

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. SHARMA MAHESH CHAND
EC NO.	120716
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GHAZIABAD, SURYANAGAR
BIRTHDATE	06-07-1974
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D120716100070982E

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))



भारत सरकार  
Government of India



महेश चंद शर्मा  
Mahesh Chand Sharma  
जन्म तिथि/DOB: 06/07/1974  
पुरुष/ MALE

**5812 4870 6789**

VID : 9125 5450 9336 7252

मेरा

मेरी पहचान

*Alhans*

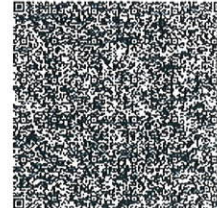
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भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
इन्द्राज शर्मा, 132/9 सोही एन्क्लेव, वृन्दावन गार्डन,  
राजबघ मेट्रो स्टेशन, साहिबाबाद, साहिबाबाद,  
गाजियाबाद,  
उत्तर प्रदेश - 201005

**Address:**  
C/O Indraj Sharma, 132/9 Srohi Enclave,  
Vrindavan Garden, Rajbagh Metro Station,  
Sahibabad, Sahibabad, Ghaziabad,  
Uttar Pradesh - 201005



**5812 4870 6789**

VID : 9125 5450 9336 7252



1947



help@uidai.gov.in



www.uidai.gov.in

49years  
Male Asian

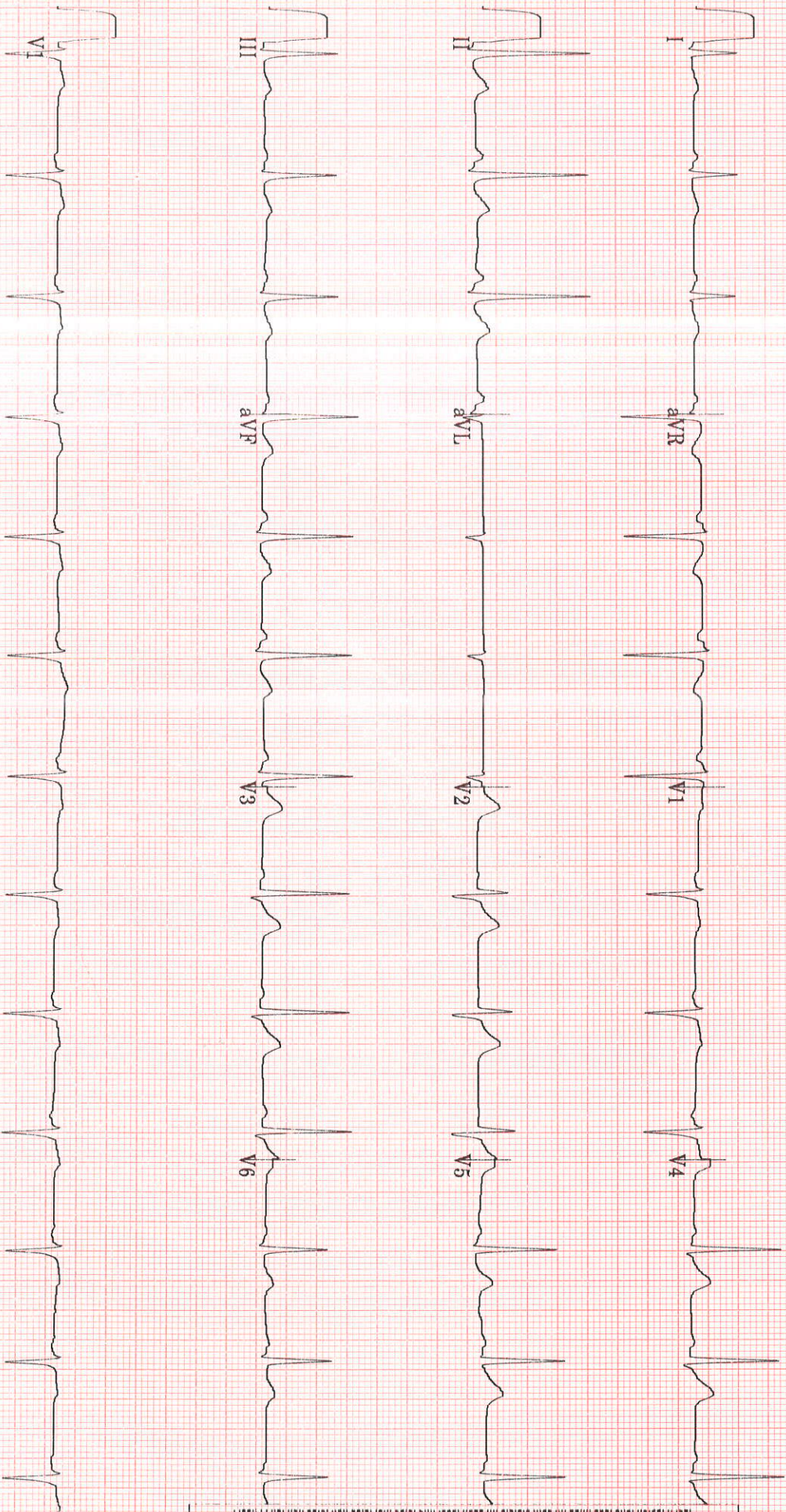
Vent. rate	75 bpm
PR interval	152 ms
QRS duration	80 ms
QT/QTc	356/397 ms
P-R-T axes	58 69 59

Normal sinus rhythm  
Normal ECG

Technician:  
Test ind:

Referred by: hcp

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239





## TMT INVESTIGATION REPORT

Patient Name	MAHESH SHARMA	Location	: Ghaziabad
Age/Sex	: 49Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH010805712	Order Date	: 14/10/2023
Ref. Doctor	: HCP	Report Date	: 14/10/2023

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 171BPM
<b>Duration of exercise</b>	: 4min 01sec	<b>85% of MPHR</b>	: 145BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 149BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 130/86mmHg Peak BP : 150/86mmHg	<b>% Target HR</b>	: 87%
		<b>METS</b>	: 5.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	85	130/86	Nil	No ST changes seen	Nil
STAGE 1	3:00	133	140/86	Nil	No ST changes seen	Nil
STAGE 2	1:01	149	150/86	Nil	No ST changes seen	Nil
RECOVERY	3:05	96	134/86	Nil	No ST changes seen	Nil

### COMMENTS:

- No ST changes in base line ECG.
- No 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



**LABORATORY REPORT**

<b>Name</b>	: MR MAHESH SHARMA	<b>Age</b>	: 49 Yr(s) Sex :Male
<b>Registration No</b>	: MH010805713	<b>Lab No</b>	: 32231005971
<b>Patient Episode</b>	: R03000055153	<b>Collection Date</b>	: 14 Oct 2023 19:18
<b>Referred By</b>	: MANIPAL HOSPITALS GHAZIABAD	<b>Reporting Date</b>	: 15 Oct 2023 18:03
<b>Receiving Date</b>	: 14 Oct 2023 19:40		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Test Name</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
TOTAL PSA, Serum (ECLIA)	1.310	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



Department Of Laboratory Medicine

**LABORATORY REPORT**

Name : MR MAHESH SHARMA Age : 49 Yr(s) Sex : Male  
 Registration No : MH010805713 Lab No : 32231005971  
 Patient Episode : R03000055153 Collection Date : 14 Oct 2023 19:18  
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 15 Oct 2023 18:03  
 Receiving Date : 14 Oct 2023 19:40

**BIOCHEMISTRY**

**THYROID PROFILE, Serum**

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.540	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	9.180	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	1.360	µIU/mL	[0.340-4.250]

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>

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**





**LABORATORY REPORT**

Name : MR MAHESH SHARMA  
Registration No : MH010805713  
Patient Episode : H18000001332  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:28

Age : 49 Yr(s) Sex :Male  
Lab No : 202310003013  
Collection Date : 14 Oct 2023 10:22  
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)	5.68 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	49.0	%	[40.0-50.0]
MCV (DERIVED)	86.3	fL	[83.0-101.0]
MCH (CALCULATED)	26.1	pg	[25.0-32.0]
<b>MCHC (CALCULATED)</b>	<b>30.2 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
<b>RDW CV% (DERIVED)</b>	<b>14.6 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.9		
WBC COUNT (TC) (IMPEDENCE)	6.45	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	10.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	9.0	mm/1sthour	[0.



