

LETTER OF APPROVAL / RECOMMENDATION

To,

Mannu1042@gmail.com

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 MANOJ
EC NO.	106754
DESIGNATION	BRANCH HEAD
PLACE OF WORK	NEW DELHI, KALKAJI
BIRTHDATE	27-02-1987
PROPOSED DATE OF HEALTH CHECKUP	23-09-2022
BOOKING REFERENCE NO.	22S106754100026432E

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 **22-09-2022** 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))

PP
Tmt
3

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

NAME : MANOJ KUMAR

AGE/SEX : 35 Y/M

DATE : 23.09.2022

Height	Weight	BMI	BP
169 cm	84 kg	29.4	135/89 mmHg
HABITS	SMOKING : NO ALCOHOL : NO DRUGS : NO		

Family History:

- Asthma : No
- Diabetes : FATHER HAS DIABETES SINCE 10 YRS
- TB : No
- THYROID : No
- Heart Disease : No
- BP : FATHER HAS BP SINCE 10 YRS
- Cancer : No

Personal History:

- TB : No
- Heart Disease : No
- Acquired deformity : No
- Operated for : Nil
- Psychosomatic history : No
- Diabetes : No
- THYROID : No
- BP : No

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT EYE	LT EYE	RT EYE	LT EYE		
	6/6	6/8	N-6	N-6	NORMAL	NO


DR. CHARU KOHLI
 CONSULTANT MBBS
 DMC-8388

Signature of Medical Examiner: _____

Transport Department Government of Delhi
Licence to Drive Vehicles Throughout India

Licence No. : DL-0620110102521 (P) D
Name : MANOJ KUMAR
S/W/D : SH LEKH RAJ
DOB : 27/02/1987 BG : U




Address :
13 NANGLI RAJA PUR SARAI KALE
KHAN, DELHI 110013

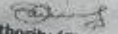


Authorisation to Drive
M,CYL
LHV-NT

Date of Issue
15/07/2011
15/07/2011


(Holder's Signature)

Issue Date : 23/01/2013
Validity : 14/07/2031
Inv Carr No : NA


Issuing Authority (CZ)


DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388



Cheli

DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388

Name: MANOJ

Date: September 23, 2022

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is raised. Partially obliterated intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation.

RK: 10.34 x 4.55 cm.

LK: 9.63 x 5.49 cm.

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.

Prostate is normal in size, echopattern is homogenous .

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Grade I fatty liver, otherwise sonological study is within normal limits

Chh.

Dr Charu Kohli
MBBS DMRD
DMC8388

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
C-234, DEFENCE COLONY, NEW DELHI-110024

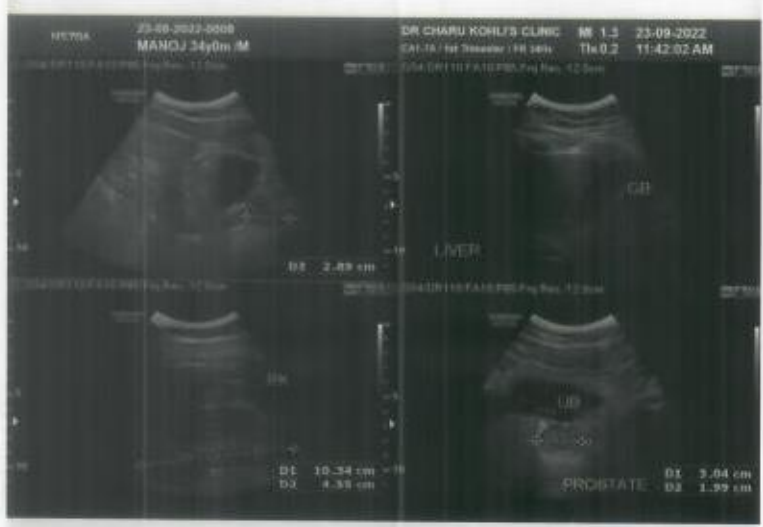
IMPORTANT: Owing to technical limitations .in case of any error in the study .the Doctor cannot be held responsible for claim of damages of any nature,and this report is not valid for any Medicolegal aspect.

Every modern technology has its own limitations , in case of discrepancy/difference in opinion advised- repeat scan/ second opinion

At Your Home: Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG

Occupational Health Services ■ Diagnostic & Preventive Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks
Test marked with * are not in NABL Scope. / Tests marked with # are performed at outsourced laboratory.

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



DR. CHARU KOHLI'S CLINIC

C-234, DEFENCE COLONY, NEW DELHI 24

Mr. MANOJ
Age : 34M
Ref. by :

COMMENTS : Normal ECG

ID : 2056
HWT : /
Recorded : 23-9-2022 13:03
Medication1 :
Medication2 :
Medication3 :

BPM : 91
BP :
P Axis : 61 deg
QRS Axis : 60 deg
T Axis : 29 deg

P duration : 90 msec
PR duration : 130 msec
QRS duration : 110 msec
QT interval : 293 msec
QTc interval : 347 msec

Raw E.C.G

Unconfirmed Report Reviewed By:

Cardiologist

Dr. Charu Kohli
MBBS, MD
DIPLOMA IN ELECTROCARDIOLOGY

9/1/22
- 10/1/22



Filtered

25mm/sec 10mm/mV

Cardicom, INDIA

11/1/22

DR. CHARU KOHLI'S CLINIC

C-234, DEFENCE COLONY, NEW DELHI 24

Mr. MANOJ
 Age/Sex : 34/M
 Recorded : 23-9-2022 13:05
 Ref. by :
 Indication :

ID : 587
 H/Wt : /

TREADMILL TEST SUMMARY REPORT

Protocol : BRUCE
 History :
 Medication :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	ST LEVEL V2 (mm)	V6	METS
SUPINE	0:05	0:05			97	130/80	126	3.1	1.4	
HYPERVENT					93	130/80	120	3.0	1.4	
VALSALVA					92	130/80	119	3.0	1.4	
STANDING					101	130/80	131	3.0	1.2	
STAGE 1	2:59	2:59	2.70	10.00	142	130/80	145	3.4	1.4	4.80
STAGE 2	5:59	2:59	4.00	12.00	125	140/80	175	1.6	1.4	7.30
STAGE 3	8:59	2:59	5.40	14.00	137	150/80	205	1.1	1.1	10.00
STAGE 4	10:29	1:29	6.70	16.00	125	160/80	200	0.2	0.7	11.99
PEAK EXERCISE	10:37	1:37			112	160/80	275	0.5	1.0	12.17
RECOVERY	2:59	2:59	0.00	0.00	108	143/80	154	0.4	0.6	
RECOVERY	5:59	5:59	0.00	0.00	98	137/80	134	1.0	0.9	

RESULTS
 Exercise Duration : 10:37 Minutes
 Max Heart Rate : 172 bpm
 Max Blood Pressure : 160/80 mmHg
 Max Work Load : 12.17 METS
 Reason of Termination :

← Negative for RMI

CARDIOLOGIST

[Handwritten signature]

M.H.



RAW E.C.G.

RATE 97 BPM
B.P. 130/80 mmHg

RECORDED : 23-9-2022 13:05

AGE/SEX : 34/M

I.D. : 587

MR. MANOJ

DR. CHARU KOHLI'S CLINIC

SUPINE
PRETEST

ST @ 10mm/mV
80ms Post

DR. CHARU KOHLI'S CLINIC

Mr. MANOJ
I.D. : 587

AGE/SEX : 34/M

RECORDED : 23-9-2022 13:05

RATE : 93 BPM

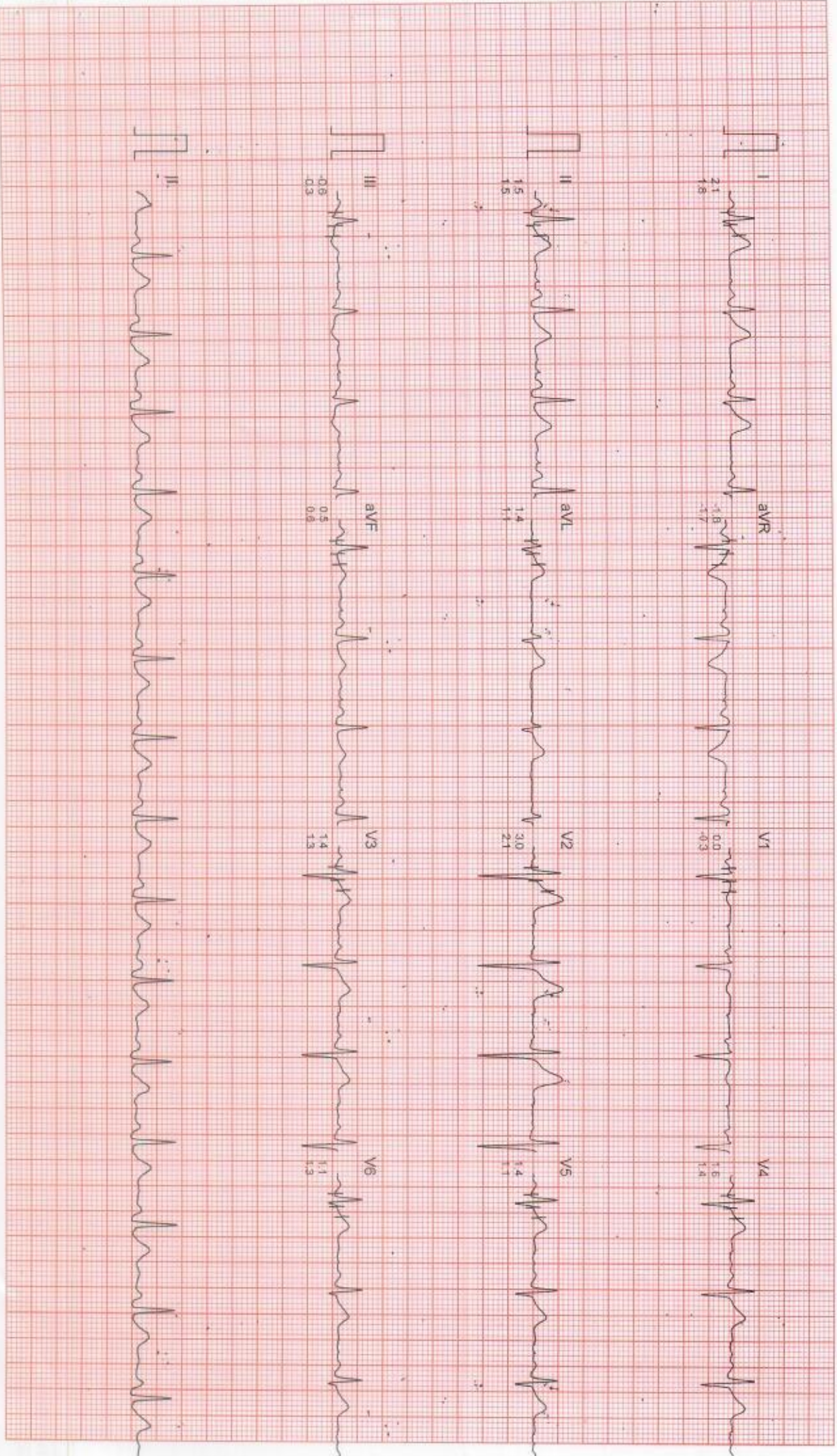
B.P. : 130/80 mmHg

HYPERVENTILATION
PRETEST

STAGE TIME : 0:05

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740,TeleFax:091-731-2431214

DR. CHARU KOHLI'S CLINIC

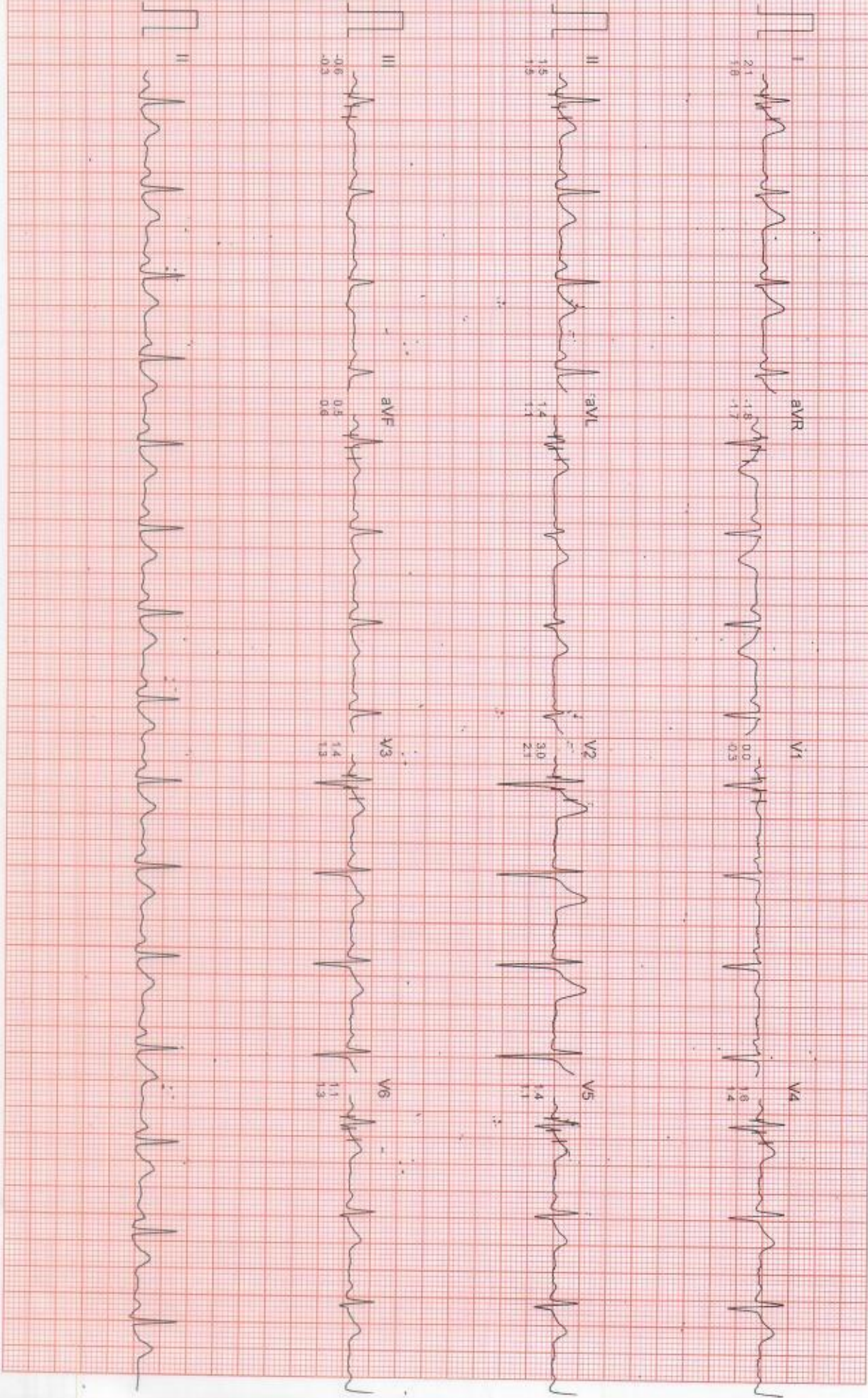
VALSALVA
PRETEST

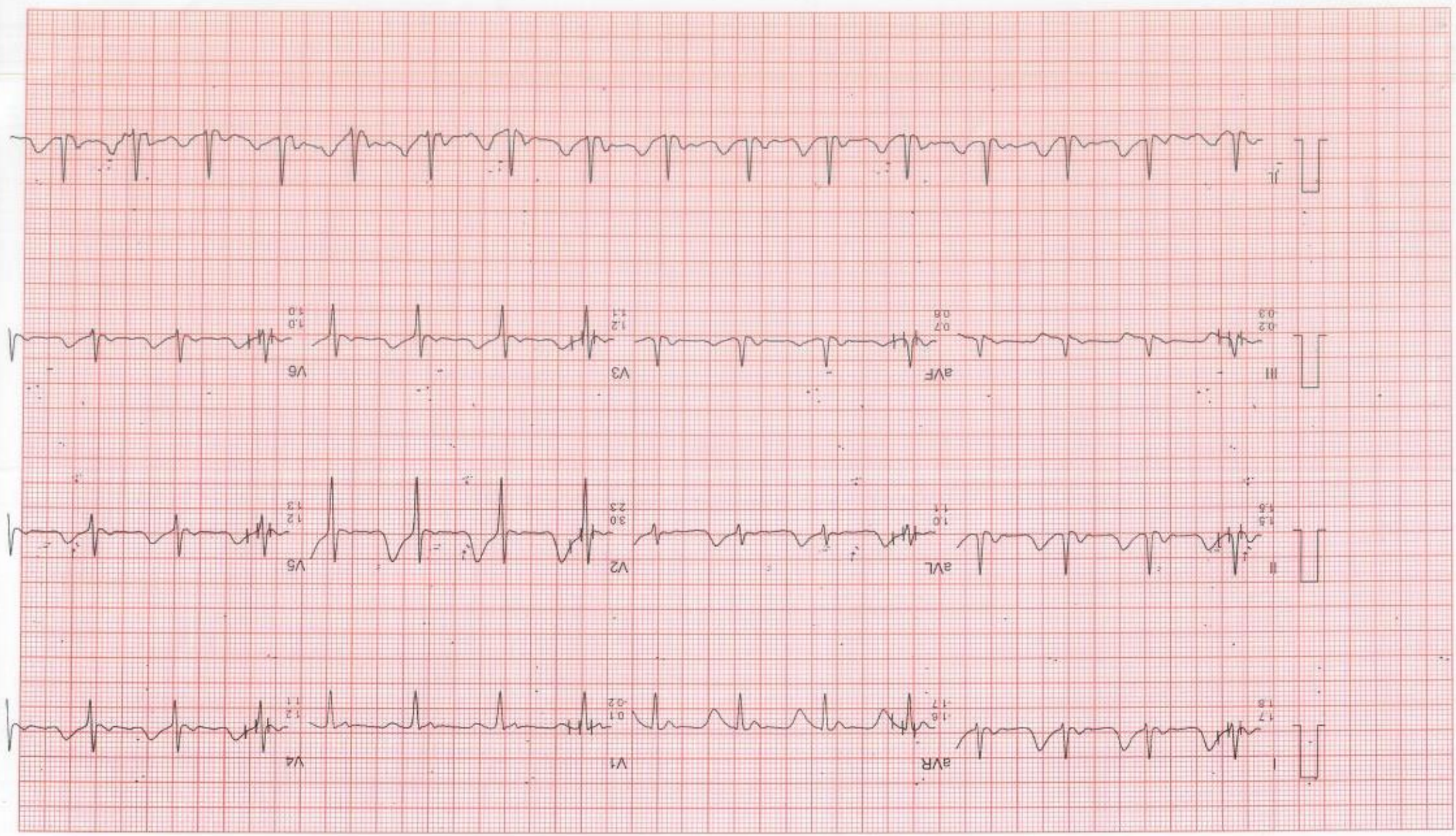
ST @ 10mm/mV
80ms PostJ

MR. MANOJ
ID : 587
AGE/SEX : 34/M
RECORDED : 23-9-2022 13:05

RATE : 92 BPM
B.P. : 130/80 mmHg

LINKED MEDIUM





Mr. MANOJ

I.D. : 587

AGE/SEX : 34/M

RECORDED : 23-9-2022 13:05

RATE : 101 BPM

B.P. : 130/80 mmHg

DR. CHARU KOHLI'S CLINIC

STANDING

PRETEST

ST @ 10mm/mV

80ms PostI

LINKED MEDIAN

