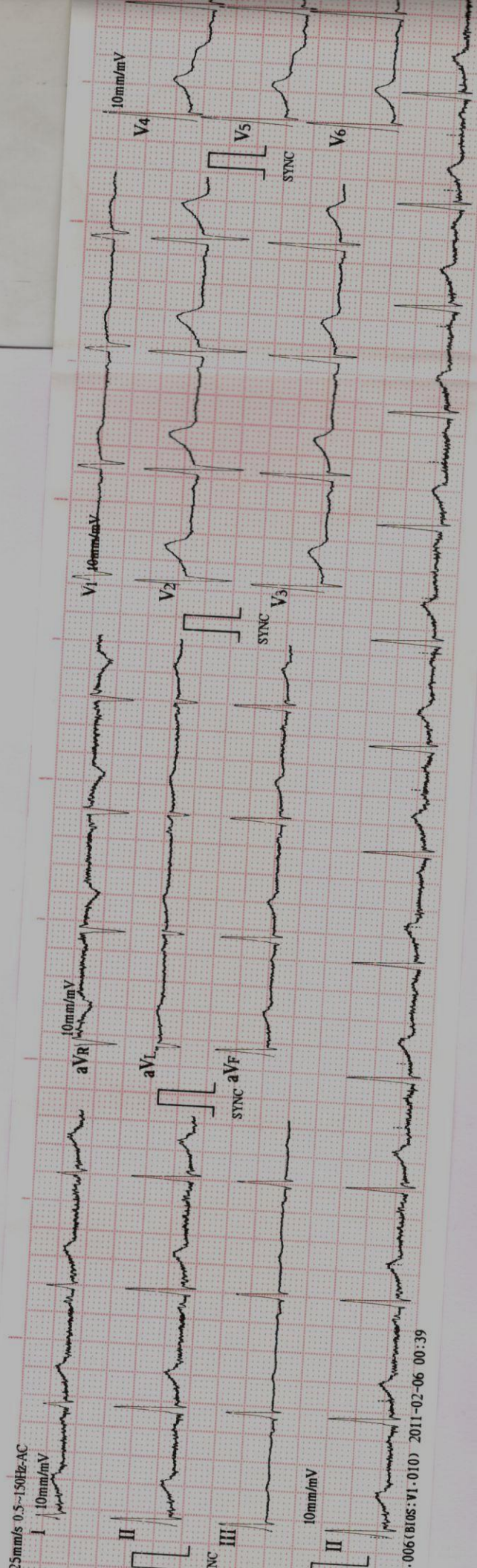


B. Mahesh





**Dept. of Pathology**  
(For Report Purpose Only)



PRN : 108063  
 Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
 Age/Sex : 35Yr(s)/Male  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2339  
 Req.No : 2339  
 Collection Date & Time : 28/05/2022 09:56 AM  
 Reporting Date & Time : 28/05/2022 01:00 PM  
 Print Date & Time : 28/05/2022 01:10 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 ML  
 COLOUR : PALE YELLOW  
 APPEARANCE : SLIGHTLY HAZY  
 REACTION : ACIDIC  
 SPECIFIC GRAVITY : 1.020

CHEMICAL EXAMINATION

PROTEIN : ABSENT  
 SUGAR : ABSENT  
 KETONES : ABSENT  
 BILE SALTS : ABSENT  
 BILE PIGMENTS : ABSENT  
 UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 0-1 /hpf  
 RBC CELLS : ABSENT / hpf  
 EPITHELIAL CELLS : 0-1 /hpf  
 CASTS : ABSENT /hpf  
 CRYSTALS : ABSENT  
 OTHER FINDINGS : ABSENT  
 BACTERIA : ABSENT

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- SANGEETA MANGAL

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 108063  
 Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
 Age/Sex : 35Yr(s)/Male  
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### ENDOCRINOLOGY

#### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.16	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 7.63	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 4.22	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroxine (T4) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- SANGEETA MANGAL

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist

For Free Home Collection Call : 9545200011



**Dept. of Pathology**  
(For Report Purpose Only)



**PRN** : 108063  
**Patient Name** : Mr. MHASADE BHASKAR SHIVAJI  
**Age/Sex** : 35Yr(s)/Male  
**Company Name** : BANK OF BARODA  
**Referred By** : Dr.HOSPITAL PATIENT

