



CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mr.RAJESH KUMAR - 121529	Registered On	: 10/Aug/2024 11:09:54
Age/Gender	: 35 Y 7 M 9 D /M	Collected	: 2024-08-10 13:04:54
UHID/MR NO	: ALDP.0000128053	Received	: 2024-08-10 13:04:54
Visit ID	: ALDP0163792425	Reported	: 11/Aug/2024 17:44:46
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG/ EKG

1. Machnism, Rhythm	Sinus, Regular
2. Atrial Rate	64 /mt
3. Ventricular Rate	64 /mt
4. P - Wave	Normal
5. P R Interval	Normal
6. Q R S	Axis : Normal R/S Ratio : Normal Configuration : Normal
7. Q T c Interval	Normal
8. S - T Segment	Normal
9. T - Wave	Normal

FINAL IMPRESSION

ECG Within Normal Limits: Sinus Rhythm, Early repolarization with an ascending ST segment. Please correlate clinically.


Dr. R K VERMA
MBBS, PGDGM





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	15.00	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	9,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	73.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	23.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	2.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	-	Mm for 1st hr.	<9	
PCV (HCT)	45.00	%	40-54	
Platelet count				
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.81	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.90	fl	80-100	CALCULATED PARAMETER
MCH	31.10	pg	27-32	CALCULATED PARAMETER
MCHC	33.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,789.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	93.00	/cu mm	40-440	

AS

Dr.Akanksha Singh (MD Pathology)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING, Plasma

Glucose Fasting	75.70	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal

91.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HbA1C), EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.60	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy





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and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen)	7.20	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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Low-protein diet, overhydration, Liver disease.

Creatinine <i>Sample: Serum</i>	0.95	mg/dl	0.7-1.30	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample: Serum</i>	4.78	mg/dl	3.4-7.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	21.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	24.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	42.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.48	gm/dl	6.2-8.0	BIURET
Albumin	4.30	gm/dl	3.4-5.4	B.C.G.
Globulin	2.18	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.97		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	87.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.47	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.14	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.33	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
HDL Cholesterol (Good Cholesterol)	48.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	90	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.62	mg/dl	10-33	CALCULATED
Triglycerides	83.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr.Akanksha Singh (MD Pathology)





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE, *Urine*

Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE, *Urine*

Sugar, PP Stage

ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

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Dr.Akanksha Singh (MD Pathology)





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample: Serum	0.54	ng/mL	<4.1	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	135.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.500	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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Dr.Akanksha Singh (MD Pathology)





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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)
CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.

Dr. Aishwarya Neha (MD Radiodiagnosis)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER: - Normal in size (12.9 cm), shape and **shows diffusely raised echotexture**. No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

GALL BLADDER :- Well distended. Normal wall thickness is seen. No evidence of calculus/focal mass lesion/pericholecystic fluid is seen.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

SPLEEN: - Normal in size (10.5 cm), shape and echogenicity. No evidence of mass lesion is seen.

RIGHT KIDNEY: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Is adequately distended. No evidence of calculus is seen. **Wall is thickened (maximum thickness 4.2 mm) and irregular.**

PROSTATE :- Normal in size (2.5 x 2.7 x 3.4 cm vol - 12.5 cc), shape and echo pattern.

HIGH RESOLUTION :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

IMPRESSION :

- **Grade I fatty liver.**
- **Chronic cystitis.**

Please correlate clinically

Dr. Aishwarya Neha (MD Radiodiagnosis)





CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN : U85110UP2003PLC193493



Patient Name	: Mr.RAJESH KUMAR - 121529	Registered On	: 10/Aug/2024 11:09:55
Age/Gender	: 35 Y 7 M 9 D /M	Collected	: 2024-08-10 13:04:36
UHID/MR NO	: ALDP.0000128053	Received	: 2024-08-10 13:04:36
Visit ID	: ALDP0163792425	Reported	: 10/Aug/2024 17:39:58
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF TMT
MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Tread Mill Test (TMT)

NORMAL


*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION




Dr. R K VERMA
MBBS, PGDGM

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location





बैंक ऑफ बड़ोदा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. KUMAR RAJESH
EC NO.	121529
DESIGNATION	CUSTOMER SERVICE ASSOCIATE
PLACE OF WORK	JARI
BIRTHDATE	03-03-1988
PROPOSED DATE OF HEALTH CHECKUP	10-08-2024
BOOKING REFERENCE NO.	24S121529100109316E

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 **26-07-2024** till **31-03-2025**. 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छठा तल, "बड़ोदा भवन", अलकापुरी, बड़ोदा-390007(भारत)
Human Resources Management Department, Head Office, 6th Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)



बैंक ऑफ बड़ौदा
Bank of Baroda

नाम - राजेश कुमार

Name - Rajesh Kumar

कर्मचारी कूट क्र - 121529

E.C. No. - 121529

जारीकर्ता प्राधिकारी
Issuing Authority



Rajesh Kumar

धारक के हस्ताक्षर
Signature of Holder