

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR ANAND
क.कू.संख्या	119413
पदनाम	JOINT MANAGER
कार्य का स्थान	NEW DELHI, GREATER KAILASH I
जन्म की तारीख	05-09-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	22-03-2024
बुकिंग संदर्भ सं.	23M119413100102162E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 18-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

**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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
✓ 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

Anand  
 35/m Kunal  
 Bank of Baroda

**NAME : ANAND KUMAR**

**AGE/SEX : 35Y/M**

**DATE : 23.03.2024**

Height	Weight	BP	BMI
174 cm	74 kg	120/80 mmHg	24.4
<b>HABITS</b>	SMOKING : Regular ALCOHOL : OCC DRUGS ; NO		

**Family History: -**

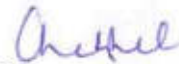
- Asthma : NO
- Diabetes : NO
- TB : NO
- Cancer : NO
- Heart Disease : NO
- HTN : NO
- BP : NO
- Thyroid : NO

**Personal History:**

- Pleurisy : NO
- Rheumatic : NO
- Acquired deformity : NO
- Operated for : NO
- Accidents : NO
- 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	6/6	N/8	N/8		

Signature of Medical Examiner:



**DR. CHARU KOHLI**  
CONSULTANT MBBS  
DMC-8388



**DR. CHARU KOHLI'S CLINIC**  
C-234, Defence Colony, New Delhi-110024  
Phone : 011-41550792, 24332759, 24336960,  
49098657, 35670064  
E-mail : drcharukohli@yahoo.com

**NAME: KUMAR ANAND**  
**DATE: March 23, 2024**

### 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: 11.38 x 4.43 cm.

LK: 10.05 x 5.09 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 measures 4.43 x 2.97 x 3.17 cm, volume measures 21.84 cc echopattern is homogenous.

Bowel loops are normal.

No free fluid is seen in abdomen.

### IMPRESSION:

**Grade 2 fatty liver , otherwise sonological study is within normal limits .**

*Chell*  
**Dr Charu Kohli**  
**MBBS DMRD**  
**DMC8388**

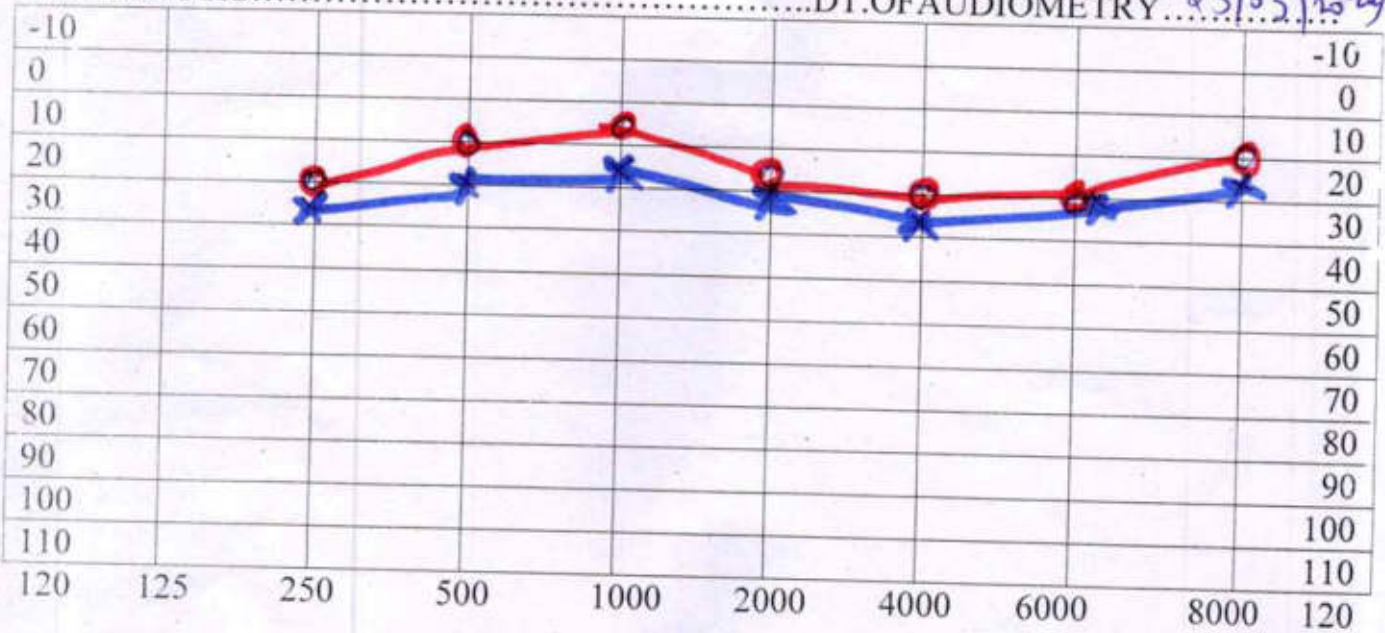
**DR. CHARU KOHLI**  
**CONSULTANT RADIOLOGIST**  
**DMC - 8388**  
**DR. CHARU KOHLI'S CLINIC**  
**C-234, DEFENCE COLONY, NEW DELHI-110024**

**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



**AUDIOLOGICAL EVALUATION**

1. NAME ..... Omendra Anand ..... AGE 35yrs ..... SEX Male  
 2. ADDRESS .....  
 ..... OCCUPATION .....  
 3. DIAGNOSIS ..... DT. OF AUDIOMETRY 23/05/2024



**TEST FREQUENCY**

AIR X =LEFT EAR --- Rinne ----- Hearing Loss for Speech R L \_\_\_\_\_  
 O =RIGHT EAR -----

BONE < =LEFT EAR --- Weber ----- DISCRIMINATION SCORE R L \_\_\_\_\_

Masking

No Response  
 Audiologists remarks



- 6dB-20dB....normal hearing
- 20dB-40dB....mild hearing loss
- 40dB-55dB....moderate hearing loss
- 55dB-70dB....moderately severe hearing loss
- 70dB-90dB....sever hearing loss
- >90dB.....profound hearing loss

# DR. CHARU KOHLI CLINIC

C-234, DEFENCE COLONY, NEW DELHI

Mr. ANAND KUMAR  
 Age/Sex : 35/M  
 Recorded : 23-3-2024 12:50  
 Ref. by :  
 Indication :

ID : 993  
 HWT : /

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE  
 History:  
 Medication :



PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	HR (BPM)	B P (mmHg)	RRP X100	II	ST LEVEL V2 (mm)	V5	METS
SUPINE	0:04	0:04			72	120/80	86	1.7	3.4	1.2	
HYPERVENT					70	120/80	84	2.1	3.4	1.3	
VALSALVA					72	120/80	86	2.1	3.5	1.3	
STANDING					97	120/80	115	1.6	3.1	0.7	
STAGE 1	2:59	2:59	2.70	10.00	112	130/82	145	2.3	4.2	1.1	4.80
STAGE 2	5:59	2:59	4.00	12.00	124	140/84	173	1.5	3.2	0.3	7.10
STAGE 3	8:59	2:59	5.40	14.00	125	150/86	187	0.9	2.4	-0.2	10.00
STAGE 4	11:59	2:59	6.70	16.00	142	160/88	227	0.3	2.0	-1.0	14.00
STAGE 5	13:59	1:59	8.00	18.00	162	170/90	275	1.0	1.3	-1.3	17.99
PEAK EXERCISE	14:13	2:13			165	170/90	280	0.5	2.0	-2.0	18.46
RECOVERY	2:59	2:59	0.00	0.00	104	140/84	145	0.1	1.2	-0.5	
RECOVERY	5:59	5:59	0.00	0.00	92	120/80	110	0.6	1.9	0.2	

**RESULTS**  
 Exercise Duration : 14:13 Minutes  
 Max Heart Rate : 165 bpm 89 % of target heart rate 185 bpm  
 Max Blood Pressure : 170/90 mmHg  
 Max Work Load : 18.46 METS  
 Reason of Termination :  
**IMPRESSIONS**

