

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. NUNSAVATHU PRAVEENKUMAR NAIK
EC NO.	107279
DESIGNATION	SMS CREDIT PROCESSING
PLACE OF WORK	VIJAYAWADA,RO VIJAYAWADA
BIRTHDATE	23-01-1990
PROPOSED DATE OF HEALTH CHECKUP	27-08-2022
BOOKING REFERENCE NO.	22S107279100023682E

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 **17-08-2022** 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))

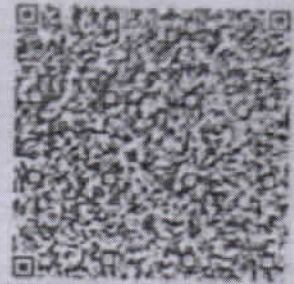




భారత ప్రభుత్వం  
Government of India



నుంశవతు ప్రవీణ్ కుమార్ నాయక్  
Nunsavathu Praveen Kumar Naik  
పుట్టిన తేదీ/DOB: 23/01/1990  
పురుషుడు/ MALE



5477 2219 0081

VID : 9139 8557 0191 7966

నా ఆధార్ నా రుద్దింపు



బంక ఆంధ్రా బరోడా  
Bank of Baroda

Name

నెన్ ప్రవీణ్ కుమార్ నాయక్  
N PRAVEEN KUMAR NAIK

ఆకౌంట్ నెంబర్

E.C. No. 107279



అధికారి అధికారం  
Issuing Authority

N. Praveen Kumar Naik  
Signature of N.





Name: N.Praveen Kumar Naik

Age/Sex: 32 yrs/M

Ref. By: Dr.D.Pujitha MD,(GEN)

Date: 08.10.2022

### ULTRASONOGRAPHY OF ABDOMEN

**LIVER:** 12.7 cm Normal in size and texture.  
No focal lesions noted. No intra-hepatic biliary dilatation.

**PORTAL VEIN:** Normal in calibre.

**GALLBLADDER:** Distended. Wall thickness is normal.  
No calculi / peri cholecystic fluid collection.

**CBD:** Normal in calibre.

**PANCREAS:** Normal in size and texture.  
No focal lesions / ductal dilatation / calcifications.

**SPLEEN:** 8.9 cm Normal in size and echotexture. No focal lesions.

**RETROPERITONEUM:** Aorta & IVC are normal in calibre.  
No pre/para aortic lymphadenopathy. No obvious mass lesions at adrenal region.

**RIGHT KIDNEY:** 11.3 x 4.3 cm Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.

**LEFT KIDNEY:** 11.0 x 4.3 cm Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.

**URINARY BLADDER:** Distended. Mural thickness is normal. No Calculi.


**PROSTATE** : Normal

\*No obvious pelvic pathology noted.

\*No free fluid noted in peritoneal cavity.

**CONCLUSION: NO ABNORMALITY NOTED.**

SUGGEST CLINICAL CORRELATION.

  
**DR. PAVAN KUMAR POLAGANI**  
Dr Pavan Kumar Polagani MBBCh, MRD  
Consultant Radiologist  
Regd No: 70809  
CONSULTANT RADIOLOGIST



## 2D – ECHO CARADIOGRAM & COLOUR DOPPLER REPORT

Patient's Name – N.PRAVEEN KUMAR

Age/Sex :-32Y/M Date: 08-10-2022 OP No: 67936

### M-MODE:

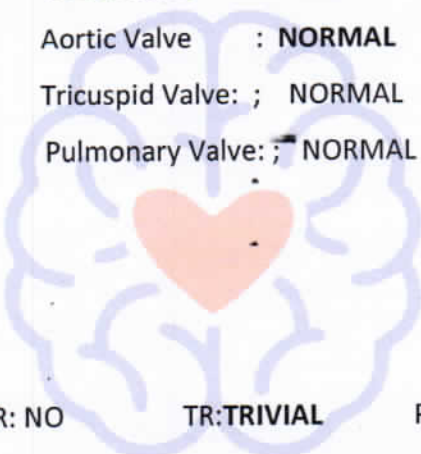
LV: 4.9 X 3.1 cms  
LA: 3.0 cms  
AO: 2.9 cms  
IVS: 1.2 cms  
PW: 1.1 cms

EF : 60 %

### B-MODE:

LV: NO RWMA  
LA: NORMAL  
RA: NORMAL  
RV: NORMAL  
AO: NORMAL  
PA: NORMAL  
IAS: Intact  
IVS: Intact

Mitral Valve : NORMAL  
Aortic Valve : NORMAL  
Tricuspid Valve: ; NORMAL  
Pulmonary Valve: ; NORMAL



