



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. RAMANE MACHINDRA SWAMI
EC NO.	181672
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	MAHALUNGE
BIRTHDATE	19-12-1971
PROPOSED DATE OF HEALTH CHECKUP	05-03-2024
BOOKING REFERENCE NO.	23M161672100093396E

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 **23-02-2024** till **31-03-2024**. 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/-

  
अधीनशील/Officer  
मुख्य महाप्रबन्धक, पुणे./Mahalunge Ex., Pune  
**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))



બંક ઝીંજી વહીવટ  
Bank of Baroda



નામ  
અર્થે જુદા  
C.C.No.

**Mr. Machindra S Ramani**  
**161672**



અધિકારી  
Issuing Authority  
Chief Manager (HRM)  
Pune Zone

*Machindra S Ramani*  
બંક ઝીંજી વહીવટ  
Signature of Holder

AUTO PRINT 3X4 10.5mm/mv 0.5CHZ-25Hz AC 50Hz 25mm/s 2024-03-05 10:00



Diagnosis for reference

DOCTOR

85 HOSPITAL



Minnesota Code  
9-4-1 (V3)

Diagnosis Info  
800 Sinus Rhythm  
121 Counter Clock

asystolic ECG\*\*\*

Confirmed By

num/ht

BP

SEX

WEIGHT

kg

2403050003

ID

NAME

AGE

WEIGHT

yr

cm

85 bpm

111 ms

152 ms

92 ms

339-403 ms

68-60-44

1-220-0-318 mV

1-658

1-310-0-887 mV

V4

V5

V6



11/11/11



Tabular Summary

**RAMANE, MACHINDRA**  
 Patient ID 88729  
 05.03.2024  
 12:07:20  
 Male  
 52yrs  
 Meds:

Test Reason: Screening for CAD  
 Medical History: HYPERTENSION.

Ref. MD: Ordering MD:  
 Technician RUPALI Test Type: Treadmill Stress Test  
 Comment:

BRUCE: Total Exercise Time 07:30  
 Max HR: 155 bpm 92% of max predicted 168 bpm HR at rest: 90  
 Max BP: 160/100 mmHg BP at rest: 140/90 Max RPP: 22560 mmHg\*bpm  
 Maximum Workload: 10.10 METS  
 Max ST: -0.09 mV, 0.00 mV/s in III; PRETEST HYPERV. 01:32  
 Arrhythmias: A:6  
 ST/HR index: 0.09  $\mu$ V/bpm  
 Reasons for Termination: Dyspnea  
 Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall Impression: Normal stress test.  
 Conclusion: GOOD EFFORT TOLERANCE  
 ACHIEVED 92% THR ON RX.  
 NORMAL BP RESPONSE  
 NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJIVATI DEORE  
 MD, DM, CARDIOLOGIST  
 MMC 2003/03/1520

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (mV)	Comment
PRETEST	SUPINE	00:24	0.00	0.00	1.0	91	140/90	12740	0	-0.06	
	STANDING	00:17	0.00	0.00	1.0	90			0	-0.04	
	HYPERV.	00:33	0.50	0.00	1.2	100	140/90	14000	0	-0.09	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	121	140/90	16940	0	-0.05	
	STAGE 2	03:00	2.50	12.00	7.0	134	145/90	19430	0	-0.09	
	STAGE 3	01:31	3.40	14.00	10.1	155	145/95	22475	0	-0.07	
RECOVERY		02:50	0.00	0.00	1.0	104	160/100	16640	0	-0.04	



