

Devendr Singh

9898938380


भारत सरकार
डेवेंद्रसिंह मास्वाना
Devendrasingh Makwana
फोन नं./ DOB : 28/04/1984
पुंलिंग / MALE
3144 1023 2616


- राजीव गांधी आवास -



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. MAKWANA DEVENDRASINGH PURUSHOTTAM
EC NO.	111803
DESIGNATION	CREDIT
PLACE OF WORK	VIRAMGAM
BIRTHDATE	28-04-1984
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M111803100098344E

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 **07-03-2024** till **31-03-2024** 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))



LABORATORY REPORT

Name : Mr. Devendrasingh Makwana
Sex/Age : Male/39 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101587
Reg. Date : 23-Mar-2024 05:45 PM
Collected On :
Report Date : 26-Mar-2024 04:08 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :179

Weight (kgs) :82.0

Blood Pressure : 120/80mmHg

Pulse : 72/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

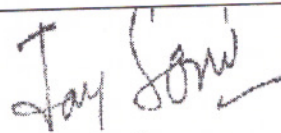
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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TEST REPORT

Reg. No : 403101587	Ref Id :	Collected On : 23-Mar-2024 09:45 AM
Name : Mr. Devendrasingh Makwana		Reg. Date : 23-Mar-2024 05:45 PM
Age/Sex : 39 Years / Male	Pass. No. :	Tele No. : 9898938380
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	14.0	g/dL	13.5 - 18
Hematocrit (Calculated)	42.50	%	40 - 50
RBC Count (Electrical Impedance)	5.19	million/cmm	4.73 - 5.5
MCV (Calculated)	L 81.9	fL	83 - 101
MCH (Calculated)	27.1	Pg	27 - 32
MCHC (Calculated)	33.0	%	31.5 - 34.5
RDW (Calculated)	11.7	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	8360	/cmm	4000 - 10000
MPV (Calculated)	10.6	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	49.50	% 40 - 80	4138 /cmm	2000 - 7000
Lymphocytes (%)	H 42.30	% 20 - 40	3536 /cmm	1000 - 3000
Eosinophils (%)	1.60	% 0 - 6	518 /cmm	200 - 1000
Monocytes (%)	6.20	% 2 - 10	134 /cmm	20 - 500
Basophils (%)	0.40	% 0 - 2	33 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 224000 /cmm 150000 - 450000

Electrical Impedance


Platelets

Parasites

Comment

Platelets are adequate with normal morphology.
Malarial parasite is not detected.

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* This test has been out sourced.

Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 24-Mar-2024 05:50 PM
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Name : Mr. Devendrasingh Makwana		Reg. Date : 23-Mar-2024 05:45 PM
Age/Sex : 39 Years Male	Pass. No. :	Tele No. : 9898938380
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY
BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	02	mm/hr	ESR AT 1 hour : 1-7
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ERYTHRO SEDIMENTATION RATE, BLOOD -
 Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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 MD (Pathology)

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TEST REPORT

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Name	: Mr. Devendrasingh Makwana	Reg. Date	: 23-Mar-2024 05:45 PM	Tele No.	: 9898938380
Age/Sex	: 39 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Flouride F, Flouride PP				

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS)
GOD-POD Method

102.20

mg/dL

70 - 110

Post Prandial Blood Sugar (PPBS)
GOD-POD Method

99.1

mg/dL

70 - 140

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Age/Sex : 39 Years / Male	Pass. No. :	Tele No. : 9898938380
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	198.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i> Triglyceride	107.10	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i> HDL Cholesterol	43.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i> LDL	133.08	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i> VLDL	21.42	mg/dL	15 - 35
<i>Calculated</i> LDL / HDL RATIO	3.06		0 - 3.5
<i>Calculated</i> Cholesterol /HDL Ratio	4.55		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 39 Years Male	Pass. No. :	Tele No. : 9898938380
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
LFT WITH GGT			
Total Protein	7.59	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i> Albumin	5.17	g/dL	
<i>By Bromocresol Green</i> Globulin (Calculated)	2.42	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.14		0.8 - 2.0
SGOT <i>UV without P5P</i>	22.50	U/L	0 - 40
SGPT <i>UV without P5P</i>	22.90	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	81.6	IU/l	53 - 128
Total Bilirubin <i>Vanadate Oxidation</i>	0.95	mg/dL	0.3 - 1.2
Direct Bilirubin <i>Vanadate Oxidation</i>	0.21	mg/dL	0.0 - 0.4
Indirect Bilirubin <i>Calculated</i>	0.74	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	23.70	U/L	< 55