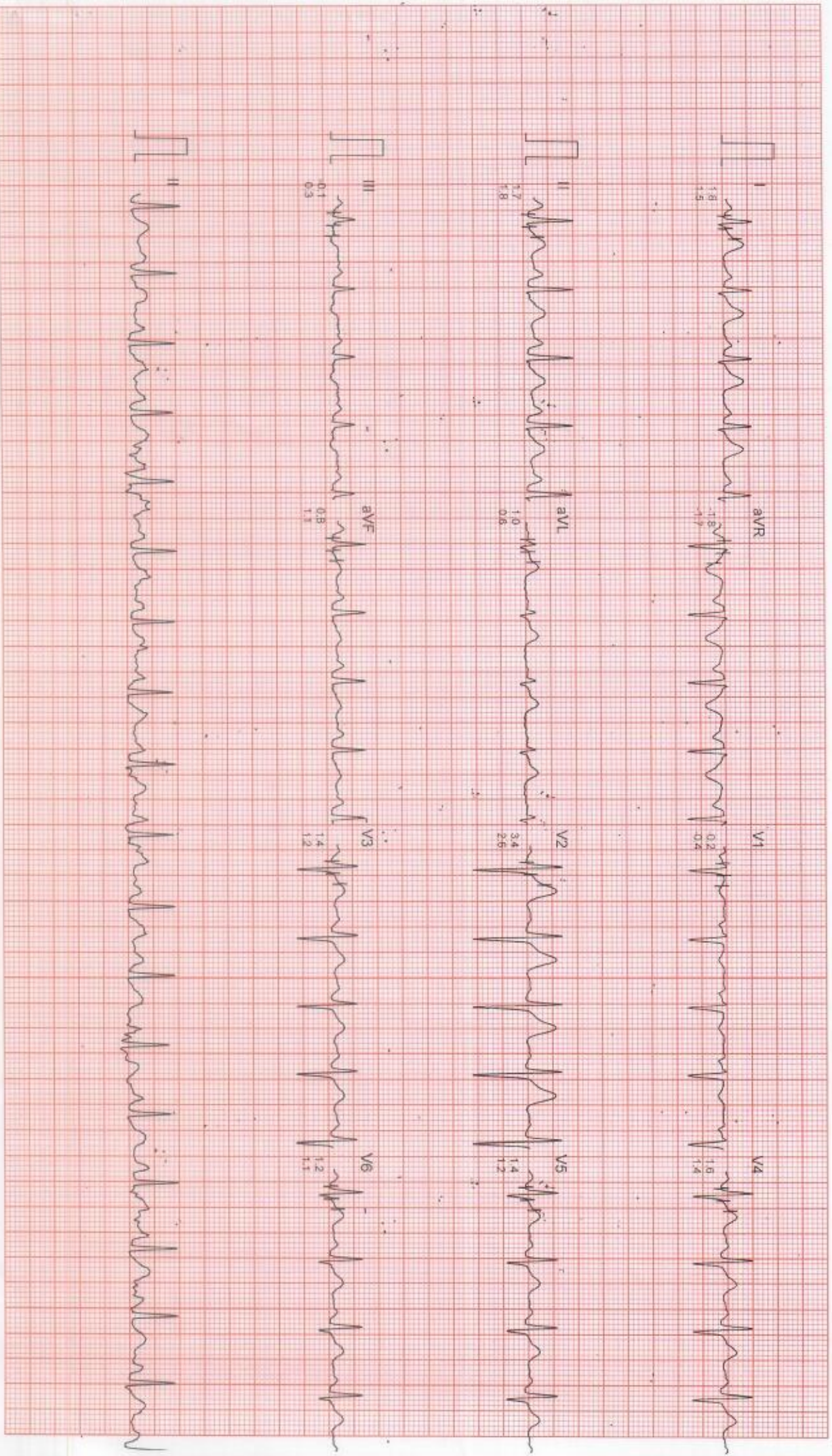
DR. CHARU KOHLI'S CLINIC

Mr. MANOJ
ID : 587
AGE/SEX : 34/M
RECORDED : 23-9-2022 13:05

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./hr
GRADE : 10.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, TeleFax: 091-731-2431214

DR. CHARU KOHLI'S CLINIC

Mr. MANOJ
I.D. : 587
AGE/SEX : 34/M
RECORDED : 23-9-2022 13:05

RATE : 125 BPM
B.P. : 140/80 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