**Lab No** : 2339  
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**BIOCHEMISTRY**

**LFT ( Liver function Test )**

BILIRUBIN TOTAL (serum)	: 0.4	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 27	IU/L	5 - 40
S.G.P.T (serum)	: 38	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 67	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.5	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 1.80	GM/DL	1.8 - 3.6
A/G RATIO	: 2.50		1:2 - 2:1

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- SANGEETA MANGAL

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology  
(For Report Purpose Only)



PRN : 108063  
Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
Age/Sex : 35Yr(s)/Male  
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Print Date & Time : 28/05/2022 01:11 PM

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**BIOCHEMISTRY**

**HbA1C- GLYCOSYLATED -HB**

HbA1C : 6.24 %  
Normal Control : : 4.2 - 6.2  
Good Control : : 5.5 - 6.7  
Fair Control : : 6.8 - 7.6  
Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.  
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- SANGEETA MANGAL

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

For Free Home Collection Call : 9545200011



# Dept. of Pathology

(For Report Purpose Only)



PRN : 108063  
 Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
 Age/Sex : 35Yr(s)/Male  
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### HAEMATOLOGY

#### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.2	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 47.3	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.46	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 86.6	cu micron	76 - 96
M.C.H.	: 27.8	pg	27 - 32
M.C.H.C	: 32.1	picograms	32 - 36
RDW-CV	: 13.2	%	11 - 16
WBC TOTAL COUNT	: 4910	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 249000	cumm	150000 - 450000

#### WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 48	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 2356.80	µL	2000 - 7000
LYMPHOCYTES	: 43	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2111.30	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 196.40	µL	20 - 500
MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 245.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- SANGEETA MANGAL

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



**Dept. of Pathology**  
(For Report Purpose Only)



**PRN** : 108063  
**Patient Name** : Mr. MHASADE BHASKAR SHIVAJI  
**Age/Sex** : 35Yr(s)/Male  
**Company Name** : BANK OF BARODA  
**Referred By** : Dr.HOSPITAL PATIENT

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

\*\*\*END OF REPORT\*\*\*



*Sangeeta*  
**Technician**

**Report Type By :-** SANGEETA MANGAL

*Poonam Kadam*  
**Dr. POONAM KADAM**  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
**Pathologist**



# Dept. of Pathology

(For Report Purpose Only)



**PRN** : 108063 **Lab No** : 2339  
**Patient Name** : Mr. MHASADE BHASKAR SHIVAJI **Req.No** : 2339  
**Age/Sex** : 35Yr(s)/Male  
**Company Name** : BANK OF BARODA **Collection Date & Time** : 28/05/2022 09:56 AM  
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### HAEMATOLOGY

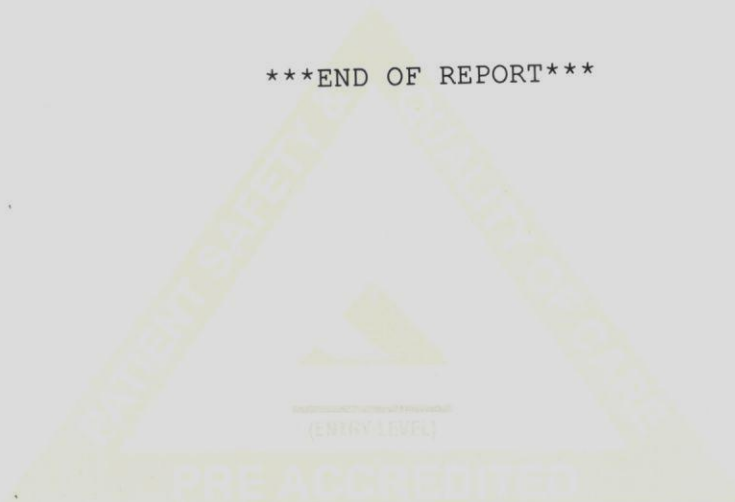
#### ESR

ESR MM ( AT The End of 1 Hr.) By : 04  
Westergren Method

mm/hr

Male : 0 - 15  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



*hmv*  
Technician

Report Type By :- SANGEETA MANGAL

*Poonam*  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

For Free Home Collection Call : 9545200011





**Dept. of Pathology**  
(For Report Purpose Only)



**PRN** : 108063  
**Patient Name** : Mr. MHASADE BHASKAR SHIVAJI  
**Age/Sex** : 35Yr(s)/Male  
**Company Name** : BANK OF BARODA  
**Referred By** : Dr.HOSPITAL PATIENT

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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**BIOCHEMISTRY**

**CALCIUM**

CALCIUM (serum)	: 9.01	MG/DL	8.4 - 10.4
-----------------	--------	-------	------------

