

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. KUMAR RANJIT
EC NO.	105318
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GALUDIH
BIRTHDATE	30-06-1984
PROPOSED DATE OF HEALTH CHECKUP	25-03-2023
BOOKING REFERENCE NO.	22M105318100050392E

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 **19-03-2023** 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,

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))





बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम: **RANJIT KUMAR**  
Name:

कर्मचारी कूट क्र.  
E. C. No. **105318**

*Ranjit Kumar*


जारीकर्ता प्राधिकारी, मु. प्र. (सु.) अ.का., न.दि.  
Issuing Authority CM (S), ZO, ND.




*Ranjit Kumar.*


धारक के हस्ताक्षर  
Signature of Holder



 भारत सरकार  
GOVERNMENT OF INDIA




रंजित कुमार  
Ranjit Kumar  
जन्म तिथि/ DOB: 30/06/1984  
पुरुष / MALE



8580 0408 3046

आधार-आम आदमी का अधिकार

 भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O गणेश प्रसाद, रामाश्रम  
क्लिनिक, पो- जैनामोड़  
थाना- जरीडीह, बोकारो,  
बोकारो,  
झारखण्ड - 829301

Address: S/O Ganesh Prasad, RAMASHARAM  
CLINIC, PO- JAINAMORE PS-  
JARIDIH, BOKARO, Bokaro,  
Jharkhand - 829301

8580 0408 3046

Aadhaar-Aam Admi ka Adhikar







## OUT PATIENT DEPARTMENT

Department of General Medicine

Mediwheel

Regd. No. : MAR23-44295	Visit : OPD/250323/5357
Patient Name : MR. RANJIT KUMAR	Mobile : 8409020545
Age/Sex : 38 Y 8 M 0 D / Male	Date : 25-Mar-2023 2:30 pm
Address : RAMASHANKAR CILINIC, JAINAMORE, BOKARO - 829301, Jharkhand, INDIA	OPD Timing :
Doctor : Dr. Aditya Anurag MD (Medicine)	Referred By :

Allergies :	Height : Ft	In Temp. :	C	SPO2 : 99 %
	Weight : 79 Kg	Pulse : 90	BPM	B.P. : 120/80 mm/Hg

History and complaints :

No complaint at present  
No chronic illness.

Examination:

Diagnosis:

*check urea*

Investigations:

Medicines Prescribed:

CAR-11A-WNL  
2D-GGT-WNV  
Sulnic acid-8-1

Ad  
① Avoid protein  
② T. FEBUTAZ (40) 1X1  
- 3oddy

WNL  
② Review s. uric acid after 1 week  
Advice (Diet/ Lifestyle / Rehab)  
Days  
TSH  
ECG  
USG

Follow up:

Date :

Time :

Signature of Doctor

\*Prescription to be valid for 7 Days only.  
\*This document is not valid for Medico-Legal purposes.





38 Years

MR. RANJIT KUMAR  
Male

20-11-2023  
MEDICA DEHRAAD



Rate 85 . Sinus rhythm.....normal P axis, V-rate 50-99  
 . Baseline wander in lead(s) II, V2