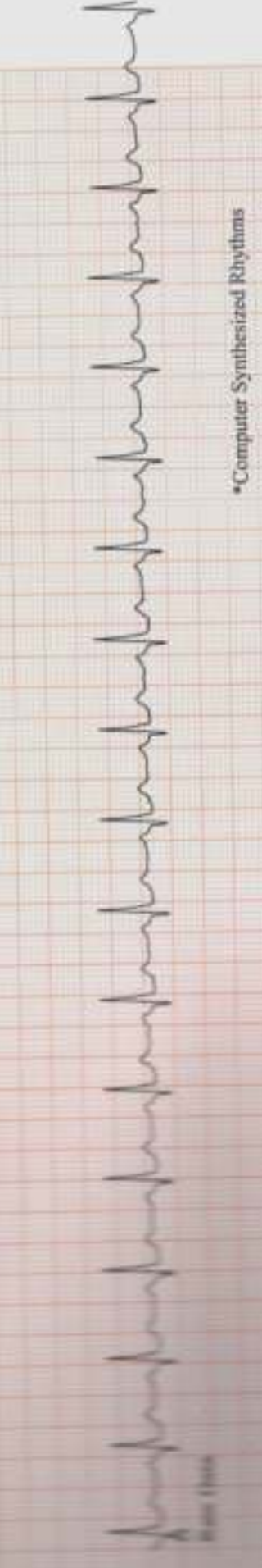
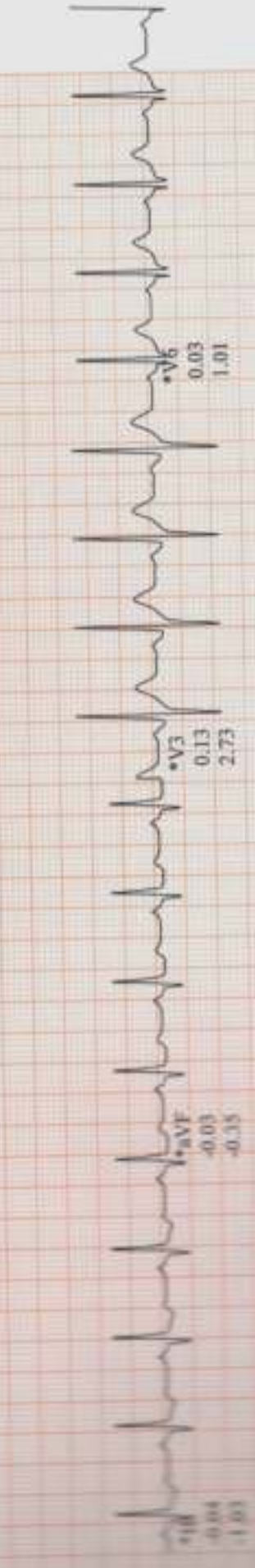
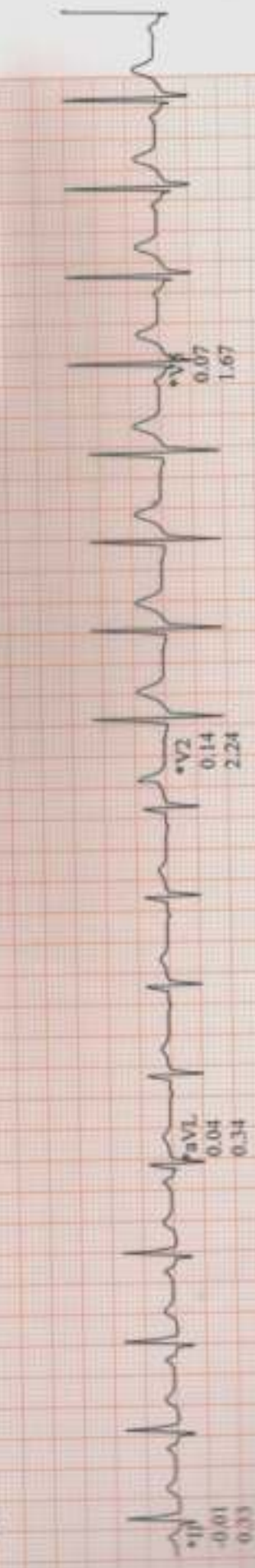
AMANE, MACHINDRA  
Patient ID: 88729  
03.2024  
11:19:11

Linked Medians  
RECOVERY  
#1  
02:50

104 bpm  
160/100 mmHg

ACE  
0.0 mph  
0.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

Start of Test: 12:07:20

100% (V4,V5)  
100% (V4,V5)

**2D ECHO / COLOUR DOPPLER**

**NAME : MR.RAMANE MACHINDRA SWAMI 52Yrs/M**  
**REF BY : HOSPITAL PATIENT**

**OPD**  
**05-Mar-24**

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	31	TAPSE (mm)	
LEFT ATRIUM (mm)	36	PULMONARY PG (mmHg)	3
RV (mm)		AORTIC VEL (m/sec)	1
LVID - D (mm)	46	PG (mmHg)	4
LVID - S (mm)	29	MITRAL E VEL (m/sec)	0.9
IVS - D (mm)	11	A VEL (m/sec)	1.1
LVPW -D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.  
No regional wall motion abnormality  
Normal LV systolic function, LVEF 60%  
Normal sized other cardiac chambers.

Pliable mitral valve., No Mitral regurgitation.  
Altered mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve. No tricuspid regurgitation,  
PA pressure = 20 mmHg - normal

Intact IAS & IVS

No PDA, coarctation of aorta.

No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

Grade I LV diastolic dysfunction.

No regional wall motion abnormality.

Normal biventricular function, LVEF 60%

Normal PA pressure.

