

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. ARORA BALINDER SINGH
EC NO.	61377
DESIGNATION	RECOVERY
PLACE OF WORK	KARNAL,RO KARNAL
BIRTHDATE	26-09-1965
PROPOSED DATE OF HEALTH CHECKUP	25-02-2023
BOOKING REFERENCE NO.	22M61377100044098E

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 **22-02-2023** 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/-

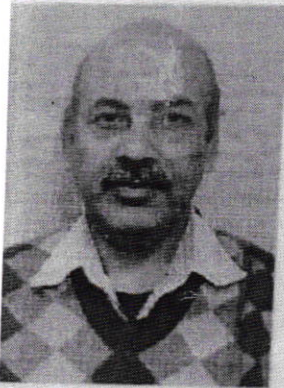
Chief General Manager
HRM Department
Bank of Baroda

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



भारत सरकार

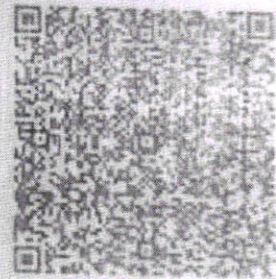
Government of India



Balinder Singh Arora

Year of Birth: 1965

Male



8629 5939 8822

आधार - आम आदमी का अधिकार

2020/8/24 13:07

Attachments:

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3/2/2023, 5:33 PM



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address: S/O: Munshi Ram, 1618,
HUDA, SECTOR 7, Thanesar,
Kurukshetra, Kurukshetra, Haryana,
136118

8629 5939 8822



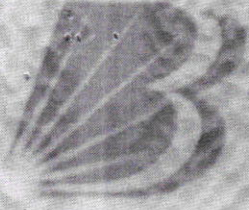
1947
1800 300 1947



help@uidai.gov.in

www.uidai.gov.in

2020/8/24 13:08



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम
Name

Balinder Singh Arora

कर्मचारी कूट क्र.
Employee Code No.

61377

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder



Name - Balinder
UHID - 341819
Age - 57/M

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Dr. (Major) Bhavesh Talera
MRCP - MD Gen Medicine (UK), FICR
Consultant Internal Medicine & NI Cardiology
Email : drbhavesh.pkl@ivyhospital.com

9/3/2023

Health check up

B

Regular exercising
walking

Review after
2 months with
repeat lipid
profile

Dr. (Major) Bhavesh Talera
MRCP - MD Internal Medicine
Consultant Internal Medicine
Regn. No: 012325



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	ARORA BALINDER SINGH	SEX/AGE	M57Y
PATIENT ID	ID341819	Accession Number	XNO2361-OPD
REF CONSULTANT	DR	DATE	25/02/2023 10:05

X-RAY CHEST PA VIEW


Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.


Dr Arushi Yadav
MD Radiodiagnosis

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

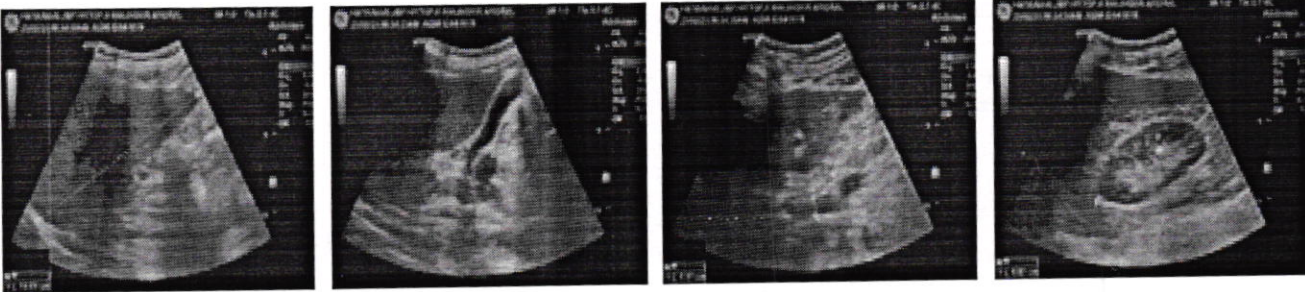
(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456

NAME	BALINDER SINGH ARORA	SEX/AGE	M57Y
PATIENT ID	ID341819	Accession Number	
REF CONSULTANT	PACKAGE	DATE	25/02/2023 09:33

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.7 cm), outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is partially distended.

SPLEEN: is normal in size (~8.5 cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas. .

RIGHT KIDNEY: It is normal in size (~8.8 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen. **A bright echogenic focus casting PAS of size 4.9mm is seen at mid pole.**

LEFT KIDNEY: It is normal in size (~8.7 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

Pre void volume is 260cc.

Post void residual volume is 47cc (borderline significant).

PROSTATE: is mildly enlarged in size (~27 cc).

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Right renal calculus.

