

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	Yugantar Khanduri
DATE OF BIRTH	04-05-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-01-2023
BOOKING REFERENCE NO.	22M173816100035628S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. NAUTIYAL ARADHANA
EMPLOYEE EC NO.	173816
EMPLOYEE DESIGNATION	FOREX
EMPLOYEE PLACE OF WORK	NEW DELHI, PARLIAMENT STREET
EMPLOYEE BIRTHDATE	27-05-1992

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 **04-01-2023** 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))



भारत सरकार



युगान्तर खंडूरी  
Yugantar Khanduri

जन्म वर्ष / Year of Birth : 1988  
पुरुष / Male



5932 9605 4847

आधार — आम आदमी का अधिकार



आधार

सुधीर खंडूरी प्रहसन प्राधिकरण  
SUDHIR KHANDURI OF INDIA

पता: S/O सुधीर खंडूरी, १९३.१०सी,  
सिविल लाइन भटनागर कॉलोनी, बरेली,  
बरेली, उत्तर प्रदेश, 243001

Address: S/O Sudhir Khanduri,  
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## RADIOLOGY REPORT

<b>Name</b>	Yugantar KHANDURI	<b>Modality</b>	DX
<b>Patient ID</b>	MH010712536	<b>Accession No</b>	R5037179
<b>Gender / Age</b>	M / 34Y 8M 12D	<b>Scan Date</b>	14-01-2023 11:05:42
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	14-01-2023 11:31:04

### XR- CHEST PA VIEW

**FINDINGS:**

LUNGS: Normal.  
 TRACHEA: Normal.  
 CARINA: Normal.  
 RIGHT AND LEFT MAIN BRONCHI: Normal.  
 PLEURA: Normal.  
 HEART: Normal.  
 RIGHT HEART BORDER: Normal.  
 LEFT HEART BORDER: Normal.  
 PULMONARY BAY: Normal.  
 PULMONARY HILA: Normal.  
 AORTA: Normal.  
 THORACIC SPINE: Normal.  
 OTHER VISUALIZED BONES: Normal.  
 VISUALIZED SOFT TISSUES: Normal.  
 DIAPHRAGM: Normal.  
 VISUALIZED ABDOMEN: Normal.  
 VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**  
 Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
 Consultant Radiologist, Reg No MCI 11 10887

## RADIOLOGY REPORT

<b>Name</b>	Yugantar KHANDURI	<b>Modality</b>	US
<b>Patient ID</b>	MH010712536	<b>Accession No</b>	R5037180
<b>Gender/Age</b>	M / 34Y 8M 12D	<b>Scan Date</b>	14-01-2023 11:09:07
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	14-01-2023 12:13:26

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: Liver is normal in size (measures 134 mm), shape and echotexture. Rest normal.

SPLEEN: Spleen is normal in size (measures 104 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.1 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

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 91 x 45 mm.

Left Kidney: measures 105 x 45 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is partially distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 30 x 30 x 25 mm with volume 12 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

**MANIPAL HOSPITALS**

NH-24, Harpur Road, Near Lanscraft Golf Links, Ghaziabad-201002  
This document is digitally signed and hence no hand written signature is required

Teleradiology services provided by Manipal Hospitals Radiology Group

This report is subject to the terms and conditions mentioned overleaf

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## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 32230105098
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 20:29
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 21:56
<b>Receiving Date</b>	: 14 Jan 2023 21:05		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ECLIA)	0.95	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	5.34	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.640	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>

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



**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 202301001471
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 09:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 12:36
<b>Receiving Date</b>	: 14 Jan 2023 13:08		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.97	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	14.1	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.5	%	[40.0-50.0]
MCV (DERIVED)	85.5	fL	[83.0-101.0]
MCH (CALCULATED)	28.4	pg	[27.0-32.0]
MCHC (CALCULATED)	33.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.2	%	[11.6-14.0]
Platelet count	160	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	13.2		
WBC COUNT (TC) (IMPEDENCE)	7.21	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	68.0	%	[40.0-80.0]
Lymphocytes	22.0	%	[17.0-45.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>34.0 #</b>	<b>/1sthour</b>	<b>[0.0-</b>

## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 202301001471
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 09:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 17:12
<b>Receiving Date</b>	: 14 Jan 2023 13:08		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.4	%	[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)	108	mg/dl
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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.

### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

#### CHEMICAL EXAMINATION

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



## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 202301001471
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 13:08
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 16:58
<b>Receiving Date</b>	: 14 Jan 2023 13:08		

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

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

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	136	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	125	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
<b>HDL- CHOLESTEROL</b>	<b>31.0 #</b>	<b>mg/dl</b>	<b>[35.0-65.0]</b>
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	25	mg/dl	[0-35]
CHOLESTEROL, LDL, DIRECT	80.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:

## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 202301001471
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 09:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 12:29
<b>Receiving Date</b>	: 14 Jan 2023 13:08		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

#### KIDNEY PROFILE

Specimen: Serum

UREA	23.1	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	10.8	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	1.01	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	6.3	mg/dl	[4.0-8.5]
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Method:uricase PAP

SODIUM, SERUM	139.9	mmol/L	[136.0-144.0]
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POTASSIUM, SERUM	4.18	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	106.2	mmol/l	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	96.6	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. 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.

## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 202301001471
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 09:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 12:29
<b>Receiving Date</b>	: 14 Jan 2023 13:08		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.78	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.18	mg/dl	[0.00-0.30]
<b>INDIRECT BILIRUBIN (SERUM)</b> Method: Calculation	<b>0.60 #</b>	<b>mg/dl</b>	<b>[0.10-0.30]</b>
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.46	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.52		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	29.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	53.00	U/L	[17.00-63.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC)	<b>99.0 #</b>	<b>IU/L</b>	<b>[32.0-91.0]</b>
GGT	32.0		[7.0-50.0]

## LABORATORY REPORT

**Name** : MR YUGANTAR KHANDURI **Age** : 34 Yr(s) Sex :Male  
**Registration No** : MH010712536 **Lab No** : 202301001471  
**Patient Episode** : H18000000148 **Collection Date** : 14 Jan 2023 09:54  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 14 Jan 2023 16:54  
**Receiving Date** : 14 Jan 2023 13:08

### BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	AB Rh(D) Positive		

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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



**Dr. Charu Agarwal**  
Consultant Pathologist

## LABORATORY REPORT

**Name** : MR YUGANTAR KHANDURI **Age** : 34 Yr(s) Sex :Male  
**Registration No** : MH010712536 **Lab No** : 202301001472  
**Patient Episode** : H18000000148 **Collection Date** : 14 Jan 2023 09:54  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 14 Jan 2023 12:29  
**Receiving Date** : 14 Jan 2023 09:54

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	94.0	mg/dl	[70.0-110.0]

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



**Dr. Charu Agarwal**  
Consultant Pathologist

## LABORATORY REPORT

<b>Name</b>	: MR YUGANTAR KHANDURI	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH010712536	<b>Lab No</b>	: 202301001473
<b>Patient Episode</b>	: H18000000148	<b>Collection Date</b>	: 14 Jan 2023 14:26
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Jan 2023 15:55
<b>Receiving Date</b>	: 14 Jan 2023 14:26		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	86.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

**Note:**

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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



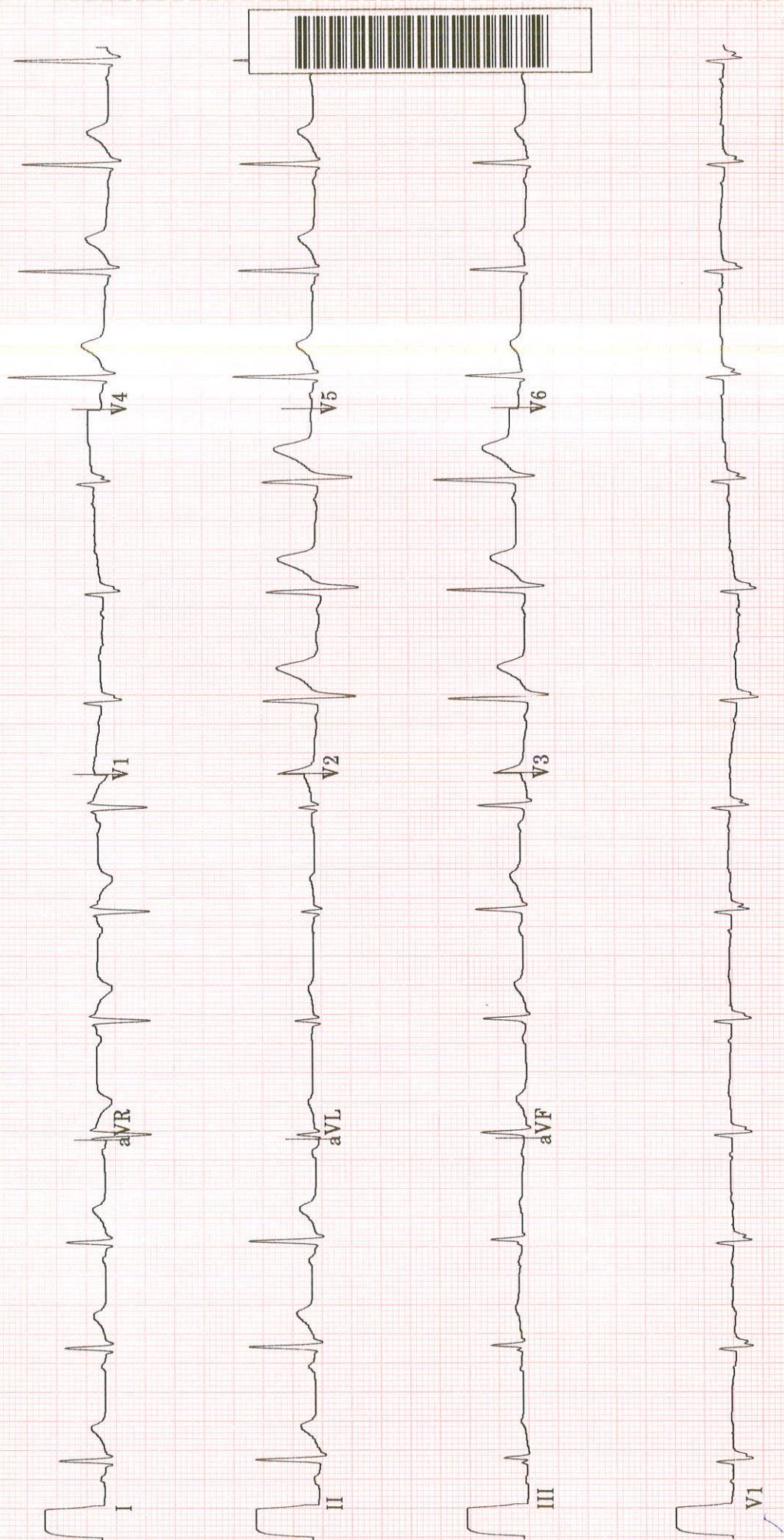
**Dr. Alka Dixit Vats**  
Consultant Pathologist

Vent. rate 81 bpm  
 PR interval 138 ms  
 QRS duration 92 ms  
 QT/QTc 364/422 ms  
 P-R-T axes 49 51 41

Normal sinus rhythm  
 Normal ECG

Technician:  
 Test ind:

Referred by: hcp  
 Unconfirmed





## TMT INVESTIGATION REPORT

Patient Name : Mr.Yugantar KHANDURI	Location : Ghaziabad
Age/Sex : 34Year(s)/male	Visit No : V0000000001-GHZB
MRN No :MH010712536	Order Date : 14/01/2023
Ref. Doctor : HCP	Report Date : 14/01/2023

**Protocol** : Bruce **MPHR** : 186BPM  
**Duration of exercise** : 5min 05sec **85% of MPHR** : 158BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 163BPM  
**Blood Pressure (mmHg)** : Baseline BP : 134/86mmHg **% Target HR** : 87%  
Peak BP : 146/90mmHg **METS** : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	85	134/86	Nil	No ST changes seen	Nil
STAGE 1	3:00	142	140/86	Nil	No ST changes seen	Nil
STAGE 2	2:05	163	146/90	Nil	No ST changes seen	Nil
RECOVERY	3:01	114	140/90	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.
- Fair effort tolerance.

**IMPRESSION:**

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

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

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad,Uttar Pradesh - 201 002

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Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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