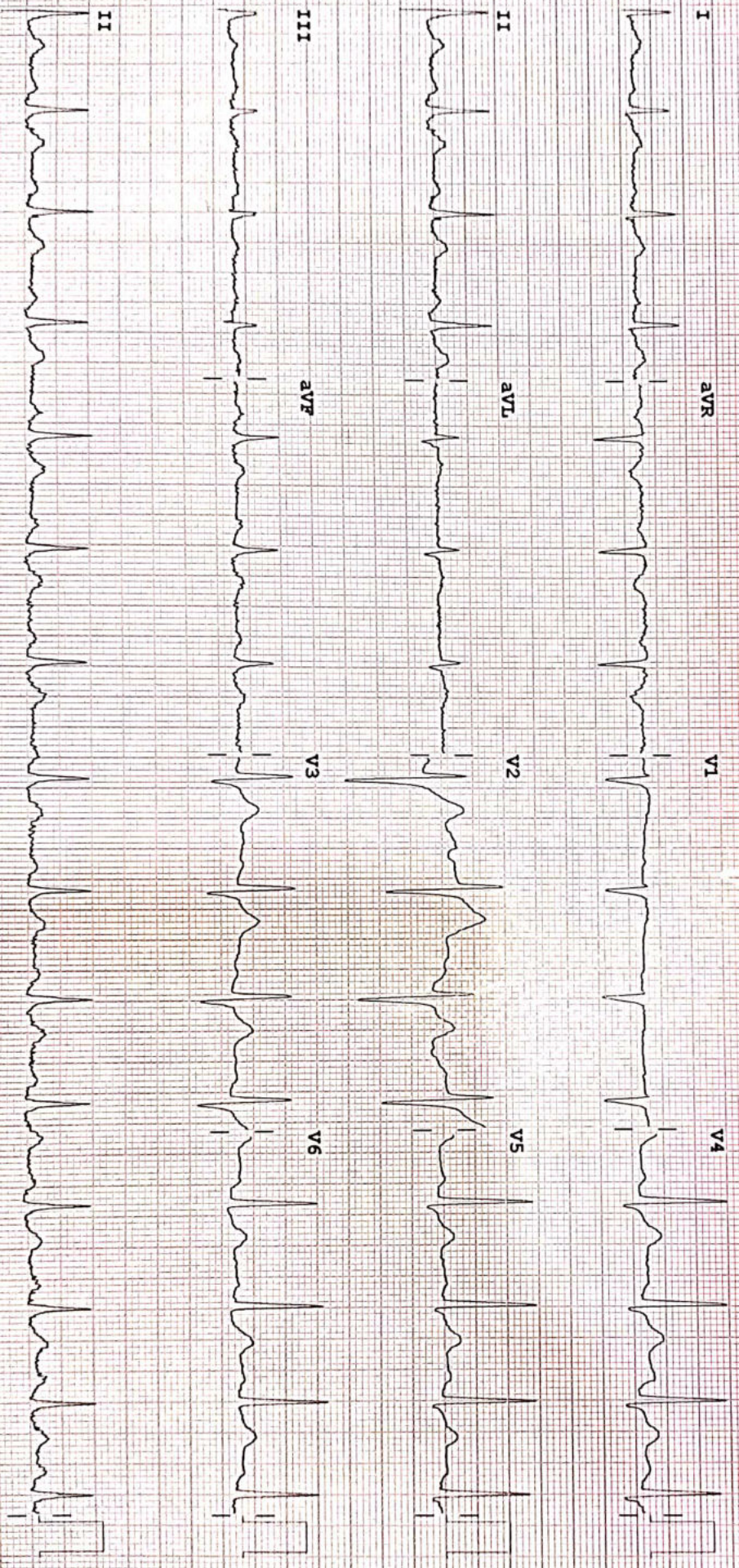
PR	186
QRSD	100
QT	351
QTc	418

--AXIS--  
 P 73  
 QRS 55  
 T 38

12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.50-100 Hz W

PH100B CL

P?



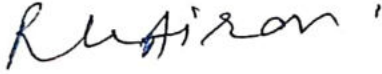
## RADIOLOGY REPORT

Patient Information			
Patient Name	MR RANJIT KUMAR	Patient ID	44295
Age   Gender	38 YRS / MALE	Scan Date	MAR 25 2023
Referring Doctor	SELF	Report Date	MAR 25 2023

### CHEST X-RAY

Trachea and mediastinum central.  
Cardio thoracic ratio normal.  
Right hilum prominent.  
Both diaphragm are of equal height and normal in shape and position.  
*Both lungs show increased bronchovascular markings with interstitial thickening suggesting Bronchitis.*  
*Non homogeneous opacity Rt lower zone. Resolving PNEUMONITIS.*  
*A small opacity along lateral chest wall in lower zone left side.*  
*? Encysted pleural effusion?? Thickening of pleura*  
Left cp angle blunt.

**Impression.. Bronchitis with Resolving PNEUMONITIS Rt and opacity on left lateral chest wall**  
**Advised USG for both Cp angles and opacity on chest wall left lung**



**Dr. R. K. Airon**  
MD Radiodiagnosis (HN-008701/77)  
Consultant Radiologist

MR RANJIT KUMAR 38Y DR SELF | 1

**24 HOUR EMERGENCY**

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**ECHOCARDIOGRAPHY REPORT**

Name: MR RANJIT KUMAR

Age: 38

Sex: Male

Date: 25/03/2023

**2D & M-MODE MEASUREMENTS**

LA Diam	4.2 cm
Ao Diam	3.2 cm
IVSd	0.9 cm
LVIDd	4.4 cm
LVPWd	0.8 cm
IVSs	1.7 cm
LVIDs	2.7 cm

**2D & M-MODE CALCULATIONS**

EDV(Teich)	88 ml
ESV(Teich)	27 ml
EF(Teich)	69 %
%FS	39 %
SV(Teich)	61 ml
LVD Mass	138.66 g
RWT	0.37

**MITRAL VALVE**

MV E Vel	0.68 m/s
MV DecT	125 ms
MV Dec Slope	5.4 m/s <sup>2</sup>
MV A Vel	0.74 m/s
MV E/A Ratio	0.92

**AORTIC VALVE**

**TRICUSPID VALVE**

**PULMONARY VALVE**

**COMMENTS:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-62%)
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

**IMPRESSION:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-62%)

DR. UDAY SHANKAR  
(NON-INVASIVE CARDIOLOGIST)

TECH. SIG



**Asarfi Hospital Limited**

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Baramuri, P.O. - Bishunpur Polytechnic, Dhanbad - 828130 CIN : U85110JH2005PLC011673  
Branch Office : Dhैया Khatal Road, ISM, Dhanbad. Regd. Office : Phularitand, Kharkharae, Dhanbad - 828130  
Ph.: 9234302735, 9234651512, 9234681514 Email : info@asarfihospital.com / www.asarfihospital.com


## RADIOLOGY REPORT

Reg. No.	44295	Ref. Dr.	SELF
Name	MR. RANJIT KUMAR	Study	USG WHOLE ABDOMEN
Age & Sex	38Y/M	Rep Date	25.03.2023

### USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size, shape & echotexture. No obvious focal lesion is seen. IHBR are not dilated.
- GALL BLADDER** : GB is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is normal in shape, size & echotexture. It measures 10.2cm in size.
- KIDNEYS** : The right kidney measures 9.6 x 4.1cm. The left kidney measures 9.8 x 5cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- PROSTATE** : Prostate is normal in size, shape & echotexture. It measures 3.6 x 2.9 x 3.3cm in size (volume – 18.6gram).
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** : • No significant abnormality detected.  
Clinical correlation is suggested.



  
Dr. VAISHALI PATEL  
MBBS, DNB (Radio-diagnosis)  
Consultant Radiologist

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Name : MR. RANJIT KUMAR  
Age / Sex : 38 Yrs / Male  
Doctor :  
Reg. No. : MAR23-44295  
Pat. Type : Mediwheel



