



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. MODI ANIL KUMAR
EC NO.	159384
DESIGNATION	BRANCH HEAD
PLACE OF WORK	AHMEDABAD,RAMOL
BIRTHDATE	31-10-1985
PROPOSED DATE OF HEALTH CHECKUP	15-06-2022
BOOKING REFERENCE NO.	22J159384100020270E

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 **14-06-2022** 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 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))

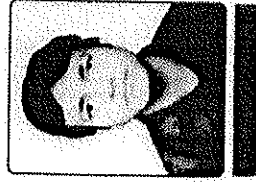
भारत सरकार
GOVERNMENT OF INDIA

अनिल कुमार मोदी
Anil Kumar Modi
जन्म तिथि/DOB: 31/10/1985
पुरुष/ MALE

3135 2719 6727

मेरा आधार, मेरी पहचान



धारक के हस्ताक्षर
Signature of Holder

Bank of Baroda

नाम
Name ANIL KUMAR MODI
कर्मचारी कोड नं.
Employee Code No 159384

जारीकर्ता प्राधिकारी
Issuing Authority

Dr. Jinen M. Shah
DNB (Medicine) FCCS (USA)
Reg. No.: G-20003



Mob. No- 7979088988

Age- 37 years



LABORATORY REPORT

Name : Mr. Anil Kumar Modi
Sex/Age : Male/37 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 206100813
Reg. Date : 15-Jun-2022 09:53 AM
Collected On : 15-Jun-2022 09:53 AM
Report Date : 15-Jun-2022 03:14 PM

Medical Certificate

GENERAL EXAMINATION

Height (cms) :179

Weight (kgs) :68.3

Blood Pressure : 130/70mmHg

Pulse : 66/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

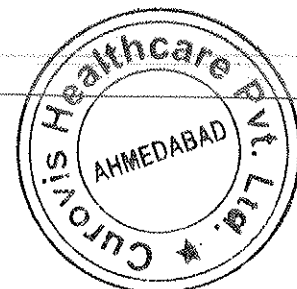
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report

Dr Jinen Shah
DNB (Medicine) FCCS (USA)





TEST REPORT

Reg. No : 206100813	Ref Id :	Collected On :
Name : Mr. Anil Kumar Modi		Reg. Date : 15-Jun-2022 09:53 AM
Age/Sex : 37 Years / Male	Pass. No. :	Tele No. : 7979088988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin (Spectrophotometric Measurement)	15.9	g/dL	13.0 - 18.0
Hematocrit (Calculated)	47.20	%	47 - 52
RBC Count (Volumetric Impedance)	5.05	million/cmm	4.7 - 6.0
MCV (Calculated)	93.5	fL	78 - 110
MCH (Calculated)	H 31.4	Pg	27 - 31
MCHC (Calculated)	33.6	%	31 - 35
RDW (Calculated)	13.8	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	5690	/cmm	4000 - 10500
MPV (Calculated)	10.3	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	59	% 42.0 - 75.2	3357 /cmm	2000 - 7000
Lymphocytes (%)	30	% 20 - 45	1707 /cmm	1000 - 3000
Eosinophils (%)	06	% 0 - 6	285 /cmm	200 - 1000
Monocytes (%)	05	% 2 - 10	341 /cmm	20 - 500
Basophils (%)	00	% 0 - 1	0 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : **L 118000** /cmm 150000 - 450000
Platelets : **Platelets are decreased on smear.**
Parasites : Malarial parasite is not detected.(Rechecked)

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Approved By : 
Dr. Dhvani Bhatt
MD (Pathology)

Generated On : 15-Jun-2022 07:18 PM

Approved On : 15-Jun-2022 02:04 PM
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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"A"
Rh (D)	Positive
Note	-


ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR (After 1 hour) <i>Infra red measurement</i>	02	mm/hr	ESR AT 1 hour : 1-7 ESR AT 2 hour : 8-15
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ERYTHRO SEDIMENTATION RATE, BLOOD -
Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

For tests performed on specimens received or collected from non-CHPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

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Age/Sex : 37 Years / Male	Pass. No. :	Tele No. : 7979088988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	84.3	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
- Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.


POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	105.0	mg/dL	70 - 140
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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<u>Lipid Profile</u>			
Cholesterol	206	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Triglyceride	91.0	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL Cholesterol	51.7	mg/dL	High Risk : < 40 Low Risk : = 60
LDL <i>Calculated</i>	136.10	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
VLDL <i>Calculated</i>	18.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.63		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	3.98		0 - 5.0

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Location : CHPL		Sample Type : Serum


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

LFT WITH GGT

Total Protein	7.01	gm/dL	6.3 - 8.2
Albumin	4.98	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	2.03	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.45		0.8 - 2.0
SGOT	37.1	U/L	0 - 40
SGPT	45.7	U/L	0 - 40
Alakaline Phosphatase	126	U/L	38 - 126
Total Bilirubin	1.41	mg/dL	0 - 1.2
Conjugated Bilirubin	0.37	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Sulph acid dpl/calt-benz</i>	1.04	mg/dL	0.0 - 1.1
GGT	18.1	mg/dL	15 - 73

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid	4.06	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine	0.69	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN	15.0	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	4.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
Mean Blood Glucose <i>Calculated</i>	70.97	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.


