



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	BHAWANI SINGHGOUR
DATE OF BIRTH	01-07-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-01-2023
BOOKING REFERENCE NO.	22M85095100039218S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. GOUR SUNITA
EMPLOYEE EC NO.	85095
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	PUNE,VIDHYARTHI GRUH
EMPLOYEE BIRTHDATE	01-01-1982

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 **27-01-2023** 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,

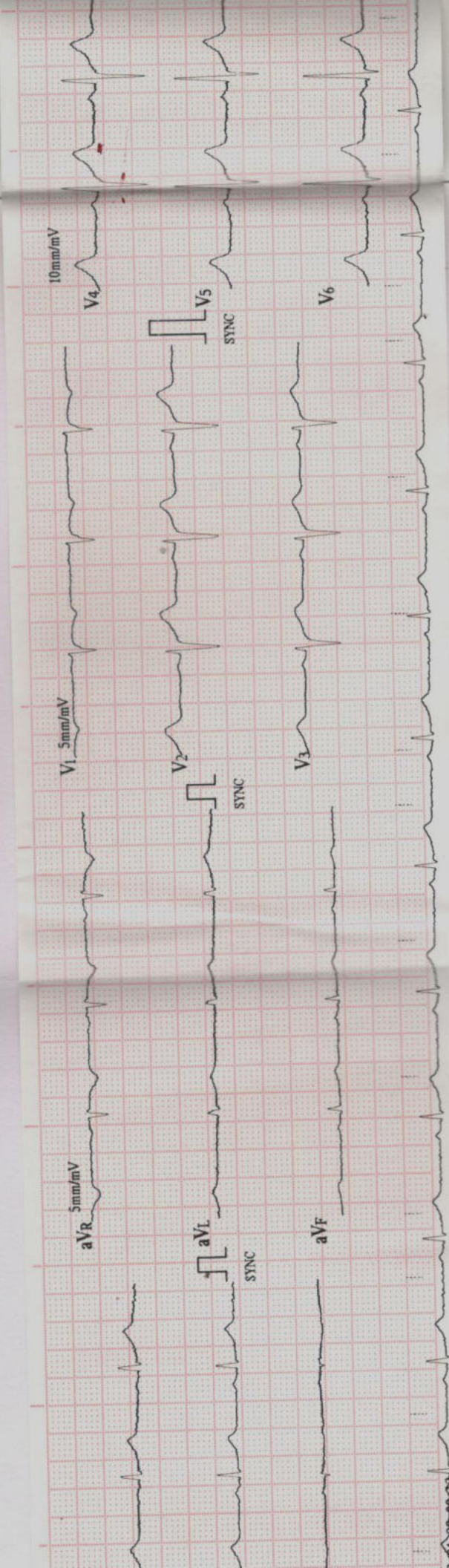
Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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



3-01-28 09:13

आयकर विभाग

INCOME TAX DEPARTMENT

BHAWANI SINGH GOUR

SHIVNARAYAN GOUR

01/07/1981

Permanent Account Number

AJWPG9839N

Signature



भारत सरकार

GOVT. OF INDIA



10052006

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MI DUAL CAMERA



Dept. of Pathology

(For Report Purpose Only)



PRN : 114639
Patient Name : Mr. GOUR BHAWANI SINGH
Age/Sex : 42Yr(s)/Male

Lab No : 14849
Req.No : 14849

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

Collection Date & Time : 28/01/2023 08:51 AM
Reporting Date & Time : 28/01/2023 12:22 PM
Print Date & Time : 28/01/2023 01:12 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 17.3	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 50.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.58	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 90.7	cu micron	76 - 96
M.C.H.	: 31.0	pg	27 - 32
M.C.H.C	: 34.2	picograms	32 - 36
RDW-CV	: 13.2	%	11 - 16
WBC TOTAL COUNT	: 7300	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 252000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 59	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4307	µL	2000 - 7000
LYMPHOCYTES	: 30	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2190	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 292	µL	20 - 500
MONOCYTES	: 07	%	02 - 08
ABSOLUTE MONOCYTES	: 511	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- PANDURANG TAMBARE

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



Dept. of Pathology

(For Report Purpose Only)



PRN : 114639
Patient Name : Mr. GOUR BHAWANI SINGH
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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.

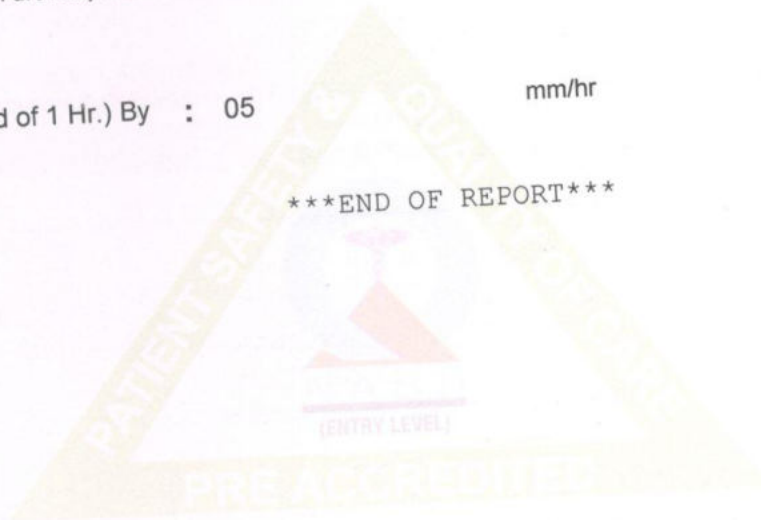
ESR

ESR MM (AT The End of 1 Hr.) By : 05
Westergren Method

mm/hr

Male : 0 - 15
Female : 0 - 20

END OF REPORT



Technician *MD*

Report Type By :- PANDURANG TAMBARE

Dr. Poonam Kadam
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)



