



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 GAURAV
EC NO.	107330
DESIGNATION	JOINT MANAGER
PLACE OF WORK	CHANDIA HAJARA
BIRTHDATE	31-05-1985
PROPOSED DATE OF HEALTH CHECKUP	13-03-2023
BOOKING REFERENCE NO.	22M107330100048098E

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 **11-03-2023** 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))



भारत सरकार

Government of India



गौरव कुमार

Gaurav Kumar

जन्म तिथि/ DOB: 31/05/1985

पुरुष / MALE



**7944 4664 4440**

मेरा आधार, मेरी पहचान



भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India

पता:

S/O राजन गुप्ता, एस . बी.  
राय मार्ग, एस . पी . जी बैंक  
के पास, देवघर, देवघर,  
झारखण्ड - 814112

Address:

S/O. Rajan Gupta, S. B. Roy Road,  
Near S. P. G Bank, Deoghar,  
Jharkhand - 814112

7944 4664 4440

1947

help@uidai.gov.in

www.uidai.gov.in

## RADIOLOGY REPORT

<b>Name</b>	Gaurav KUMAR	<b>Modality</b>	DX
<b>Patient ID</b>	MH010843095	<b>Accession No</b>	R5277421
<b>Gender/Age</b>	M / 37Y 9M 13D	<b>Scan Date</b>	13-03-2023 11:10:19
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	13-03-2023 12:21:49

### XR- CHEST PA VIEW

#### FINDINGS:

LUNGS: Normal.  
 TRACHEA: Normal.  
 CARINA: Normal.  
 RIGHT AND LEFT MAIN BRONCHI: Normal.  
 PLEURA: Normal.  
 HEART: Normal.  
 RIGHT HEART BORDER: Normal.  
 LEFT HEART BORDER: Normal.  
 PULMONARY BAY: Normal.  
 PULMONARY HILA: Normal.  
 AORTA: Normal.  
 THORACIC SPINE: Normal.  
 OTHER VISUALIZED BONES: Note made of bilateral rudimentary cervical ribs. Rest normal.  
 VISUALIZED SOFT TISSUES: Normal.  
 DIAPHRAGM: Normal.  
 VISUALIZED ABDOMEN: Normal.  
 VISUALIZED NECK: Normal.

#### IMPRESSION:

**No significant abnormality noted in chest.**  
**Note made of bilateral rudimentary cervical ribs.**  
 Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
 Consultant Radiologist, Reg No MCI 11 10887

MANIPAL HOSPITALS

This document is digitally signed and hence, no manual signature is required

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www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

## RADIOLOGY REPORT

<b>Name</b>	Gaurav KUMAR	<b>Modality</b>	US
<b>Patient ID</b>	MH010843095	<b>Accession No</b>	R5277422
<b>Gender / Age</b>	M / 37Y 9M 13D	<b>Scan Date</b>	13-03-2023 11:52:48
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	13-03-2023 12:54:32

**USG ABDOMEN & PELVIS****FINDINGS**

**LIVER:** appears normal in size (measures 148 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

**SPLEEN:** Spleen is normal in size (measures 100 mm), shape and echotexture. Rest normal.

**PORTAL VEIN:** Appears normal in size and measures 10.7 mm.

**COMMON BILE DUCT:** Appears normal in size and measures 4 mm.

**IVC, HEPATIC VEINS:** Normal.

**BILIARY SYSTEM:** Normal.

**GALL BLADDER:** Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

**PANCREAS:** Pancreas is normal in size, shape and echotexture. Rest normal.

**KIDNEYS:** Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

**Right Kidney:** measures 94 x 43 mm. It shows a concretion measuring 3.2 mm at mid calyx.

**Left Kidney:** measures 91 x 39 mm.

**PELVI-CALYCEAL SYSTEMS:** Compact.

**NODES:** Not enlarged.

**FLUID:** Nil significant.

**URINARY BLADDER:** Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

**PROSTATE:** Prostate is normal in size, shape and echotexture. It measures 35 x 28 x 24 mm with volume 12 cc. Rest normal.

**SEMINAL VESICLES:** Normal.

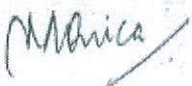
**BOWEL:** Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Right renal concretion.**

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,  
Consultant Radiologist, Reg No MCI 11 10887

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## LABORATORY REPORT

**Name** : MR GAURAV KUMAR **Age** : 37 Yr(s) Sex :Male  
**Registration No** : MH010843095 **Lab No** : 32230304848  
**Patient Episode** : H1800000334 **Collection Date** : 13 Mar 2023 19:31  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 14 Mar 2023 07:09  
**Receiving Date** : 13 Mar 2023 19:35