*Negative for any mitral valve prolapse of aortic*

Cardiologist  
  
 Dr. D. R. RAVI  
 MBBS, MD  
 DMCC-46748  
 CONSULTANT CARDIOLOGIST

MR. ANAND KUMAR  
I.D. : 993  
AGE/SEX : 35/M  
RECORDED : 23-3-2024 12:50

RATE : 72 BPM  
B.P. : 120/80 mmHg

DR. CHARU KOHLI CLINIC

SUPINE  
PRETEST

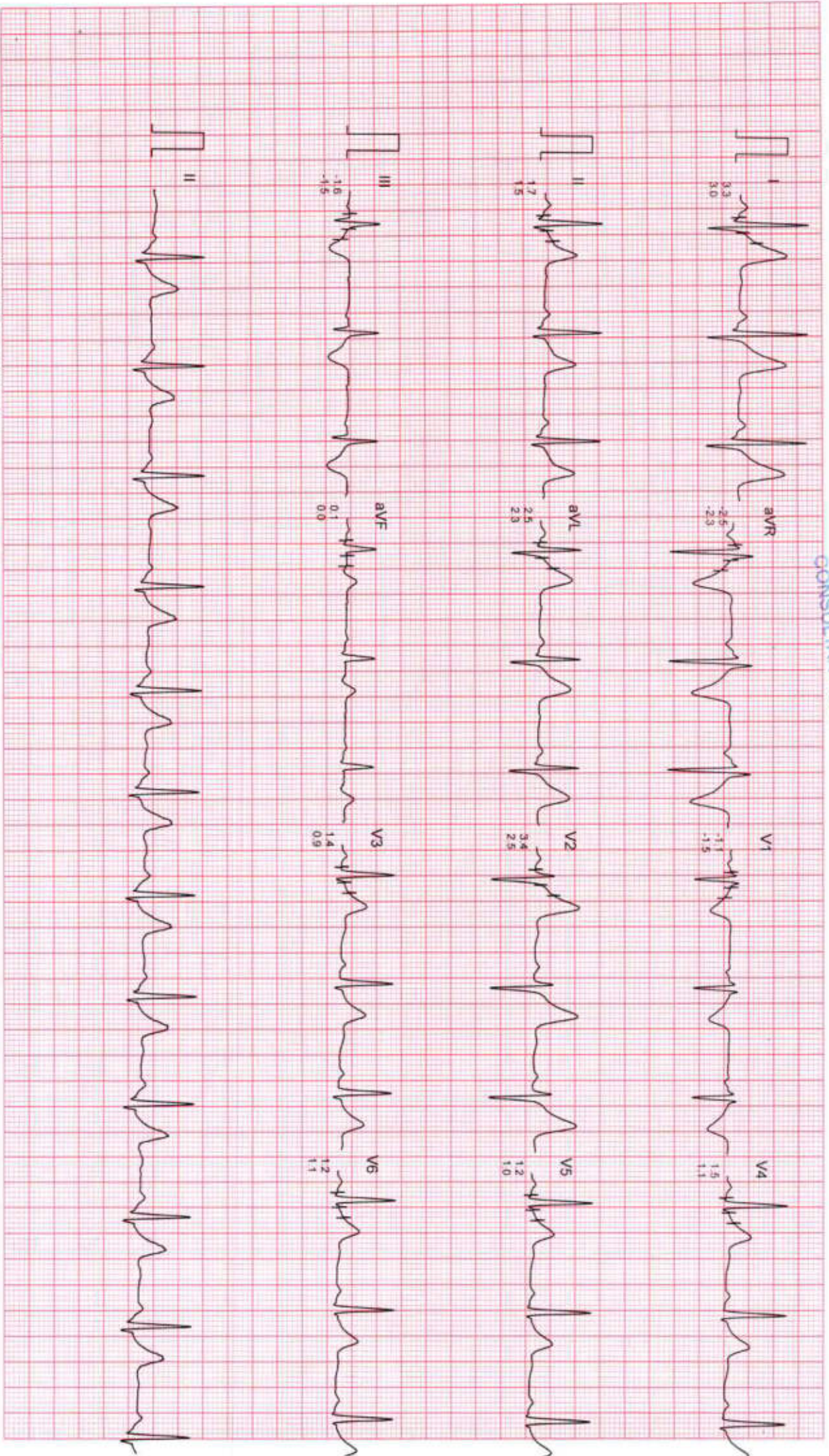
*Dr. D. R. RAJIV*  
DR. D. R. RAJIV  
MBBS, MD