\*\*\*END OF REPORT\*\*\*



*[Signature]*  
**Technician**

**Report Type By :-** SANGEETA MANGAL

*[Signature]*  
**Dr. POONAM KADAM**  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
**Pathologist**



# Dept. of Pathology

(For Report Purpose Only)



**PRN** : 108063 **Lab No** : 2339  
**Patient Name** : Mr. MHASADE BHASKAR SHIVAJI **Req.No** : 2339  
**Age/Sex** : 35Yr(s)/Male  
**Company Name** : BANK OF BARODA **Collection Date & Time** : 28/05/2022 09:56 AM  
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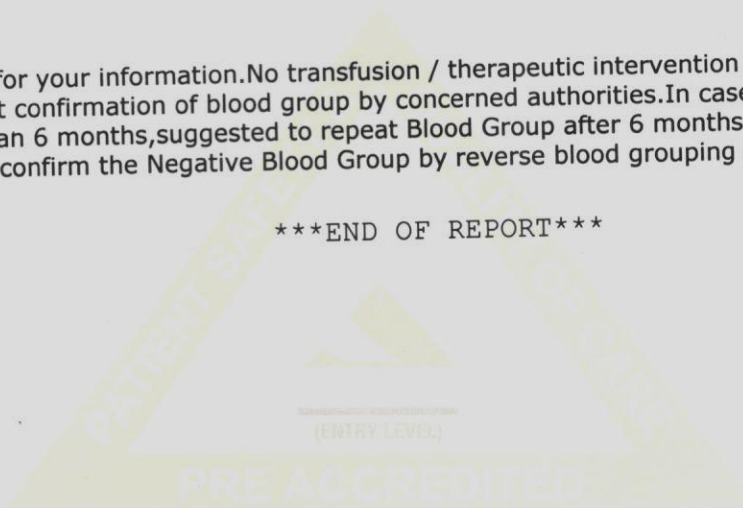
### HAEMATOLOGY

#### BLOOD GROUP

BLOOD GROUP : "O"  
 RH FACTOR : POSITIVE

**NOTE** : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

\*\*\*END OF REPORT\*\*\*



**Technician**

Report Type By :- SANGEETA MANGAL

**Dr. POONAM KADAM**  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
**Pathologist**



**Dept. of Pathology**  
(For Report Purpose Only)



PRN : 108063  
 Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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**BIOCHEMISTRY**

**BSL-F & PP**

Blood Sugar Level Fasting	: 96	MG/DL	60 - 110
Blood Sugar Level PP	: 107	MG/DL	70 - 140

\*\*\*END OF REPORT\*\*\*



*[Signature]*  
 Technician

Report Type By :- SANGEETA MANGAL

*[Signature]*  
 Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 108063  
 Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
 Age/Sex : 35Yr(s)/Male  
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Lab No : 2339  
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 Reporting Date & Time : 28/05/2022 01:00 PM  
 Print Date & Time : 28/05/2022 01:16 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 234	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 104	MG/DL	0 - 150
HDL (serum)	: 32	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 189	MG/DL	0 - 130
VLDL (serum)	: 20.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 7.31		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 5.91		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
 Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- GANESH JADHAV

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



**Dept. of Pathology**  
(For Report Purpose Only)



PRN : 108063  
Patient Name : Mr. MHASADE BHASKAR SHIVAJI  
Age/Sex : 35Yr(s)/Male

Lab No : 2339  
Req.No : 2339

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

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**BIOCHEMISTRY**

**RFT (RENAL FUNCTION TEST)**

**BIOCHEMICAL EXAMINATION**

UREA (serum)	: 24	MG/DL	0 - 45
UREA NITROGEN (serum)	: 11.21	MG/DL	7 - 21
CREATININE (serum)	: 0.8	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.1	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

**SERUM ELECTROLYTES**

SERUM SODIUM	: 142	mEq/L	136 - 149
SERUM POTASSIUM	: 4.0	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 105	mEq/L	98 - 107

\*\*\*END OF REPORT\*\*\*

*[Signature]*  
Technician

Report Type By :- GANESH JADHAV

*[Signature]*  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

For Free Home Collection Call : 9545200011

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	PRANITA BHASKARMHASADE
DATE OF BIRTH	26-09-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	16-05-2022
BOOKING REFERENCE NO.	22J97484100018818S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MHASADE BHASKAR SHIVAJI
EMPLOYEE EC NO.	97484
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	WALCHANDNAGAR_DB
EMPLOYEE BIRTHDATE	16-08-1986

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 **13-05-2022** 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'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 (Arcofemi Healthcare Limited))

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. MHASADE BHASKAR SHIVAJI
EC NO.	97484
DESIGNATION	BRANCH HEAD
PLACE OF WORK	WALCHANDNAGAR_DB
BIRTHDATE	16-08-1986
PROPOSED DATE OF HEALTH CHECKUP	16-05-2022
BOOKING REFERENCE NO.	22J97484100018816E

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 **13-05-2022** 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.

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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))



भारत सरकार  
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

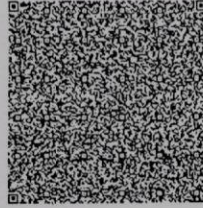
नोंदणी क्रमांक:/ Enrolment No.: 0664/10616/39847

Download Date: 06/10/2021

To  
भास्कर शिवाजी म्हासाडे  
Bhaskar Shivaji Mhasade  
S/O Shivaji Mhasade  
Near veshi  
Davadi  
Dawadi  
Pune Maharashtra - 410505  
9096967912

Issue Date: 12/11/2020

Signature Not Verified  
Digitally signed by S/O  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA 05  
Date: 2021.10.06 10:37:51  
+05'30'



आपला आधार क्रमांक / Your Aadhaar No. :

9456 0124 5332

VID : 9169 1984 6574 0742

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



Download Date: 06/10/2021



भास्कर शिवाजी म्हासाडे  
Bhaskar Shivaji Mhasade  
जन्म तारीख/DOB: 16/08/1986  
पुरुष/ MALE

Issue Date: 12/11/2020

9456 0124 5332

VID : 9169 1984 6574 0742

माझे आधार, माझी ओळख



माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारे तयार झालेले एक पत्र आहे.

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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- आधार देशभरात वैध आहे
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- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्ययावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - mAadhaar App वापरा

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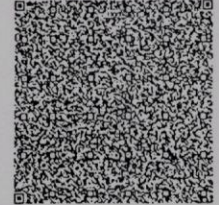


भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India



पत्ता:  
S/O शिवाजी म्हासाडे, वेशी जवळ, दावडी, पुणे,  
महाराष्ट्र - 410505

Address:  
S/O Shivaji Mhasade, Near veshi, Davadi,  
Pune,  
Maharashtra - 410505



9456 0124 5332

VID : 9169 1984 6574 0742

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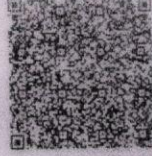


भारत सरकार  
GOVERNMENT OF INDIA



प्रणिता शिवाजी कोलते  
Pranita Shivaji Kolte

जन्म वर्ष / Year of Birth : 1990  
स्त्री / Female



7977 4971 3727

आधार – सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता D/O: शिवाजी कोलते, मारुती आंगण Address: D/O: Shivaji Kolte,  
हाउसिंग सोसायटी, प्लॉट नं-98, फ्लॅट Maruti Angan Housing  
नं-101, आरटीओ मागे, पुर्णानगर, चिंचवड, Society, Plot No-98 Flat No-101  
पुणे शहर, पुणे, चिंचवड पूर्व, महाराष्ट्र, Behind RTO,  
411019 Purnanagar, Chinchwad, Pune  
City, Pune, Chinchwad East,  
Maharashtra, 411019



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Bengaluru-560 301



॥ श्री गजानन प्रसन्न ॥

॥ श्री महालक्ष्मी प्रसन्न ॥

॥ श्री खंडोबा प्रसन्न ॥

सप्रेम नमस्कार वि. वि., आमचे वेधे श्री कृपेकरून,



**चि. भास्कर (M.Sc. Agri.)**

(कै. बाबुराव मारुती म्हसाडे यांचे नातु व  
श्री. शिवाजी बाबुराव म्हसाडे रा. दावडी,  
ता. खेड, जि. पुणे यांचे जेठ चिरंजीव)



**चि.सौ.कां. प्रणिता (B.Tech., Mech.)**

(कै. शंकरराव केशवराव कोलते यांची नात व  
श्री. शिवाजी शंकरराव कोलते रा. पिसर्वे, ता. पुरंदर,  
जि. पुणे यांची द्वितीय कन्या)

**॥ यांचा शुभविवाह ॥**

मिती वैशाख, कृ. ५, शके १९३७, शनिवार दि. ९/०५/२०१५ रोजी, सायं. ०५ वा. १५ मि. या गोरज मुहूर्तावर करण्याचे योजिले आहे.  
समपदीच्या प्रदक्षिणा, हळद-कुंकवाचे मनोहर लेणं, नानुक अक्षतांचा सुखद वर्षाव आणि मणी-मंगळसुत्राचं पावित्र्य घेऊन  
संपन्न होणारा सोहळा म्हणजे दोन जियांच्या वैयाहिक जीवनाचा शुभारंभ,  
अशा मंगलप्रसंगी सहकुटूंब सहपरिवार उपस्थिती प्रार्थनीय आहे.

**\* आशिर्वाद \***

गं.भा. हौसाबाई बाबुराव म्हसाडे  
गं.भा. संतोषी कैलास वारणे

गं.भा. सोनुबाई बबन वारणे  
गं.भा. लक्ष्मीबाई रामचंद्र आवटे

**\* आपले नम्र \***

श्री/सौ. कांताबाई शिवाजी बाबुराव म्हसाडे  
श्री/सौ. सुनिता विजय बाबुराव म्हसाडे  
श्री/सौ. सिताबाई बाजीराव नारायण म्हसाडे  
श्री/सौ. सुमन हिरामन शंकर म्हसाडे  
श्री/सौ. फुलाबाई सुखदेव महादु म्हसाडे  
श्री/सौ. किसनाबाई विठोबा चिमाजी म्हसाडे  
श्री/सौ. सुनिता दत्तात्रय धोंडीबा म्हसाडे  
श्री/सौ. सुलोचना गुलाब गोपाळ म्हसाडे  
श्री/सौ. अरुणा भाऊसाहेब रामचंद्र म्हसाडे  
श्री/सौ. छवुबाई पांडुरंग ज्ञानेश्वर म्हसाडे

श्री/सौ. शकुंतला जिजाभाऊ मारुती म्हसाडे  
श्री/सौ. संजिवनी दशरथ बाबुराव म्हसाडे  
श्री/सौ. मनिषा राजाराम बाबुराव म्हसाडे  
श्री/सौ. सुमन बबन हरिभाऊ म्हसाडे  
श्री/सौ. यशोदा भगवान जिजाभाऊ म्हसाडे  
श्री/सौ. सुनंदा सुनिल रामभाऊ म्हसाडे  
श्री/सौ. वायसाबाई गोविंद किसन म्हसाडे  
श्री/सौ. रेऊबाई ज्ञानेश्वर श्रीपती म्हसाडे  
श्री/सौ. कविता सुभाष बाजीराव म्हसाडे  
श्री/सौ. शारदा भगवान ज्ञानेश्वर म्हसाडे



श्री/सौ. कल्पना बाळासाहेब बाबुराव म्हसाडे  
श्री/सौ. कविता बाळासाहेब सोपान म्हसाडे  
श्री/सौ. शोभा अंकुश रामचंद्र आवटे (मामा)  
श्री/सौ. रेखा राजेंद्र बबन वारणे (मामा)  
श्री/सौ. छाया सत्यवान पोपट वाघ (मामा)  
श्री/सौ. रुपाली सुरेंद्र साहेबराव जाधव (मामा)  
श्री/सौ. कल्पना गोरक्ष लक्ष्मण काळे (जावई)  
श्री/सौ. अश्विनी सचिन दत्तात्रय ठाकुर (जावई)  
श्री/सौ. सुवर्णा नितीन खांदवे (जावई)

**समस्त  
म्हसाडे  
परिवार**

श्री/सौ. सुगंधा केरभाऊ सहादु म्हसाडे  
श्री/सौ. हिराबाई बबन महादु म्हसाडे  
श्री/सौ. जयश्री विलास बबन वारणे (मामा)  
श्री/सौ. सुजाता संजय सदाशिव कुलकर्णी (मामा)  
श्री/सौ. सुमन बाळासाहेब ज्ञानेश्वर वाघ (मामा)  
श्री/सौ. शैलजा दत्तात्रय पोपट साकोरे (मामा)  
श्री/सौ. सुरेखा अशोक दत्तात्रय ठाकुर (जावई)  
श्री/सौ. अर्चना श्रीनिवास गोविंद काळे (जावई)  
श्री/सौ. वैशाली राजेश मारुती मिरकुटे (जावई)

**\* हळदी समारंभ \***

शनिवार दि. ९/५/२०१५ रोजी,  
दुपारी ९ वा. (विवाहस्थळी)

**\* विवाह स्थळ \***

**चंद्रफुल गार्डन मंगल कार्यालय**  
पुणे-आळंदी रोड, वडमुखवाडी,  
गोखले मळा, साई मंदिर जवळ,  
घन्होली बु॥, ता. हवेली, जि. पुणे.

**\* प्रिती भोजन \***

शनिवार दि. ९/५/२०१५ रोजी,  
दुपारी १२ ते ३.३० वा.

**\* स्वागतोत्सुक \***

श्री. रामभाऊ दगडु गावडे  
श्री. संजय किसन खेसे  
श्री. जिजाभाऊ मनोहर होरे  
श्री. संतोष अर्जुन लोणकर  
श्री. शिवाजीराव विठ्ठलराव येवले  
श्री. मधुकर महादु गाडगे  
श्री. किसन ज्ञानेश्वर गव्हाणे  
श्री. बाळासाहेब ज्ञानेश्वर काटकर  
श्री. नामदेव तुकाराम तांबे  
श्री. दत्तात्रय मल्हारी माशेरे  
श्री. सोमनाथ तात्याभाऊ वाडेकर  
श्री. तात्याभाऊ दशरथ टाकळकर

श्री. अनंता गेणुजी दुंडे  
श्री. सुरेश दगडु डुंबरे  
श्री. मधुजी मल्हारी दिघे (गुरूजी)  
श्री. विजय धोंडीबा राजत  
श्री. संतोष गुलाबराव गाडगे  
श्री. केरुभाऊ मारुती बोत्रे  
श्री. किसन जयराम दिघे  
श्री. कैलास भानुजी हजारे  
श्री. शिवाजीराव लोणकर  
श्री. पांडुरंग शिवाजी लोणकर  
श्री. अनिल जयरिंग गाडे

**\* प्रेषक \***

बाळासाहेब कवलिंगे  
नितीन चौधरी  
बाळासाहेब चौधरी  
निलेश जाधव  
रविंद्र भालेकर  
सुरेश शिंदे  
रविंद्र नरवडे

मारुती पासलकर  
रामदास मालुसरे  
काशिनाथ मोहोळ  
शांताराम चौधरी  
हेमंत पासलकर  
यश काळे

**\* व्यवस्थापक \***

भिकोबा गणेश मित्र मंडळ  
म्हसाडे वस्ती, दावडी

**\* नुसतीच लुडबुड \***

तन्मय, मोहक, मैथिली, वेदांत, रुद्र, अक्षय, शुभम, सोमनाथ, ऐश्वर्या, निकीता, अस्मीता, जय, पोर्णिमा, सनी, उज्वला, पियुश



**2D ECHO / COLOUR DOPPLER**

**NAME : MR. BHASKAR MHASADE**  
**REF BY : DR. HOSPITAL PATIENT**

**35yrs/M**

**OPD**  
**28-May-22**

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	25	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	28	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.7
LVID - D (mm)	46	PG (mmHg)	12
LVID - S (mm)	28	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	11	A VEL (m/ sec)	0.6
LVPW -D (mm)	9	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.  
No regional wall motion abnormality  
Normal LV systolic function , LVEF 60%  
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.  
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve  
Trivial tricuspid regurgitation ,  
PA pressure = 20 mmHg - normal

Intact IAS & IVS  
No PDA, coarctation of aorta.  
No clots , vegetations , pericardial effusion noted.

**IMPRESSION :**

**Normal echo study.**  
**No regional wall motion abnormality.**  
**Normal LV systolic & diastolic function , LVEF 60%**  
**Normal PA pressure.**

  
**DR. RAJDATT DEORE**  
**MD,DM-CARDIOLOGIST**  
**MMC 2005/03/1520**

**MHASADE, BHASKAR**  
 Patient ID 98145  
 28.05.2022 Male  
 12:05:44 35yrs  
 Meds:

Tabular Summary

LOREA HEALTHCARE PVT LTD

BRUCE: Total Exercise Time 06:59  
 Max HR: 157 bpm 84% of max predicted 185 bpm HR at rest: 76  
 Max BP: 150/95 mmHg BP at rest: 120/85 Max RPP: 22765 mmHg\*bpm  
 Maximum Workload: 6.50 METS  
 Max. ST: -0.12 mV, 0.00 mV/s in V5; EXERCISE STAGE 3 06:29  
 Arrhythmia: A:13

Test Reason: Screening for CAD  
 Medical History: NO HISTORY.

