



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	GEORGE TIRKEY
DATE OF BIRTH	24-12-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-03-2023
BOOKING REFERENCE NO.	22M102658100052684S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. TIRKEY DIPTY
EMPLOYEE EC NO.	102658
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	HYDERABAD,NIZAMPET
EMPLOYEE BIRTHDATE	29-10-1984

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 **24-03-2023** 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's spouse 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



జార్జ్ టిర్కేయ్

George Tirkey

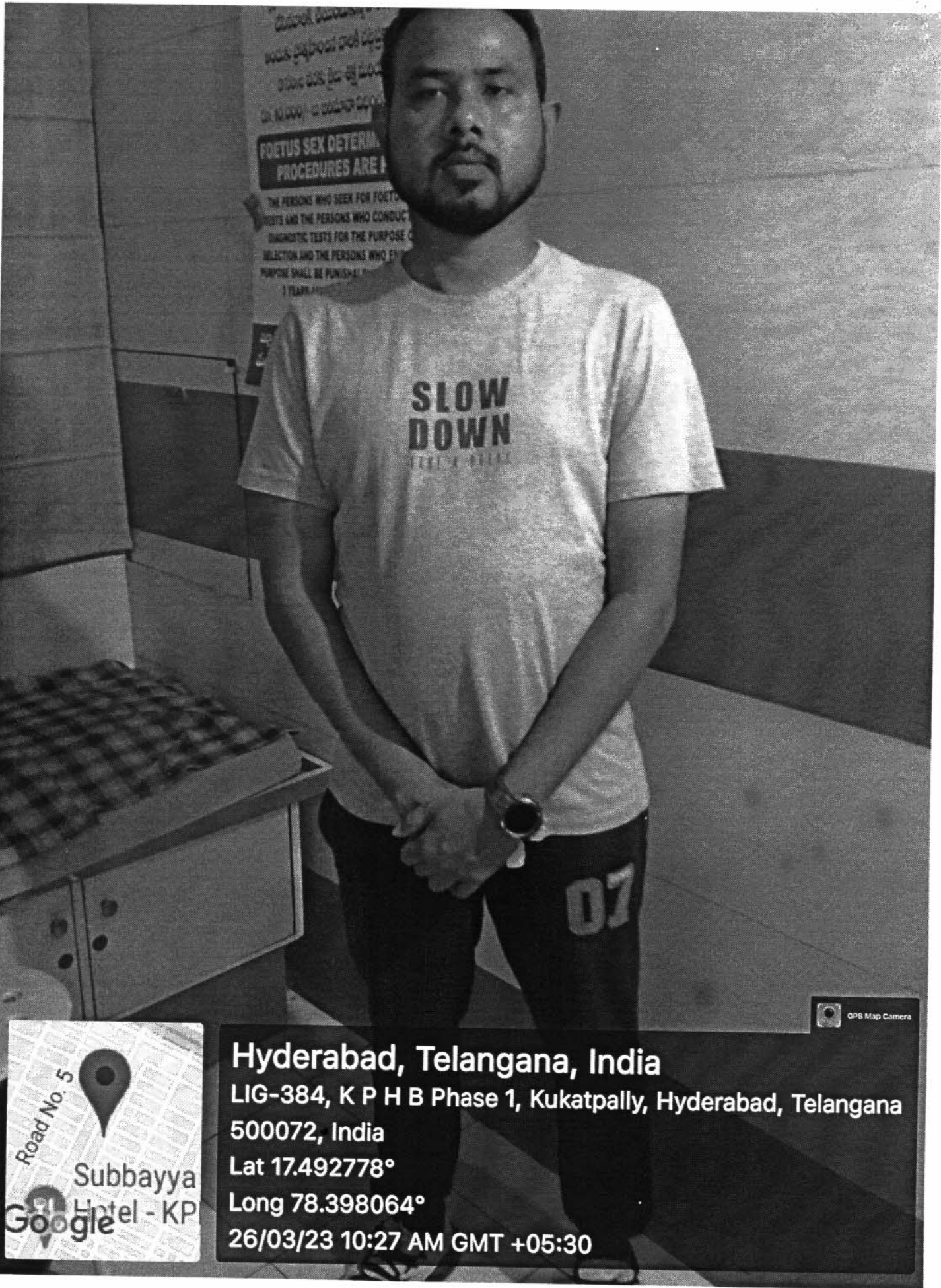
పుట్టిన తేదీ / DOB: 24/12/1980

పురుషుడు / MALE



3459 0776 1802

నా ఆధార్ - నా గుర్తింపు



GPS Map Camera



Hyderabad, Telangana, India

LIG-384, K P H B Phase 1, Kukatpally, Hyderabad, Telangana
500072, India

Lat 17.492778°

Long 78.398064°

26/03/23 10:27 AM GMT +05:30



Name : MR. GEORGE TIRKEY
Age /Sex : 42 Y / M
Ref. By : BANK OF BARODA (MW)

Reg. No : O23-3717
Registration Date : 26-03-2023
Alt ID :

X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidence of any Signs of active Tuberculosis

IMPRESSION :

**** NORMAL STUDY**

Dr Ravi Krishna
Consultant Radiologist



Name : MR. GEORGE TIRKEY
Age /Sex : 42 Y / M
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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	12.3 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm %
R B C mil/cmm	4.3 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	40 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	75 Cubic microns	76 - 96 Cubic microns
MCH	24 Picograms	27- 32 Picograms
MCHC	33 gm%	30 - 36 gm%
WBC (Total)	4,000 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	71 %	Adults ; 40 - 75 % Children : 36- 50 %
Lymphocytes	24 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	2,14,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	08 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.9 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	* Nil

Method : Automated Cellcounter&Microscopy

Dr Rajani Gutha, PhD
Chief Biochemist

* End of Report *
Verified by

Dr S Ramadevi, MD
Consultant Pathologist



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Investigation

Result

Normal Ranges

Investigation

Result

Blood Group

"B"

Rh Typing (Anti-D)