### PERICARDIUM: NO PE

Colour Flow: \_\_\_ MR : TRIVIAL AR: NO TR:TRIVIAL PAH: NO

### DOPPLER:

MV Flow: A>E AV Flow: 1.5 M/s, PV Flow: 1.1 M/s, RVSP: 20 mmHg

### IMPRESSION

NO RWMA  
NORMAL LV FUNCTION  
TRIVIAL MR,TR, NO PAH  
GRADE I DIASTOLIC DYSFUNCTION  
NO VEGETATION/CLOT/PE

DR. S. Viswanatha Kartik MD, DM,  
Dept. of Cardiology  
Consultant Interventional Cardiologist.

Dr. N. Anil Kumar MD., DM,FESC.FSCAI  
Dept. of Cardiology,  
Consultant Interventional Cardiologist.



32 Years

N. PRAVEEN KUMAR NAIK  
Male

10/8/2022 11:31:01 AM

Rate 95 Sinus rhythm.....normal P axis, V-rate 50- 99

PR 132  
QRSD 71  
QT 321  
QTc 404

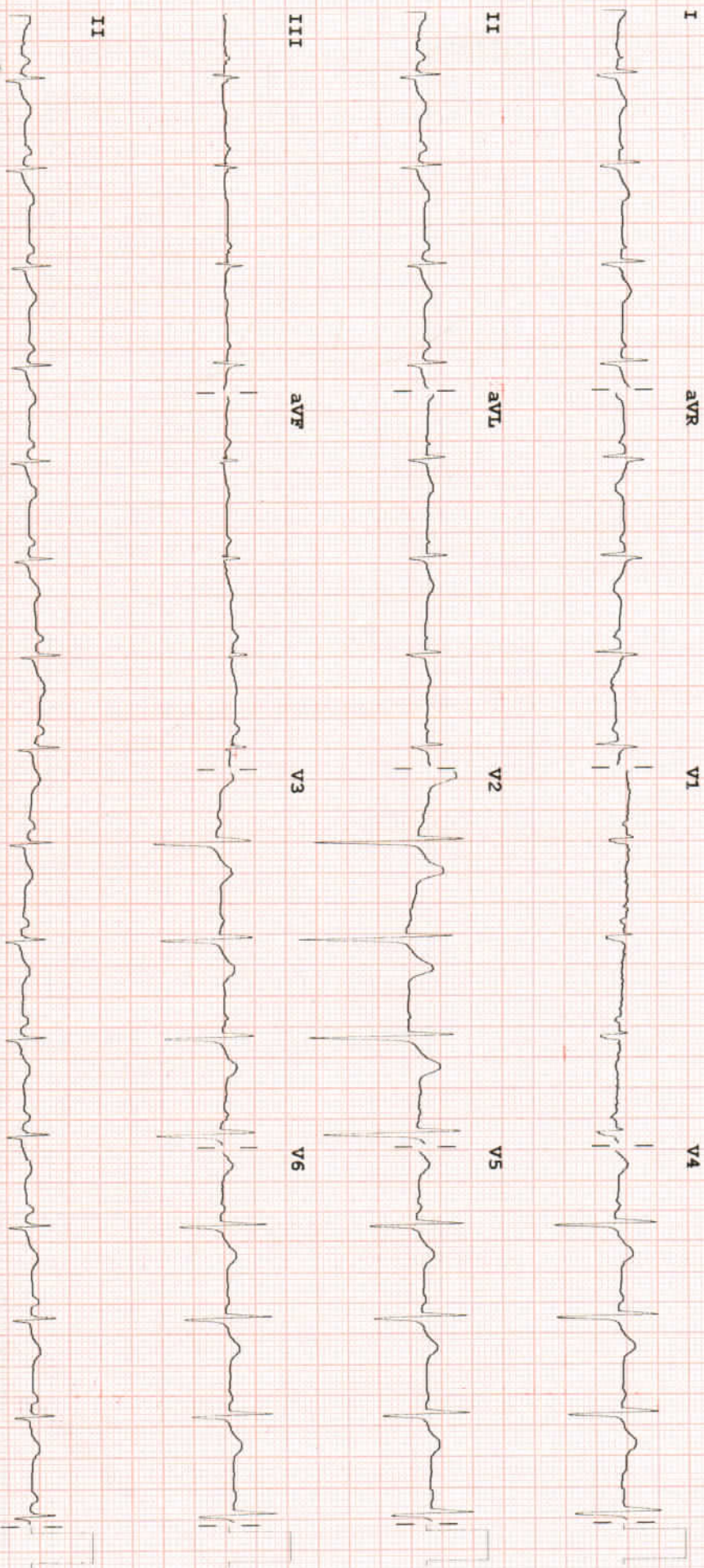
--AXIS--

P 65  
QRS 81  
T 21

12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P2

PHILIPS

RECORDED IN PAPER



#3-20/14, Main Road, Enikepadu, Vijayawada - 521108.  
Ph: 0866 - 2843133, 2843733, E-mail: info@anuhospitals.com  
www.anuneuroandcardiac.com

Name : Mr. N PRAVEEN KUMAR OP 67936  
Visit No. : V200010617  
Age/Gender : 32 Y/Male  
Referred by : Dr DR PUJITHA DUGGIRALA  
External Visit ID :

Patient No. : P100008869  
Registered On : 08/10/2022 12:10  
Collected On : 08/10/2022 12:09  
Reported On : 08/10/2022 15:17

**Final Report**

Test Name / Method	Results	Units	Reference Range	Sample Type
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**HAEMATOLOGY**

**ERYTHROCYTE SEDIMENTATION  
RATE-ESR**

10 mm/hr 0 - 15

Whole Blood

*Manual-Modified Westergren*

**BLOOD GROUP & RH TYPING**

" O "  
POSITIVE

*method : Slide Agglutination/Reverse And Forward*

**Interpretation Notes :**

\*Suggested Gel card method for confirmation.

NOTE : ABO group should be reconfirmed after 6 months of age in newborn, as the ABO antibodies are weak or absent in sera until 3-6 months of age.

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

PROCESSED BY : MOGHAL HAJAVALI

Dr.MUSTHAQ AHMED  
M.Sc, PHD

MEERJA RAFI  
M.Sc,M.Phil,DCR

SREE VANI BADDIPUTI  
MBBS, MD.  
Reg.No : 66636





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<b>HAEMATOLOGY</b>				
<b>Complete Blood Count</b>				
<b>HAEMOGLOBIN</b> <i>Photometry- SLS Method</i>	15.8	gms/dl	13.0- 18.0	Whole Blood
<b>TOTAL COUNT/WBC</b> <i>Automated -Electrical Impedance/Manual</i>	9710	cells/cumm	4000- 11000	
<b>DIFFERENTIAL COUNT (DC)</b> <i>Automated -Flow Cytometry/Manual</i>				
<b>DIFFERENTIAL COUNT (DC)</b>				
NEUTROPHILS	53.4	%	40-75	
LYMPHOCYTES	41.6	%	20-40	
EOSINOPHILS	2.1	%	0-6	
MONOCYTES	2.7	%	1-10	
BASOPHILS	0.2	%	0-1	
<b>RED BLOOD COUNT - RBC</b> <i>method :Electrical Impedance</i>	5.48	million/cumm	4.5- 6	
<b>PACKED CELL VOLUME- PCV</b> <i>method : Calculated</i>	52.9	%	34- 48	
<b>MEAN CORPUSCULAR VOLUME-MCV</b> <i>method : Calculated</i>	96.6	fL	80- 96	
<b>MEAN CORPUSCULAR HAEMGLOBIN-MCH</b> <i>method : Calculated</i>	28.8	pg	27- 32	
<b>MEAN CORPUSCULAR HAEMGLOBIN CONCENTRATIONMCHC</b> <i>method : Calculated</i>	29.8	gm/dl	30- 35	
<b>RDW</b> <i>Automated-Electrical Impedance</i>	14.1	%	11.0 - 16.0	
<b>PLATELET COUNT</b> <i>Automated -Electrical Impedance</i>	3.13	Lakhs/cmm	1.5 - 4.1	

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

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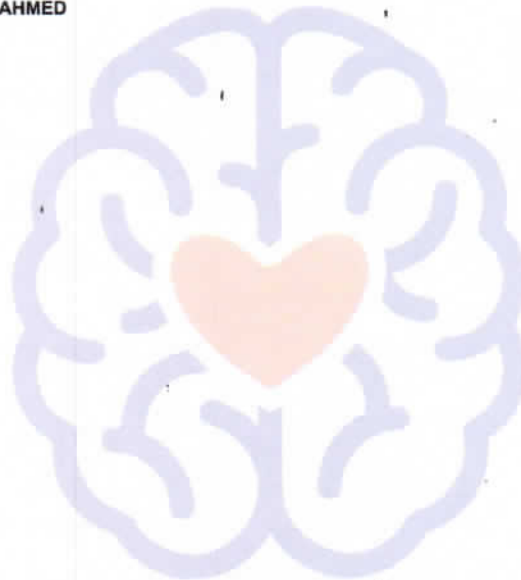
TRIDENT DIAGNOSTICS\*

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**CLINICAL BIOCHEMISTRY**

<b>POST PRANDIAL BLOOD SUGAR</b> <i>method : Hexokinase</i>	188	mg/dl	80-140	FLOURIDE PLASMA
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<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b> <i>*method : Turbidimetric Inhibition Immunoassay</i>				Whole Blood
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GLYCOSYLATED HEMOGLOBIN (HbA1c)	5.8	%	<= 5.6 % - Normal 5.7 - 6.4 % -Prediabetes >= 6.5 % - Diabetes	
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Estimated Average Glucose(eAG)	119	mg/dl		
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**Interpretation Notes :**

- Estimated average Glucose (eAG) is calculated as per Diabetic Control & Complication Trial (DCCT) guidelines.
- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- HbA1c may be falsely low in diabetics with haemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
- Abnormal hemoglobins might affect the RBC or glycation rates. In these cases even analytically correct results do not reflect the same level of glycemic control.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Values have to be correlated with the clinical findings.

<b>BLOOD UREA NITROGEN-BUN</b> <i>method : Derived</i>	16	mg/dl	6 - 20	SERUM
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<b>SERUM CREATININE</b> <i>method : Jaffe Kinetic</i>	0.8	mg/dl	0.7 - 1.2	
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**Interpretation Notes :**

- Creatinine is a waste product largely from muscle breakdown. High values, especially with high BUN levels, may indicate problems with the kidneys. Increased levels observed in Acute or chronic renal failure; urinary tract obstruction, nephrotoxic drugs.
- creatinine is widely used as a test of renal (Kidney) function both as a general screen, along with urine protein, for renal disease, and as a test for monitoring of renal function in patients with renal disorder.
- Decreased creatinine are seen in reduced muscle mass, possible drug effect.
- Values have to be correlated with the clinical findings.

<b>URIC ACID</b> <i>Method: Uricase-POD</i>	6.5	mg/dl	3.4 - 7.0	
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\*\*\* End Of Report \*\*\*

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**TRIDENT DIAGNOSTICS\***

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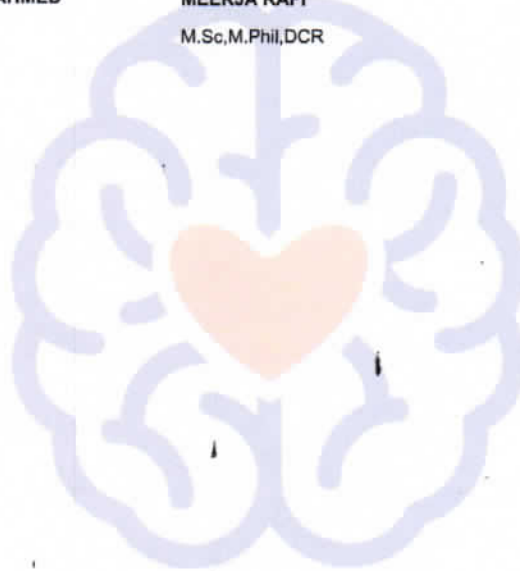
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**CLINICAL BIOCHEMISTRY**

**THYROID PROFILE**

**TRIIODO THYRONINE-T3 TOTAL**

1.50 ng/ml 0.80 - 2.0

SERUM

Method : ECLIA

**THYROXINE -T4 TOTAL**

8.50 ug/dl 5.1 - 14.1

Method : ECLIA

**THYROID STIMULATING HORMONE -  
TSH (Ultra Sensitive)**

1.17 mIU/ml 0.40 - 4.20

Method : ECLIA

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

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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Lipid Profile</b>				
<b>CHOLESTEROL TOTAL</b> <i>Method : CHOD-POD</i>	211	mg/dl	200-239: Borderline >240: Elevated <200: Normal	SERUM
<b>TRIGLYCERIDES</b> <i>Method : GPO/PAP</i>	171	mg/dl	<150: Normal 151-200: Borderline 201-499: High >500: Very High	
<b>HDL CHOLESTEROL</b> <i>method : Direct</i>	48	mg/dl	>55 NoRisk 35-55 Moderate Risk <35 High Risk	
<b>LDL CHOLESTEROL</b> <i>method : Direct</i>	129	mg/dl	<100: Optimal 101-129: Near/Above Optimal 130-159: Borderline 160-189: High >190: Very High	
<b>VLDL CHOLESTEROL</b> <i>method : Calculated</i>	34	mg/dl	7.0-40.0	
<b>CHOL/HDL RATIO</b> <i>method : Calculated</i>	4.3		0.0-4.5	
<b>LDL/HDL RATIO</b> <i>method : Calculated</i>	2.6		0.0-3.5	