Prostatomegaly grade I with borderline significant PVRU.

Adv: Clinical correlation and followup.

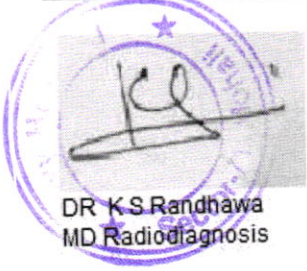
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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	BALINDER SINGH ARORA	SEX/AGE	M57Y
PATIENT ID	ID341819	Accession Number	
REF CONSULTANT	PACKAGE	DATE	25/02/2023 09:33



DR. K.S. Randhawa
MD. Radiodiagnosis

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)

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IVY HELPLINE : +91 99888-23456



NAME	: MR. ARORA BALINDER SINGH		
DOB/Gender	: 26-Sep-1965/M	Requisition Date	: 25/Feb/2023 09:27AM
UHID	: 341819	SampleCollDate	: 25/Feb/2023 09:31AM
Inv. No.	: 3175493	Sample Rec.Date	: 25/Feb/2023 09:31AM
Panel Name	: Ivy Mohali	Approved Date	: 25/Feb/2023 10:48AM
Bar Code No	: 12679359	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 3600)	1.40	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 3600)	10.30	µg/dL	5.53 – 11.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 3600)	2.700	mIU/L	0.4001 – 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18



The highlighted values should be correlated clinically





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DOB/Gender	: 26-Sep-1965/M	Requisition Date	: 25/Feb/2023 09:27AM
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PSA TOTAL

Serum PSA Total <small>(CLIA/Vitros 3600)</small>	0.61	ng/mL	<4.0
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Summary & Interpretation:

Elevated concentrations of PSA in serum are generally indicative of a patho-logic-condition of the prostate (prostatitis, benign hyperplasia or carcinoma). PSA determinations are employed for the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. An inflammation or trauma of the prostate (e.g. In case of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, lasertreatment or ergometry) can lead to PSA elevations of varying duration and magnitude.



The highlighted values should be correlated clinically



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DOB/Gender	: 26-Sep-1965/M	SampleCollDate	: 25/Feb/2023 09:31AM
UHID	: 341819	Sample Rec.Date	: 25/Feb/2023 10:35AM
Inv. No.	: 3175493	Approved Date	: 25/Feb/2023 11:36AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12679359		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.6	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	114	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298




DR ANAND KALIA
M.D. PATHOLOGY



NAME	: MR. ARORA BALINDER SINGH	Requisition Date	: 25/Feb/2023 09:27AM
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UHID	: 341819	Sample Rec.Date	: 25/Feb/2023 10:35AM
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Test Description	Observed Value	Unit	Reference Range
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BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	Negative
Anti B	POSITIVE
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
Final Blood Group	B POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.



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BIOCHEMISTRY

GLUCOSE FASTING

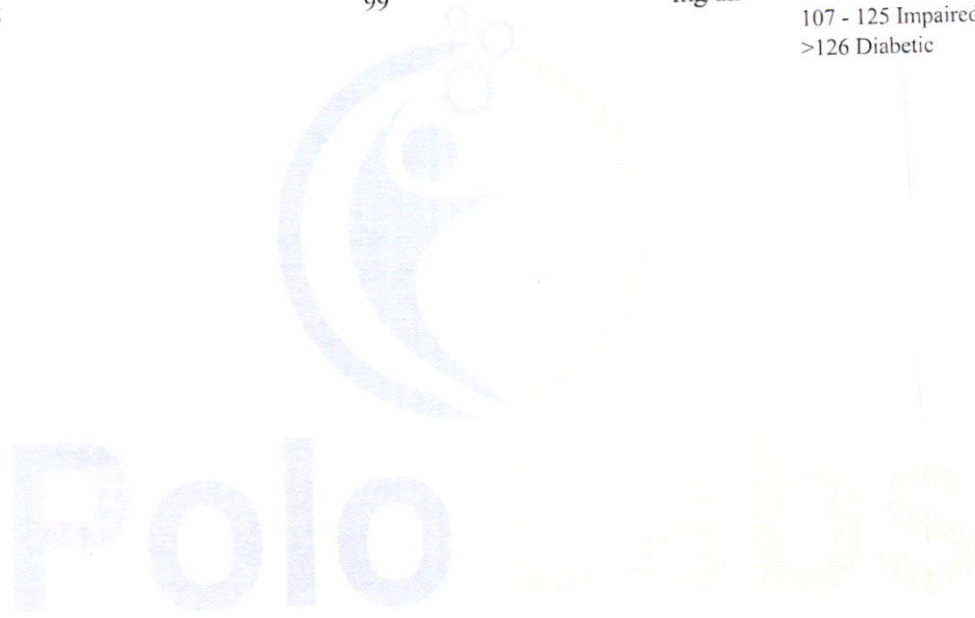
Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting
(Hexokinase/ AU480)

