

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	MS. KARDAM NEHA
EC NO.	126339
DESIGNATION	HRM
PLACE OF WORK	NOIDA,RO NOIDA
BIRTHDATE	07-09-1993
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D126339100070980E

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 **04-10-2023** 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/-

**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))

नाम: **NEHA KARDAM**  
Name:

कर्मचारी कुट नं. **126339**  
E. C. No.



*Neha*



उत्सर्जन अधिकारी का नाम: **CM (S), ZO, ND**  
Issuing Authority: CM (S), ZO, ND

होल्डर का हस्ताक्षर  
Signature of Holder

*Neha*

*8130371159*

यदि यह प्रमाणपत्र का प्रयोग  
करते समय कहीं भी  
यदि यह प्रमाणपत्र कहीं भी  
C-26, G-Block, Bandra-Kurla Complex  
मुंबई 400 051, इंडिया  
फोन: 91 22 5698 5196 फैक्स: 91 22 2652 5747  
If found, please return to  
Asst. General Manager (Security)  
Bank of Baroda, Baroda Corporate Center  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai, 400 051, India  
Phone: 91 22 5698 5196 Fax: 91 22 2652 5747  
रक्त समूह: Blood Group **A+**  
चिह्नित चिह्न: **BLACK CUT MARK ON LEFT HAND**  
Identification Marks: **MIDDLE FINGER**



30years  
Female

Asian

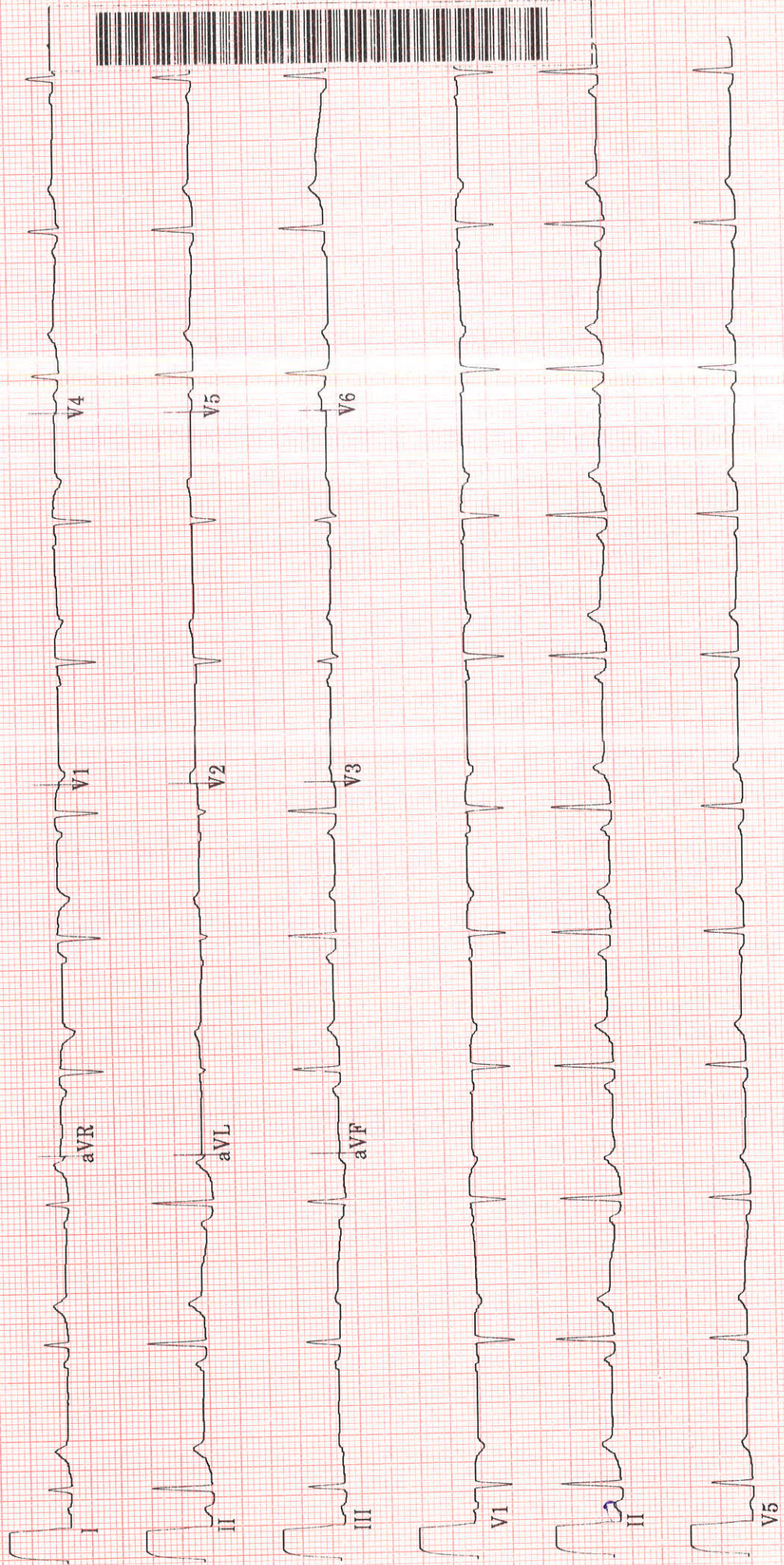
Vent. rate 53 bpm  
PR interval 162 ms  
QRS duration 66 ms  
QT/QTc 386/395 ms  
P-R-T axes 65 63 40

