 5.7			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes \geq 6.5			

Estimated Average Glucose (eAG) 137 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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	187	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	322 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	42.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	64 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	81.0	mg/dl	[<120.0]
Near/			
Above optimal-100-129			
Borderline High:130-159			
High Risk:160-189			

LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA **Age** : 56 Yr(s) Sex : Male
Registration No : MH010817661 **Lab No** : 202303000119
Patient Episode : H18000000292 **Collection Date** : 02 Mar 2023 09:49
Referred By : HEALTH CHECK MGD **Reporting Date** : 02 Mar 2023 11:21
Receiving Date : 02 Mar 2023 10:26

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA 29.8 mg/dl [15.0-40.0]
 Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN 13.9 mg/dl [8.0-20.0]
 Method: Calculated

CREATININE, SERUM 0.72 mg/dl [0.70-1.20]
 Method: Jaffe rate-IDMS Standardization

URIC ACID 5.1 mg/dl [4.0-8.5]
 Method:uricase PAP

SODIUM, SERUM 137.0 mmol/L [136.0-144.0]

POTASSIUM, SERUM 4.39 mmol/L [3.60-5.10]

SERUM CHLORIDE 103.5 mmol/l [101.0-111.0]
 Method: ISE Indirect

eGFR (calculated) 104.3 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.

LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA Age : 56 Yr(s) Sex : Male
 Registration No : MH010817661 Lab No : 202303000119
 Patient Episode : H18000000292 Collection Date : 02 Mar 2023 09:49
 Referred By : HEALTH CHECK MGD Reporting Date : 02 Mar 2023 11:21
 Receiving Date : 02 Mar 2023 10:26

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	0.47	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.38 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.29	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.64		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	16.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	100.0 #	IU/L	[32.0-91.0]

LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA Age : 56 Yr(s) Sex : Male
 Registration No : MH010817661 Lab No : 202303000119
 Patient Episode : H18000000292 Collection Date : 02 Mar 2023 09:49
 Referred By : HEALTH CHECK MGD Reporting Date : 02 Mar 2023 11:22
 Receiving Date : 02 Mar 2023 10:26

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	14.0		[7.0-50.0]

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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



Dr. Charu Agarwal
 Consultant Pathologist

LABORATORY REPORT

Name : MR RAMESH CHANDRA VERMA Age : 56 Yr(s) Sex : Male
Registration No : MH010817661 Lab No : 202303000120
Patient Episode : H18000000292 Collection Date : 02 Mar 2023 09:49
Referred By : HEALTH CHECK MGD Reporting Date : 02 Mar 2023 11:22
Receiving Date : 02 Mar 2023 09:49

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	127.0 #	mg/dl	[70.0-110.0]

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



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name	: MR RAMESH CHANDRA VERMA	Age	: 56 Yr(s) Sex :Male
Registration No	: MH010817661	Lab No	: 202303000121
Patient Episode	: H18000000292	Collection Date	: 02 Mar 2023 14:15
Referred By	: HEALTH CHECK MGD	Reporting Date	: 02 Mar 2023 15:10
Receiving Date	: 02 Mar 2023 14:15		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	210.0 #	mg/dl	[80.0-140.0]
Method: Hexokinase			
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			

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist