

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. DEV SUKH
EC NO.	164648
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	AMBALA CANTT,PUNJABI MOHALLA
BIRTHDATE	06-03-1981
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M164648100104276E

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 **21-03-2024** 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))

Patient Name : Mr. SUKHDEV SINGH
Age / Gender : 37 / Male
Referred By : Dr. Aniket Saini
Req.No : 2433850
Patient Type : OPD

UHID : 41786
IPNO :
Requisitions : 14/03/2024
Reported on : 14/03/2024

HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood (EDTA)

TEST NAME	RESULT	UNITS	REF. INTERVAL	BIOLOGICAL METHOD
Haemoglobin	16.5	g/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	5200	cells/cu.mm	4000 - 10000	Impedance Variation
DIFFERENTIAL COUNT				
Neutrophils.	50	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	40	%	20.0 - 40.0	Flow Cytometry
Monocytes	06	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	04	%	1.0 - 6.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	161	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	5.34	millions/cum m	4.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	48.5	%	40 - 50	Calculated
MEAN CORPUSCULAR VOLUME	90.9	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	30.9	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	34.0	g/dl	32 - 36	Calculated

**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr SEEMILY KAHMEI
MD PATHOLOGY
23509
Dr SEEMILY KAHMEI
MD (Pathology)

Dr. VISHAL SALHOTRA
MD (Pathology)

Page 1 of 1

(This is only professional Opinion and not the diagnosis, Please correlate clinically)

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IPNO :
Requisitions : 14/03/2024 / 2.27 PM
Reported on : 14/03/2024 / 5.48 PM

SEROLOGY

BLOOD GROUP and RH TYPE

Specimen Type	WHOLE BLOOD	BIOLOGICAL	
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL METHOD
Blood Group	" B " RH POSITIVE		Hemagglutination

Internal Autocontrols are satisfactory.

-**** End of Report ****-

Please Correlate With Clinical Findings

Lab Technician

Dr. SEEMILY KAHMEI
MD (Pathology)
23609

Dr. VISHAL SALHOTRA
MD (Pathology)

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Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. : 74320 00000, 74969 79727
Ph.: 171 - 2500000, 74320 00000, 74969 79727 Toll free No.: 1800 180 1234 E-mail : healingtouchhospital2012@gmail.com,

the health care providers the health care providers

Patient Name : Mr. SUKHDEV SINGH
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Reported on : 14/03/2024

BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
TOTAL BILIRUBIN	1.01	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.33	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.68	mg/dL	0.0 - 0.9	Calculated
SGOT (AST)	38.2	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	57.9	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	58.8	IU/L	50 - 136	Modified IFCC
Total Protein	7.39	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	3.89	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	3.50	gms%	2.3 - 4.5	Calculated

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

**** End of Report ****

Please Correlate With Clinical Findings

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MD PATHOLOGY

Lab Technician

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Salhotra
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Healing Touch

Super Speciality Hospital



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BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type : Serum

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Urea Creatinine				
Serum Urea	17.6	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	1.03	mg/dL	0.6 - 1.4	Modified JAFFEs
Serum Uric Acid	4.6	mg/dl	3.5 - 7.2	Uricase Trinder, End Point (Toos)
Serum Sodium	138.3	meq/l	135 - 155	ISE Indirect
Serum Potassium	4.08	meq/l	3.5 - 5.6	ISE Indirect

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

-**** End of Report ****-

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI
MD PATHOLOGY

Lab Technician ~~Dr SEEMILY KAHMEI~~
23688
MD (Pathology)

Salhotra
Dr. VISHAL SALHOTRA
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Healing Touch

Super Speciality Hospital



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BIOCHEMISTRY

BLOOD SUGAR FASTING AND PP

Specimen Type : Serum

BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
FASTING PP				
Plasma glucose (Fasting)	102.4	mg/dl	70 - 110	GOD-POD Hexokinase
Plasma Glucose(POST Prandial)	161.7	mg/dl	90 - 140	GOD-POD Hexokinase

-**** End of Report ****

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23609

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BIOCHEMISTRY

HBA1C

Specimen Type : WHOLE BLOOD

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Glycosylated Haemoglobin (HbA1c)	7.6	%	4.2 - 5.7	HPLC
Estimated Average Glucose (eAG)	145.59	mg/dL		Calculated

Interpretation for HbA1c% as per American Diabetes Association (ADA)
 Non diabetic adults: <5.7
 At risk (Prediabetes): 5.7-6.4
 Diagnosing Diabetes: >=6.5
 Therapeutic goals for glycemic control: Age > 19 years, Goal of therapy: <7.0
 Age <19 years, Goal of therapy: <7.5

-**** End of Report ****-

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 23000

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BIOCHEMISTRY

LIPID PROFILE

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
LIPID PROFILE				
SERUM CHOLESTROL	192.2	mg/dl	0 - 200	Cholestrol Oxidase - Peroxidase
Serum Triglycerides	148.5	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	44.56	mg/dl	0 - >50	Oxidase - Peroxidase
LDL Cholesterol	118.0	mg/dl	0 - >100	Calculated
VLDL Cholesterol	29.70	mg/dL	0 - <30	Calculated

Recommended cut points for lipid profile
Category : Acceptable : Borderline : High
Cholestrol : <200 : 200-239 : >=240
Triglycerdes : <150 : 150-199 : 200-499
LDL cholestrol:<100 : 100-129 : 160-189

-**** End of Report ****-

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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type : Urine

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
PHYSICAL EXAMINATION				
Sample Volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific Reaction.	1.020			Ion Exchange
pH -Urine	Acidic		Acidic	
Albumin.	6.0			Double Indicator
Glucose	NIL		Absent	Acid/Base Exchange
Bile Salt	NIL		Absent	Oxidase/Peroxidase
Bile Pigment	NIL		NIL	
Urobilinogen	NIL		NIL	Diazo/Fouchets Test
MICROSCOPIC EXAMINATION				Ehrlich Reaction
PUS CELLS - URINE	2-3			
Red blood cells	Nil		NIL	
Epithelial Cells - Urine	1-2		4---5/HPF	
Casts	NIL		NIL	Microscopic
Crystals.	NIL		NIL	Microscopic

**** End of Report ****

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IMMUNOLOGY

THYROID PROFILE

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Tri-iodothyronine (T3)	1.13	ng/mL	0.69 - 2.15	CLIA
Thyroxine (T4)	114.0	ng/mL	52 - 127	CLIA
Thyroid Stimulating Hormone (TSH)	1.98	µIU/mL	0.3 - 4.5	CLIA

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. Certain conditions like pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids may cause false thyroid values.

Reference ranges of TSH in pregnancy

1st Trimester = 0.1-2.5

2ed Trimester = 0.2-3.0

3rd Trimester = 0.3-3.0

TSH levels are subject to circadian variation peaking early morning and a low level in the evening. The time of the day has influence on the measured serum TSH concentrations.

**** End of Report ****

Please Correlate With Clinical Findings

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 23609

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Healing Touch Hospital



NAME : MR. SUKHDEV SINGH

AGE / SEX : 37 YRS /M

REF. BY : DR. ANIKET SAINI

REG.DATE : 14/03/2024

UHID : 41786/OPD

USG WHOLE ABDOMEN

LIVER:

Enlarged in size and measures 17.8cm and shows raised echogenicity with normal outline. No focal lesion is seen. Intrahepatic biliary radicals are normal. Portal vein is normal.

GALL BLADDER:

is partially distended and shows few calculi with conglomerate of size ~19mm in its lumen. Wall thickness is normal.

PANCREAS:

Normal in size and echotexture

SPLEEN:

Normal in size and echotexture. No focal lesion is seen.

KIDNEYS:

Both kidneys are normal in size, shape and echotexture. No mass lesion is seen.

Cortical thickness and corticomedullary differentiations are maintained on both sides.

No hydronephrosis/calculus is seen.

URINARY BLADDER:

is minimally distended. Visualized lumen is clear.

PROSTATE:

Visualized prostate appears normal.

No free fluid is seen in abdomen.

IMPRESSION:

- *Hepatomegaly with grade I fatty liver.*
- *Cholelithiasis.*

Please correlate clinically & with other investigations.

Dr Ajay Chugh

MBBS, DNB (Radiodiagnosis)

DR. AJAY CHUGH
Regd. No. HN 21689

MBBS, DNB (RADIOLOGIST)

CONSULTANT RADIOLOGIST
REGD NO. HN 21689

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES
Thanks for the Referral, With Regards

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. :74320 00000, 74969 79727

the health care providers the health care providers

COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

NAME:MR.SUKHDEV SINGH

AGE:37Y/M

MR.NO.41786

REFD.BY:DR.ANIKET

DATED:14/03/2024

On 2D examination

MITRAL VALVE

AML- Thin, no anterior mitral leaflet Flutter, There is no prolapse of AML
PML – Thin, no prolapse moves posteriorly during Diastole
No Mitral Annular Calcification,
No Subvalvular Pathology.

TRICUSPID VALVE

Thin. Opening well, no prolapse

AORTIC VALVE

Normal, Opening well
Morphology - Tricuspid

PULMONARY VALVE

Thin. Opens well. Pulmonary Artery not dilated.

LEFT VENTRICLE

There is no left ventricular hypertrophy.
There is no regional wall motion abnormality.