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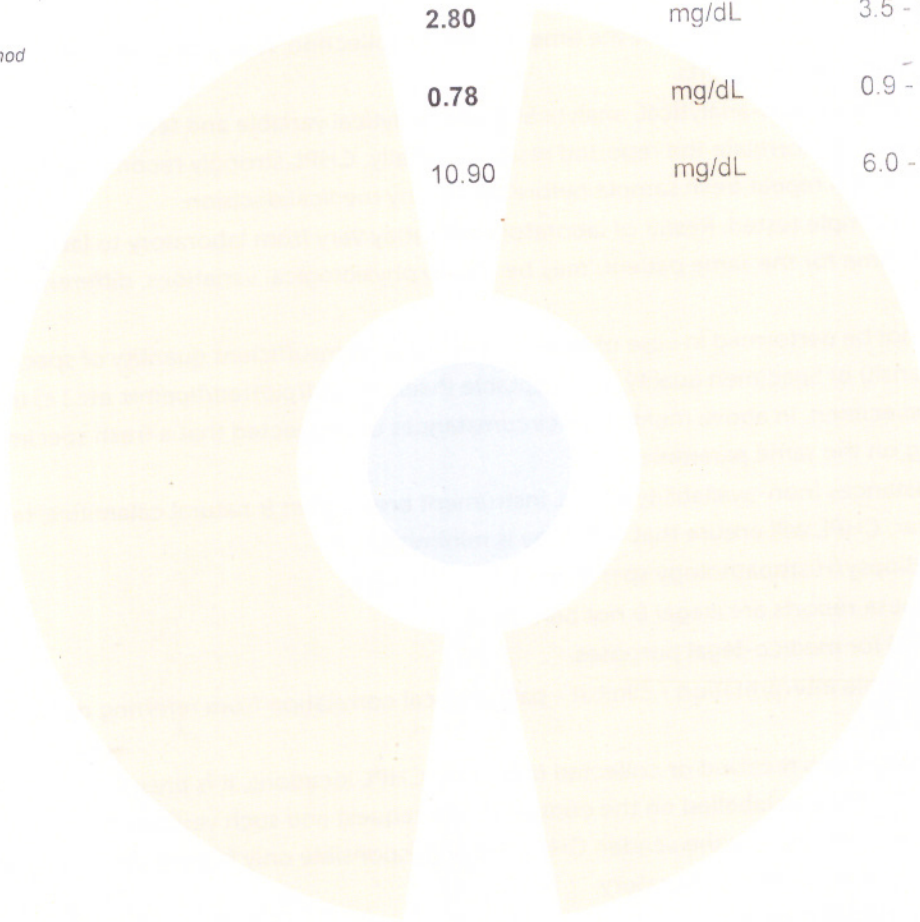
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Age/Sex	: 39 Years / Male	Pass. No.	:	Tele No.	: 9898938380
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
Uric Acid <i>Enzymatic, colorimetric method</i>	2.80	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.78	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	10.90	mg/dL	6.0 - 20.0



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Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	5.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
Mean Blood Glucose	99.67	mg/dL	

Boronate Affinity with Fluorescent Quenching
Calculated

Degree of Glucose Control Normal Range:

- Poor Control >7.0% *
- Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
- * High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.
- * Some danger of hypoglycemic reaction in Type I diabetics.
- * Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

- *Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- *The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- *The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- *It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

- *Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Approved On : 26-Mar-2024 09:30 AM
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Name	: Mr. Devendrasingh Makwana	Reg. Date	: 23-Mar-2024 05:45 PM	Tele No.	: 9898938380
Age/Sex	: 39 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Urine Spot				

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	15 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Age/Sex	: 39 Years / Male	Pass. No.	:	Tele No.	: 9898938380
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.99	ng/mL	0.86 - 1.92
---	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	9.80	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Name : Mr. Devendrasingh Makwana		Reg. Date : 23-Mar-2024 05:45 PM
Age/Sex : 39 Years / Male	Pass. No. :	Tele No. : 9898938380
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 1.000 μ U/ml 0.35 - 5.50
 CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :
 First Trimester : 0.1 to 2.5 μ U/mL
 Second Trimester : 0.2 to 3.0 μ U/mL
 Third trimester : 0.3 to 3.0 μ U/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.23	ng/mL	0 - 4
---	------	-------	-------

