

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	HARPREET SINGH HARPREET SINGH
DATE OF BIRTH	26-08-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2023
BOOKING REFERENCE NO.	22M178164100050430S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. SHARMA MANU
EMPLOYEE EC NO.	178164
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	MANDI GOBINGARH, M S M E BRANCH
EMPLOYEE BIRTHDATE	02-03-1989

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 **19-03-2023** 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))

### 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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
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



NAME	: MR. HARPREET SINGH	Requisition Date	: 25/Mar/2023 09:42AM
DOB/Gender	: 26-Aug-1984/M	Sample CollDate	: 25/Mar/2023 09:51AM
UHD	: 348438	Sample Rec.Date	: 25/Mar/2023 12:13PM
Inv. No.	: 3253815	Approved Date	: 25/Mar/2023 01:18PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12724746		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

<b>Serum Total T3</b> <small>(CLIA/Vitros 3600)</small>	1.42	ng/mL	0.970 – 1.69
--	------	-------	--------------

**Summary & Interpretation:**

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

<b>Serum Total T4</b> <small>(CLIA/Vitros 3600)</small>	6.69	µg/dL	5.53 – 11.0
--	------	-------	-------------

**Summary & Interpretation:**

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

<b>Serum TSH</b> <small>(CLIA/Vitros 3600)</small>	4.900	mIU/L	0.4001 – 4.049
---	-------	-------	----------------

**Summary & Interpretation**

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

**Note:**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

Please correlate clinically.

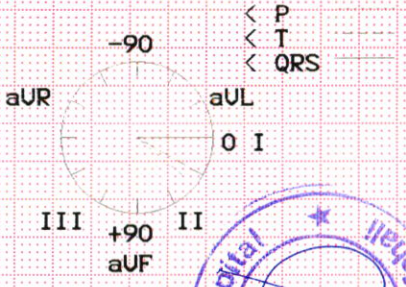


Result Entered By: Geetika 40845

Mr. Harpreet Singh  
38 yrs / Male  
398438

Measurement Results:

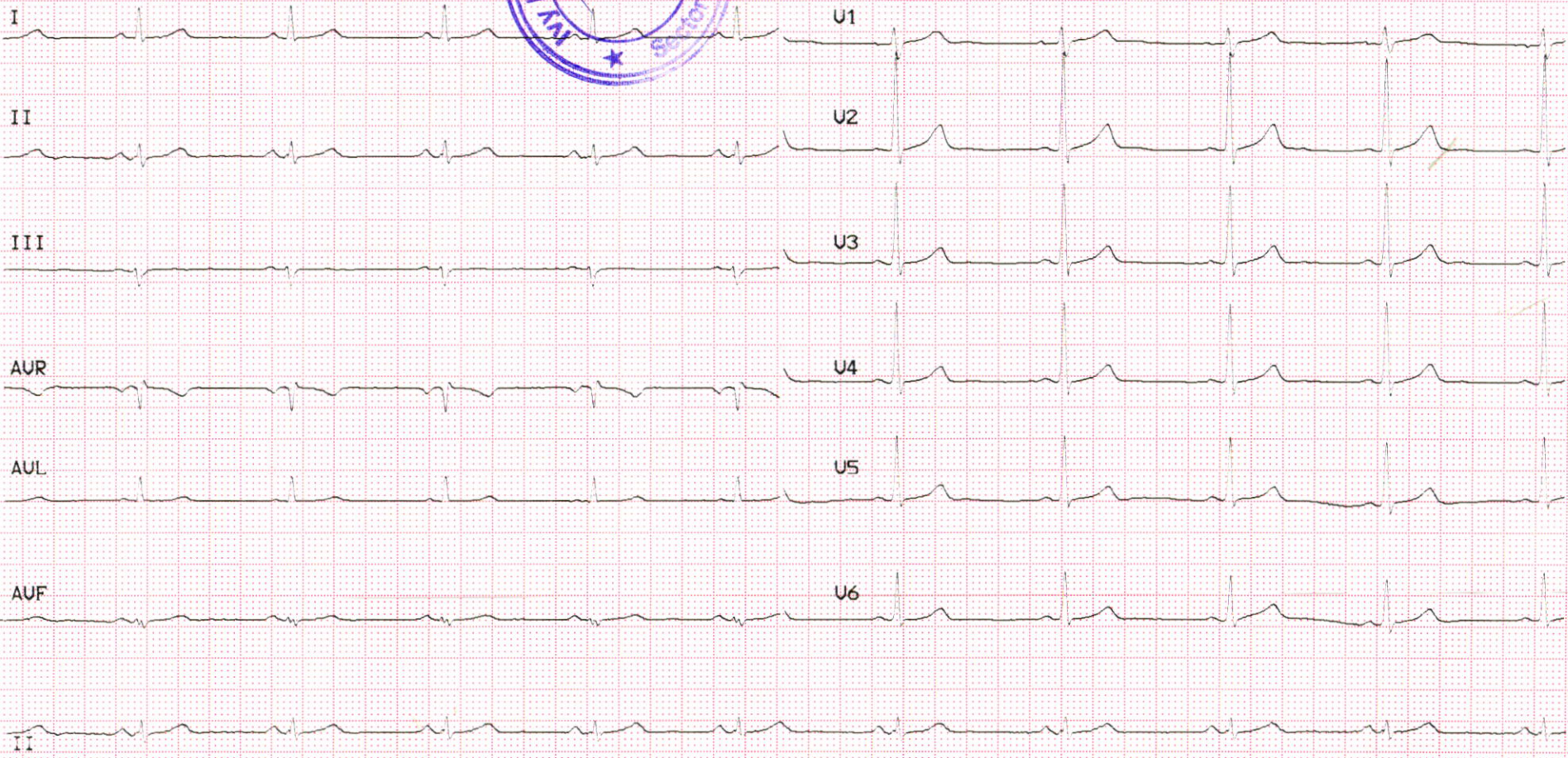
QRS	:	90 ms
QT/QTcB	:	412 / 413 ms
PR	:	132 ms
P	:	104 ms
RR/PP	:	994 / 990 ms
P/QRS/T	:	40 / 0 / 30 degrees
QTD/QTcBD	:	60 / 60 ms
Sokolow	:	1.2 mV
NK	:	8