Ref. MD: Ordering MD:  
 Technician: RUPALI Test Type: Treadmill Stress Test  
 Comment:

ST/HR index: 1.61  $\mu$ V/bpm  
**Reasons for Termination:** Fatigue  
**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.  
**Conclusion:** GOOD EFFORT TOLERANCE  
 MAX HR ACHIEVED  
 NORMAL BP RESPONSE  
 NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDATI DEORE  
 MD, DM-CARDIOLOGIST  
 MMC 2005/03/1520

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mV)	Comment
PRETEST	SUPINE	00:08	0.00	0.00	1.0	77	120/85	9240	0	0.09	
	STANDING	00:11	0.00	0.00	1.0	75			0	0.09	
	HYPERV.	00:31	0.00	0.00	1.0	86			0	0.08	
EXERCISE	STAGE 1	03:00	1.70	10.00	3.2	121	120/85	14520	0	0.04	
	STAGE 2	03:00	2.50	12.00	4.7	146	135/88	19710	0	-0.09	
	STAGE 3	01:00	3.40	14.00	6.5	157	145/92	22765	0	-0.07	
RECOVERY		02:29	0.00	0.00	1.0	93	150/95	13950	0	0.00	

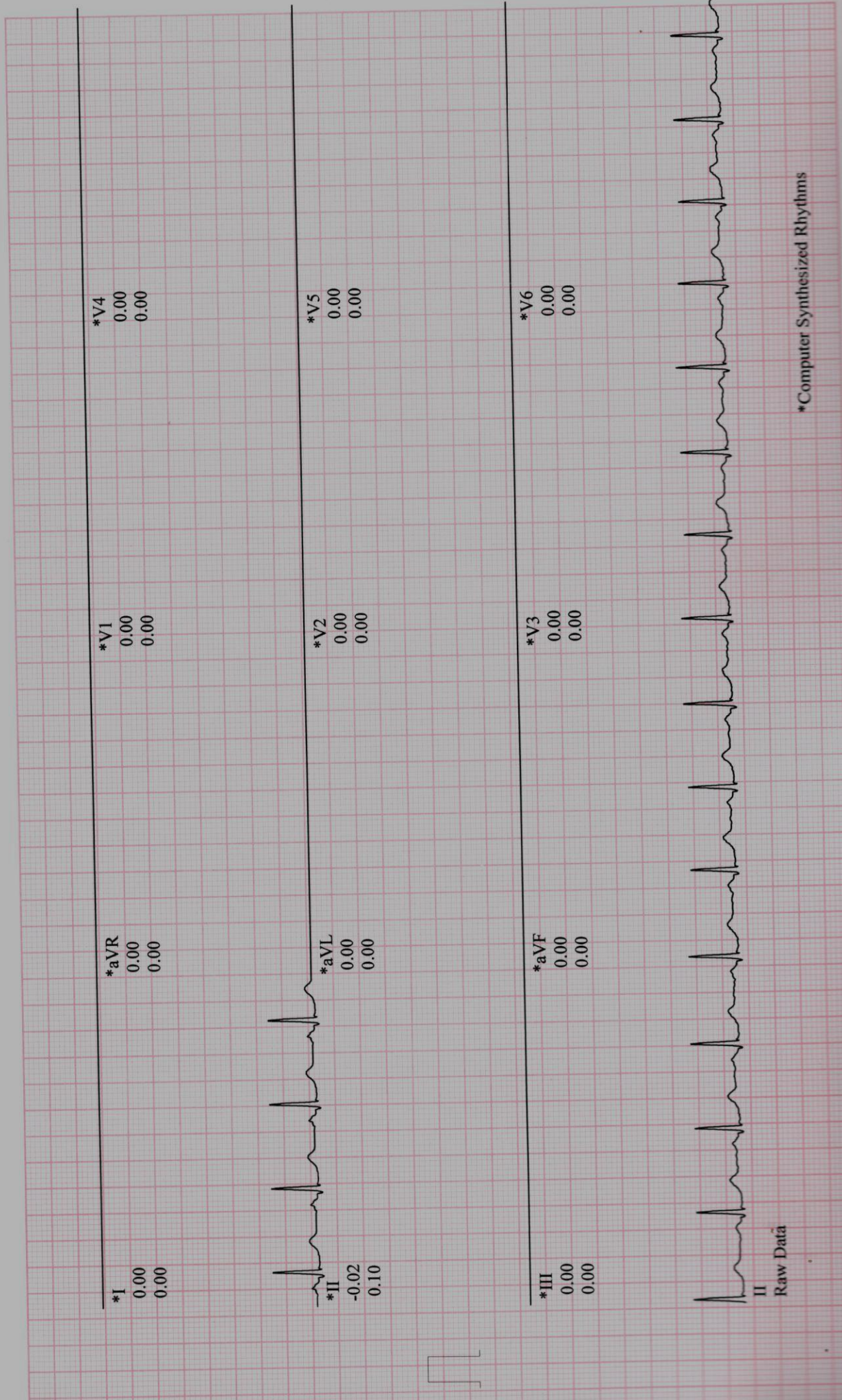
BRUCE  
0.0 km/h  
0.0 %

HASADE, BHASKAR  
Patient ID 98145  
28.05.2022  
12:15:58

93 bpm  
150/95 mmHg

RECOVERY  
#1  
02:24

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*V4  
0.00  
0.00

\*V1  
0.00  
0.00

\*aVR  
0.00  
0.00

\*V5  
0.00  
0.00

\*V2  
0.00  
0.00

\*aVL  
0.00  
0.00

\*V6  
0.00  
0.00

\*V3  
0.00  
0.00

\*aVF  
0.00  
0.00

\*I  
0.00  
0.00

\*II  
-0.02  
0.10

\*III  
0.00  
0.00

II  
Raw Data

\*Computer Synthesized Rhythms

PT. NAME:	MR. BHASKAR MHASADE	AGE/SEX	35 YRS/M
REF BY DR:	AiMS HOSPITAL	DATE:	28/05/2022

**Right Kidney**

- Right kidney appears normal in size, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious renal calculus noted.
- **Mild hydroureteronephrosis is noted on right side, however, right mid and lower ureter not visualised due to bowel gases.**

**Left Kidney**

- Left kidney appears normal in size, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious hydronephrosis.
- **Calculus measuring 10mm is noted at lower pole of left kidney.**

**Urinary bladder**

- Urinary bladder is minimally distended and shows normal wall thickness.
- No focal lesion seen.

**Prostate**

- Prostate is normal in size, shape and echo texture.
- No obvious focal lesion is seen on present trans-abdominal study.