POSITIVE

Dr Rajani Gutha, PhD
Chief Biochemist

* End of Report *

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Investigation

Result

Reference Range

% HbA1c (Glycosylated Haemoglobin)
(Method: HPLC-NGSP Certified)

5.4 %

< 6.0 : Pre Diabetic
6-7 : Good Control
7-8 : Weak Control
> 8.0 : Poor Control

Intpretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

Dr Rajini G, PhD
Chief Biochemist

* End of Report *

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Consultant Pathologist



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Investigation	Result	Reference Range
Liver Function Tests		
Total Bilirubin (Method: Walter &Gerarde)	: 0.54 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	: 0.19 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	: 0.35 mg/dl	
Alkaline Phosphatase (Method: GSCC)	: U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
SGPT (Method: IFCC)	: IU/L	UP TO 55 IU/L
SGOT (Method: IFCC)	: IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	: 6.9 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	: 4.3 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	: 2.6 gm/dl	
A/G Ratio	1.65	
Gamma GT IFCC Method	U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

* End of Report *

Verified by

Dr S Ramadevi MD
Consultant Pathologist

Dr Rajini G, PhD
Chief Biochemist



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Investigation

Result

Reference Range

Fasting Plasma Glucose *
Blood Sugar
Method GOD-POD

93 mg/dl

70 - 110 mg/dl

Post Prandial Glucose *
(Blood Sugar)
Method GOD-POD

110 mg/dl

70 - 160 mg/dl

* End of Report *

Dr Rajini G, PhD
Chief Biochemist

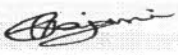

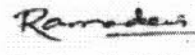
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Investigation	Result	Reference Range
Serum Creatinine * Method Enzymatic	1.1 mg/dl	Male : 0.7 - 1.3 mg/dl Female : 0.6 - 1.1 mg/dl New Born 1 - 4 days : 0.3 - 1.0 mg.dl Infant (upto 1year) : 0.2 - 0.4 mg/dl Children : 0.3 - 0.7 mg/dl
Blood Urea * Method GLDH	29 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * Calculated	13.5 mg/dl	6 - 25.5 mg/dl
Serum Uric Acid * Method:Uricase POD	6.4 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl
 Dr Rajini G, PhD Chief Biochemist	* End of Report *  Verified by	 Dr S Ramadevi MD Consultant Pathologist