**LABORATORY REPORT**

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Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:28

Age : 49 Yr(s) Sex :Male  
Lab No : 202310003013  
Collection Date : 14 Oct 2023 10:28  
Reporting Date : 14 Oct 2023 16:06

**CLINICAL PATHOLOGY**

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	8.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

**CHEMICAL EXAMINATION**

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

**MICROSCOPIC EXAMINATION (Automated/Manual)**

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



Name : MR MAHESH SHARMA  
 Registration No : MH010805713  
 Patient Episode : H18000001332  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 14 Oct 2023 10:28

Age : 49 Yr(s) Sex :Male  
 Lab No : 202310003013  
 Collection Date : 14 Oct 2023 10:22  
 Reporting Date : 14 Oct 2023 16:48

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	6.2 #	%	[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) 131 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.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	155	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	77	mg/dl	Moderate risk:200-239 High risk:>240 [<150]
Borderline high:151-199			
HDL- CHOLESTEROL	59.0	mg/dl	High: 200 - 499 Very high:>500 [35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	81.0	mg/dl	[<120.0]
Near/ Borderline High:130-159 High Risk:160-189			

Above optimal-100-129

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 Receiving Date : 14 Oct 2023 10:28

Age : 49 Yr(s) Sex :Male  
 Lab No : 202310003013  
 Collection Date : 14 Oct 2023 10:22  
 Reporting Date : 14 Oct 2023 15:22

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	2.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.4		<3 Optimal 3-4 Borderline >6 High Risk

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			
UREA	22.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.85	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	139.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.12 #	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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 Patient Episode : H18000001332  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 14 Oct 2023 10:28

Age : 49 Yr(s) Sex :Male  
 Lab No : 202310003013  
 Collection Date : 14 Oct 2023 10:22  
 Reporting Date : 14 Oct 2023 15:22

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	102.3	ml/min/1.73sq.m	[>60.0]

Technical Note  
 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.

**LIVER FUNCTION TEST**

BILIRUBIN - TOTAL Method: D P D	0.90	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.22	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.68	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.60	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.70		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	30.00	U/L	[0.00-40.00]

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Patient Episode : H18000001332  
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Receiving Date : 14 Oct 2023 10:28

Age : 49 Yr(s) Sex : Male  
Lab No : 202310003013  
Collection Date : 14 Oct 2023 10:22  
Reporting Date : 14 Oct 2023 15:23

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	34.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	80.0	IU/L	[32.0-91.0]
GT	19.0	U/L	[7.0-50.0]

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 O 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**

Name : MR MAHESH SHARMA  
Registration No : MH010805713  
Patient Episode : H18000001332  
Referred By : HEALTH CHECK MGD  
Receiving Date : 14 Oct 2023 10:22

Age : 49 Yr(s) Sex : Male  
Lab No : 202310003014  
Collection Date : 14 Oct 2023 10:22  
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	94.0	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.

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

**Dr. Alka Dixit Vats**  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	MR Mahesh SHARMA	STUDY DATE	14/10/2023 10:09AM
AGE / SEX	49 y / M	HOSPITAL NO.	MH010805713
ACCESSION NO.	R6251202	MODALITY	US
REPORTED ON	14/10/2023 10:23PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 125 mm) and shape but shows minimally increase in liver echotexture, in keeping with early grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 73 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.7mm.

COMMON BILE DUCT: Appears normal in size and measures 3.4 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 102 x 45 mm.

Left Kidney: measures 99 x 45 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.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 46 x 32 x 25 mm with volume 20 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Early grade I fatty infiltration in liver.**

Recommend clinical correlation.



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	MR Mahesh SHARMA	STUDY DATE	14/10/2023 9:47AM
AGE / SEX	49 y / M	HOSPITAL NO.	MH010805713
ACCESSION NO.	R6251201	MODALITY	CR
REPORTED ON	14/10/2023 4:12PM	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\*\*\*\*\*

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