



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	MRS. POOJA ✓
EC NO.	110487
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	PATNA,PBB-KANKARBAGH
BIRTHDATE	21-11-1988
PROPOSED DATE OF HEALTH CHECKUP	29-03-2023
BOOKING REFERENCE NO.	22M110487100053360E

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 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, 
For Bank of Baroda

Sd/-

वरिष्ठ प्रबंधक / Senior Manager
व्यक्तिगत वित्त शाखा / Personal Banking Branch
कंकारबाग, पटना / Kankarbagh, Patna

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))

110/20

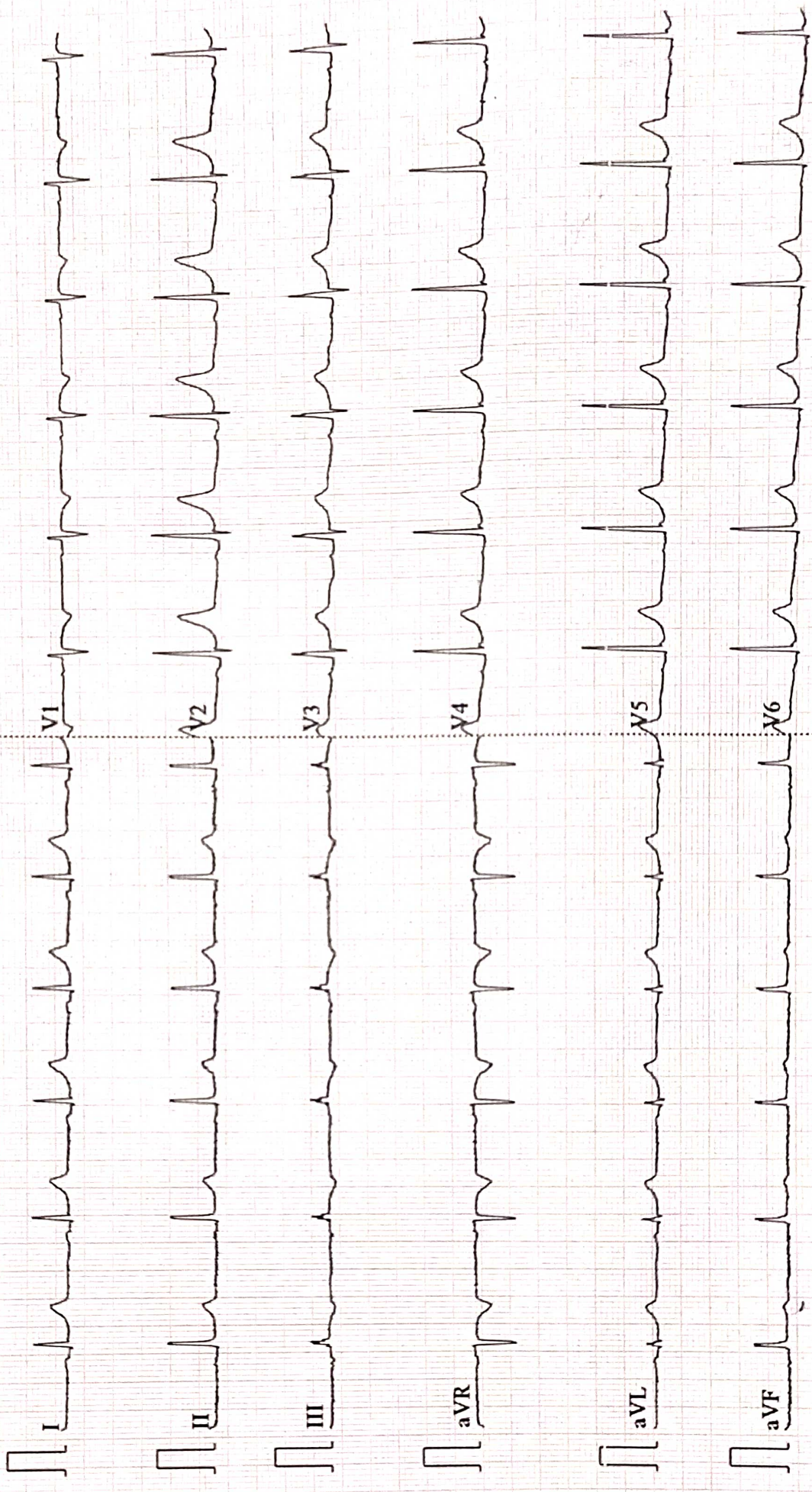
29-03-2023 10:02:06 AM

MRS. POOJA
Female 34 Years

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR : 71 bpm
P : 78 ms
PR : 135 ms
QRS : 81 ms
QT/QTc : 371/405 ms
P/QRS/T : -17/51/13 °
RV5/SV1 : 1.446/0.450 mV

Ref-Phys. :
Report Confirmed by:





ISO 9001 : 2015
AAROGYAM DIAGNOSTICS
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

F- 41, P.C. Colony, Opp. Madhuban Complex,
 Near Malahi Pakari Chowk, Kankarbagh, Patna – 20
 9264278360, 9065875700, 8789391403
 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	29/03/2023	Srl No.	4	Patient Id	2303290004
Name	Ms. POOJA	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.6	%	

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1C
Good Control	=	5.5 - 6.8 % HbA1C
Fair Control	=	6.8-8.2 % HbA1C
Poor Control	=	>8.2 % HbA1C

REMARKS:-

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia

The **HbA1C** 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 **HbA1C** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1C** 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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Name	Ms. POOJA	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.9	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	64	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	16	mm/1st hr.	0 - 20
R B C COUNT	4.01	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.9	%	35 - 45
M C V	89.53	fl.	80 - 100
M C H	29.68	Picogram	27.0 - 31.0
M C H C	33.1	gm/dl	33 - 37
PLATELET COUNT	1.97	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	NEGATIVE		
BLOOD SUGAR FASTING	114.9	mg/dl	70 - 110
SERUM CREATININE	0.91	mg%	0.5 - 1.3
BLOOD UREA	23.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.8	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



Date	29/03/2023	Srl No.	4	Patient Id	2303290004
Name	Ms. POOJA	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.64	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.24	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.4	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.0	gm/dl	6.6 - 8.3
ALBUMIN	3.4	gm/dl	3.4 - 5.2
GLOBULIN	2.6	gm/dl	2.3 - 3.5
A/G RATIO	1.308		
SGOT	19.5	IU/L	5 - 35
SGPT	21.4	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	89.6	U/L	35.0 - 104.0
GAMMA GT	23.1	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	82.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	149.4	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	52.3	mg/dL	35.1 - 88.0
V L D L	16.48	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	80.62	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.857		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.541		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



Date	29/03/2023	Srl No.	4	Patient Id	2303290004
Name	Ms. POOJA	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-3	/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.



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Name	Ms. POOJA	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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.			
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

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Name :- POOJA
Pt's ID :- 18/40232
Refd by :- BOB

Age/Sex:-34Yrs/F
Date :-29/03/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (13.6cm) with slightly raised echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.
- G. Bladder** :- There are multiple calculi (one of them measuring 13.3mm) with posterior acoustic shadows seen within GB lumen. wall thickness appears normal 2.4mm.
- 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 (9.8cm) 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 11.2cm and Left Kidney measures 11.0cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.8cm x 3.7cm) 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:- *Mild Fatty Liver.
Cholelithiasis.
Otherwise Normal Scan.*

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



MC-3319

Kolkata Lab : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064
 Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
 CIN : U85195GJ2009PLC057059



30304100647

TEST REPORT

Reg.No : 30304100647	Reg.Date : 30-Mar-2023 11:45	Collection : 30-Mar-2023 11:45
Name : MS. PUJA		Received : 30-Mar-2023 11:45
Age : 34 Years	Sex : Female	Report : 30-Mar-2023 12:51
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 30-Mar-2023 13:11
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) <i>Method:CLIA</i>	1.25	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	10.80	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	1.812	µIU/mL	0.55 - 4.78

Sample Type: Serum**Note:****TSH Reference Range in Pregnancy :**

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has an influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- The physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- All infants with a low T4 concentration and a TSH concentration greater than 40 uIU/L are considered to have congenital hypothyroidism and should have immediate confirmatory serum testing.
- If the TSH concentration is slightly elevated but less than 40 uIU/L, a second screening test should be performed on a new sample. Results should be interpreted using age-appropriate normative values

Clinical Use:

- Primary Hypothyroidism · Hyperthyroidism · Hypothalamic -Pituitary hypothyroidism · Inappropriate TSH secretion · Nonthyroidal illness· Autoimmune thyroid disease · Pregnancy-associated thyroid disorders · Thyroid dysfunction in infancy and early childhood

----- End Of Report -----

Dr.Niranjana Mondal

MBBS, DO, MD (Biochemistry)
 Consultant Biochemist
 Reg No.:- 64023 (WBMC)