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Test Name</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
TOTAL PSA, Serum (ECLIA)	0.842	ng/mL	[<2.000]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 32230304848
<b>Patient Episode</b>	: H18000000334	<b>Collection Date</b>	: 13 Mar 2023 19:31
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 14 Mar 2023 07:09
<b>Receiving Date</b>	: 13 Mar 2023 19:35		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.46	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.94	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.990	μIU/mL	[0.340-4.250]

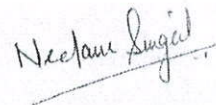
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----



**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 202303001152
<b>Patient Episode</b>	: H18000000334	<b>Collection Date</b>	: 13 Mar 2023 10:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Mar 2023 15:00
<b>Receiving Date</b>	: 13 Mar 2023 11:49		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	5.27	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	15.6	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.8	%	[40.0-50.0]
MCV (DERIVED)	88.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.6	pg	[27.0-32.0]
MCHC (CALCULATED)	33.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	%	[11.6-14.0]
Platelet count	190	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	11.2		
WBC COUNT (TC) (IMPEDENCE)	4.28	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	45.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[17.0-45.0]
Monocytes	8.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>11.0 #</b>	%	<b>[2.0-7.0]</b>
Basophils	0.0	%	[0.0-2.0]
ESR	7.0	/1sthour	[0.0-



## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 202303001152
<b>Patient Episode</b>	: H18000000334	<b>Collection Date</b>	: 13 Mar 2023 11:49
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Mar 2023 15:03
<b>Receiving Date</b>	: 13 Mar 2023 11:49		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

##### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	nil /hpf	
CASTS	nil	
Crystals	nil	
OTHERS	nil	

## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 202303001152
<b>Patient Episode</b>	: H18000000334	<b>Collection Date</b>	: 13 Mar 2023 10:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Mar 2023 17:54
<b>Receiving Date</b>	: 13 Mar 2023 11:49		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	6.6 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk )5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	143	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	153	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	76	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	36.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129

## LABORATORY REPORT

**Name** : MR GAURAV KUMAR **Age** : 37 Yr(s) Sex : Male  
**Registration No** : MH010843095 **Lab No** : 202303001152  
**Patient Episode** : H18000000334 **Collection Date** : 13 Mar 2023 10:54  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 13 Mar 2023 12:37  
**Receiving Date** : 13 Mar 2023 11:49

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.8		<3 Optimal 3-4 Borderline >6 High Risk

**Note:**

Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

<b>UREA</b>	14.8 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
<b>BUN, BLOOD UREA NITROGEN</b>	6.9 #	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	0.95	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
<b>URIC ACID</b>	8.0	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM 138.60 mmol/L [136.00-144.00]

POTASSIUM, SERUM 4.85 mmol/L [3.60-5.10]

SERUM CHLORIDE 104.5 mmol/l [101.0-111.0]

Method: ISE Indirect

eGFR (calculated) 101.8 ml/min/1.73sq.m [>60.0]

**Technical Note**

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 202303001152
<b>Patient Episode</b>	: H18000000334	<b>Collection Date</b>	: 13 Mar 2023 10:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Mar 2023 12:36
<b>Receiving Date</b>	: 13 Mar 2023 11:49		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.66	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.52 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) Method: BIURET	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.60	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.77		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	66.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	91.00 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	110.0 #	IU/L	[32.0-91.0]

## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 202303001152
<b>Patient Episode</b>	: H1800000334	<b>Collection Date</b>	: 13 Mar 2023 10:54
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Mar 2023 12:37
<b>Receiving Date</b>	: 13 Mar 2023 11:49		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	38.0		[7.0-50.0]

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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-----END OF REPORT-----



Dr. Alka Dixit Vats  
Consultant Pathologist

LABORATORY REPORT

Name : MR GAURAV KUMAR Age : 37 Yr(s) Sex : Male  
Registration No : MH010843095 Lab No : 202303001153  
Patient Episode : H18000000334 Collection Date : 13 Mar 2023 10:54  
Referred By : HEALTH CHECK MGD Reporting Date : 13 Mar 2023 14:56  
Receiving Date : 13 Mar 2023 10:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	114.0 #	mg/dl	[70.0-110.0]

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-----END OF REPORT-----

*Alka*

Dr. Alka Dixit Vats  
Consultant Pathologist

## LABORATORY REPORT

<b>Name</b>	: MR GAURAV KUMAR	<b>Age</b>	: 37 Yr(s) Sex :Male
<b>Registration No</b>	: MH010843095	<b>Lab No</b>	: 202303001154
<b>Patient Episode</b>	: H18000000334	<b>Collection Date</b>	: 13 Mar 2023 14:33
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 13 Mar 2023 17:42
<b>Receiving Date</b>	: 13 Mar 2023 14:33		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS</b>	159.0 #	mg/dl	[80.0-140.0]
Method: Hexokinase			

**Note:**

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
Consultant Pathologist