*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Approved By : 
Dr. Dhvani Bhatt
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Approved On : 15-Jun-2022 05:06 PM

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Name : Mr. Anil Kumar Modi **Reg. Date** : 15-Jun-2022 09:53 AM
Age/Sex : 37 Years / Male **Pass. No.** : **Tele No.** : 7979088988
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity : 20 cc
Colour : Pale Yellow
Clarity : Clear
Sediments : Nil


CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH : 6.0 4.6 - 8.0
Sp. Gravity : 1.025 1.001 - 1.035
Protein : Nil
Glucose : Nil
Ketone Bodies : Nil
Bile Salt : Absent
Bile Pigment : Absent
Urobilinogen : Absent
Bilirubin : Nil
Nitrite : Nil
Blood : Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells) : Occasional/hpf
Erythrocytes (Red Cells) : Nil
Epithelial Cells : Nil /hpf
Calcium Oxalate : Absent

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Age/Sex : 37 Years / Male	Pass. No. :	Tele No. : 7979088988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Uric Acid	Absent
Triple Phosphate	Absent
Amorphous Material	Absent
Casts	Nil
Bacteria	Absent

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine)	1.37	ng/mL	0.6 - 1.81
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine)	9.50	ng/mL	3.2 - 12.6
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY


Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Location : CHPL		Sample Type : Serum

TSH **5.027** μ IU/ml 0.67 - 4.16
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL


Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/mL

Referance : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.43	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

----- End Of Report -----

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Electrocardiogram

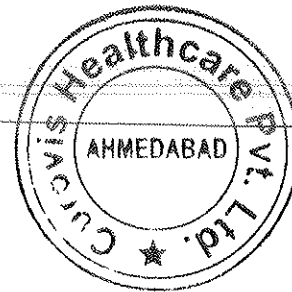
Findings

Normal Sinus Rhythm.

Within Normal Limit.

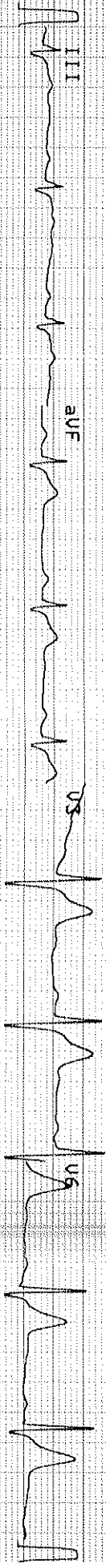
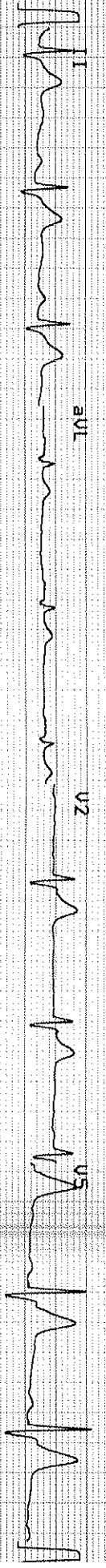
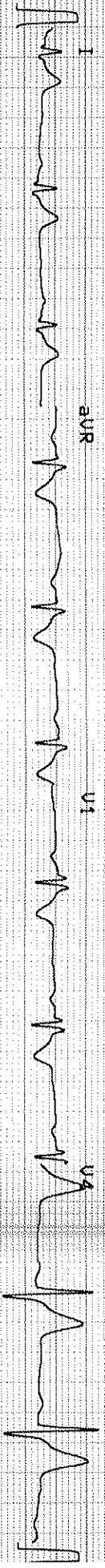
This is an electronically authenticated report

Dr Jinen Shah
DNB (Medicine) FCCS (USA)



Anll
Modi 29
37 years / 68 kg
Male

HR 66/min
Paxis: P 49°
QRS 65°
T 43°
Intervals: RR 911 ms
P 120 ms
PR 184 ms
QRS 98 ms
QT 332 ms
QTc 349 ms
(Bazett)
Sokol. 1.91 mV
10 mm/mV



10 mm/mV
25 mm/s
SCHILLER
0.05-25 Hz F50 55F 5B5 15.06.2022 12:25:32
CURVOIS HEALTCARE
RT-102plus 1.24 C



LABORATORY REPORT

Name : Mr. Anil Kumar Modi	Reg. No : 206100813
Sex/Age : Male/37 Years	Reg. Date : 15-Jun-2022 09:53 AM
Ref. By :	Collected On : 15-Jun-2022 09:53 AM
Client Name : Mediwheel	Report Date : 15-Jun-2022 03:14 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

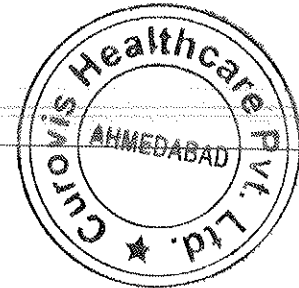
CONCLUSION

1. Normal LV size with Good LV systolic function.
2. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report

Dr Jinen Shah
DNB (Medicine) FCCS (USA)





LABORATORY REPORT

Name :	Mr. Anil Kumar Modi	Reg. No :	206100813
Sex/Age :	Male/37 Years	Reg. Date :	15-Jun-2022 09:53 AM
Ref. By :		Collected On :	15-Jun-2022 09:53 AM
Client Name :	Mediwheel	Report Date :	15-Jun-2022 04:00 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

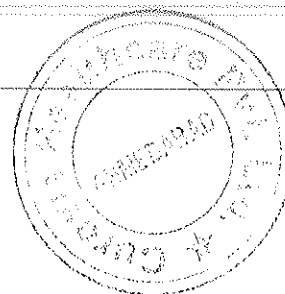
Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

This is an electronically authenticated report

atulpatel

DR.ATUL PATEL
M.D Radio-diagnosis





LABORATORY REPORT

Name :	Mr. Anil Kumar Modi	Reg. No :	206100813
Sex/Age :	Male/37 Years	Reg. Date :	15-Jun-2022 09:53 AM
Ref. By :		Collected On :	15-Jun-2022 09:53 AM
Client Name :	Mediwheel	Report Date :	15-Jun-2022 04:00 PM

USG ABDOMEN

Liver appears normal in size, show homogenous parenchymal echo. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder contour is normal, No evidence of calculus or mass.

Prostate is normal in size, show homogenous echo, outline is smooth.

No paraaortic lymphadenopathy seen.

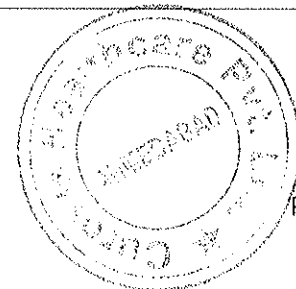
No evidence of dilated small bowel loops.

COMMENTS :
Normal study.

This is an electronically authenticated report

atulpatel

DR. ATUL PATEL
M.D Radio-diagnosis





LABORATORY REPORT

Name : Mr. Anil Kumar Modi
Sex/Age : Male/37 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 206100813
Reg. Date : 15-Jun-2022 09:53 AM
Collected On : 15-Jun-2022 09:53 AM
Report Date : 15-Jun-2022 03:08 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:-0.50

CY: -0.25

AX: 21

LEFT EYE

SP : -0.75

CY : -1.00

AX :06

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/9	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

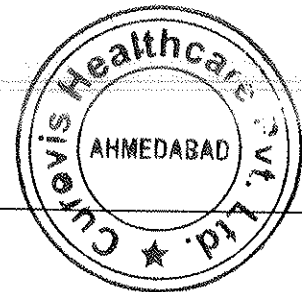
Color Vision : Normal

Comments: Normal

----- End Of Report -----

This is an electronically authenticated report


Dr Kejal Patel
MB,DO(Ophth)

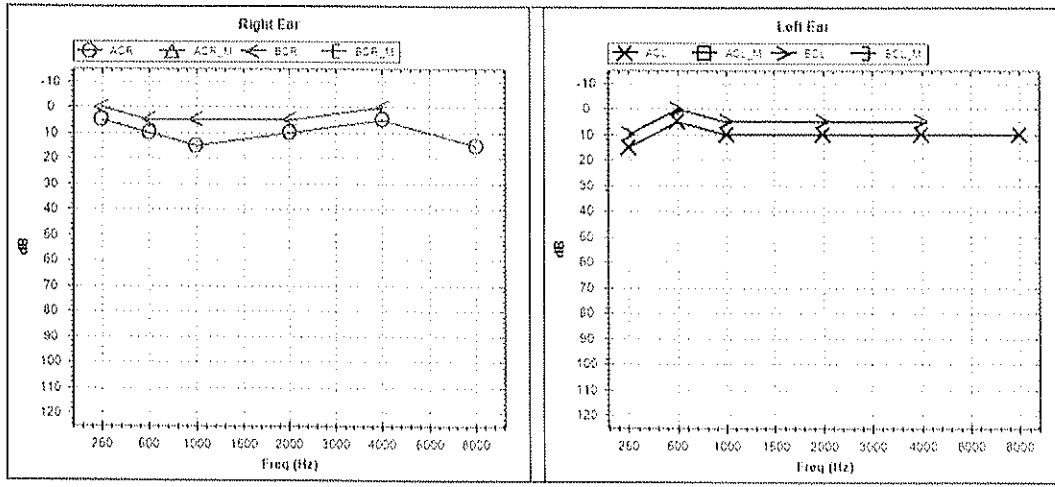


CLIENT NAME :- ANILKUMAR MODI.

AGE:- 37Y / M

DATE:- 15/06/2022.

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold in dB	
		Masked	UnMasked	Masked	UnMasked		RIGHT	LEFT
LEFT		☐	×	☐	>	Blue	AIR CONDUCTION	10
RIGHT		△	○	☐	<	Red	BONE CONDUCTION	
NO RESPONSE : Add ↓ below the respective symbols							SPEECH	

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