Normal sinus rhythm with sir arrhythmia  
Normal ECG

Technician:  
Test ind:

Referred by: , hcp

Unconfirmed







## TMT INVESTIGATION REPORT

Patient Name	<b>NEHA KARDAM</b>	Location	: Ghaziabad
Age/Sex	: 30Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011410311	Order Date	: 14/10/2023
Ref. Doctor	: HCP	Report Date	: 14/10/2023

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 190BPM
<b>Duration of exercise</b>	: 6min 10sec	<b>85% of MPHR</b>	: 161BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 169BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/70mmHg Peak BP : 136/74mmHg	<b>% Target HR</b>	: 88%
		<b>METS</b>	: 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	83	120/70	Nil	T wave inversion	Nil
STAGE 1	3:00	121	130/70	Nil	No new ST changes seen	Nil
STAGE 2	3:00	164	136/74	Nil	No new ST changes seen	Nil
STAGE 3	0:10	164	136/74	Nil	No new ST changes seen	Nil
RECOVERY	3:18	93	124/74	Nil	No new ST changes seen	Nil

### COMMENTS:

- T wave inversion in base line ECG.
- No ne ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.

### 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, Ghaziabad,Uttar Pradesh - 201 002

P : 0120-3535353

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**Manipal Health Enterprises Private Limited**

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

## Department Of Laboratory Medicine

Name : MS NEHA KARDAM Age : 30 Yr(s) Sex :Female  
 Registration No : MH011410311 Lab No : 32231005953  
 Patient Episode : R03000055138 Collection Date : 14 Oct 2023 19:22  
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 15 Oct 2023 18:04  
 Receiving Date : 14 Oct 2023 19:40

## BIOCHEMISTRY

## THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.060	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	8.090	µg/dl	[5.500-11.000]
Thyroid Stimulating Hormone (ECLIA)	2.000	µIU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL

2nd Trimester:0.37 - 3.6 micIU/mL

3rd Trimester:0.38 - 4.04 micIU/mL

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.

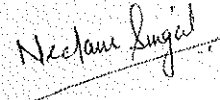
\* References ranges recommended by the American Thyroid Association

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**

Name : MS NEHA KARDAM  
Registration No : MH011410311  
Patient Episode : H18000001331  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:29

Age : 30 Yr(s) Sex :Female  
Lab No : 202310003009  
Collection Date : 14 Oct 2023 10:29  
Reporting Date : 14 Oct 2023 14:41

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	5.34 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.5	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.7	%	[36.0-46.0]
MCV (DERIVED)	80.0 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.3	pg	[25.0-32.0]
MCHC (CALCULATED)	31.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	200	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	11.9		
WBC COUNT(TC) (IMPEDENCE)	8.02	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	56.0	%	[40.0-80.0]
Lymphocytes	37.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	15.0	mm/1sthour	[0.



**LABORATORY REPORT**

<b>Name</b>	: MS NEHA KARDAM	<b>Age</b>	: 30 Yr(s) Sex :Female
<b>Registration No</b>	: MH011410311	<b>Lab No</b>	: 202310003009
<b>Patient Episode</b>	: H18000001331	<b>Collection Date</b>	: 14 Oct 2023 10:29
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Oct 2023 16:48
<b>Receiving Date</b>	: 14 Oct 2023 10:29		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.5	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (A HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	111	mg/dl	

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]	6.5	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)





**LABORATORY REPORT**

**Name** : MS NEHA KARDAM  
**Registration No** : MH011410311  
**Patient Episode** : H18000001331  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 14 Oct 2023 12:09

**Age** : 30 Yr(s) Sex :Female  
**Lab No** : 202310003009  
**Collection Date** : 14 Oct 2023 12:09  
**Reporting Date** : 14 Oct 2023 16:08

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

<b>Serum TOTAL CHOLESTEROL</b>	<b>217 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b>
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	65	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	48.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	<b>156.0 #</b>	<b>mg/dl</b>	<b>[&lt;120.0]</b>
			Near/
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.5		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.3		<3 Optimal
			3-4 Borderline
			>6 High Risk





**LABORATORY REPORT**

Name : MS NEHA KARDAM  
Registration No : MH011410311  
Patient Episode : H18000001331  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:29

Age : 30 Yr(s) Sex :Female  
Lab No : 202310003009  
Collection Date : 14 Oct 2023 10:29  
Reporting Date : 14 Oct 2023 15:23

**BIOCHEMISTRY**

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

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum

<b>UREA</b> Method: GLDH, Kinatic assay	14.4 #	mg/dl	[15.0-40.0]
<b>BUN, BLOOD UREA NITROGEN</b> Method: Calculated	6.7 #	mg/dl	[8.0-20.0]
<b>CREATININE, SERUM</b> Method: Jaffe rate-IDMS Standardization	0.71	mg/dl	[0.70-1.20]
<b>URIC ACID</b> Method:uricase PAP	4.2	mg/dl	[4.0-8.5]

<b>SODIUM, SERUM</b>	134.20 #	mmol/L	[136.00-144.00]
<b>POTASSIUM, SERUM</b>	4.56	mmol/L	[3.60-5.10]
<b>SERUM CHLORIDE</b> Method: ISE Indirect	102.4	mmol/L	[101.0-111.0]
eGFR (calculated) Technical Note	114.7	ml/min/1.73sq.m	[>60.0]

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**

Name : MS NEHA KARDAM  
Registration No : MH011410311  
Patient Episode : H18000001331  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:29

Age : 30 Yr(s) Sex :Female  
Lab No : 202310003009  
Collection Date : 14 Oct 2023 10:29  
Reporting Date : 14 Oct 2023 15:23

TEST	BIOCHEMISTRY		
	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.68	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.55	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.14	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.40		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	19.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	70.0	IU/L	[40.0-98.0]
GGT	17.0	U/L	[7.0-50.0]



**LABORATORY REPORT**

Name : MS NEHA KARDAM Age : 30 Yr(s) Sex :Female  
Registration No : MH011410311 Lab No : 202310003009  
Patient Episode : H18000001331 Collection Date : 14 Oct 2023 10:29  
Referred By : HEALTH CHECK MGD Reporting Date : 14 Oct 2023 15:23  
Receiving Date : 14 Oct 2023 10:29

**BIOCHEMISTRY**

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing A Rh(D) Positive

**Technical note:**

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

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

Dr. Alka Dixit Vats  
Consultant Pathologist





**LABORATORY REPORT**

Name : MS NEHA KARDAM  
Registration No : MH011410311  
Patient Episode : H18000001331  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:29

Age : 30 Yr(s) Sex :Female  
Lab No : 202310003010  
Collection Date : 14 Oct 2023 10:29  
Reporting Date : 14 Oct 2023 15:23

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	89.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	MS NEHA KARDAM	STUDY DATE	14/10/2023 11:02AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH011410311
ACCESSION NO.	R6251162	MODALITY	CR
REPORTED ON	14/10/2023 4:07PM	REFERRED BY	HEALTH CHECK MGD

## 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:

XR- CHEST PA VIEW  
No significant abnormality seen.

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

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## RADIOLOGY REPORT

NAME	MS NEHA KARDAM	STUDY DATE	14/10/2023 11:52AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH011410311
ACCESSION NO.	R6251163	MODALITY	US
REPORTED ON	14/10/2023 10:09PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: Liver is normal in size (measures 108 mm), shape and echotexture. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 98 mm), shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 7.9 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 3:1 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 88 x 29 mm.  
 Left Kidney: measures 91 x 36 mm.  
 PELVI-CALYCEAL SYSTEMS: Compact.  
 NODES: Not enlarged.  
 FLUID: Nil significant.  
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.  
 UTERUS: Uterus is anteverted, normal in size (measures 61 x 42 x 27 mm), shape and echotexture.  
 Endometrial thickness measures 5 mm. Cervix appears normal.  
 Both ovaries are normal in size and show multiple (15-18) tiny follicles arranged peripherally with central echogenic stroma suggesting bilateral polycystic appearing ovaries.  
 - Right ovary measures 22 x 21 x 14 mm with volume 3.3 cc. The largest follicle measures 6.6 x 2.9mm.  
 - Left ovary measures 32 x 29 x 12 mm with volume 5.6 cc. The largest follicle measures 2.9 x 6.6 mm.  
 BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Bilateral polycystic appearing ovaries.**

**ADV: Serum LH/FSH estimation for further evaluation, if clinically indicated.**

Recommend clinical correlation.



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST**

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

**MANIPAL HOSPITALS**

NH-24, Hapur Road, Near Landcraft Golfinks, Ghaziabad - 201002

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