**Bowel loops and abdominal lymphadenopathy.**

- Visualized bowel loops are non-dilated and show normal peristalsis.
- No evidence of abdominal lymphadenopathy.
- No free fluid is seen in abdomen and pelvis.
- **Umbilical hernia is noted with defect measuring about 18mm containing omental fat.**

PT. NAME:	MR. BHASKAR MHASADE	AGE/SEX	35 YRS/M
REF BY DR:	AiMS HOSPITAL	DATE:	28/05/2022

**USG OF ABDOMEN & PELVIS**

**Liver**

- Liver appears normal in size shape & parenchymal echo pattern.
- **The echogenicity of liver is uniformly increased, s/o Grade II fatty infiltration.**
- IHBR & IHPR appear normal.
- Caudate lobe normal in size.
- IVC & Hepatic veins appear normal in course and calibre.

**Main Portal vein-**

- Main portal vein with its right and left branch appears normal in course and calibre and shows normal hepatopetal flow and velocity on colour Doppler.
- No evidence of portal hypertension in present scan.

**Common bile duct**

- CBD measures and appears normal in course and calibre.
- No evidence of CBD stone/ obstruction of CBD.

**Gall bladder**

- Gall bladder is partially distended with a normal wall thickness. No e/o calculus or mass lesion.
- No evidence of wall thickening or peri -cholecystic free fluid noted at present scan.

**Pancreas**

- Pancreas appears normal in size, shape and echo pattern.
- No focal lesion seen.
- No evidence of pancreatic inflammation or peri pancreatic fluid collection.

**Spleen**

- Spleen appears normal in size, Shape and echo pattern.
- No focal lesion seen.

PT. NAME:	MR. BHASKAR MHASADE	AGE/SEX	35 YRS/M
REF BY DR:	AiMS HOSPITAL	DATE:	28/05/2022

**IMPRESSION:** Ultrasound abdomen and pelvis reveals,

- Grade II fatty liver.
- Mild hydroureteronephrosis is noted on right side, however, right mid and lower ureter not visualised due to bowel gases.
- Left renal calculus.
- Small umbilical hernia.
- No other significant abnormality is noted at present scan.

**Suggested clinical & Pathological correlation.**



**Dr. Tushar Somwanshi**  
**MD (Radiodiagnosis)**  
**Consultant Radiologist**

(Note: This modality is having its limitations and the report should be correlated with clinical and other relevant patient data)