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

----- End Of Report -----

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LABORATORY REPORT

Name : Mr. Devendrasingh Makwana
Sex/Age : Male/39 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101587
Reg. Date : 23-Mar-2024 05:45 PM
Collected On :
Report Date : 26-Mar-2024 08:21 AM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Jay Soni

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M.D, GENERAL MEDICINE

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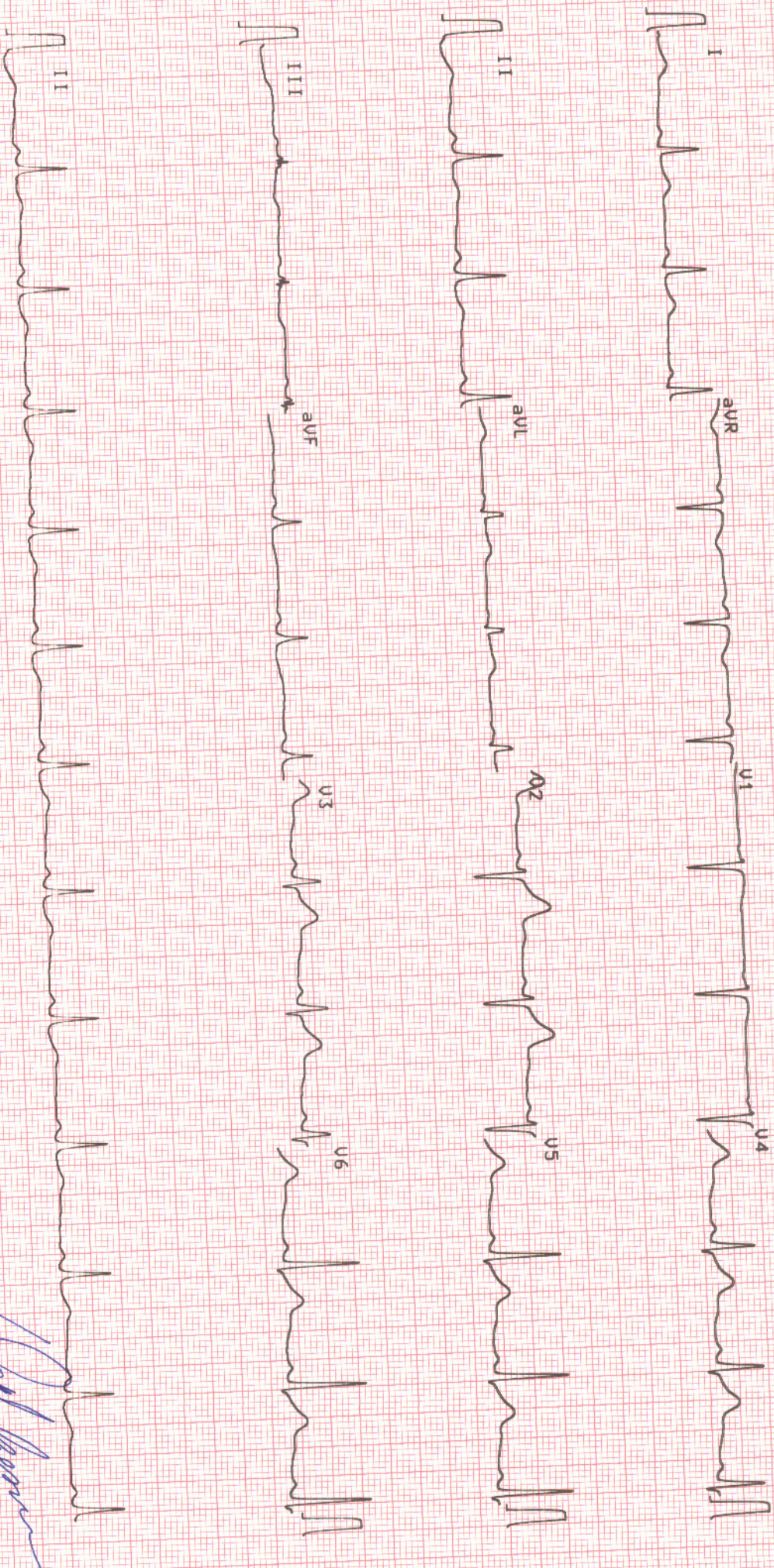
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DEVENDRA
 MAKWARNA
 41
 39 years / 81 kg
 179 cm / 81 kg
 Male