DMC-46748  
CONSULTANT CARDIOLOGIST

*SCG*

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN



Filtered Computer Corrected Baseline

25mm/sec 10mm/mV

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MR. ANAND KUMAR

I.D. : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

DR. CHARU KOHLI CLINIC

HYPERVENTILATION  
PRETEST

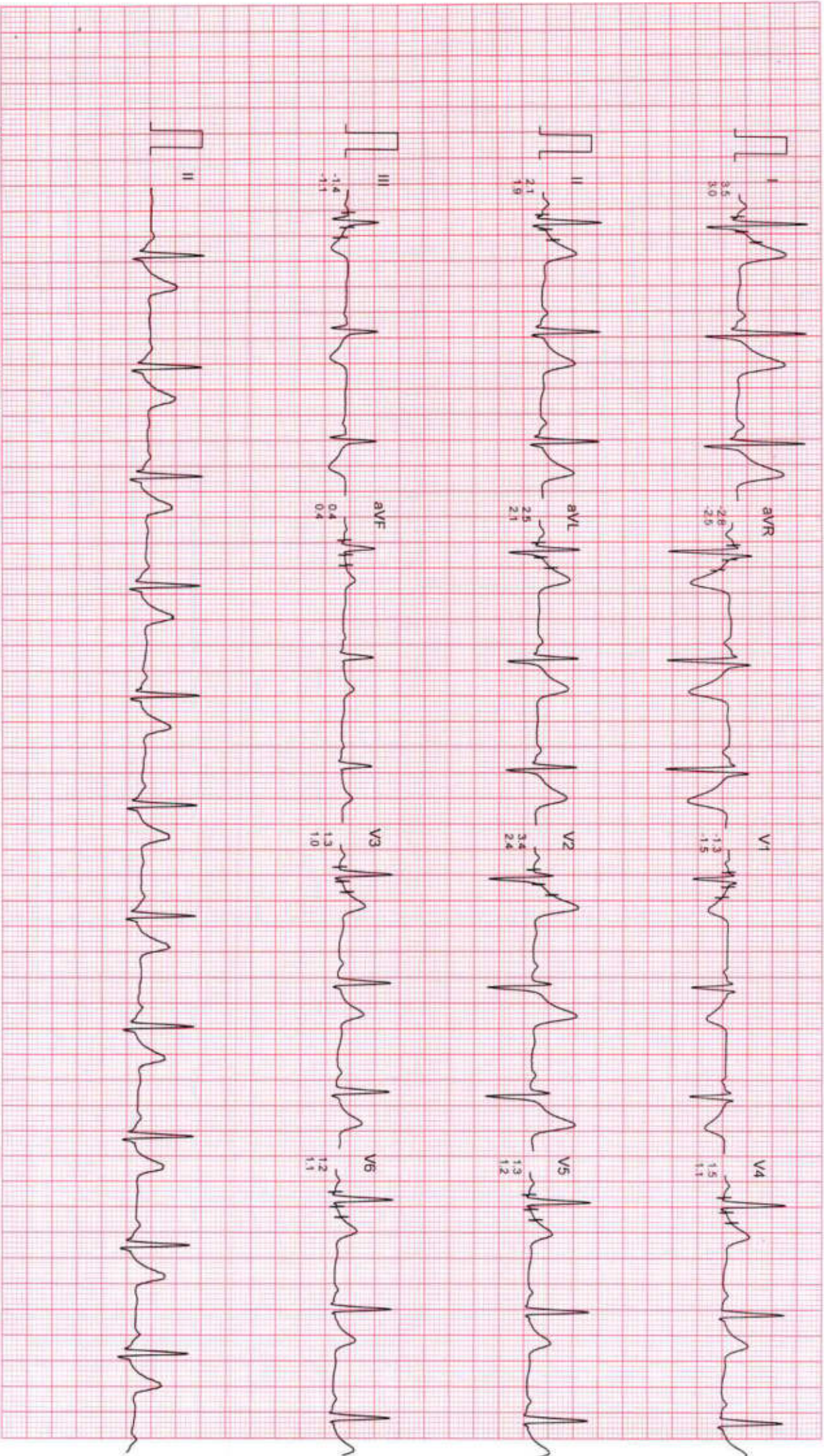
ST @ 10mm/mV  
80ms PostI

RATE : 70 BPM

B.P. : 120/80 mmHg

STAGE TIME : 0:04

LINKED MEDIUM



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Computer Corrected Baseline

25mm/sec 10mm/mV

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DR. CHARU KOHLI CLINIC

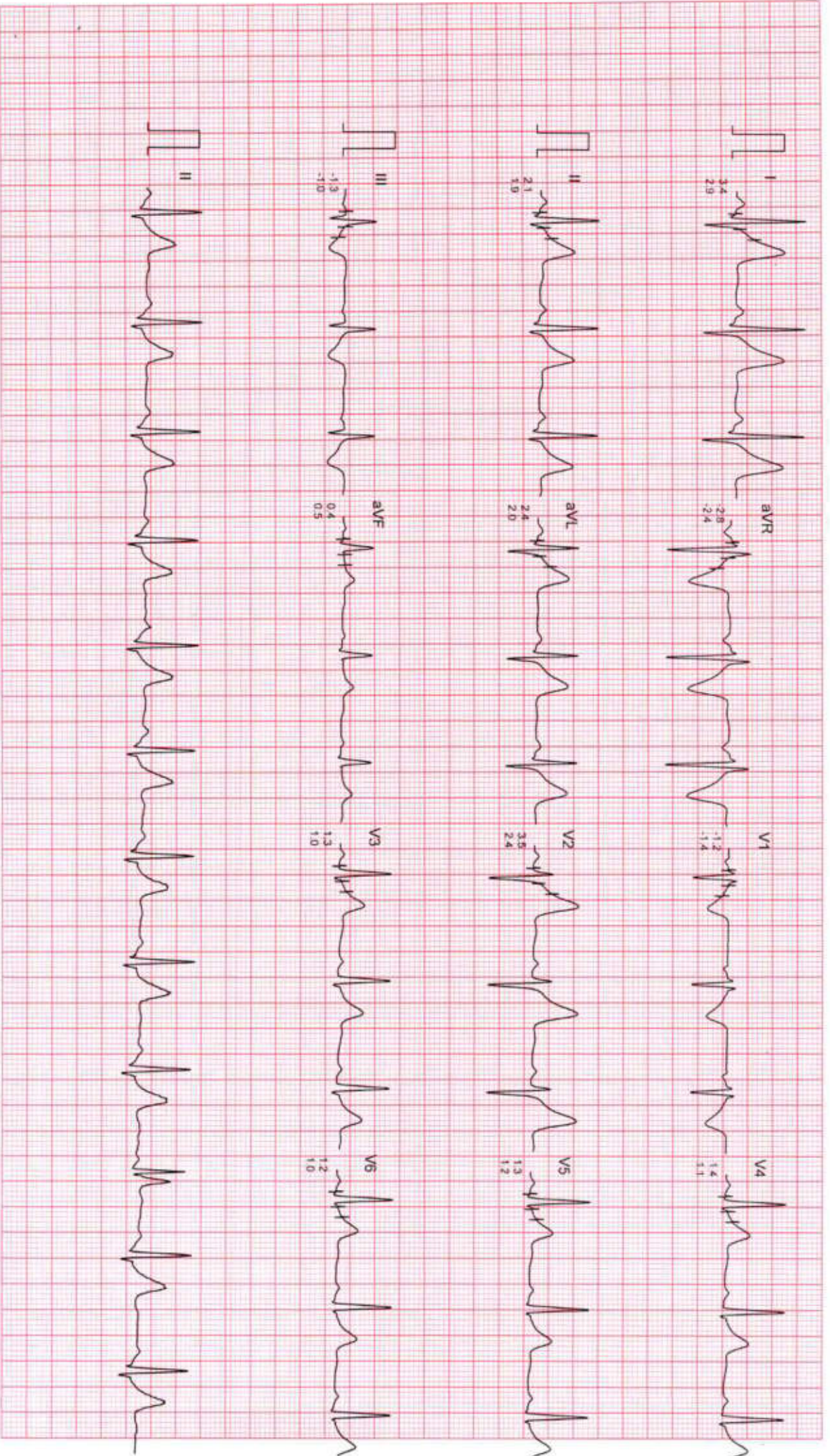
VALSALVA  
PRETEST

ST @ 10mm/mV  
80ms PostJ

Mr. ANAND KUMAR  
ID : 993  
AGE/SEX : 35/M  
RECORDED : 23-3-2024 12:50

RATE : 72 BPM  
B.P. : 120/80 mmHg

LINKED MEDIAN



Filtered  
Computer Corrected Baseline

25mm/Sec 10mm/mV

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DR. CHARU KOHLI CLINIC

STANDING  
PRETEST

ST @ 10mm/mV  
80ms PostJ

Mr. ANAND KUMAR

ID : 993

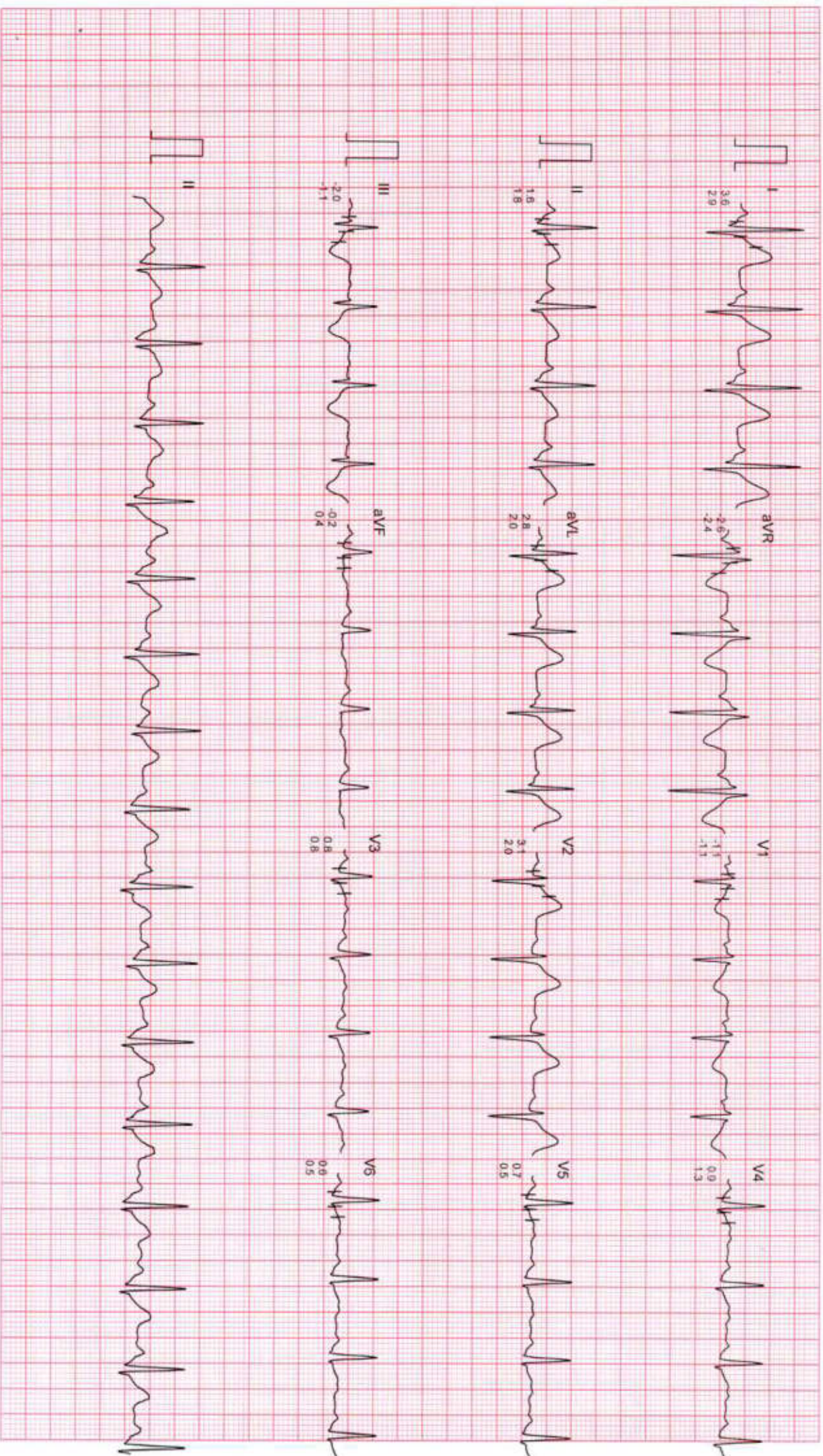
AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 97 BPM