LINKED MEDIAN



DR. CHARU KOHLI'S CLINIC

Mr MANOJ

I.D 587

AGE/SEX : 34/M

RECORDED : 23-9-2022 13:05

RATE : 137 BPM

B.P. : 150/80 mmHg

BRUCE

EXERCISE 3

PHASE TIME : 8:59

STAGE TIME : 2:59

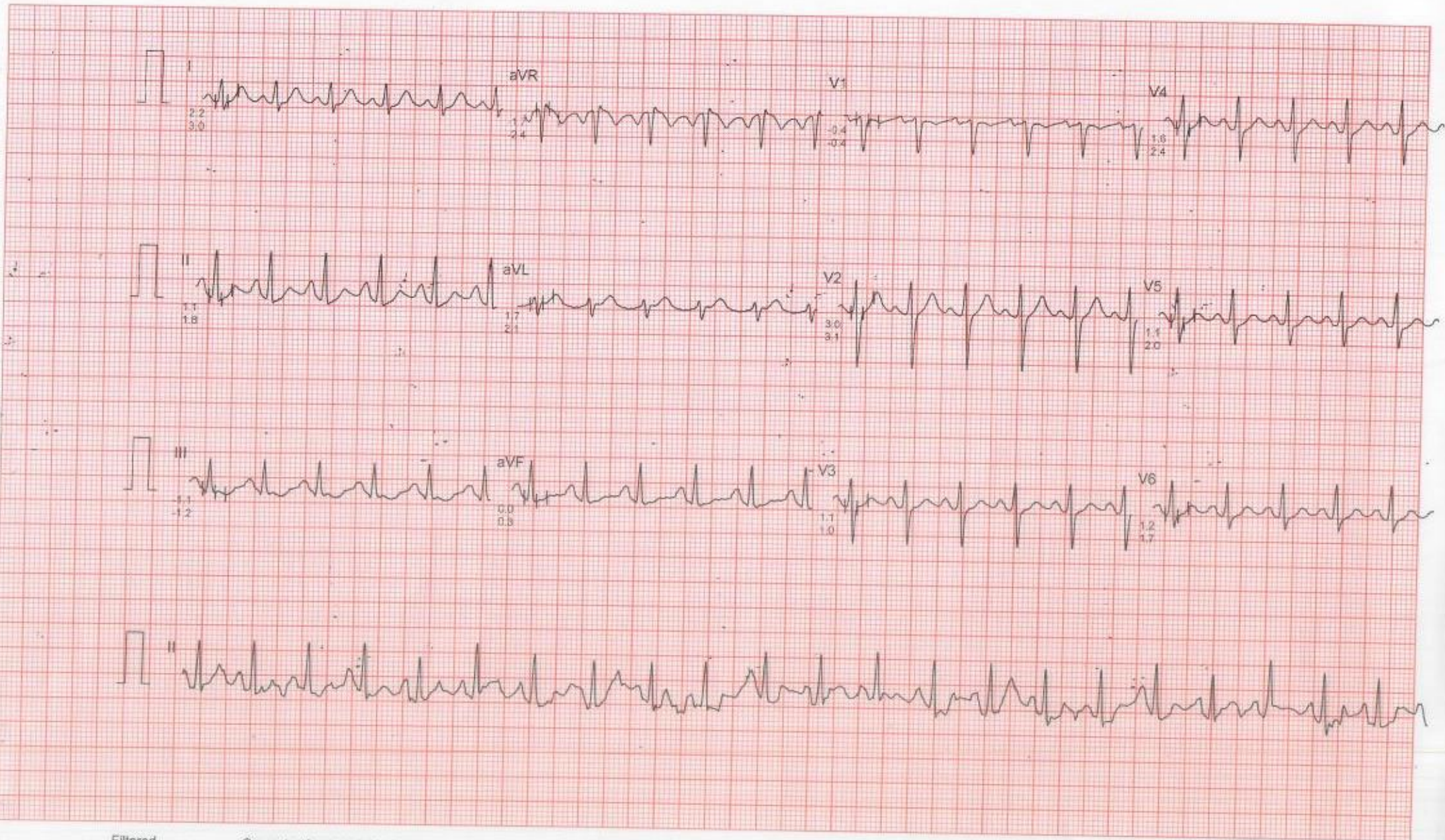
ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km./Hr

GRADE : 14.0 %

LINKED MEDIAN



DR. CHARU KOHLI'S CLINIC

Mr. MANOJ

I.D. : 587

AGE/SEX : 34/M

RECORDED : 23- 9-2022 13:05

RATE : 172 BPM

B.P. : 160/80 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 10:37

STAGE TIME : 1:37

ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km./Hr.

GRADE : 16.0 %

LINKED MEDIAN



MR. MANOJ

ID : 587

AGE/SEX : 34/M

RECORDED : 23-9-2022 13:05

RATE : 129 BPM

B.P. : 143/80 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 0.59

ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

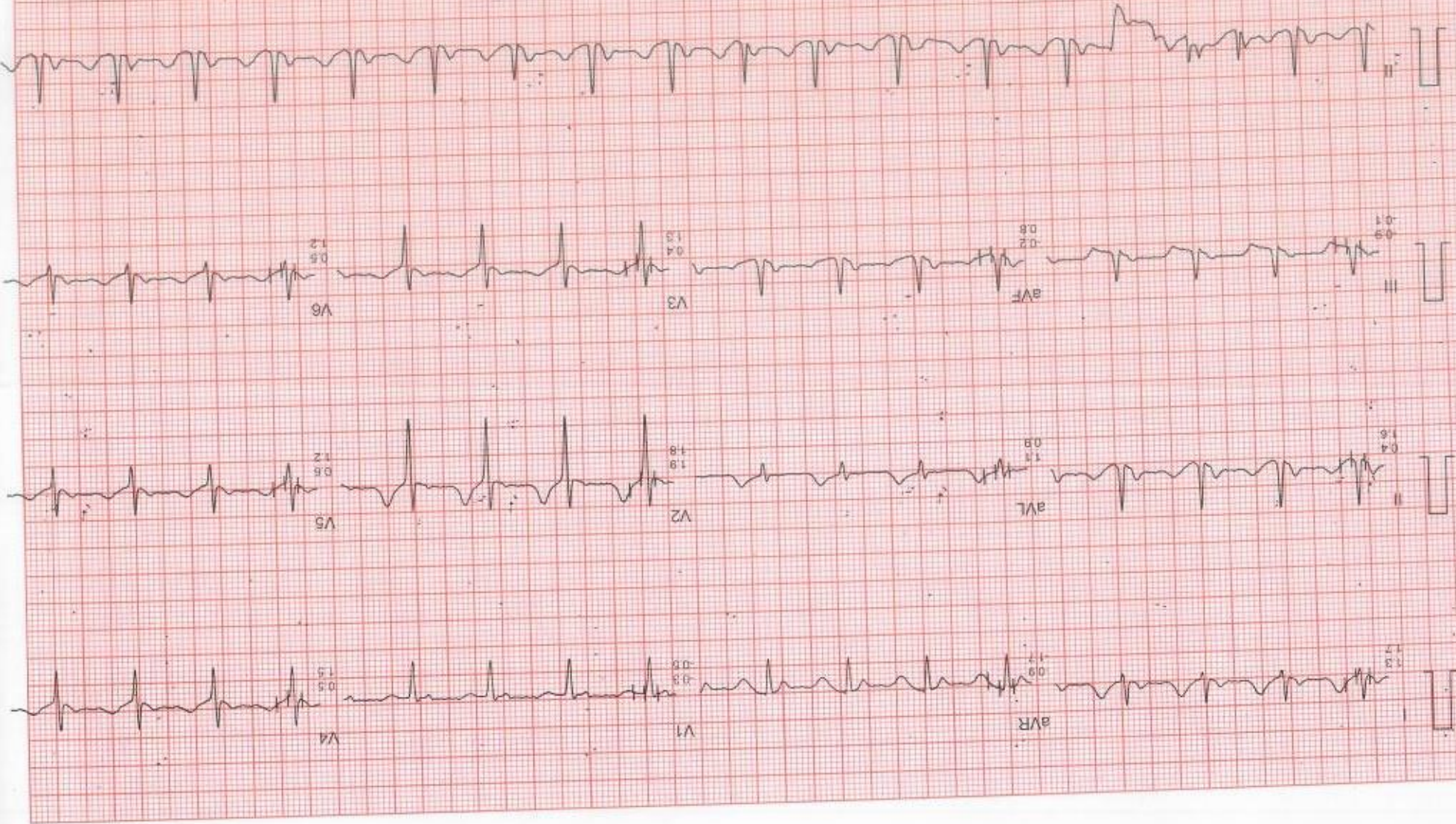
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV



MT. MANOJ

I.D. : 587

AGE/SEX : 34/M

RECORDED : 23-9-2022 13:05

RATE : 108 BPM
B.P. : 143/80 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

RECOVERY

PHASE TIME : 2:59

ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km/Hr

GRADE : 0.0 %

LINKED MEDIAN

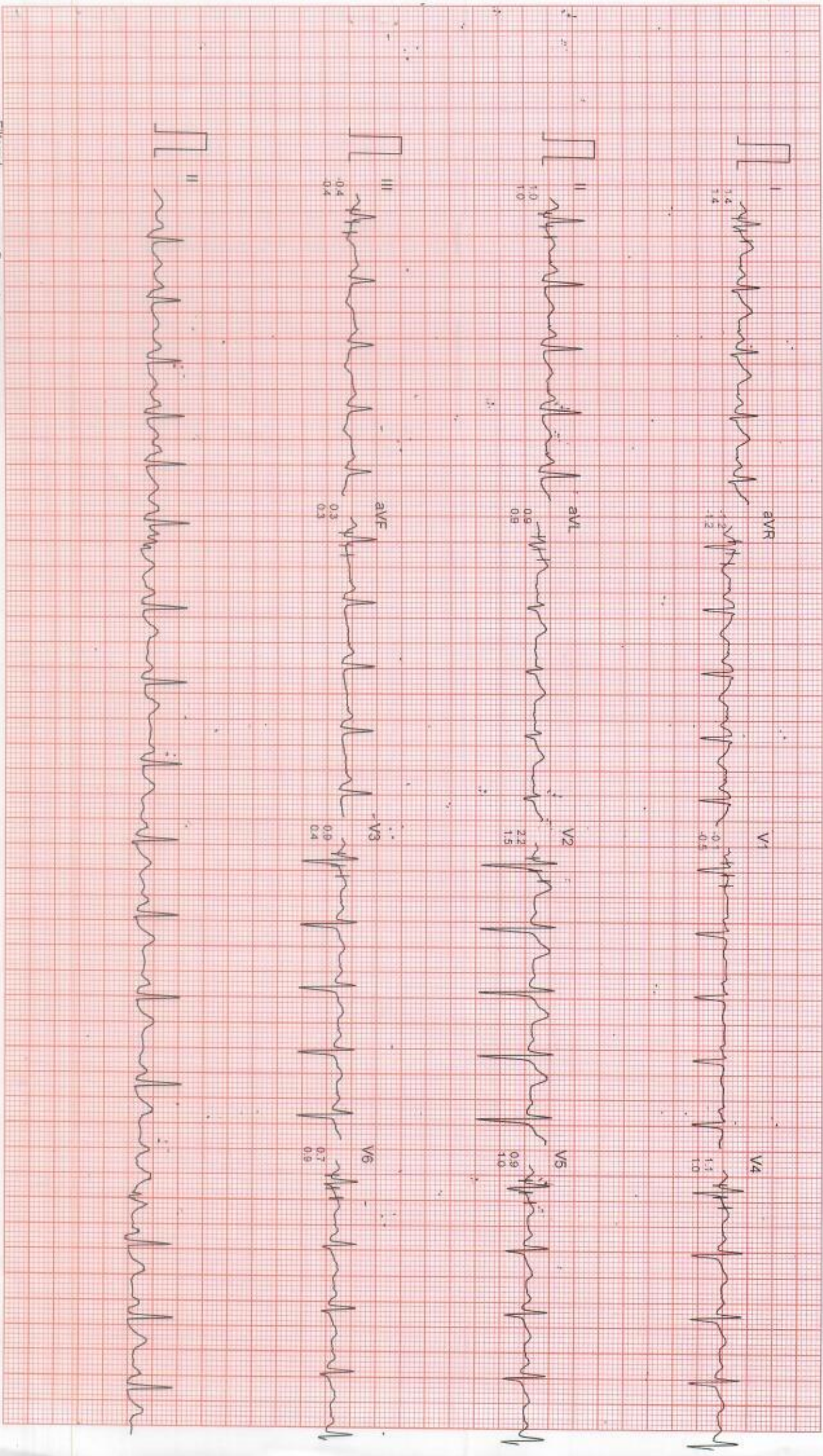
DR. CHARU KOHLI'S CLINIC

Mr. MANOJ
I.D. 587
AGE/SEX 34/M
RECORDED : 23-9-2022 13:05

BRUCE
RECOVERY
PHASE TIME : 5.59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %
LINKED MEDIAN