HR 72/min
 Intervals:
 RR 834 ms
 P 96 ms
 PR 134 ms
 QRS 82 ms
 QT 370 ms
 QTc 407 ms
 (Bazett)
 10 mm/mV

Hx is:
 P 45 °
 QRS 42 °
 T 17 °

P (II) 0.12 mV
 S (U1) -1.07 mV
 R (U5) 1.49 mV
 Sokol. 2.66 mV



10 mm/mV

10 mm/mV

CURVOIS HEALTHCARE

Signature

25 mm/s

0.05 25 Hz 505 23.03.2024 13:13:27

Part No.2.157017M

AT 102PIUS 1.24 C

R8



LABORATORY REPORT

Name : Mr. Devendrasingh Makwana
Sex/Age : Male/39 Years
Ref. By :
Client Name : Mediwheel

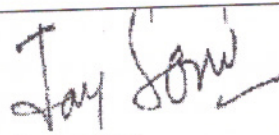
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2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 23 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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Sex/Age : Male/39 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101587
Reg. Date : 23-Mar-2024 05:45 PM
Collected On :
Report Date : 23-Mar-2024 06:52 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

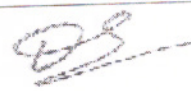
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

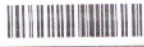
COMMENT: No significant abnormality is detected.

----- End Of Report -----

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DR DHAIVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



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Sex/Age : Male/39 Years
Ref. By :
Client Name : Mediwheel

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Collected On :
Report Date : 23-Mar-2024 06:52 PM

USG ABDOMEN

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.
No evidence of para-aortic lymph adenopathy.
No evidence of dilated small bowel loops.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



LABORATORY REPORT

Name : Mr. Devendrasingh Makwana
Sex/Age : Male/39 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101587
Reg. Date : 23-Mar-2024 05:45 PM
Collected On :
Report Date : 26-Mar-2024 03:46 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25
CY: -1.00
AX: 07

LEFT EYE

SP : +0.00
CY : -0.75
AX :19

	Without Glasses	With Glasses
Right Eye	6/5	N. A
Left Eye	6/5	N. A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

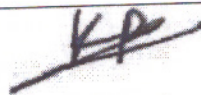
ColorVision : Normal

Comments: Normal

----- End Of Report -----



This is an electronically authenticated report


Dr Kejal Patel
MB,DO(Ophth)

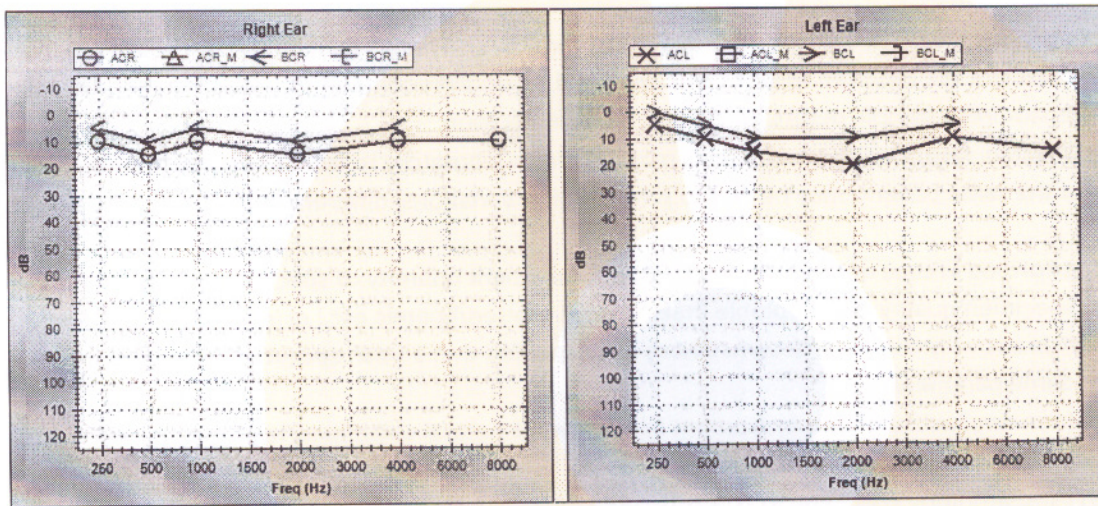


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Name : Mr. Devendrasingh Makwana
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AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	◻	X	◃	>	Blue
RIGHT	Δ	O	◁	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	10.5	11.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

----- End Of Report -----



This is an electronically authenticated report

Kejal Patel
Dr Kejal Patel
 MB,DO(Ophth)