B.P. : 120/80 mmHg

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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Mr. ANAND KUMAR

ID : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 112 BPM

B.P. : 130/82 mmHg

DR. CHARU KOHLI CLINIC

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

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# DR. CHARU KOHLI CLINIC

Mr. ANAND KUMAR

ID : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 124 BPM

B.P. : 140/84 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



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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Mr. ANAND KUMAR

I.D : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

DR. CHARU KOHLI CLINIC

BRUCE

EXERCISE 3

PHASE TIME : 8.59

STAGE TIME : 2.59

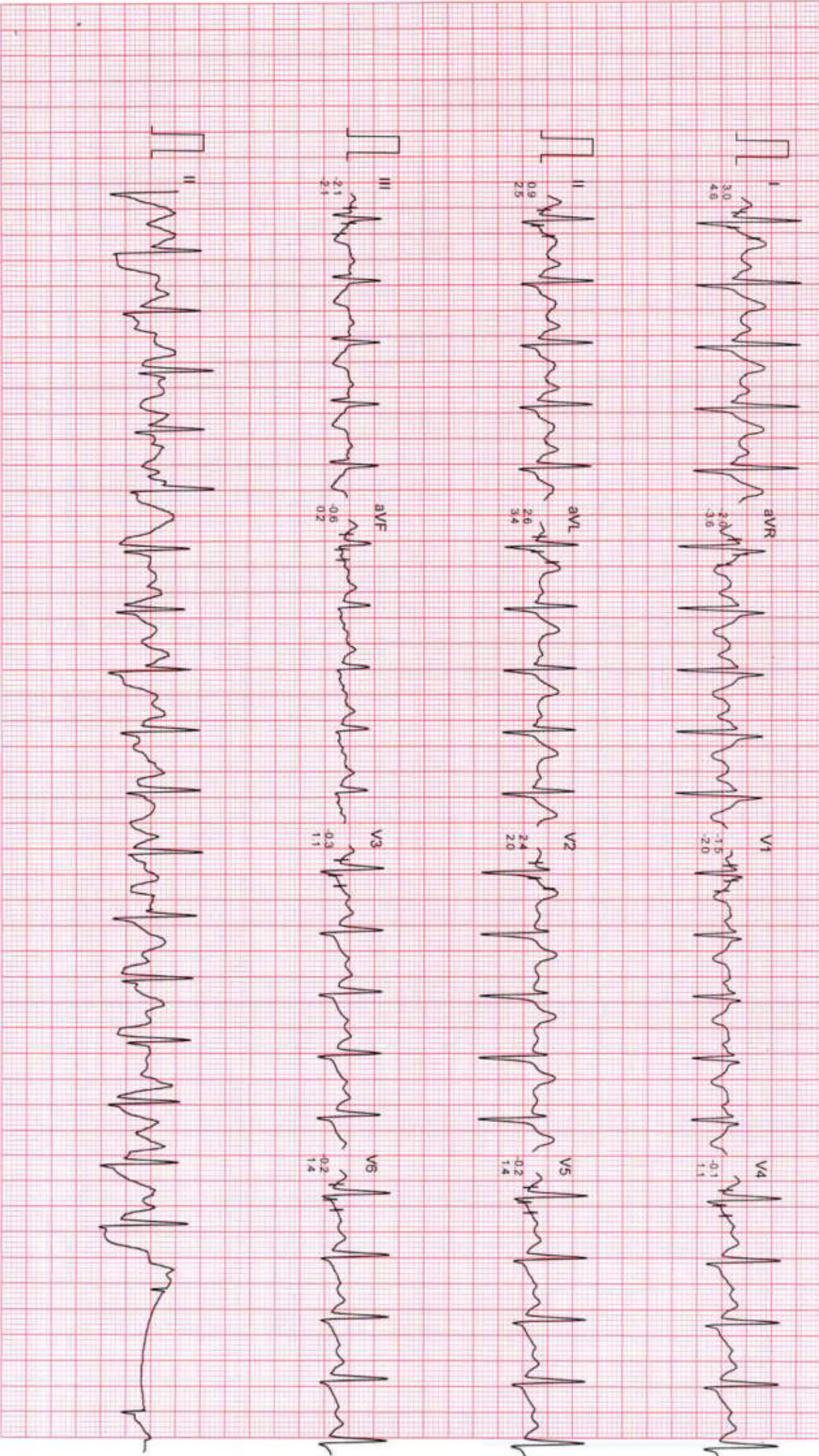
ST @ 10mm/mV

80ms PostJ

SPEED : 5.4 Km/Hr

GRADE : 14.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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DR. CHARU KOHLI CLINIC

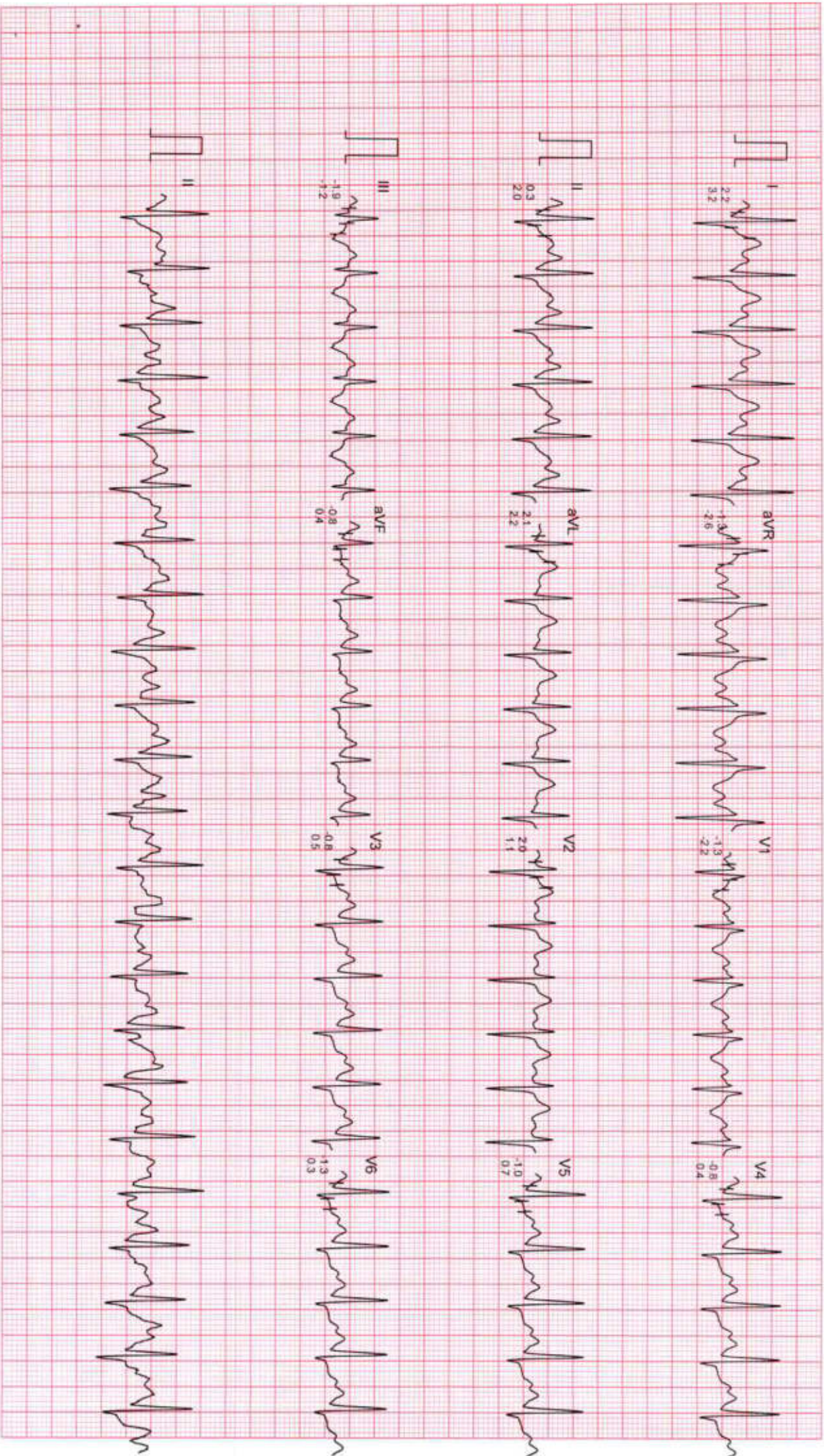
Mr. ANAND KUMAR  
ID : 993  
AGE/SEX : 35/M  
RECORDED : 23-3-2024 12:50