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Investigation

Result

Reference Range

Lipid Profile

Total Cholesterol * Method CHOD-POD	219 mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * Method GPO - POD	99 mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * Method Direct CHOD-PAD	46 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * Method Calculated	153.2 mg/dL	Optimal : < 100 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * Method Calculated	19.8 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * Method Calculated	4.76 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * Method Calculated	3.33 Ratio	1.5 - 3.5 Ratio

* End of Report *

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Consultant Pathologist

Dr Rajini G, PhD
Chief Biochemist



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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	94 ng/mL	60-200 ng/mL
Thyroxine - Total (TT4)	11.7 mg/dL	4.5-12 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	1.66 µIU/ml	0.3-5.5 µIU/ml

Interpretation


Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.


Dr Rajani Gutha, PhD
Chief Biochemist

*** End of Report ***

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Investigation

Result

Normal Ranges

Prostatic Specific Antigen(PSA)

0.84 ng/ml

Upto 4.0 ng/ml

Most men with an elevated PSA level turn out not to have prostate cancer; only about 25 percent of men who have a prostate biopsy due to an elevated PSA level actually have prostate cancer.

A single elevated PSA measurement in a patient who has a history of prostate cancer does not always mean that the cancer has come back. A man who has been treated for prostate cancer should discuss an elevated PSA level with his doctor. The doctor may recommended repeating the PSA test or performing other test to check for evidence of a recurrence. The doctor may look for a trend of rising PSA level over time rather than a single elevated PSA level.

Dr Rajani Gutha, PhD
Chief Biochemist

* End of Report *

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Investigation

Result

Complete Urine Examination

Investigation

Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
Apperance : Clear
Reaction : Acidic
Specific Gravity : 1.025

CHEMICAL EXAMINATION

Albumin : Nil
Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 1 - 2 /HPF
Epithelial Cells : 1 - 2 /HPF
RBC : Nil /HPF
Crystals : Nil
Casts : Nil
Bacteria : Nil
Others : Nil

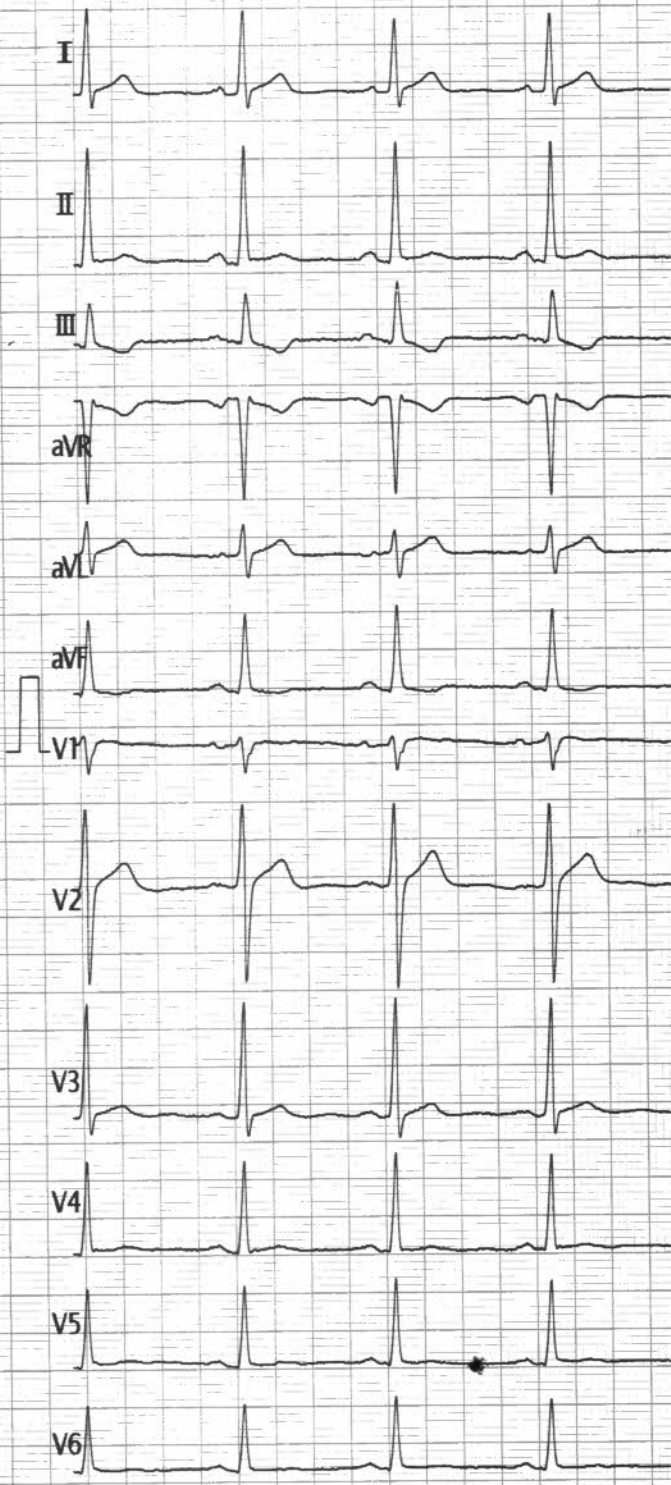
** End of report **

Dr Rajani Gutha
Chief Biochemist

Verified by

D RS Ramadevi, MD
Consultant Pathologist

10mm/mV



Vent. Rate(BPM) : 71

PR Int.(ms) : 147

P/QRS/T Int.(ms) : 114 98 150

QT/QTc Int.(ms) : 348 382

P/QRS/T Axis(Deg.) : 69 58 61

RV1/SV5 Amp.(mV) : 0.10 0.00

RV5/SV1 Amp.(mV) : 1.06 0.36

V2.33 Technician :

TO BE CORRELATED
CLINICALLY
<ECG Analysis Result>

800 Normal Sinus Rhythm

611 T Abnormality(Flat T)

*** Borderline Abnormal ECG ***

N7A

Dr. V. HANIRAM
MD, DM(Card)

HARI'S HEART CLINIC

1st Floor, MIG-324, 4th Road,

KPHB, Hyderabad-72. Ph: 9866253911

Note: Unconfirmed Report Need to

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.06	+0.04	-0.01	-0.05	+0.03	+0.01
V1	V2	V3	V4	V5	V6
+0.02	+0.11	+0.05	+0.01	+0.01	+0.00

023-3717

M / 42 Y

MR. GEORGE TIRKEY



Aditya Diagnostics 26-03-2023

> 000000000000 F 9Y

/ cm/kg

25mm/s AC50 EMG ADS 26-03-2023 11:27:43




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Ultrasound Scan Abdomen

- Liver** Size (127 mm), Shape, contour and echotexture normal. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal
- Gall Bladder** Contracted.
- Spleen** Size : 95 mm, Shape and echotexture normal, No abnormal calcifications seen.
- Pancreas** Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic lesions seen. No calcifications are seen.
- Kidneys** Right kidney Measures : 91 X 45 mm
Left kidney Measures : 93 X 45 mm
Peri renal areas normal, Renal capsule normal, Cortical thickness, Cortical echopattern and corticomedullary differentiation are normal. Pelvicalyceal system normal. No calculus or no mass lesions are seen.
- Urinary Bladder** Empty.
- Prostate** Size, Echotexture normal. No calcification seen.
Volume - 10 cc.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis,
- Impression** *No Sonological Abnormality detected at the time of Scan*
Advice - Clinically correlation.


Dr. Azam
Radiologist