RATE : 98 BPM
B.P. : 137/80 mmHg



Filtered

Computer Corrected Baseline

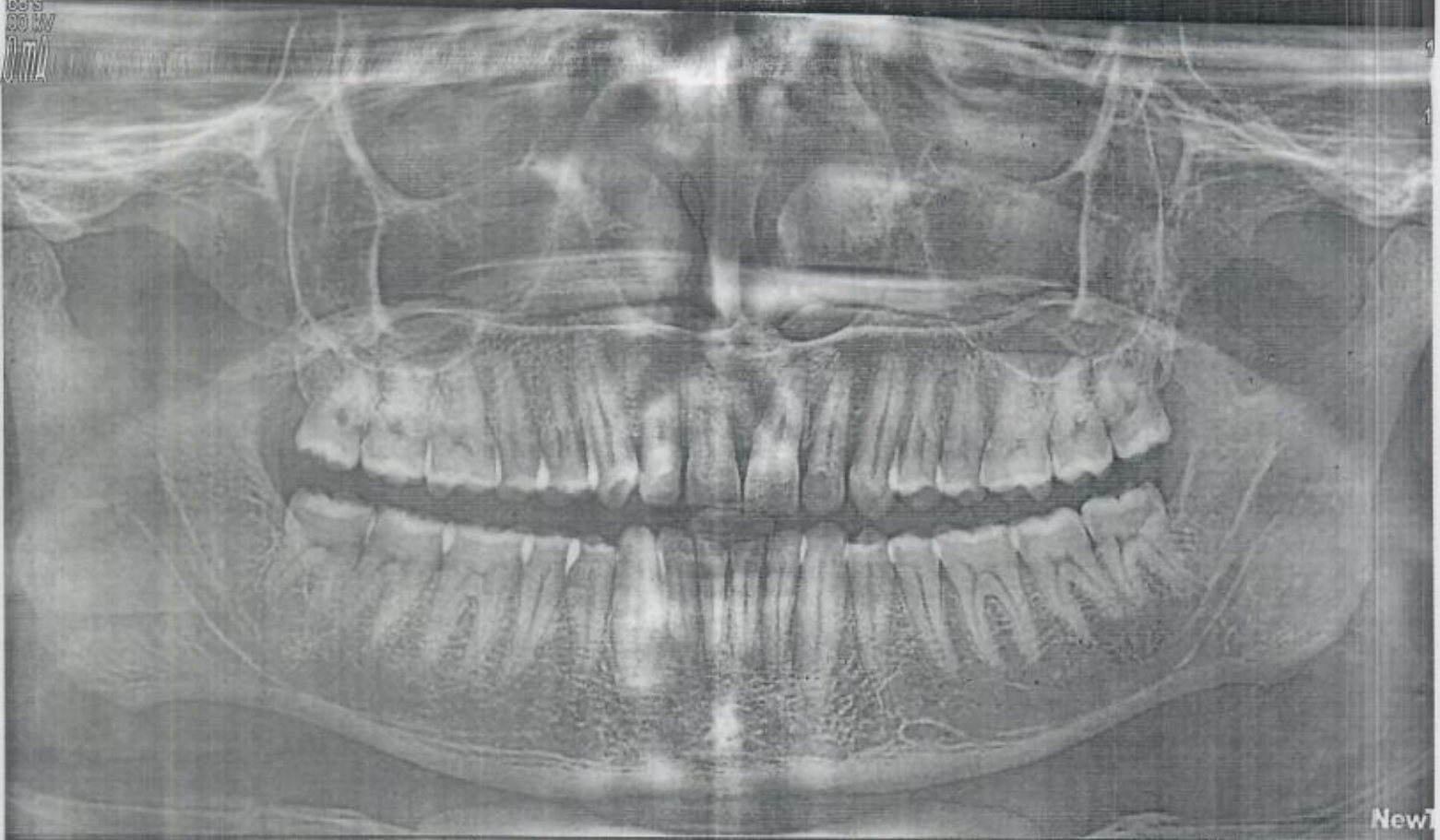
25mm/sec 10mm/mV

CardiCorr, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

09-2022 11:55:52

68 s
80 kV

0mA

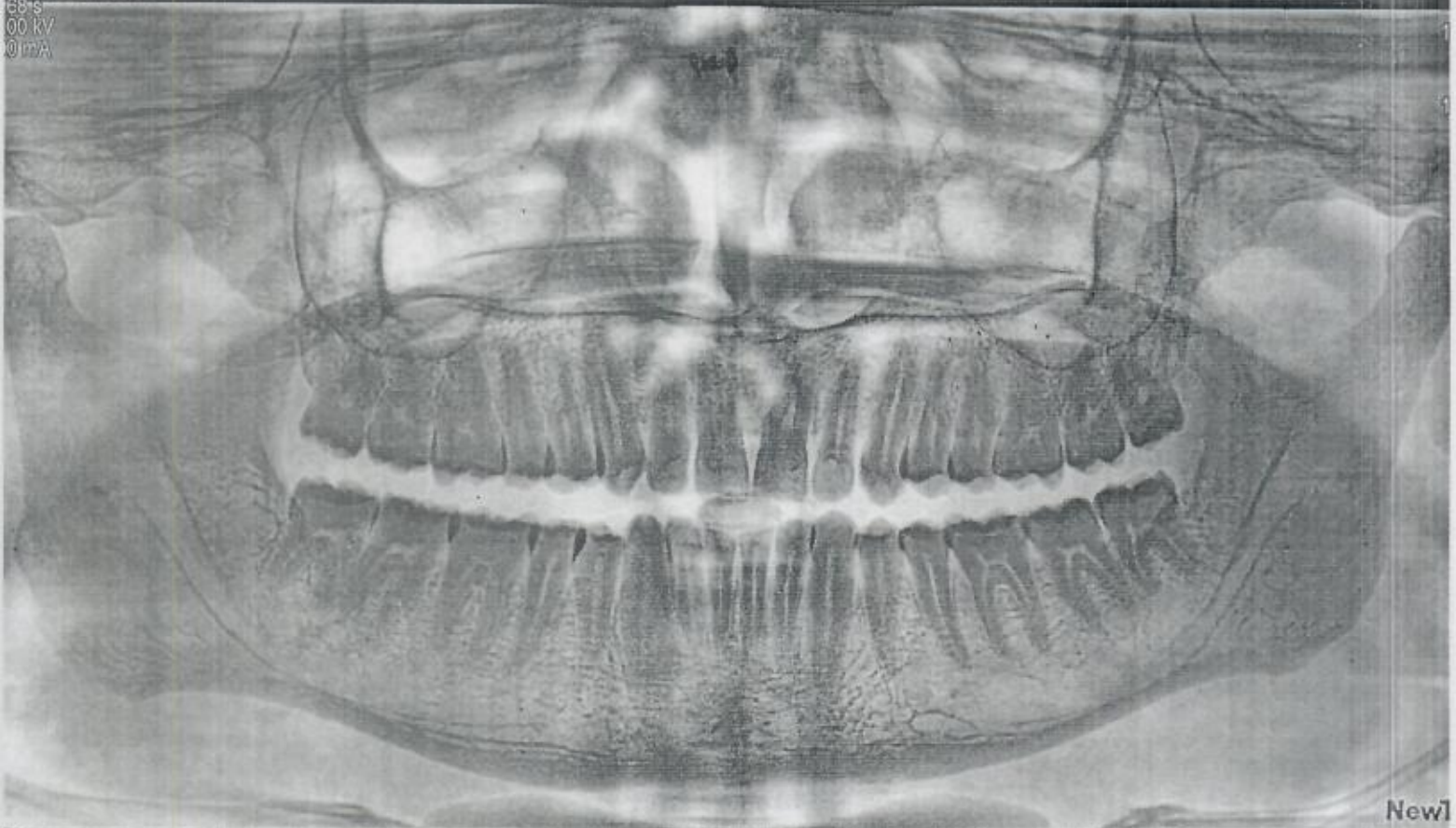


NewT

09-2022 11:55:52

68 s
80 kV

0mA



NewT

NAME : MANOJ KUMAR

AGE/SEX : 35Y/M

DATE : 23.09.2022

X - RAY CHEST PA VIEW :

Cardiac shadow is normal.
Aorta is normal.
Bilateral lung fields are clear.
Both costophrenic angles are clear.
Bilateral domes of diaphragm are normal.
No bony injury noted.

IMPRESSION: Normal chest skiagram.