RATE : 142 BPM  
B.P. : 160/88 mmHg

BRUCE  
EXERCISE 4  
PHASE TIME : 11:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 6.7 Km./Hr  
GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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# DR. CHARU KOHLI CLINIC

Mr. ANAND KUMAR

ID : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 162 BPM

B.P. : 170/90 mmHg

BRUCE

EXERCISE 5

PHASE TIME : 13:59

STAGE TIME : 1:59

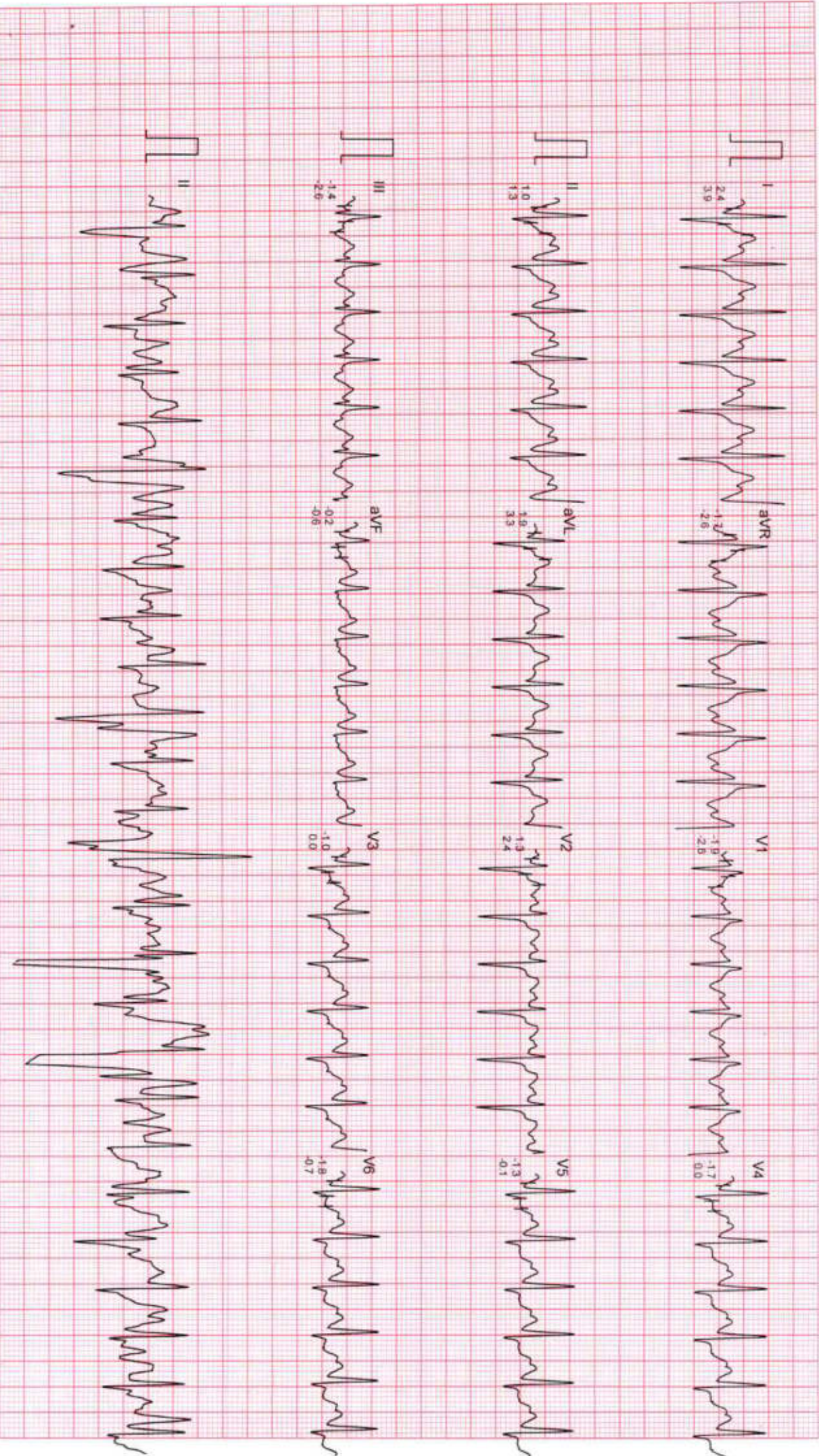
ST @ 10mm/mV

80ms PostJ

SPEED : 8.0 Km /Hr.

GRADE : 18.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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# DR. CHARU KOHLI CLINIC

