



A comprehensive diagnostic centre

Health Delivery at your door steps



ISO: 9001:2008 Certified



ISO: 9001:2000

Dr. Priya Mahajan
MBBS, DNB (Pathology)
+91 99884-63931

SCO 56, 1st Floor, Sector 47-D, Chandigarh
Ph. : 0172-5006756, E-mail : panhealth35@gmail.com



Patient Name :- Mr Manohar Lal
Receipt Date :- 24 Jul 2021
Address :- BOB ,Chandigarh

Guardian :-
Receipt No. :- 11210001897

Reg. No. :- 2107247
Age/Sex :- 42 Y / M
Mobile No. :- 1111111111

Final Report

| Investigations | Observations | Biological Reference Interval | Unit |
|---|--------------|-------------------------------|-------|
| RENAL FUNCTION TESTS - (RFT) | | | |
| BLOOD UREA Method : GLDH-UREASE METHOD | 41.2 | 19.00 - 45.00 | mg/dl |
| CREATININE Method : Jaffes Method | 0.81 | 0.70 - 1.40 | mg/dl |
| URIC ACID Method : Uricase- POD | 6.1 | 3.50 - 7.20 | mg/dl |
| PROSTATE SPECIFIC ANTIGEN (PSA). Method: ELECTROCHEMILUMINESCENCE IMMUNOASSAY | 1.00 | | ng/ml |
| on COBAS e-411(HITACHI) Reference range: Age Group ng/ml UPTO 49 Yrs. : <2.5 BETWEEN 49-59 Yrs : <3.5 ABOVE 59 Yrs. : <6.5 NOTE : interpretation of result to be done by the clinician in conjunction with other related investigations like TRUS & Biopsy. | | | |
| BLOOD GROUP (ABO & RH TYPING) Method: SLIDE METHOD | | | |
| BLOOD GROUP (ABO RH) Method : SLIDE METHOD | B | | |
| RH | POSITIVE | | |
| GLUCOSE (FASTING) Method: GOD POD | 85.9 | 70.00 -110.00 | mg/dl |
| GLUCOSE (PP) Method: GOD POD | 117.3 | 70.00 -140.00 | mg/dl |

<<:END OF REPORT::>>

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Fully Equipped Clinical Pathology & Histopath Center | Not Valid for Medico-Legal Purpose

Biochemistry | Microbiology | Hematology | Clinical Pathology | Histopathology | Immunology



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| LIPID PROFILE | | | |
| TOTAL CHOLESTROL Method : Cholesterol oxidase & peroxidase | 169.5 | 125.00 - 200.00 | mg/dl |
| TRIGLYCERIDES Method : GPO Method | 274.5 | upto 150 | mg/dl |
| HDL CHOLESTROL Method : DIRECT HDL | 69.85 | 35.30 - 79.50 | mg/dl |
| LDL CHOLESTROL Method : Calculated | 44.75 | <130 | mg/dl |
| VLDL Method : Calculated | 54.90 | 7.00 - 35.00 | mg/dl |
| CHOL/HDL RATIO Method : Calculated | 2.43 | 0.00 - 3.50 | RATIO |
| LDL/HDL RATIO Method : Calculated | 3.79 | <3 | ratio |

<<:END OF REPORT::>>

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| LIVER FUNCTION TESTS (LFT) | | | |
| TOTAL BILIRUBIN Method : Diazo Method | 0.87 | 0.00 - 2.00 | mg/dl |
| DIRECT BILIRUBIN Method : Diazo Method | 0.25 | 0.00 - 0.40 | mg/dl |
| INDIRECT BILIRUBIN Method : Calculated | 0.62 | 0.20 - 0.80 | mg/dl |
| SGOT Method : IFCC KINETIC METHOD | 14.1 | 7.00 - 35.00 | U/L |
| SGPT(ALT) Method : IFCC KINETIC METHOD | 51.2 | 5.00 - 42.00 | U/L |
| ALKALINE PHOSPHATASE Method : PNPP | 96.5 | 42.00 - 369.00 | U/L |
| TOTAL PROTIENS Method : Biuret reaction end point | 6.8 | 4.60 - 7.80 | g/dl |
| ALBUMIN Method : Method: Bormocresol green | 4.3 | 3.50 - 5.00 | g/dl |
| GLOBULIN Method : Calculated | 2.50 | 2.30 - 3.60 | gm/dl |
| A/G RATIO Method : Calculated | 1.72 | 1.00 - 2.00 | RATIO |