  
**DR. RAJDATT DEORE**  
MD,DM-CARDIOLOGIST  
MMC 2005/03/1520





## Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 05-MAR-2024      REP. DATE : 05-MAR-2024  
NAME : MR. RAMANE MACHINDRA SWAMI  
PATIENT CODE : 106225      AGE/SEX : 52 YR(S) / MALE  
REFERRAL BY : Dr. HOSPITAL PATIENT

### USG ABDOMEN AND PELVIS (MALE)

#### OBSERVATION :

**Liver** : Is normal in size, shape & echotexture. No focal lesion / IHBR dilatation.

**CBD & PV** : Normal in caliber.

**G.B.** : Moderately distended, Normal.

**Spleen** : Is normal in size, shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.2 x 4.2 cm.

Left kidney measures : 9.8 x 4.5 cm.

**Urinary bladder** : Moderately distended, normal.

**Prostate** : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

#### IMPRESSION :

**No significant abnormality noted in the present study.**

- Kindly correlate clinically.

Dr. SAURABH PATIL  
(MBBS, MD(RADIOLOGY))





# Dept. of Pathology

(For Report Purpose Only)



PRN : 106225  
 Patient Name : Mr. RAMANE MACHINDRA SWAMI  
 Age/Sex : 52Yr(x)/Male  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 12706  
 Req.No : 12706  
 Collection Date & Time : 05/03/2024 09:02 AM  
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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## HAEMATOLOGY

### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 13.3	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.9	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 3.92	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 101.8	cu micron	76 - 96
M.C.H	: 33.9	pg	27 - 32
M.C.H.C	: 33.3	picograms	32 - 36
RDW-CV	: 14.5	%	11 - 16
WBC TOTAL COUNT	: 3630	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 18000 CHILD 1MONTH-1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 311000	/cumm	
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 60	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 2178	$\mu$ L	
LYMPHOCYTES	: 32	%	ADULT : 20 - 40 CHILD : 40 - 70 1000 - 3000
ABSOLUTE LYMPHOCYTES	: 1161.60	$\mu$ L	
EOSINOPHILS	: 03	%	01 - 04
ABSOLUTE EOSINOPHILS	: 108.90	$\mu$ L	20 - 500
MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 181.50	$\mu$ L	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	$\mu$ L	0 - 100

Technician

Report Type By :- PEERZADE SHOYEB

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412

Pathologist

For Free Home Collection Call : 9545200011



# Dept. of Pathology

(For Report Purpose Only)



PRN : 106225  
 Patient Name : Mr. RAMANE MACHINDRA SWAMI  
 Age/Sex : 52Yr(x)/Male  
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### PERIPHERAL BLOOD SMEAR

RBC MORPHOLOGY : Predominantly Normocytic Normochromic , Macrocytes +, Microcytes few.  
 WBC MORPHOLOGY : Leucopenia  
 PLATELETS : Adequate  
 PARASITES : Not Detected  
 Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800L

### ESR

ESR MM ( AT The End of 1 Hr ) By : 06 mm/hr  
 Westergren Method  
 Male : 0 - 15  
 Female : 0 - 20



*[Signature]*  
 Technician

Report Type By :- PEERZADE SHOYEB

*[Signature]*  
 Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412

Pathologist





# Dept. of Pathology

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## HAEMATOLOGY

### BLOOD GROUP

BLOOD GROUP : "O"  
 RH FACTOR : POSITIVE

**NOTE :** This is for your information only.  
 Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.  
 In infants (< 5 months age), please repeat Blood Group after 5 months of age for confirmation.

\*\*\*END OF REPORT\*\*\*



Technician

Report Type By :- PEERZADE SHOTEB

Dr. AJAY A GANGSHETTIKAR  
 M.D.(Pathology) R.No.080412  
 Pathologist



# Dept. of Pathology

(For Report Purposes Only)



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 Age/Sex : 52Yr(s)/Male  
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### BIOCHEMISTRY

**HbA1C (HPLC Method)**  
 Glycated Haemoglobin (HbA1C), by HPLC : **6.1** %  
 Non - diabetic (Normal) : < 5.7  
 Pre - diabetes : > or = 5.7 - < 6.5  
 Diabetes : > or = 6.5

**Interpretation :**  
 HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control.  
**For diagnosis of Diabetes Mellitus (>= 18 yrs of age)**  
 5.7% - 6.5% : Increased risk for developing diabetes  
 >= 6.5% : Diabetes

**Therapeutic goals for glycaemic control :**  
 Adults : < 7%  
 Toddlers and Preschoolers : < 8.5% (but > 7.5%)  
 School age (6-12 yrs) : < 8%  
 Adolescents and young adults (13 - 19 yrs) : < 7.5%

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 In patients with Homozygous forms of rare variant Hb, C, E, E, E, S(D), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycaemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- PEERZADE SHOYEB  
Free Home Collection Call - 9545200011