Mr. ANAND KUMAR

ID : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 165 BPM

B.P. : 170/90 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 14:13

STAGE TIME : 2:13

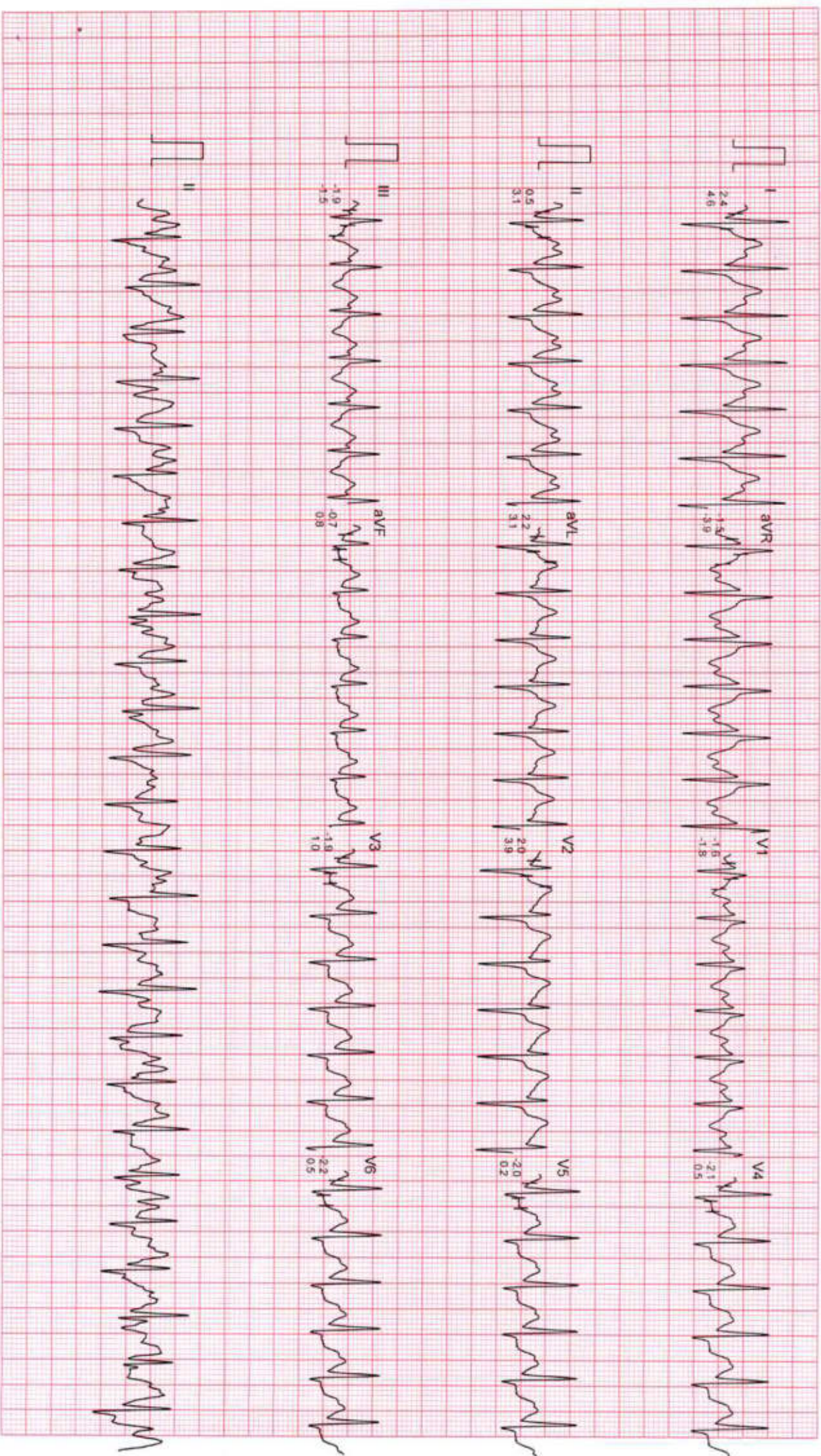
ST @ 10mm/mV

80ms PostJ

SPEED : 8.0 Km /Hr

GRADE : 18.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. ANAND KUMAR

I.D : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 116 BPM

B.P : 170/90 mmHg

BRUCE

RECOVERY

PHASE TIME : 0:59

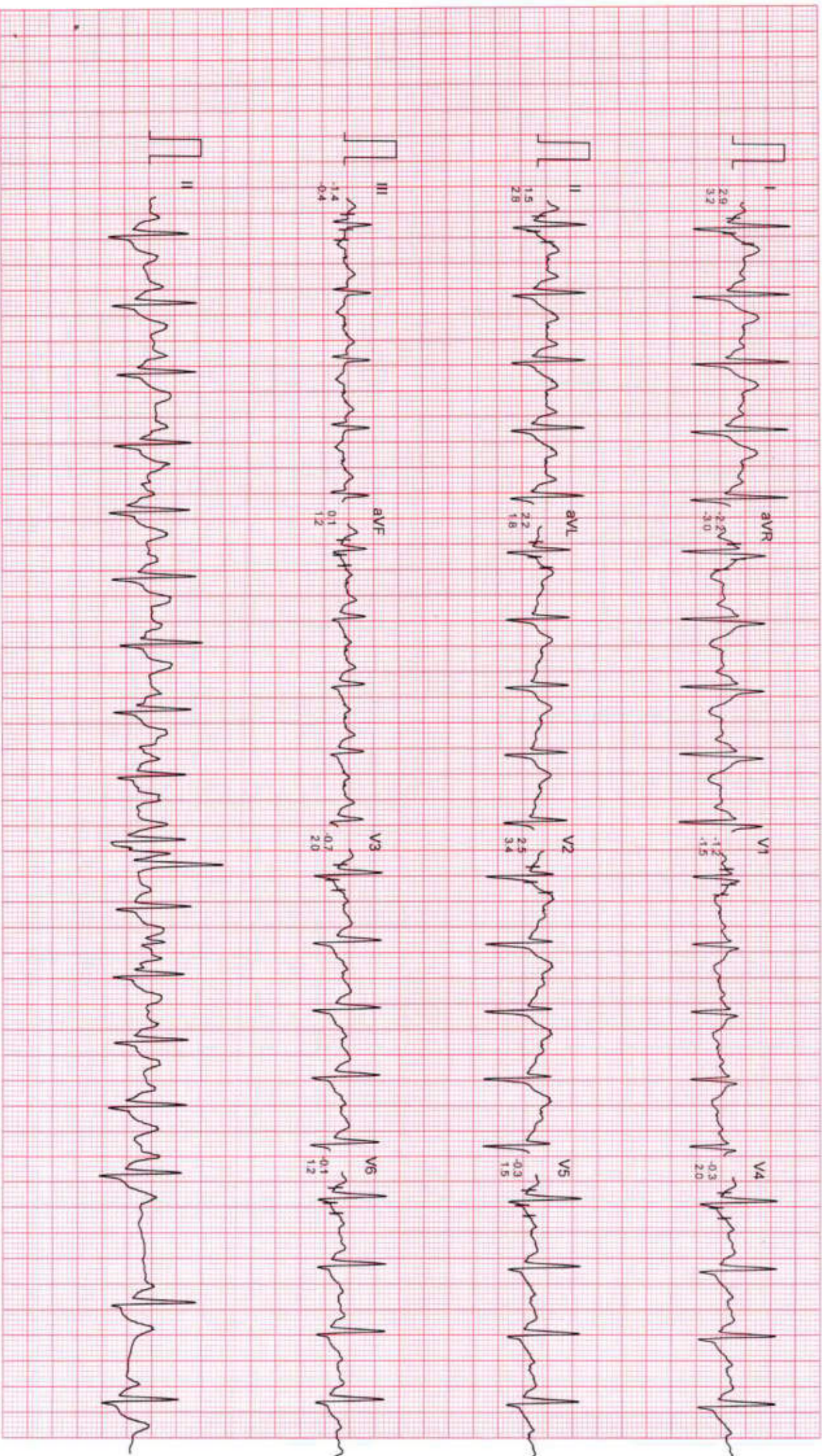
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km /Hr

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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DR. CHARU KOHLI CLINIC