Collection Time: 25-03-2023 12:16 pm  
Receiving Time: 25-03-2023 12:20 pm  
Reporting Time: 25-03-2023 1:42 pm  
Publish Time: 25-03-2023 2:26 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Biochemistry</b>				
<b>Creatinine, Serum</b>				
Method: Enzymatic		Machine Name: XL640		
Creatinine, Serum	0.7		mg/dl	0.6-1.4
<b>Uric Acid, Serum</b>				
Method: Enzymatic		Machine Name: XL640		
Uric Acid, Serum	8.1	H	mg/dl	3.4-7.0
<b>Blood Urea Nitrogen (BUN)</b>				
Method: Calculated		Machine Name: XL640		
Blood Urea Nitrogen (BUN)	8.9		mg/dl	07-21
<b>Fasting Blood Glucose, Plasma</b>				
Method: GOD-POD		Machine Name: XL640		
Fasting Blood Glucose, Plasma	85.3		mg/dl	70-110
<b>LIPID PROFILE, SERUM</b>				
Method: Spectrophotometry		Machine Name: XL640		
Cholesterol, Total (CHOD/PAP)	167.0		mg/dl	0-200
Triglycerides (Enzymatic)	135.0		mg/dl	0-150
HDL Cholesterol (Enzymatic)	47.0		mg/dl	0-50
LDL Cholesterol (Calculated)	93.0		mg/dl	0-100
VLDL Cholesterol (Calculated)	27.0		mg/dl	0-30
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b>				
Method: HPLC / Nephelometry		Machine Name: BIO-RAD, D-10 / MISPA		
HbA1C	5.3		%	4.4-6.2
Estimated average glucose (eAG)	105		mg/dl	

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DR N N SINGH  
(PATHOLOGIST)

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Name : MR. RANJIT KUMAR  
Age / Sex : 38 Yrs / Male  
Doctor :  
Reg. No. : MAR23-44295  
Pat. Type : Mediwheel



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Test Name	Result	Flag	Unit	Reference Range
<b>Liver Function Test (LFT)</b>				<i>Machine Name:</i> XL-640
<i>Method: Spectrophotometry</i>				
Bilirububin Total (Diazo)	0.6		mg/dl	0.3-1.2
Bilirububin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirububin Indirect (Calculated)	0.4		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	32.3		U/L	7-50
SGOT (IFCC without PDP)	26.2		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	202.5		U/L	70-306
GGT (Enzymatic)	24.6		U/L	0-55
Protein Total (Biuret)	7.4		g/dl	6.4-8.3
Albumin (BCG)	4.4		g/dl	3.5-5.2
Globulin (Calculated)	3.0		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.46			0.8-2.0

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Test Name	Result	Flag	Unit	Reference Range
<b>Haematology</b>				
<b>BLOOD GROUP, ABO &amp; RH TYPING</b>				
Method: Agglutination				
ABO GROUP	B	.	.	0-0
RH TYPING	POSITIVE	.	.	0-0
<b>ESR (Erythrocyte Sedimentaion Rate)</b>				
Method: Westergren				
ESR	08		mm/hr	0-10
			Machine Name:	VES-MATIC 20

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Test Name	Result	Flag	Unit	Reference Range
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### Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.  
Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

### FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION | MEASUREMENT | OF HbA1C RESULTS |

-----|-----  
| Hemoglobin variants, elevated fetal | Any condition that shortens erythrocyte |  
| hemoglobin (HbF) and chemically | survival or decreases mean erythrocyte |  
| modified derivatives of hemoglobin | age (e.g., recovery from acute blood loss, |  
| (e.g. carbamylated Hb in patients | hemolytic anemia, HbSS, HbCC, and HbSC) |  
| with renal failure) can affect the | will falsely lower HbA1c test results |  
| accuracy of HbA1c measurements | regardless of the assay method used. Iron |  
| | deficiency anemia is associated with |  
| | higher HbA1c |  
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Test Name	Result	Flag	Unit	Reference Range
<b>Complete Blood Count (CBC)</b>				
<i>Method</i> : Electronical Impedence				
<i>Machine Name</i> : Sysmex 6 part				
Hemoglobin	15.3		g/dl	13-18
Total Leukocyte Count (TLC)	7,100		/cu-mm	4000-11000
PCV	46.1		%	40-50
MCH	28.8		Pg	27-31
MCHC	33.1		g/dl	31.5-35.5
Red Cell Distribution Width (RDW)	14.2	H	%	11.6-14
Neutrophils	67		%	55-75
Lymphocytes	28		%	15-30
Eosinophils	02		%	1-6
Monocytes	03		%	2-10
Basophils	00		%	0-1
RBC Count	5.29		million/mm <sup>3</sup>	4.5-5.5
Mean Corpuscular Volume (MCV)	87.1		fL	83-101
Platelet Count	1.56		lakhs/cumm	1.5-4.5

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Test Name	Result	Flag	Unit	Reference Range
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## Immunology and Serology

### THYROID PROFILE, TOTAL, SERUM

Method: ECLIA

Machine Name: Vitros ECI

T3, Total	1.28		ng/ml	0.8-2.0
T4, Total	10.7		µg/dL	5.10-14.10
TSH (Ultrasensitive)	4.47	H	mIU/mL	0.27-4.2

### Interpretation:

1. 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 influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

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**असर्फी हॉस्पिटल**  
सबके लिए स्वास्थ्य

# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishnupur Polytechnic, Dhanbad 828 130  
Ph. No.: 7808368888,9297862282,9234681514



Name : MR. RANJIT KUMAR  
Age / Sex : 38 Yrs / Male  
Doctor :  
Reg. No. : MAR23-44295  
Pat. Type : Mediwheel



Collection Time : 25-03-2023 12:16 pm  
Receiving Time : 25-03-2023 12:20 pm  
Reporting Time : 27-03-2023 10:56 am  
Publish Time : 27-03-2023 11:43 am

Test Name	Result	Flag	Unit	Reference Range
<b>Routine Urine Examination; Urine</b>				
<i>Method : Microscopic</i>				
Appearance	CLEAR	.		
Colour	STRAW	.		
Volume	30		ml.	
Protiens	NIL	.		
Glucose	NIL	.		
PH	6.5	.		
Specific Gravity	1.005	.		
Bilirubin	NEGATIVE	.		
Ketone Bodies	XX	.		
Bile Salts	XX	.		
Bile Pigments	XX	.		
Nitrite	NEGATIVE	.		
Pus Cells	1-2		/hpf.	
Epithelial Cells	1-2		/hpf.	
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	
Crystals	NOT SEEN		/hpf.	
others	NOT SEEN	.		

\*This Document is not valid for Medico-Legal purposes.

DR N N SINGH  
(PATHOLOGIST)

**Condition of Laboratory Testing & Reporting**

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**24 HOUR EMERGENCY**

**"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"**


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Test Name	Result	Flag	Unit	Reference Range
<b>Protein:Creatinine Ratio; Urine</b>				
Method : Immunoturbidimetry, Spectrophotometry				
Protein	10.6		mg/L	
Creatinine	50.0		mg/dl	
PCR	0.21		mg/g	0-0.5

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Test Name	Result	Flag	Unit	Reference Range
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## Microbiology

### Culture & Sensitivity (Urine)

Method: vitek 2 compact

Machine Name: vitek 2 compact


Organism Isolated  
NO GROWTH OF ANY ORGANISM

### Note:

In view of developing antibiotics resistance in india. It is advisalbe to use anitbiotics belonging to Group B & C only if the patient is resistant to antibiotics.

\* Insturment used Bact/Alert 3D 60 & vitek 2 compact.

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Collection Time: 25-03-2023 12:16 pm  
Receiving Time : 25-03-2023 12:20 pm  
Reporting Time: 26-03-2023 4:55 pm  
Publish Time : 26-03-2023 4:58 pm

Test Name	Result	Flag	Unit	Reference Range
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Interpretation:

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION |  
| MEASUREMENT | OF HBA1C RESULTS |

.....	.....
Hemoglobin variants,elevated fetal	Any condition that shortens erythrocyte
hemoglobin (HbF) and chemically	survival or decreases mean erythrocyte
modified derivatives of hemoglobin	age (e.g.,recovery from acute blood loss,
(c.g. carbamylated Hb in patients	hemolytic anemia, HbSS, HbCC, and HbSC)
with renal failure) can affect the	will falsely lower HbA1c test results
accuracy of HbA1c measurements	regardless of the assay method used.Iron
deficiency anemia is associated with	
	higher HbA1c

Glucose, PP

Method : GOD-POD

Glucose, PP	109.3	mg/dl	70-140
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Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine

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