Dr. AJAY A GANGSHETTIWAR  
M.D (Pathology) R.No.080412  
Pathologist





**Dept. of Pathology**  
(For Report Purpose Only)



PRN : 106225  
 Patient Name : Mr. RAMANE MADHONRA SWAMI  
 Age/Sex : 52Yr(s)/Male  
 Company Name : BANK OF BARODA  
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**BIOCHEMISTRY**

**BSL-F & PP**

Blood Sugar Level Fasting : 106 MG/DL 60 - 110  
 Blood Sugar Level PP : 118 MG/DL 70 - 140

**CALCIUM**

CALCIUM (serum) : 10.2 MG/DL 8.4 - 10.4

**RFT (RENAL FUNCTION TEST)**

**BIOCHEMICAL EXAMINATION**

UREA (serum) : 23 MG/DL 0 - 45  
 UREA NITROGEN (serum) : 10.74 MG/DL 7 - 21  
 CREATININE (serum) : 0.9 MG/DL 0.5 - 1.5  
 URIC ACID (serum) : 7.5 MG/DL Male : 3.5 - 7.2  
 Female : 2.6 - 6.0

**SERUM ELECTROLYTES**

SERUM SODIUM : 144 mEq/L 136 - 149  
 SERUM POTASSIUM : 5.3 mEq/L 3.8 - 5.2  
 SERUM CHLORIDE : 107 mEq/L 98 - 107

\*\*\*END OF REPORT\*\*\*

Technician

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Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412  
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# Dept. of Pathology

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## BIOCHEMISTRY


### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 1.0	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.4	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 0.60	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 22	U/L	0 - 35
S.G.P.T (serum)	: 21	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 95	U/L	Male - 53 - 128 Female - 42 - 98
PROTEINS TOTAL (serum)	: 7.5	g/dl	6.8 - 8.7
ALBUMIN (serum)	: 4.9	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 2.70	g/dl	1.8 - 3.8
A/G RATIO	: 1.81		1.1 - 2.2



  
Technician

Report Type By :- PEERZADE SHOTES

  
Dr. AJAY A GANGSHETTIWAR  
M.D (Pathology) R.No.080412  
Pathologist

For Free Home Collection Call : 9545200011





# Dept. of Pathology

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## BIOCHEMISTRY

### LIPID PROFILE

CHOLESTEROL (serum)	: 177	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 95	MG/DL	0 - 150
HDL (serum)	: 39	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 107	MG/DL	0 - 130
VLDL (serum)	: 19	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.54		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 2.74		Male : <= 3.5 Female : <= 3.2

### NCEP Guidelines


	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
Cholesterol & Triglycerides reprocessed, & confirmed.

\*\*\*END OF REPORT\*\*\*

  
Technician

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Dr. AJAY A GANGSHETTIHAR  
M.D.(Pathology) R.No.080412  
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## ENDOCRINOLOGY

### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.44	ng/mL	0.80 - 2.00
T4 - Total (Thyroxin)	: 8.36	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormones (Ultra TSH)	: 2.07	µIU/mL	0.27 - 4.20

Method :- serum by ECLIA

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoimmune disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary gland. One tends to see either normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also available. Any patient who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-8 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.50 - 12.4	0.30 - 4.50
2nd Trimester	1.0 - 2.60	6.50 - 18.5	0.50 - 4.50
3rd Trimester	1.0 - 2.60	6.50 - 15.5	0.20 - 4.20

The guidelines for age related reference ranges for T3, T4 & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- PEERZADE SHOTEB

Dr. AJAY A GANGSHETTIKAR  
 M.D.(Pathology) R.No.080412

Pathologist

For Free Home Collection Call : 9545200011



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## CLINICAL PATHOLOGY

### URINE ROUTINE

#### PHYSICAL EXAMINATION

QUANTITY : 20 ML  
 COLOUR : PALE YELLOW  
 APPEARANCE : SLIGHTLY HAZY  
 REACTION : ACIDIC  
 SPECIFIC GRAVITY : 1.020

#### CHEMICAL EXAMINATION

PROTEIN : ABSENT  
 SUGAR : ABSENT  
 KETONES : ABSENT  
 BILE SALTS : ABSENT  
 BILE PIGMENTS : ABSENT  
 UROBILINOGEN : NORMAL


#### MICROSCOPIC EXAMINATION

PUS CELLS : OCCASIONAL /hpf  
 RBC CELLS : ABSENT /hpf  
 EPITHELIAL CELLS : OCCASIONAL /hpf  
 CASTS : ABSENT /hpf  
 CRYSTALS : ABSENT  
 OTHER FINDINGS : ABSENT  
 BACTERIA : ABSENT

\*\*\*END OF REPORT\*\*\*

  
 Technician

Report Type By :- PEERZADE SHOYEB

  
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