Mr. ANAND KUMAR

I.D. : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

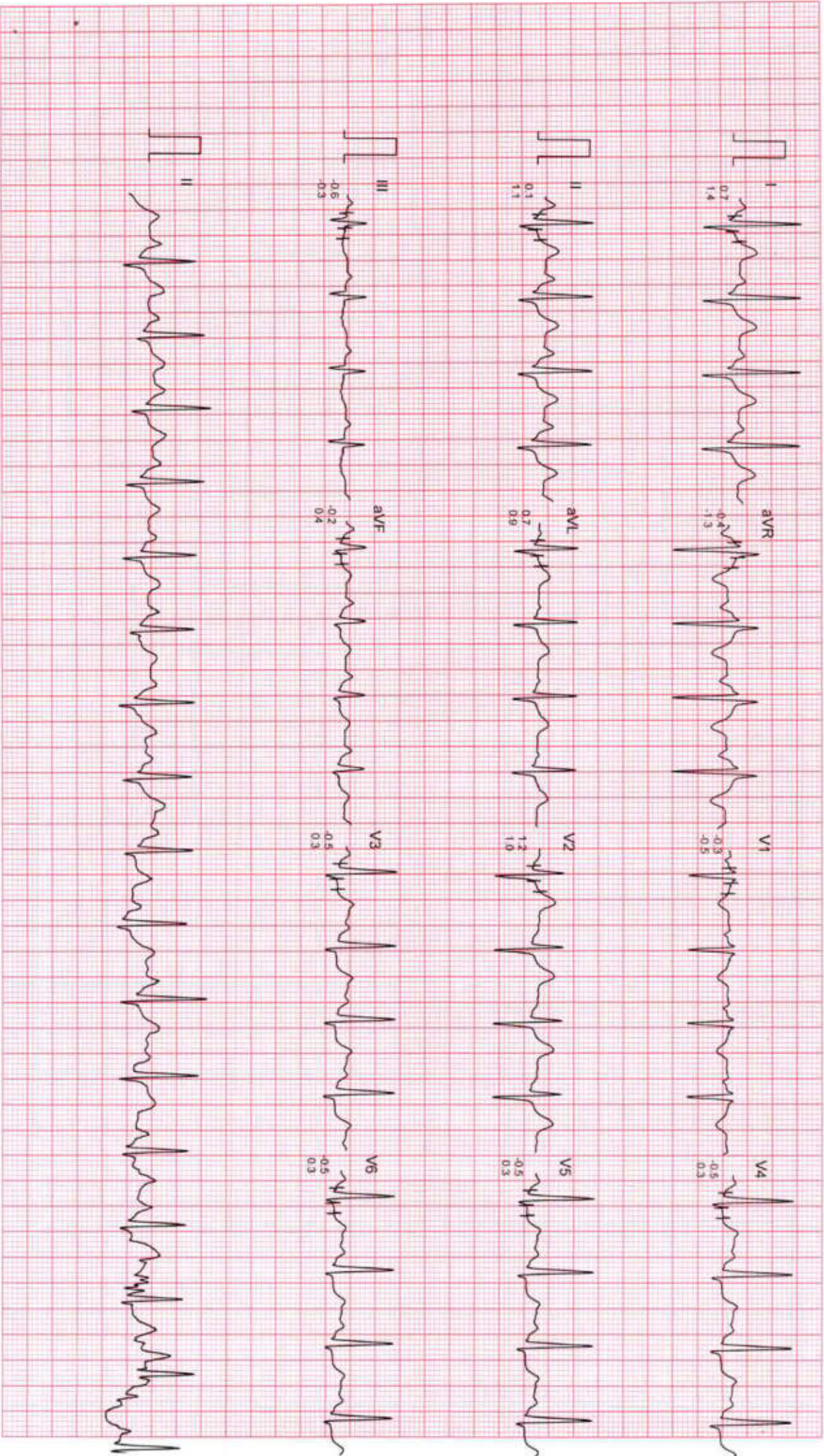
RATE : 104 BPM

B.P. : 140/84 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 2:59

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

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

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# DR. CHARU KOHLI CLINIC

Mr. ANAND KUMAR

ID : 993

AGE/SEX : 35/M

RECORDED : 23-3-2024 12:50

RATE : 92 BPM

B.P. : 120/80 mmHg

BRUCE

RECOVERY

PHASE TIME : 5:59

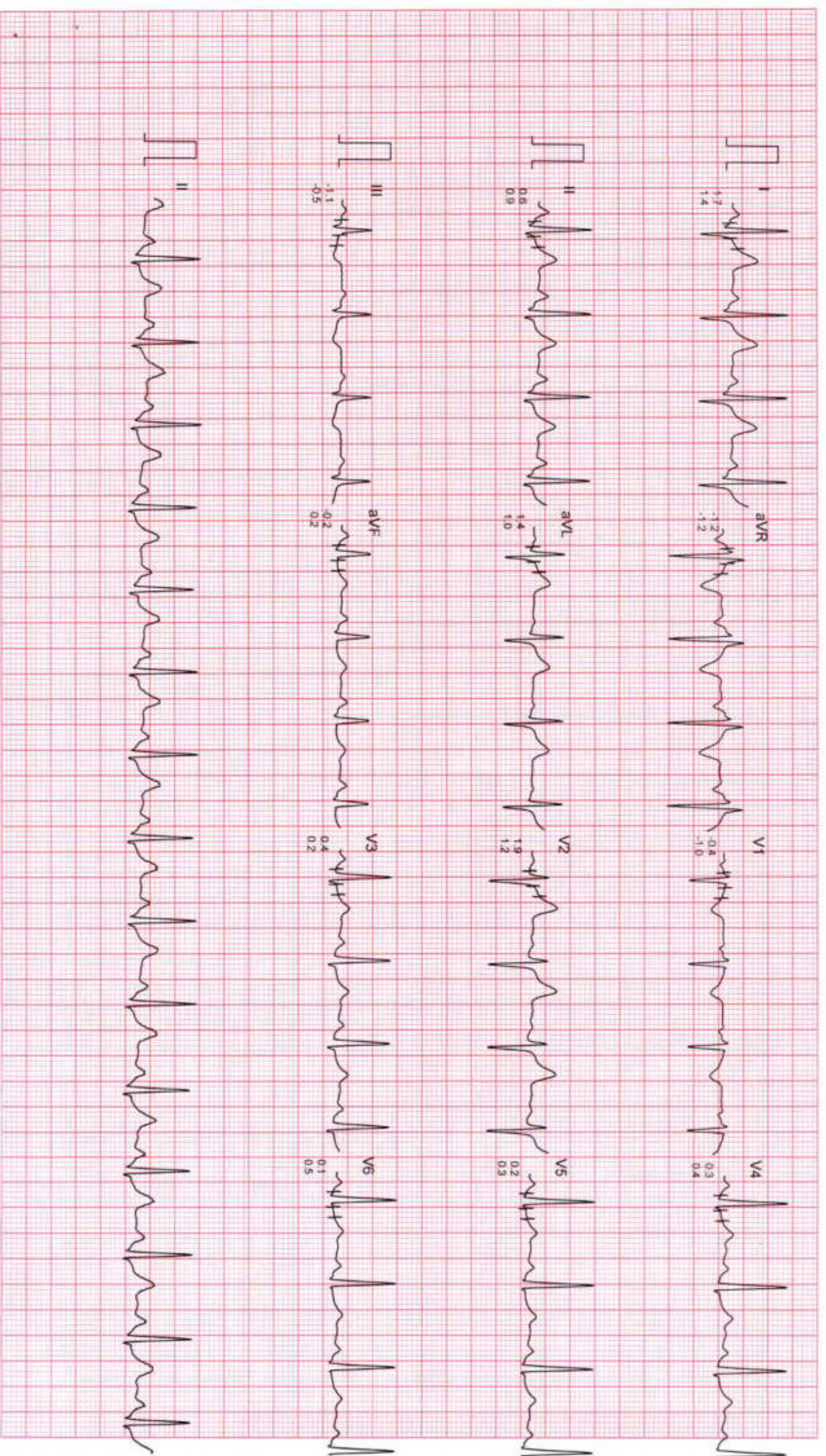
ST @ 10mm/mV

80ms PostU

SPEED : 0.0 Km./hr.

GRADE : 0.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph. 091-731-2620740, TeleFax 091-731-2431214



**Dr. Charu Kohli's Clinic**  
C-234 Defence Colony, New Delhi-1 10024  
Ph 41550792 ,24336960, 24332759  
E- mail: [drcharukohli@yahoo.com](mailto:drcharukohli@yahoo.com)