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HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
RH FACTOR : POSITIVE

NOTE : This is for your information only.
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

Technician *md*
Report Type By :- PANDURANG TAMBARE

Poonam Kadam
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Dept. of Pathology
(For Report Purpose Only)



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BIOCHEMISTRY

CALCIUM

CALCIUM (serum)	: 8.7	MG/DL	8.4 - 10.4
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RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 25	MG/DL	0 - 45
UREA NITROGEN (serum)	: 11.68	MG/DL	7 - 21
CREATININE (serum)	: 1.0	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 5.9	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 138	mEq/L	136 - 149
SERUM POTASSIUM	: 4.3	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE

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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 1.6	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.8	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.80	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 35	IU/L	5 - 40
S.G.P.T (serum)	: 36	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 122	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.5	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.2	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.30	GM/DL	1.8 - 3.6
A/G RATIO	: 1.83		1:2 - 2:1

END OF REPORT

Technician

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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 98	MG/DL	60 - 110
Blood Sugar Level PP	: 95	MG/DL	70 - 140

END OF REPORT



Technician *MD*

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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.49	ng/mL	0.970 - 1.69
T4 - Total (Thyroxine)	: 11.2	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.31	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 thyrotrophic hormone (TSH) 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 T3. In a 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 to 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

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



Dept. of Pathology
(For Report Purpose Only)

AIMS[®]
Hospital & Research Center
Caring Redefined

PRN : 114639
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 116	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 62	MG/DL	0 - 150
HDL (serum)	: 42	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 61.6	MG/DL	0 - 130
VLDL (serum)	: 12.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 2.76		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 1.47		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 :- PANDURANG TAMBARE

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BIOCHEMISTRY

HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by HPLC	: 5.6	%	4.5 - 6.5
Estimated Average Glucose (eAG)	: 115.4	mg/dL	

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :

5.7 % - 6.4 % : Increased risk for developing diabetes.

>= 6.5 % : Diabetes

Therapeutic goals for glycemic control :

Adults : < 7%

Toddlers and Preschoolers : < 8.5% (but > 7.5 %)

School age (6-12 yrs) : < 8%

Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

Estimated Average Glucose (eAG) :

1. eAG is an estimated average of blood glucose level over previous 8-12 weeks.

2. HbA1C and eAG have a linear relationship.

3. The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref : American Diabetes Association (Standards of Medical Care in Diabetes - 2022)

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE

Dr. POONAM KADAM
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 25 ML
COLOUR : PALE YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS : 2-3 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 1-2 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : ABSENT

END OF REPORT

Technician *MD*

Report Type By :- PANDURANG TAMBARE

Jalun
Dr. POORAM KADAM
MD (Microbiology), Dip. Pathology &
Bacteriology (MBC-2012/13)



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 28-JAN-2023 REP. DATE : 28-JAN-2023
NAME : MR. GOUR BHAWANI SINGH
PATIENT CODE : 114639 AGE/SEX : 41 YR(S) / MALE
REFERRAL BY : Dr. HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

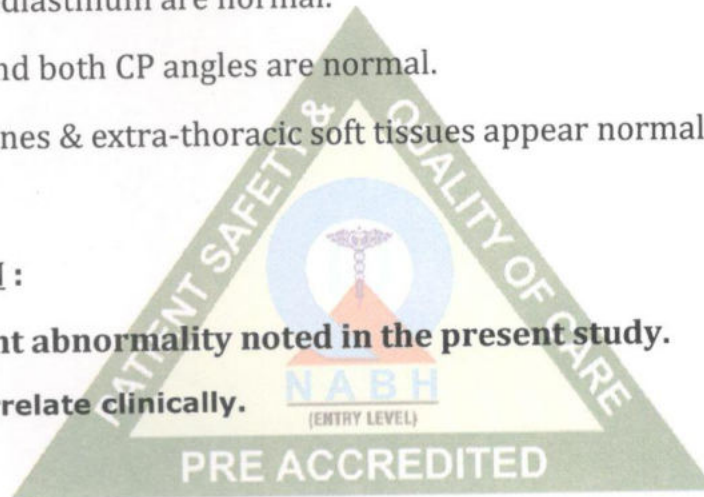
Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.



Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 28-JAN-2023 REP. DATE : 28-JAN-2023
NAME : MR. GOUR BHAWANI SINGH
PATIENT CODE : 114639 AGE/SEX : 41 YR(S) / MALE
REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (13.6cms), shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (10.0cms), shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.4 x 4.8 cm.

Left kidney measures : 9.9 x 4.6 cm.

Urinary bladder : Moderately distended, normal.

Prostate : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

IMPRESSION :

1. Grade II fatty liver.

2. No other significant abnormality noted in the present study.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST