

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. CHAUDHARY RAJA
EC NO.	97920
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GHAZIABAD
BIRTHDATE	04-03-1991
PROPOSED DATE OF HEALTH CHECKUP	29-07-2023
BOOKING REFERENCE NO.	23S97920100065090E

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 **27-07-2023** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

ID: 011172123

raja chaudhary

32years Caucasian Male

Vent. rate 65 bpm
 PR interval 103 ms
 QRS duration 88 ms
 QT/QTc 386/401 ms
 P-R-T axes 55 61 42

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by:

Unconfirmed



RADIOLOGY REPORT

NAME	MR Raja CHAUDHARY	STUDY DATE	29/07/2023 10:50AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH011172123
ACCESSION NO.	R5877316	MODALITY	CR
REPORTED ON	29/07/2023 11:29AM	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:

-No significant abnormality seen.

Please correlate clinically



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

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

RADIOLOGY REPORT

NAME	MR Raja CHAUDHARY	STUDY DATE	29/07/2023 12:40PM
AGE / SEX	32 y / M	HOSPITAL NO.	MH011172123
ACCESSION NO.	R5877317	MODALITY	US
REPORTED ON	29/07/2023 2:46PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 168 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 108 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.4 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.9 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 92 x 33 mm.

Left Kidney: measures 106 x 42 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 35 x 32 x 32 mm with volume 19.6 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

Recommend clinical correlation.



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

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

LABORATORY REPORT

Name	: MR RAJA CHAUDHARY	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011172123	Lab No	: 32230711198
Patient Episode	: O03001127767	Collection Date	: 29 Jul 2023 20:55
Referred By	: REFERRAL DOCTOR	Reporting Date	: 31 Jul 2023 09:09
Receiving Date	: 29 Jul 2023 21:26		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum		Specimen Type : Serum	
T3 - Triiodothyronine (ECLIA)	1.25	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.70	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.440	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.

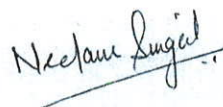
* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT

Name	: MR RAJA CHAUDHARY	Age	: 32 Yr(s) Sex :Male
Registration No	: MH011172123	Lab No	: 32230711198
Patient Episode	: H1800000758	Collection Date	: 29 Jul 2023 20:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 31 Jul 2023 09:09
Receiving Date	: 29 Jul 2023 21:26		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ECLIA)	1.25	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.70	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.440	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.

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- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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

Neelam Singal

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT

Name : MR RAJA CHAUDHARY Age : 32 Yr(s) Sex : Male
 Registration No : MH011172123 Lab No : 202307003412
 Patient Episode : H18000000758 Collection Date : 29 Jul 2023 10:42
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Jul 2023 12:31
 Receiving Date : 29 Jul 2023 10:42

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.44 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.2	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.2	%	[40.0-50.0]
MCV (DERIVED)	92.8	fL	[83.0-101.0]
MCH (CALCULATED)	32.0	pg	[27.0-32.0]
MCHC (CALCULATED)	34.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	233	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	12.0		
WBC COUNT (TC) (IMPEDEANCE)	4.99	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	%	[40.0-80.0]
Lymphocytes	44.0	%	[17.0-45.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	8.0 #	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	4.0	mm/1sthour	[0.0-

LABORATORY REPORT

Name : MR RAJA CHAUDHARY Age : 32 Yr(s) Sex : Male
 Registration No : MH011172123 Lab No : 202307003412
 Patient Episode : H18000000758 Collection Date : 29 Jul 2023 10:42
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Jul 2023 15:44
 Receiving Date : 29 Jul 2023 10:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	108	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	176	mg/dl	[<200]
Method: Oxidase, esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	171 #	mg/dl	[<150]
Borderline high: 151-199			
High: 200 - 499			
Very high: >500			
HDL- CHOLESTEROL	37.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	34	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	105.0	mg/dl	[<120.0]
Near/			

Above optimal-100-129

Borderline High: 130-159
 High Risk: 160-189

LABORATORY REPORT

Name : MR RAJA CHAUDHARY Age : 32 Yr(s) Sex : Male
 Registration No : MH011172123 Lab No : 202307003412
 Patient Episode : H18000000758 Collection Date : 29 Jul 2023 10:42
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Jul 2023 12:44
 Receiving Date : 29 Jul 2023 10:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:
 Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA	16.5	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	7.7 #	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	6.5	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.58	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.2	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	113.7	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.

LABORATORY REPORT

Name : MR RAJA CHAUDHARY Age : 32 Yr(s) Sex : Male
 Registration No : MH011172123 Lab No : 202307003412
 Patient Episode : H18000000758 Collection Date : 29 Jul 2023 10:42
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Jul 2023 12:47
 Receiving Date : 29 Jul 2023 10:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	0.47	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.12	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.35	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.38	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.50		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	82.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	144.20 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	78.0	IU/L	[32.0-91.0]



OUTPATIENT RECORD

Hospital No: MH011172123	Visit No: H1800000758
Name: MR RAJA CHAUDHARY	Age/Sex: 32 Yrs/Male
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 29/07/2023 10:34AM	

BP Systolic: 134 mmHg	BP Diastolic: 86 mmHg	Pulse Rate: 66beats per minute
Saturation(Oxygen): 99%	Height: 173.5cm	Weight : 94.3kg
BMI: 31.33	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - NIL
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	15	16

FUNDUS EXAMINATION

A) VITREOUS
B) OPTIC DISC C:D 0.4 C:D 0.4
C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

DIAGNOSIS: DRY EYES /PINGUECLA BE

ADVISE / TREATMENT
E/D NISOL 4 TIMES DAILY BE
KEEP CHECK ON DISC AND IOP EVERY 1 YEARLY
AVOID WATER EXCESS IN THE MORNING
REVIEW AFTER 6 MONTHS

HEALTH CHECK MGD