LEFT ATRIUM

Normal in size

RIGHT ATRIUM

Normal in size

RIGHT VENTRICLE

Normal in size

PERICARDIUM

Normal

MEASUREMENTS

(NORMAL VALUES)

M-MODE

Inter Vent. Septum Thickness (D)	11mm	[0.6 – 1.2cm]
INTER VENT. SEPTUM THICKNESS (S)	15mm	[0.9 – 1.8cm]
Left Ventricular ED Dimension	53mm	[3.7 – 5.6cm]
Left Ventricular ES Dimension	34mm	[2.2 – 4.0cm]
LV Posterior Wall Thickness (D)	11mm	[0.6 – 1.2cm]
LV Posterior Wall Thickness (S)	16 mm	[0.9 – 1.8cm]
Aortic Root Diameter	26mm	[2.0 – 3.7cm]
Left Atrial Diameter	30mm	[1.9 – 4.0cm]
Ejection Fraction	60%	[54 – 76%]
Visual LVEF	60%	

ON INTERROGATING WITH PULSE & CONTINUOUS WAVE DOPPLER IT WAS FOUND THAT THERE IS

MITRAL DIASTOLIC FLOW: E Vel. 0.8m/sec , A Vel. 0.6m/sec E>A	
Aortic Forward Velocity:	1.20 m/sec
Pulmonary Forward velocity :	0.70 m/sec

NO MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

ON COLOR FLOW IMAGING THERE WAS →

NO MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

COMMENTS

No clot seen.
No vegetation on any valve.
No intra cardiac mass.
IAS IVS intact
NO Pericardial Effusion

FINAL IMPRESSION: -

- NO LVH.
- NO RWMA.
- NORMAL LV SYSTOLIC FUNCTION.
- EJECTION FRACTION =60%.
- NO AORTIC REGURGITATION
- NO MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION.
- NORMAL LV DIASTOLIC FUNCTION

DR. DINESH JOSHI
MD PHYSICIAN, PG DCC
NON-INVASIVE CARDIOLOGIST
Ex Max Hospital Mohali
Ex Paras Hospital Panchkula
REGD NO-013983

DR. SHWETA VOHRA
MBBS, MEDICINE
DM CARDIOLOGY
DR. SHWETA VOHRA
REGD. NO. 18541
MD DM-FACC FAPSC FSCAI(USA)
Interventional Cardiologist
Ex Asst Professor PGIMS
Ex SR KGMU Lucknow
REGD NO.-18541

Healing Touch Hospital



Patient Name : SUKHDEV SINGH	Gender : Male
Age : 37 Y	Date : Mar 14, 2024
Referring Doctor : .	Patient ID : 41786

X-RAY CHEST

VIEWS

PA View of Chest

CLINICAL HISTORY

FINDINGS

- The heart is normal in size and contour.
- The aorta is normal.
- The mediastinum, hila and pulmonary vasculature are also normal.
- Trachea is central. Tracheo-bronchial tree is normal.
- No focal lung lesion is seen.
- No pneumothorax is seen.
- The costophrenic sulci and hemidiaphragms are preserved.
- Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

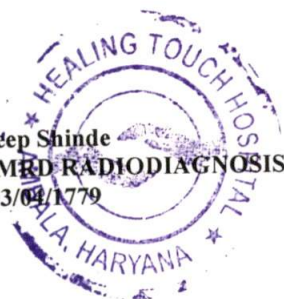
IMPRESSION

- **No gross chest abnormality is seen.**

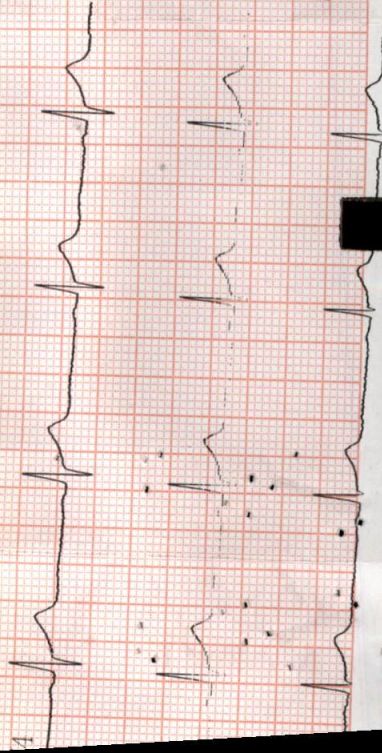
RECOMMENDATION

Kindly correlate with other clinical parameters.

Dr. Sandeep Shinde
MBBS DMED RADIODIAGNOSIS
Reg - 2003/04/1779



5mm/mV



2024-3-8 10:14

Auto ID: 07039

Sex: M Age: 37 Name: Sukhdev Singh

+++ Analyse result +++

8100 Supraventricular rhythm

ST abnormality, possible subendocardial ischemia (V2) (V4) (V6)

911 Low voltage

1014 == Abnormal ECG ==

8/3/24

60 bpm

0 ms

51 ms

320/ 322 ms

0/ 0/ 0/

0.00/ 0.04 mV

0.04 mV

Ventricular Rate

PR Interval

QRS Duration

QT/QTc Interval

P/QRS/T Axis

RV5/SV1 Amplitude

RV5+SV1 Amplitude