Interpretation:  
normal ECG



Unconfirmed report.





HARPREET SINGH Male 38 years

Chest PA ID:343433

IVY HOSPITAL, SEC 71, MOHALI

XNO4599-020

25/03/2023 10:19:43



NAME : MR. HARPREET SINGH

DOB/Gender : 26-Aug-1984/M

Requisition Date : 25/Mar/2023 09:42AM

UHID : 348438

Sample CollDate : 25/Mar/2023 09:51AM

Inv. No. : 3253815

Sample Rec.Date : 25/Mar/2023 12:13PM

Panel Name : Ivy Mohali

Approved Date : 25/Mar/2023 01:18PM

Bar Code No : 12724746

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**HAEMATOLOGY**

**Glycosylated HB (HbA1c)**

Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.9	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	123	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:  
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298





NAME	: MR. HARPREET SINGH	Requisition Date	: 25/Mar/2023 09:42AM
DOB/Gender	: 26-Aug-1984/M	SampleCollDate	: 25/Mar/2023 10:30AM
UHID	: 348438	Sample Rec.Date	: 25/Mar/2023 10:30AM
Inv. No.	: 3253815	Approved Date	: 25/Mar/2023 11:22AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12724746		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**HAEMATOLOGY**

**BLOOD GROUP RH TYPE**

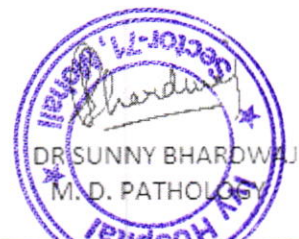
**ABO & RH Typing**

**Forward Grouping**

Anti A	Negative
Anti B	POSITIVE
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
Final Blood Group	B POSITIVE

**NOTE :**

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.



