

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	ASHA KUMARI
DATE OF BIRTH	03-03-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	
BOOKING REFERENCE NO.	22M107240100053358S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. KUMAR PAWAN
EMPLOYEE EC NO.	107240
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	HAJIPUR VB
EMPLOYEE BIRTHDATE	01-03-1985

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 27-03-2023 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's spouse 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 (Arcolemi Healthcare Limited))

		*
ASHA KIIMARI	: 88 bom	Diagnosis Information:
Female 33Vears	: 96	Sinus Rhythm
	0	T Wave Abnormality(V3,V4,V5,V6)
	: 97 ms	
	: 50/71/-14	
	RV5/SVI : 1.972/0.684 mV	Report Confirmed by:
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] Lave	- washing many many many many	
[aVL		
67-100Hz AC50 25mm/s	10mm/mV 2°5.0s ₩88 V2.2	SEMIP VI.81 DAIGNOSTIC



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www.aarogyamdiagnostics.com

 Date
 30/03/2023
 Srl No. 9
 Patient Id 2303300009

 Name
 Mrs. ASHA KUMARI
 Age 33 Yrs.
 Sex F

Ref. By Dr.BOB

Test Name Value Unit Normal Value

BOB

HB A1C 5.3 %

EXPECTED VALUES:-

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

REMARKS:-

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAIC** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

CONSULTANT PATHOLOGIST



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Date	30/03/2023	Srl No	. 9	Patient Id	2303300009
Name	Mrs. ASHA KUMARI	Age	33 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.2	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/Ist hr.	0 - 20
R B C COUNT	3.86	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	34.9	%	35 - 45
MCV	90.41	fl.	80 - 100
MCH	29.02	Picogram	27.0 - 31.0
MCHC	32.1	gm/dl	33 - 37
PLATELET COUNT	2.10	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	NEGATIVE		
BLOOD SUGAR FASTING	79.6	mg/dl	70 - 110
SERUM CREATININE	0.78	mg%	0.5 - 1.3
BLOOD UREA	21.4	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.2	mg%	2.5 - 6.0
LIVER FUNCTION TEST (LFT)			

LIVER FUNCTION TEST (LFT)



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Date 30/03/2023 Name Mrs. ASHA KUMARI Ref. By Dr.BOB	Srl No. 9 Age 33 Yrs.		Patient Id 2303300009 Sex F	
Test Name	Value	Unit	Normal Value	
BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0	
CONJUGATED (D. Bilirubin)	0.24	mg/dl	0.00 - 0.40	
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70	
TOTAL PROTEIN	6.0	gm/dl	6.6 - 8.3	
ALBUMIN	3.5	gm/dl	3.4 - 5.2	
GLOBULIN	2.5	gm/dl	2.3 - 3.5	
A/G RATIO	1.4			
SGOT	16.2	IU/L	5 - 35	
SGPT	18.1	IU/L	5.0 - 45.0	
ALKALINE PHOSPHATASE IFCC Method	112.4	U/L	35.0 - 104.0	
GAMMA GT LFT INTERPRET	34.2	IU/L	6.0 - 42.0	
LIPID PROFILE		48001		
TRIGLYCERIDES	80.8	mg/dL	25.0 - 165.0	
TOTAL CHOLESTEROL	115.4	mg/dL	29.0 - 199.0	
H D L CHOLESTEROL DIRECT	48.6	mg/dL	35.1 - 88.0	
VLDL	16.16	mg/dL	4.7 - 22.1	
L D L CHOLESTEROL DIRECT	50.64	mg/dL	63.0 - 129.0	
TOTAL CHOLESTEROL/HDL RATIO	2.374		0.0 - 4.97	
LDL / HDL CHOLESTEROL RATIO	1.042		0.00 - 3.55	
THYROID PROFILE				
Т3	0.93	ng/ml	0.60 - 1.81	



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Date 30/03/2023 Srl No. 9 Patient Id 2303300009
Name Mrs. ASHA KUMARI Age 33 Yrs. Sex F
Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
T4 Chemiluminescence	7.68	ug/dl	4.5 - 10.9
TSH Chemiluminescence REFERENCE RANGE	2.361	ulU/ml	

PAEDIATRIC AGE GROUP

0-3 DAYS 1-20 ulu/ ml 3-30 DAYS 0.5 - 6.5 ulu/ml

I MONTH -5 MONTHS 0.5 - 6.0 ulu/ml 6 MONTHS- 18 YEARS 0.5 - 4.5 ulu/ml

<u>ADULTS</u> 0.39 - 6.16 ulu/ml

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates \pm 50 %, hence time of the day has influence on the measured serum TSH concentration.

QUANTITY 10 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR

SPECIFIC GRAVITY 1.010

PH 6.0

ALBUMIN NIL

SUGAR NIL



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Date 30/03/2023 Srl No. 9 Patient Id 2303300009
Name Mrs. ASHA KUMARI Age 33 Yrs. Sex F
Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-3	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

- 1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- 3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
- 4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

**** End Of Report ****

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Name: MS. ASHA KUMARI

Refd by :- Corp

Age/Sex:- 33Yrs/F

Date :-30/03/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver :- Normal in size (12.9cm) with normal echotexture. No focal or diffuse lesion is

seen. IHBR are not dilated. PV is normal in course and calibre with echofree

lumen.

G. Bladder:- It is normal in shape, size & position. It is echofree & shows no evidence of

calculus, mass or sludge.

CBD :- It is normal in calibre & is echofree.

Pancreas :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal

calcification is seen. No definite peripancreatic collection is seen.

Spleen :- Normal in size (11.4mm) with normal echotexture. No focal lesion is seen.

No evidence of varices is noticed.

Kidneys :- Both kidneys are normal in shape, size & position. Sinus as well as cortical

echoes are normal. No evidence of calculus, space occupying lesion or

hydronephrosis is seen.

Right Kidney measures 8.7cm and Left Kidney measures 9.4cm.

Ureters :- Ureters are not dilated.

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

Uterus :- Normal in size (7.3cm x 3.6cm) and anteverted in position with

normal myometrial echotexture and endometrial thickness.

Ovaries :- Both ovaries show normal echotexture and follicular pattern.

No pelvic (POD) collection is seen.

Others :- No ascites or abdominal adenopathy is seen.

No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- Normal Scan.

Dr. U. Kupvar MBBS, MD (Radio-Diagnosis) Consultant Radiologist