LC

DR. CHARU KOHLI
MBBS, DMRD
Consultant Radiologist

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
C-234 DEFENCE COLONY, NEW DELHI-110024



IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



Registration No.	102212429	Mobile No.	9990234326
Patient Name	Mr. MANOJ KUMAR	Registration Date/Time	23/09/2022 09:55:35
Age / Sex	34 Yrs Male	Sample Collected Date/Time	23/09/2022 12:54:50
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 17:55:50
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	14.4	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	06.0	10 ⁹ /L	04.0 - 10.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	58.0	%	40.0 - 75.0
Lymphocyte ,EDTA	33.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	6.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 1.0
ESR ,EDTA <i>Method : Westergren</i>	10	mm/1st hr.	00 - 15
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.97	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	43.1	%	41.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	86.6	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	28.9	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	33.4	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	155.00	10 ³ /uL	150.00 - 450.00

Page No: 1 of 10.

Checked By :- Dr.PiyaliDhar



Dr.Piyali Dhar
 MBBS, DCP Pathologist

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service • Diagnostic & Preventive • Health Assessment • Periodic Preventive Health Camps • Corporate Health Checks
Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



Registration No.	102212429	Mobile No.	9990234326
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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 17:55:50
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34

Test Name	Value	Unit	Biological Ref Interval
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"Platlet let count after review the slide."

RDW- CV% .EDTA	13.3	%	10.0 - 14.5
Blood Group ABO .EDTA Method: Forward Grouping	"B"		
Rh Typing .EDTA Method: Forward Grouping	POSITIVE		
HbA1c .EDTA Method: Photometric method	5.5	%	

INTERPRETATIONS:-

NORMAL RANGE 4.00 - 5.60 %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20 -	6.80	%
Fair Diabetic Control	6.80 -	7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

Page No: 2 of 10

Checked By :- Dr.PiyaliDhar



At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service • Diagnostic & Preventive • Health Assessment • Periodic Preventive Health Camps • Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



Registration No.	102212429	Mobile No.	9990234326
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Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	540	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method: CHOD-POD</i>	187	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method: GOD-POD</i>	166	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain <i>Method: Direct Method</i>	45.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol ,Serum Plain <i>Method: Calculated</i>	109.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method: Calculated</i>	33.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method: Calculated</i>	4.16		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method: Calculated</i>	2.42		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable: Less than 200 mg/dl

Borderline High Risk: 200 to 239 mg/dl

High Risk: 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients: Less than 200 mg/dl

HDL-C: High HDL has generally been found to be protective, decreasing the risk of coronary artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic abnormalities in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides: Female 40 - 140
Male 60 - 165

Adult levels:

Optimal <100 mg/dL
Near Optimal/above optimal 100 - 129 mg/dL
Borderline high 130 - 159 mg/dL
High 160 - 189 mg/dL

Page No: 3 of 10

Checked By :- Dr.PiyaliDhar



Dr.Piyali Dhar
MBBS, DCP Pathologist

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service • Diagnostic & Preventive • Health Assessment • Periodic Preventive Health Camps • Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Test Name	Value	Unit	Biological Ref Interval
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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.66	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.23	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.43	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	75.3	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	140.2	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	170.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	8.81	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.48	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	4.30	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.04		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transiferase</i>	56.0	U/L	0.0 - 50.0

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MBBS, DCP Pathologist

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Registration No.	102212429	Mobile No.	9990234326
Patient Name	Mr. MANOJ KUMAR	Registration Date/Time	23/09/2022 09:55:35
Age / Sex	34 Yrs Male	Sample Collected Date/Time	23/09/2022 12:54:50
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 17:53:34
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34

Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) <small>.Plasma F Method: GOD-POD</small>	93.6	mg/dl	70.0 - 110.0
Blood Sugar (PP) <small>.Plasma PP Method: GOD-POD</small>	123.1	mg/dl	70.0 - 140.0
Serum Creatinine <small>.Serum Plain Method: Modified Jaffe's</small>	0.97	mg/dl	0.40 - 1.50
Serum Uric Acid <small>.Serum Plain Method: Uricase-POD</small>	6.67	mg/dl	3.40 - 7.00
Blood Urea Nitrogen <small>.Serum Plain Method: Calculated</small>	10.98	mg/dl	0.00 - 20.00

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Patient Name	Mr. MANOJ KUMAR	Registration Date/Time	23/09/2022 09:55:35
Age / Sex	34 Yrs Male	Sample Collected Date/Time	23/09/2022 12:54:50
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 18:43:09
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34
Test Name	Value	Unit	Biological Ref Interval

IMMUNOASSAY

TOTAL THYROID PROFILE .Serum Plain

Triiodothyronine (T3)	1.53	ng/ml	0.50 - 2.00
Thyroxin (T4)	9.00	ug/dl	4.40 - 11.60
Thyroid Stimulating Hormone (TSH)	3.98	uIU/mL	0.39 - 6.16

Comments :

The levels of thyroid hormone (T3&T4) are low in case of primary secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also. Increased levels are found in grave-s disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary

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Patient Name	Mr. MANOJ KUMAR	Registration Date/Time	23/09/2022 09:55:35
Age / Sex	34 Yrs Male	Sample Collected Date/Time	23/09/2022 12:54:50
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 18:43:09
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34

Test Name	Value	Unit	Biological Ref Interval
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PSA (Prostate Specific Antigen [Total])	0.45	Normal : 0.0-4.0 Borderline : 4.0-10.0 ng/ml
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INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/ml, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
>=	26.8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with clinical findings and results of other investigations

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Age / Sex	34 Yrs Male	Sample Collected Date/Time	23/09/2022 12:54:50
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 14:09:44
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34
Test Name	Value	Unit	Biological Ref Interval

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	15 mL	
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.0	5.0 - 8.0
Specific Gravity ,URINE	1.020	1.001 - 1.035
Protein (Strip Method) ,URINE	Nil	Not-Detected
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 2
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 2
RBC's ,URINE	NIL /HPF	0 - 2
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 17:56:56
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34
Test Name	Value	Unit	Biological Ref Interval

STOOL ANALYSIS

STOOL MICROSCOPIC EXAMINATION

OTHERS .STOOL

SNR

Nil





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Age / Sex	34 Yrs Male	Sample Collected Date/Time	23/09/2022 12:54:50
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/09/2022 17:56:56
Collected At	DCKC	Printed Date/Time	23/09/2022 18:43:34
Test Name		Value	Unit
			Biological Ref Interval

URINE SPOT SUGAR (FASTING) .URINE	Nil	Nil
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*** End of Report ***

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