Result Entered By:Geetika 40845



NAME	: MR. HARPREET SINGH	Requisition Date	: 25/Mar/2023 09:42AM
DOB/Gender	: 26-Aug-1984/M	Sample CollDate	: 25/Mar/2023 09:51AM
UHID	: 348438	Sample Rec.Date	: 25/Mar/2023 09:51AM
Inv. No.	: 3253815	Approved Date	: 25/Mar/2023 11:49AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12724746		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**BIOCHEMISTRY**

**GLUCOSE FASTING**

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Hexokinase/ AU480)</small>	91	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
--	----	-------	---

**GLUCOSE PP**

Plasma Glucose Post Prandial <small>(Hexokinase/ AU480)</small>	118	mg/dL	<140 Normal 140 - 180 Impaired Tolerance >180 Diabetic
--	-----	-------	--

**RFT (RENAL FUNCTION TESTS)**

Serum Urea <small>(Enzyme GLDH/ AU480)</small>	26.00	mg/dl	17-43
Serum Creatinine <small>(AFFE KINETIC/ AU480)</small>	1.10	mg/dl	0.67-1.17
Serum Uric acid <small>(Uricase/ AU480)</small>	5.90	mg/dl	3.5-7.2



The highlighted values should be correlated clinically

Result Entered By: Geetika 40845







NAME : MR. HARPREET SINGH

DOB/Gender : 26-Aug-1984/M

UHID : 348438

Inv. No. : 3253815

Panel Name : Ivy Mohali

Bar Code No : 12724746

Requisition Date : 25/Mar/2023 09:42AM

SampleCollDate : 25/Mar/2023 09:51AM

Sample Rec.Date : 25/Mar/2023 09:51AM


Approved Date : 25/Mar/2023 11:49AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total (DPD/AU 480)	1.10	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.20	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.90	mg/dl	0.1-1.0
Serum SGOT(AST) (FCC Without PSP AU 480)	22	U/L	<35
Serum SGPT(ALT) (FCC Without PSP AU 480)	17	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.29		
Serum GGT (FCC/AU 480)	16	IU/L	9-52
Serum Alkaline Phosphatase (FCC PNPAMPKinetic/AU 480)	89	U/L	30-120
Serum Protein Total (Buret)	7.2	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.6	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.77	%	1.0 - 1.8

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845

DR. ANAND KALIA  
M. D. PATHOLOGY



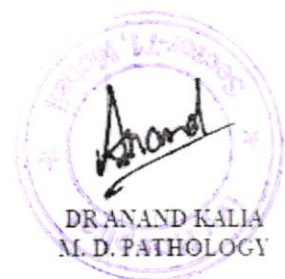
NAME	: MR. HARPREET SINGH	Requisition Date	: 25/Mar/2023 09:42AM
DOB/Gender	: 26-Aug-1984/M	Sample CollDate	: 25/Mar/2023 09:51AM
UHID	: 348438	Sample Rec.Date	: 25/Mar/2023 09:51AM
Inv. No.	: 3253815	Approved Date	: 25/Mar/2023 11:49AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12724746		

Test Description	Observed Value	Unit	Reference Range
<b>LIPID PROFILE</b>			
Serum Cholesterol (CHO POD/AU 480)	189	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	102	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	55	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	20	mg/dL	7-35
Serum LDL cholesterol (Calculated)	114	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.44		3-5
Serum LDL-HDL Ratio (Calculated)	2.07		1.5 - 3.5

Polo Labs

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845





NAME	: MR. HARPREET SINGH	Requisition Date	: 25/Mar/2023 09:42AM
DOB/Gender	: 26-Aug-1984/M	SampleCollDate	: 25/Mar/2023 09:51AM
UHID	: 348438	Sample Rec.Date	: 25/Mar/2023 09:51AM
Inv. No.	: 3253815	Approved Date	: 25/Mar/2023 11:49AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12724746		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

**Physical Examination**

Urine Volume	30.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

**Chemical Examination (Reflectance Photometry)**

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.020		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

**Microscopic Examination**

Urine Pus Cells	0-1		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

**HAEMATOLOGY**

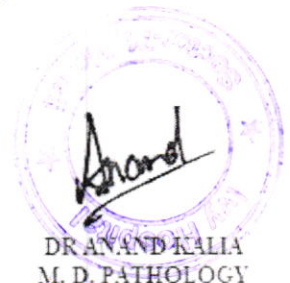
**ESR**

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	2	mm/h	0-10
---------------------------------	---	------	------

The highlighted values should be correlated clinically

Result Entered By: Geetika 40845

DR ANAND KALIA  
M. D. PATHOLOGY



NAME	: MR. HARPREET SINGH	Requisition Date	: 25/Mar/2023 09:42AM
DOB/Gender	: 26-Aug-1984/M	Sample CollDate	: 25/Mar/2023 09:51AM
UHID	: 348438	Sample Rec.Date	: 25/Mar/2023 09:51AM
Inv. No.	: 3253815	Approved Date	: 25/Mar/2023 11:49AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12724746		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)**