<<:END OF REPORT::>>

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| THYROID PROFILE (T3,T4,TSH) | | | |
| T3 | 0.99 | 0.70 - 2.04 | ng/mL |
| T4 Method : CLIA | 8.9 | 5.00 - 12.60 | µg/dL |
| TSH Method : CLIA | 4.36 | 0.35 - 5.50 | µIU/mL |

<<:END OF REPORT::>>

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|----------------------------------|--------------|-------------------------------|------|
| URINE ROUTINE EXAMINATION | | | |
| PHYSICAL EXAMINATION | | | |
| COLOR | PALE YELLOW | | |
| APPEARANCE | CLEAR | | |
| CHEMICAL EXAMINATION | | | |
| URINE GLUCOSE | NIL | NIL | |
| URINE SPECIFIC GRAVITY | 1.025 | 1.01 - 1.03 | |
| URINE PH | 5.0 | 4.8-7.6 | |
| URINE PROTEIN | NIL | NIL | |
| MICROSCOPIC EXAMINATION | | | |
| URINE PUS CELLS | 01-02 | 2.00 - 3.00 | /HPF |
| URINE RBC | ABSENT | Absent | /HPF |
| EPITHELIAL CELLS | 02-04 | 0-5 | /HPF |
| CASTS | NOT SEEN | | |
| CRYSTALS | NOT SEEN | | |
| OTHERS | NIL | | |

<<:END OF REPORT::>>


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Patient Name :- Mr Manohar Lal
Receipt Date :- 24 Jul 2021
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| CALCIUM Method: ARSENZO | 10.0 | 8.80 -10.60 | mg/dl |

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MEDICAL EXAMINATION FORM

NAME OF EXAMINEE: Mr Manohar Lal

DATE OF BIRTH: 24/08/1978

NAME OF COMPANY: BOB

FAMILY HISTORY : Father hypertensive, Past CABG

PAST HISTORY : Gall stones for 3-4 years.

GENERAL PHYSICAL EXAMINATION

BUILT: well built

PALLOR: Not seen

HEIGHT: 165 Cms

WEIGHT: 80 Kgs

BMI: 29.4 Overweight

| | 1 st Reading | 2 nd Reading | 3 rd Reading |
|----------------|-------------------------|-------------------------|-------------------------|
| BLOOD PRESSURE | <u>138/90 mmHg</u> | | |
| PULSE | <u>98/min</u> | | |
| RESPIRATION | <u>18/min</u> | | |

SYSTEMATIC EXAMINATION

RESPIRATORY SYSTEM :

CARDIOVASCULAR SYSTEM:

GENITOURINARY SYSTEM :

LIVER :

SKIN :

SPLEEN :

VARICOSE VEINS:

LYMPH NODES :

ENT :

EYES :

B1E
N. vision 6/6
D vision 6/6
colour vision - Normal

REMARKS BY MEDICAL EXAMINER:

No Adverse Remarks

DR. SIGNATURE:

Dr PRIYA MAHAJAN
 DNB Pathology
 Regd No. 31896

PAN HEALTH
 S.C.O. 56, 1st Floor
 Sec. 47-D, Chandigarh

Handwritten signature

आधार - आप आधार का अधिकार




9044 4717 8329

प्राथ / Male

आधार सं / Year of Birth : 1978

नाम प्राथ
Manohar Lal



संघ शासक
GOVERNMENT OF INDIA



Handwritten signature

Dr PRIYA MAHAJAN
DNB Pathology
Regd No. 31896

PAN HEALTH
S.C.O-56, 1st Floor
Sec. 47-D, Chandigarh

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. LAL MANOHAR |
| EC NO. | 163120 |
| DESIGNATION | SINGLE WINDOW OPERATOR A |
| PLACE OF WORK | RAJGARH_SIRMAUR |
| BIRTHDATE | 24-08-1978 |
| PROPOSED DATE OF HEALTH CHECKUP | 30-07-2021 |
| BOOKING REFERENCE NO. | 21S163120100001210E |

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 **15-07-2021** till **31-03-2022** 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))