99

mg/dL

< 106 Normal
107 - 125 Impaired Tolerance
>126 Diabetic



The highlighted values should be correlated clinically



NAME	: MR. ARORA BALINDER SINGH	Requisition Date	: 25/Feb/2023 09:27AM
DOB/Gender	: 26-Sep-1965/M	Sample CollDate	: 25/Feb/2023 01:14PM
UHID	: 341819	Sample Rec.Date	: 25/Feb/2023 01:14PM
Inv. No.	: 3175493	Approved Date	: 25/Feb/2023 02:36PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12679359		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
(Hexokinase/ AU480)

125

mg/dL

<140 Normal
140 - 180 Impaired Tolerance
>180 Diabetic



The highlighted values should be correlated clinically





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Inv. No.	: 3175493	Approved Date	: 25/Feb/2023 11:03AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea (Urease GLDH/AU480)	36.00	mg/dl	17-43
Serum Creatinine (JAFKE KINETIC/AU480)	1.10	mg/dl	0.67-1.17
Serum Uric acid (Uricase/AU480)	5.90	mg/dl	3.5-7.2

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (DPD/AU 480)	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without P5P/AU 480)	21	U/L	<35
Serum SGPT(ALT) (IFCC Without P5P/AU 480)	17	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.24		
Serum GGT (IFCC/AU 480)	13	IU/L	9-52
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	72	U/L	30-120
Serum Protein Total (Buret)	7.2	gm/dl	6.40 - 8.20
Serum Albumin (B-G/AU 480)	4.2	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.00	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.40	%	1.0 - 1.8

The highlighted values should be correlated clinically



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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12679359		

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO POD/AU 480)	251	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	187	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	63	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	37	mg/dL	7-35
Serum LDL cholesterol (Calculated)	151	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.98		3-5
Serum LDL-HDL Ratio (Calculated)	2.39		1.5 - 3.5

The highlighted values should be correlated clinically





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Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	30.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.020		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Protein Ionization)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	0-1		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

The highlighted values should be correlated clinically



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Test Description	Observed Value	Unit	Reference Range
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STOOL ROUTINE

Physical Examination

Stool Colour	Brownish		
Stool Consistency	SEMI FORMED		
Stool Mucus	Absent		Absent

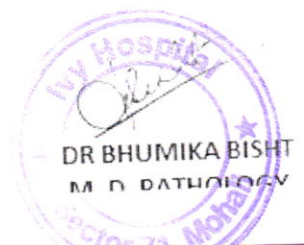
Microscopic Examination

Stool Pus Cells (Microscopy)	2-3	/hpf	Absent
Stool RBC	Absent	/hpf	Absent
Stool Ova (Microscopy)	Absent		Absent
Stool Cysts (Microscopy)	Absent		Absent

HAEMATOLOGY

ESR			
Primary Sample Type: EDTA Blood			
ESR (Automated ESR analyser)	14	mm/h	0-10

The highlighted values should be correlated clinically

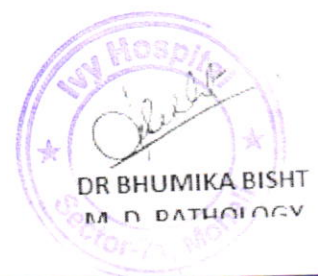


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Panel Name	: Ivy Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Non-cyanmethaemoglobin)</small>	13.8	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	40.6	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.60	10 ⁶ / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	88.9	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	30.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	34.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.5	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	100 (occasional giant platelets)	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.1	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	4.0	10 ³ /μl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	58	%	40-75
Lymphocytes	28	%	20-40
Monocytes	8	%	0-8
Eosinophils	6	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,320	μl	2000-7000
Absolute Lymphocyte Count	1,120	uL	1000-3000
Absolute Monocyte Count	320	uL	200-1000
Absolute Eosinophil Count	240	μl	20-500

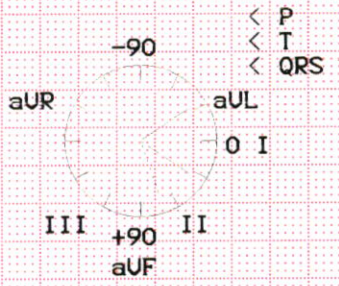
*** End Of Report ***

The highlighted values should be correlated clinically



Measurement Results:

QRS	:	102 ms
QT/QTcB	:	438 / 426 ms
PR	:	124 ms
P	:	88 ms
RR/PP	:	1058 / 1050 ms
P/QRS/T	:	70/ -35/ 35 degrees
QTD/QTcBD	:	54 / 53 ms
Sokolow	:	1.7 mV
NK	:	7



Interpretation:
left axis deviation
borderline ECG

341819

5/7/23



Unconfirmed report.