Haemoglobin (Noncyanmethhaemoglobin)	14.9	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	48.4	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	5.80	10 <sup>6</sup> / μl	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	83.6	fL	83-97
Mean Corp HB (MCH) (Calculated)	25.7	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	30.8	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	14.4	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	245	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	11.1	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	6.0	10 <sup>3</sup> / μl	4.0 - 10.0

**Differential Leucocyte Count (VCS/ Microscopy)**

Neutrophils	46	%	40-75
Lymphocytes	41	%	20-40
Monocytes	8	%	0-8
Eosinophils	5	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,760	μl	2000-7000
Absolute Lymphocyte Count	2,460	uL	1000-3000
Absolute Monocyte Count	480	uL	200-1000
Absolute Eosinophil Count	300	μl	20-500

\*\*\* End Of Report \*\*\*

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845





# Ivy Hospital

**SUPER-SPECIALITY HEALTHCARE**  
**SECTOR 71, MOHALI**  
**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027898**

NAME	HARPREET SINGH	SEX/AGE	M38Y
PATIENT ID	ID348438	Accession Number	XNO4699-OPD
REF CONSULTANT	DR	DATE	25/03/2023 10:19

## X-RAY CHEST PA VIEW

Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.



**DR GAGANDEEP SINGH SETHI**  
**MD RADIOLOGIST**

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

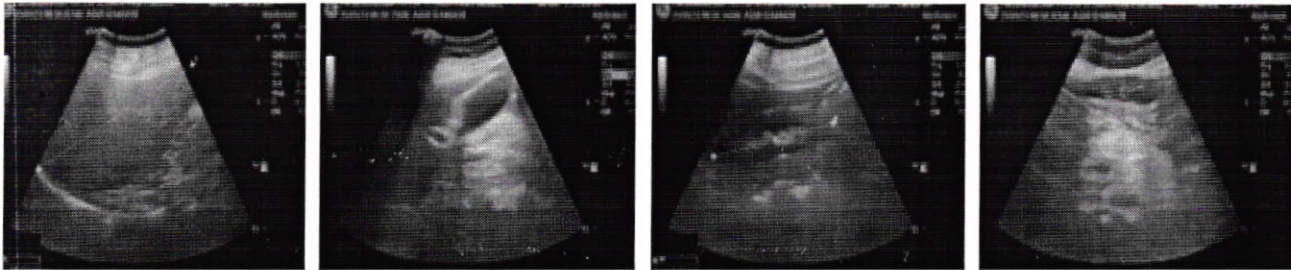
**(NOT FOR MEDICO-LEGAL PURPOSE)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900  
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339  
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

**IVY HELPLINE : +91 99888-23456**

NAME	HARPREET SINGH	SEX/AGE	M38Y
PATIENT ID	ID348438	Accession Number	
REF CONSULTANT	PACKAGE	DATE	25/03/2023 09:37

## USG WHOLE ABDOMEN



**LIVER:** is enlarged in size (~17 cm), normal in outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

**GALL BLADDER:** is normally distended. GB wall is normal. No echoes are seen in GB.

**SPLEEN:** is normal in size (~9.4 cm), outline and echotexture. No focal lesion is seen.

**PANCREAS & UPPER RETROPERITONEUM:** Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

**RIGHT KIDNEY:** It is normal in size (~11.5cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~10.9cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**U-BLADDER:** is empty at the time of examination.

**PROSTATE:** is normal in size (~19 cc).

No free fluid is seen in peritoneal cavity.

### IMPRESSION:

Hepatomegaly



DR GAGANDEEP SINGH SETHI  
MD RADIODIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)





# Ivy Hospital

**SUPER-SPECIALITY HEALTHCARE**  
**SECTOR 71, MOHALI**  
**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027898**

Remarks -

**FINAL IMPRESSION -**

Normal study

**DR. SANJEEV SROA**

MD Medicine , DM Cardiology

**(NOT FOR MEDICO-LEGAL PURPOSE)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900  
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

**IVY HELPLINE : +91 99888-23456**