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

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**CLINICAL BIOCHEMISTRY**

**Liver Function Test**

<b>TOTAL BILIRUBIN</b> <i>method : Diazonium</i>	1.10	mg/dl	0.0-1.2	SERUM
<b>BILIRUBIN DIRECT</b> <i>method : Diazonium</i>	0.50	mg/dl	0 - 0.3	
<b>BILIRUBIN INDIRECT</b> <i>method : Calculated</i>	0.60	mg/dl	0.0-1.0	
<b>SGOT(AST)</b> <i>Without P5p</i>	35	U/L	Upto 40	
<b>SGPT(ALT)</b> <i>Without P5p</i>	53	U/L	Upto 41	
<b>ALKALINE PHOSPHATASE</b> <i>Method : AMP</i>	116	IU/L	35 - 140	
<b>GAMMA GT</b> <i>Method : Glupa C</i>	48	U/L	8 - 61	
<b>TOTAL PROTEIN</b> <i>method : Biuret</i>	7.2	g/dl	6.4 - 8.7	
<b>ALBUMIN</b> <i>Method : BCG</i>	3.8	g/dl	3.5-5.2	
<b>GLOBULIN</b> <i>method : Derived</i>	3.4	gm/dl	2.5-3.8	
<b>A/G RATIO</b> <i>method : Calculated</i>	1.1		1.0-2.1	

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

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**CLINICAL PATHOLOGY**

**URINE ROUTINE/ANALYSIS**

method : Macroscopic Examination

URINE

**PHYSICAL EXAMINATION**

**COLOUR**  
Method: Macroscopic examination

YELLOW Pale Yellow/Clear

**VOLUME**  
Method: Macroscopic examination

15ml ml -

**APPEARANCE**  
Method: Macroscopic examination

CLEAR Clear

**CHEMICAL EXAMINATION**

**pH** Method: Reagent Strip Method (Double Indicator)

6.0 4.6-8.0

**SPECIFIC GRAVITY**  
Method: Reagent Strip Method (Ion exchange)

1.020 1.005-1.030

**PROTEIN**  
Method: Reagent Strip Method (Protien Error of indicator/SSA Test)

Nil Nil

**GLUCOSE**  
Method: Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)

Nil % Nil

**KETONES**  
Method: Reagent Strip Method (Nitroprusside reaction/Dumn and Shipleys Reaction)

Negative Negative

**LEUCOCYTE ESTERASE**

Absent Absent

**UROBILINOGEN**  
Method: Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)

Nil <1.0 mg/dL

**BILIRUBIN**  
Method: Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)

Negative Negative

**MICROSCOPIC EXAMINATION**

**RBCs**  
Method: Microscopic Examination

Nil /HPF Nil

**EPITHELIAL CELLS**  
Method: Microscopic Examination

1-2 /HPF 1-2/HPF

**BLOOD**  
Method: Reagent Strip Method (Diazonium Method)

Negative Negative

**PUS CELLS**  
Method: Microscopic Examination

2-4 /HPF Nil





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NITRITES Method:Reagent Strip Method (Diazonium Method)	Negative	Negative
BACTERIA Method:Microscopic Examination	Not Seen	Not Seen
CRYSTALS Method:Microscopic Examination	Not seen	Not Seen
CASTS Method:Microscopic Examination	Not seen	Not Seen
OTHERS	---	-

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

PROCESSED BY : MOGHAL HAJAVALI

*[Signature]*

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M.Sc,M.Phil,DCR

*[Signature]*

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Name : Mr. N PRAVEEN KUMAR OP 67936  
Visit No. : V200010617  
Age/Gender : 32 Y/Male  
Referred by : Dr DR PUJITHA DUGGIRALA  
External Visit ID :

Patient No. : P100008869  
Registered On : 08/10/2022 12:10  
Collected On : 08/10/2022 12:09  
Reported On : 08/10/2022 15:17

#### TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor and can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by doctor's advice for your specific care.
- Test requested might not be performed for the following reasons:
  - a) Specimen quality insufficient (inadequate collections/spillage in transit)
  - b) Specimen quality unacceptable ( haemolysed/clotted/ lipemic etc.)
  - c) Incorrect specimen type.
  - d) Test cancelled either on request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purpose only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a "PRELIMINARY" status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a "FINAL" culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column and will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL" status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get it rectified immediately. If the collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (for ums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.