

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. SINGH SHAILENDRA KUMAR
EC NO.	116306
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	NOIDA
BIRTHDATE	26-11-1974
PROPOSED DATE OF HEALTH CHECKUP	26-11-2022
BOOKING REFERENCE NO.	22D116306100030804E

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 **19-11-2022** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



Download Date: 14/03/2020



शैलेन्द्र कुमार सिंह
Shailendra Kumar Singh
जन्म तिथि/DOB: 26/11/1974
पुरुष/ MALE

Issue Date: 10/09/2017

9217 7852 9508

VID : 9161 4518 1654 7327

मेरा आधार, मेरी पहचान

LABORATORY REPORT

Name	: MR SHAILENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665452	Lab No	: 32221208195
Patient Episode	: H18000000064	Collection Date	: 24 Dec 2022 13:38
Referred By	: DR. DEEPAK VERMA	Reporting Date	: 25 Dec 2022 13:01
Receiving Date	: 24 Dec 2022 14:03		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ECLIA)	1.30	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.87	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.820	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	1.010	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal

LABORATORY REPORT

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Registration No : MH010665452 **Lab No** : 32221208195
Patient Episode : H1800000064 **Collection Date** : 24 Dec 2022 13:38
Referred By : DR. DEEPAK VERMA **Reporting Date** : 25 Dec 2022 13:01
Receiving Date : 24 Dec 2022 14:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.			

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



Dr. Lona Mohapatra
CONSULTANT PATHOLOGY

LABORATORY REPORT

Name	: MR SHAILENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665452	Lab No	: 202212002043
Patient Episode	: H18000000064	Collection Date	: 24 Dec 2022 09:51
Referred By	: DR. DEEPAK VERMA	Reporting Date	: 24 Dec 2022 12:18
Receiving Date	: 24 Dec 2022 10:22		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.19	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	16.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.7	%	[40.0-50.0]
MCV (DERIVED)	90.0	fL	[83.0-101.0]
MCH (CALCULATED)	31.8	pg	[27.0-32.0]
MCHC (CALCULATED)	35.3 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.2 #	%	[11.6-14.0]
Platelet count	154	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	14.2		
WBC COUNT (TC) (IMPEDEANCE)	5.37	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	55.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0 #	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	26.0 #	/1sthour	[0.0-

LABORATORY REPORT

Name	: MR SHAILENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665452	Lab No	: 202212002043
Patient Episode	: H18000000064	Collection Date	: 24 Dec 2022 10:22
Referred By	: DR. DEEPAK VERMA	Reporting Date	: 24 Dec 2022 14:22
Receiving Date	: 24 Dec 2022 10:22		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NOT DETECTED)
Glucose	Normal	(NOT DETECTED)
Ketone Bodies	Negative	Ketone Bodies Negative (NOT DETECTED)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

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

LABORATORY REPORT

Name	: MR SHAILENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665452	Lab No	: 202212002043
Patient Episode	: H18000000064	Collection Date	: 24 Dec 2022 09:51
Referred By	: DR. DEEPAK VERMA	Reporting Date	: 24 Dec 2022 14:24
Receiving Date	: 24 Dec 2022 10:22		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.0	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			

Estimated Average Glucose (eAG) 97 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 glycemic control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	176	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	98	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)	20	mg/dl	[0-35]
CHOLESTEROL, LDL, DIRECT	114.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

LABORATORY REPORT

Name	: MR SHAIENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665452	Lab No	: 202212002043
Patient Episode	: H18000000064	Collection Date	: 24 Dec 2022 09:51
Referred By	: DR. DEEPAK VERMA	Reporting Date	: 24 Dec 2022 12:06
Receiving Date	: 24 Dec 2022 10:22		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum			
UREA	24.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.82	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.9	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	135.6 #	mmol/L	[136.0-144.0]
POTASSIUM, SERUM	4.86	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.1	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	104.6	ml/min/1.73sq.m	[>60.0]
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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 SHAIENDRA SINGH	Age	: 48 Yr(s) Sex :Male
Registration No	: MH010665452	Lab No	: 202212002043
Patient Episode	: H18000000064	Collection Date	: 24 Dec 2022 09:51
Referred By	: DR. DEEPAK VERMA	Reporting Date	: 24 Dec 2022 12:06
Receiving Date	: 24 Dec 2022 10:22		

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	0.85	mg/dl	[0.30-1.20]
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BILIRUBIN - DIRECT Method: DPD	0.19	mg/dl	[0.00-0.30]
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INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.66 #	mg/dl	[0.10-0.30]
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TOTAL PROTEINS (SERUM) Method: BIURET	8.50	gm/dl	[6.60-8.70]
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ALBUMIN (SERUM) Method: BCG	4.22	g/dl	[3.50-5.20]
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GLOBULINS (SERUM) Method: Calculation	4.30 #	gm/dl	[1.80-3.40]
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PROTEIN SERUM (A-G) RATIO Method: Calculation	0.99 #		[1.00-2.50]
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AST (SGOT) (SERUM) Method: IFCC W/O P5P	24.00	U/L	[0.00-40.00]
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ALT (SGPT) (SERUM) Method: IFCC W/O P5P	22.00	U/L	[17.00-63.00]
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Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	103.0 #	IU/L	[32.0-91.0]
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LABORATORY REPORT

Name : MR SHAIENDRA SINGH **Age** : 48 Yr(s) Sex :Male
Registration No : MH010665452 **Lab No** : 202212002043
Patient Episode : H18000000064 **Collection Date** : 24 Dec 2022 09:51
Referred By : DR. DEEPAK VERMA **Reporting Date** : 24 Dec 2022 12:06
Receiving Date : 24 Dec 2022 10:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	11.0		[7.0-50.0]

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



Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

Name	Shailendra SINGH	Modality	US
Patient ID	MH010665452	Accession No	R4948975
Gender/Age	M / 48Y 28D	Scan Date	24-12-2022 10:06:15
Ref. Phys	DR. DEEPAK VERMA	Report Date	24-12-2022 12:25:11

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 121 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 108 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9.6 mm.
 COMMON BILE DUCT: Appears normal in size and measures 4.3 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: not seen (surgically removed - post cholecystectomy status).
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained.
 Rest normal.
 Right Kidney: measures 104 x 42 mm. A small hyperechoic lesion measuring 5.3 mm is seen in mid pole possibility of renal angiomyolipoma.
 Left Kidney: measures 109 x 52 mm. A simple anechoic cortical cyst measuring 16 x 15 mm is seen at lower pole.
 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.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 40 x 32 x 27 mm with volume 18 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



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

This document is digitally signed and hence no manual signature is required

~~Teleradiology services provided by Manipal Hospitals Radiology Group~~

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

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This report is subject to the terms and conditions mentioned overleaf

shalendra kumar, singh

ID:

24-Dec-2022

10:50:29

Manipal Hospitals, Grnaziabad

Normal sinus rhythm

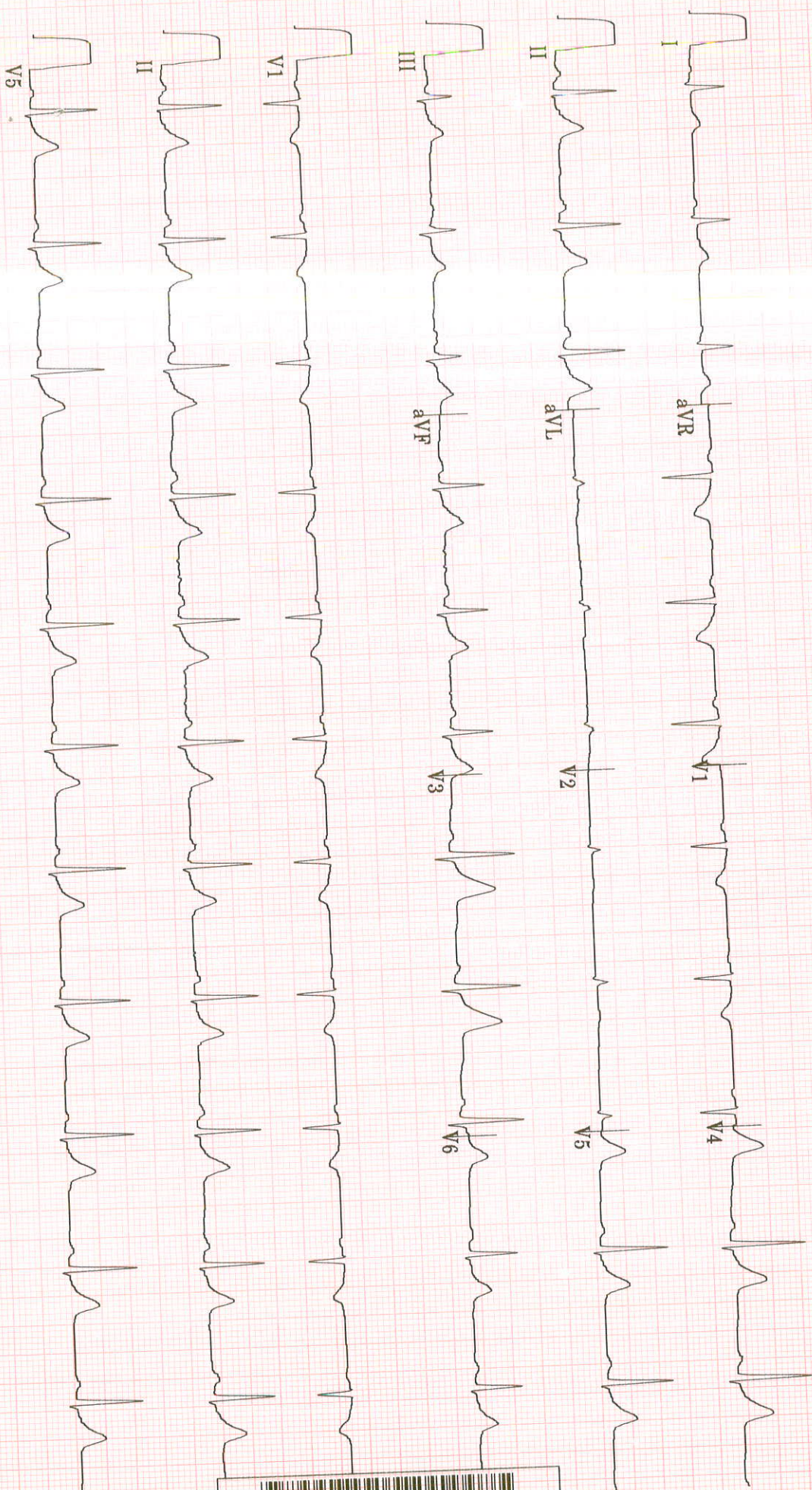
Normal ECG

48 years	Male	Caucasian	Vent. rate	67 bpm
			PR interval	156 ms
			QRS duration	76 ms
			QT/QTc	372/393 ms
			P-R-T axes	60 48 62

Technician:
Test ind:

Referred by:

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ v239





TMT INVESTIGATION REPORT

Patient Name : Mr. Shailendra SINGH	Location : Ghaziabad
Age/Sex : 48Year(s)/male	Visit No : V000000001-GHZB
MRN No : MH010665452	Order Date : 24/12/2022
Ref. Doctor : HCP	Report Date : 24/12/2022

Protocol : Bruce **MPHR** : 172BPM
Duration of exercise : 7min 11sec **85% of MPHR** : 146BPM
Reason for termination : THR achieved **Peak HR Achieved** : 150BPM
Blood Pressure (mmHg) : Baseline BP : 116/80mmHg **% Target HR** : 87%
Peak BP : 136/84mmHg **METS** : 8.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	76	116/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	105	124/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	128	130/80	Nil	No ST changes seen	Nil
STAGE 3	1:11	150	136/84	Nil	No ST changes seen	Nil
RECOVERY	4:02	82	120/84	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.
- Good effort tolerance.

IMPRESSION:

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

Dr. Bhupendra SinghMD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar

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Page 1 of 2

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