**NAME** : ANAND  
**AGE/SEX** : 35Y/M  
**DATE** : 23.04.2024

**X - RAY CHEST PA VIEW :**

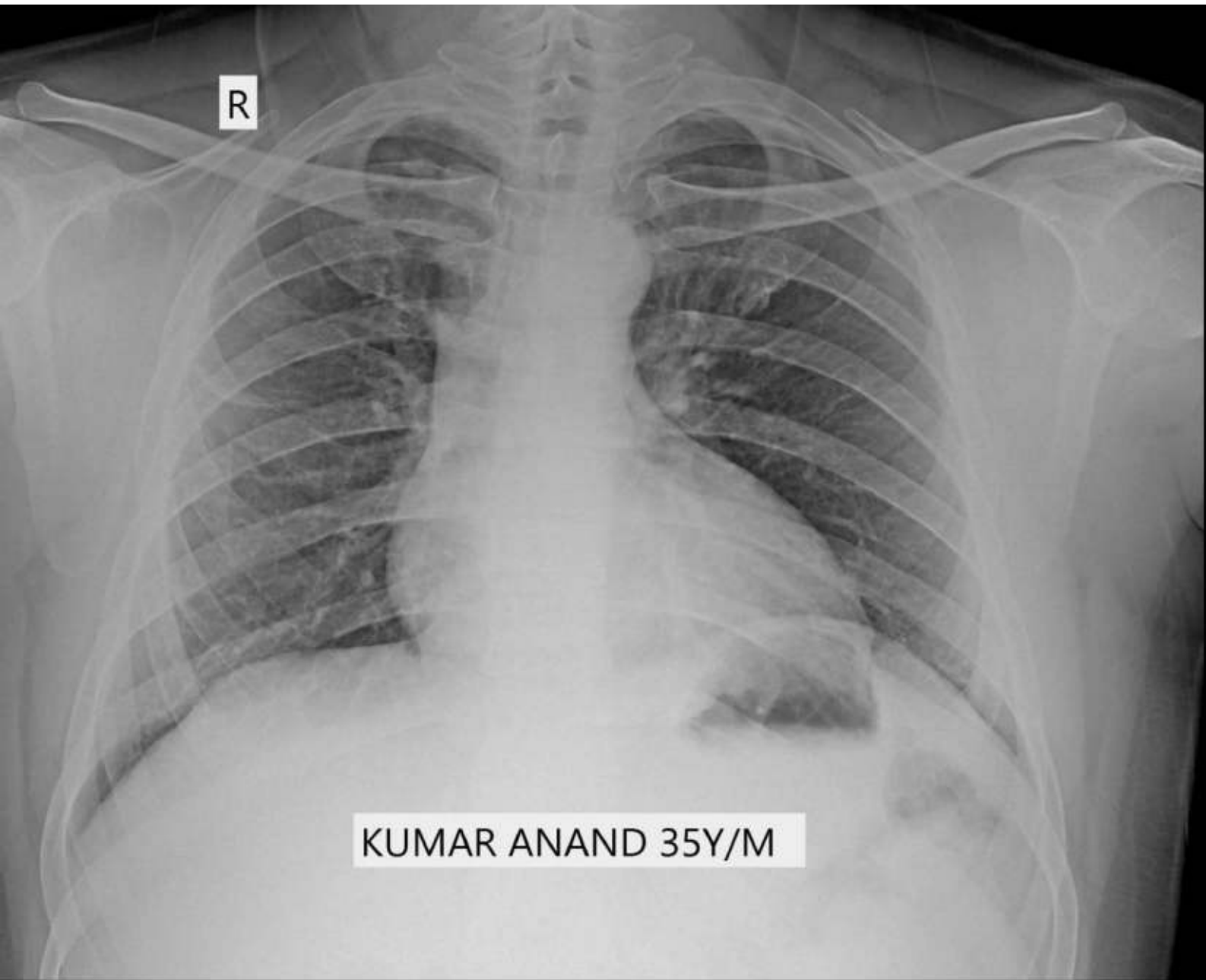
Cardiac shadow is normal.  
Aorta is normal.  
Bilateral lung fields are clear.  
Both costophrenic angles are clear.  
Bilateral domes of diaphragm are normal.  
No bony injury noted.

**IMPRESSION:** Normal chest skiagram

*Charu Kohli*

**DR. CHARU KOHLI**  
**MBBS, DMRD**  
**Consultant Radiologist**

**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.



R

KUMAR ANAND 35Y/M



<b>Registration No.</b>	<b>102322179</b>	Mobile No.	8734815154
<b>Patient Name</b>	<b>Mr. ANAND</b>	Registration Date/Time	23/03/2024 10:42:12
Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	24/03/2024 16:45:48
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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## HAEMATOLOGY

### Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	15.2	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	04.6	10 <sup>9</sup> /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	<b>5.51</b>	10 <sup>6</sup> /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	48.0	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	87.2	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	27.6	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	31.6	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	162.00	10 <sup>3</sup> /uL	150.00 - 410.00

**ADVISE:** PLATELET REPORTED AFTER MANUAL REVIEW OF THE SLIDE.

RDW- CV% ,EDTA	<b>14.4</b>	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	61.0	%	40.0 - 80.0
Lymphocyte ,EDTA	31.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	5.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0

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



<b>Registration No.</b>	<b>102322179</b>	Mobile No.	8734815154
<b>Patient Name</b>	<b>Mr. ANAND</b>	Registration Date/Time	23/03/2024 10:42:12
Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/03/2024 16:45:45
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Biological Ref Interval</b>
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ESR ,EDTA

Method : Westergreen

12

mm/Ist hr.

00 - 15



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<b>Registration No.</b>	<b>102322179</b>	Mobile No.	8734815154
<b>Patient Name</b>	<b>Mr. ANAND</b>	Registration Date/Time	23/03/2024 10:42:12
Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/03/2024 20:04:33
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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Blood Group ABO ,EDTA

Method : Forward Grouping

"A"

Rh Typing ,EDTA

Method : Forward Grouping

NEGATIVE

**HbA1c** ,EDTA

Method : Photometric method

8.2 %

**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 preceding 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.





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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	24/03/2024 16:45:48
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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## BIOCHEMISTRY

### LIPID PROFILE

Total Lipids ,Serum Plain	615	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	<b>212</b>	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i>	<b>191</b>	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	42	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	<b>131.8</b>	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	38.2	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	5.05		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	3.14		

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 anomalies 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  
Very High >=190 mg/dL

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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>	0.67	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	<b>0.34</b>	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.33	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	<b>81.6</b>	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	<b>219.2</b>	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	103.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.21	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.32	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	2.89	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.49		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	<b>145.0</b>	U/L	0.0 - 50.0



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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	24/03/2024 16:45:15
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Test Name	Value	Unit	Biological Ref Interval
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Blood Sugar (Fasting) ,Plasma F **172.6** mg/dl 70.0 - 110.0  
Method : GOD POD

Blood Sugar (PP) ,Plasma PP **304.3** mg/dl 70.0 - 140.0  
Method : GOD POD

**Comment :-**

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean and anxious individuals, after massive weight reduction and women with lower body over weight etc..

Serum Creatinine ,Serum Plain **0.74** mg/dl 0.40 - 1.50  
Method : Modified Jaffe's

Serum Uric Acid ,Serum Plain **4.43** mg/dl 3.40 - 7.00  
Method : Uricase- POD

Blood Urea Nitrogen ,Serum Plain **9.3** mg/dl 0.0 - 20.0  
Method : Calculated





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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/03/2024 18:58:49
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.14	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	10.20	ug/dl	5.20 - 12.70
TSH	1.33	uIU/ml	0.30 - 4.50

**Comment :**

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

**Adults**

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

**Newborn**

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/03/2024 18:58:49
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Test Name	Value	Unit	Biological Ref Interval
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Total PSA ,Serum Plain 0.24 ng/ml 0.00 - 4.00

Increased Value is seen in Benign Prostatic Hypertrophy(BPH), Prostatitis, or Prostate Cancer .

When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low.

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	Probabilty 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 corelated with clinical findings and results of other investigations





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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	23/03/2024 18:19:19
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

#### URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	20 mL	
Appearance ,URINE	Clear	Clear

#### URE CHEMICAL EXAMINATION

Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.0	5.0
Specific Gravity ,URINE	1.015	1.000
Protein (Strip Method) ,URINE	Nil	Nil
Glucose (Strip Method) ,URINE	+	Nil

#### URE MICROSCOPY EXAMINATION

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



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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	24/03/2024 15:32:20
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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**STOOL ANALYSIS**

**STOOL PHYSICAL EXAMINATION**

COLOUR/APPEARANCE ,STOOL	Brownish		
CONSISTENCY ,STOOL	Formed		
MUCUS ,STOOL	Nil		
BLOOD ,STOOL	Nil		
REACTION ,STOOL	Alkaline		Neutral to Alkaline

**STOOL MICROSCOPIC EXAMINATION**

PUS CELLS ,STOOL	Nil	/HPF	Nil
RBC's ,STOOL	Nil	/HPF	Nil
OVA ,STOOL	Nil		Nil
CYSTS ,STOOL	NIL		NIL
PARASITES ,STOOL	Not Seen		
BACTERIAL FLORA ,STOOL	Normal		Normal
OTHERS ,STOOL	Nil		Nil
HELMINTHES ,STOOL	Not seen		Not seen
BILHARZIASIS ,STOOL	Not seen		Not seen
SHIGELLA ,STOOL	Not seen		Not seen
V.CHOLERA ,STOOL	Not seen		Not seen





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Age / Sex	35 Yrs Male	Sample Collected Date/Time	23/03/2024 13:13:09
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	24/03/2024 16:46:23
Collected At	DCKC	Printed Date/Time	24/03/2024 16:58:46

Test Name	Value	Unit	Biological Ref Interval
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URINE SPOT SUGAR (FASTING) ,URINE Nil Nil

URINE SPOT SUGAR (PP) ,URINE Nil Nil

\*\*\* End of Report \*\*\*



23-03-2024 11:57:32

12.20 s  
78.00 kV  
8.00 mA



23-03-2024 11:57:32

12.20 s  
78.00 kV  
8.00 mA

