

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा 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	MRS. ANSARI NASRIN
क.कू.संख्या	106831
पदनाप	CREDIT
कार्य का स्थान	AHMEDABAD, BHADRA
जन्म की तारीख	02-04-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M106831100096064E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 04-03-2024 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 इनबॉक्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(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।)

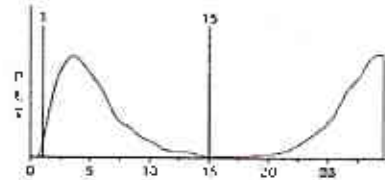
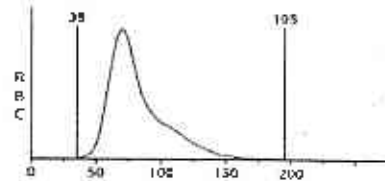
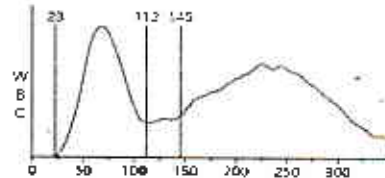


R 20, Sector A, R. K. Puram, Kota - 324 010 Mob.: 7375945769

**Name:** Nasrin Ansari  
**Age:** 37Year  
**Test Time:** 2024-03-09 10:40:00 AM

**ID:** 000000000002  
**Sex:** Female  
**Print Time:** 2024-03-10 01:53:18 PM

Item	Result	Unit	Range	Hit
<b>WBC (WBC)</b>	8.2	10 <sup>3</sup> /uL	4.0-11.0	
LYM% (LYM%)	30.7	%	20.0-50.0	
MID% (MID%)	5.9	%	3.0-10.0	
GRAN% (GRAN%)	63.4	%	50.0-75.0	
LYM# (LYM#)	2.50	10 <sup>3</sup> /uL	0.80-4.00	
MID# (MID#)	0.40	10 <sup>3</sup> /uL	0.12-1.20	
GRAN# (GRAN#)	5.30	10 <sup>3</sup> /uL	2.00-7.00	
<b>RBC (RBC)</b>	4.40	10 <sup>6</sup> /uL	3.50-5.50	
<b>HGB (HGB)</b>	9.9	g/dL	11.0-16.0	L
HCT (HCT)	34.1	%	35.0-48.0	L
MCV (MCV)	77.6	fL	82.0-99.0	L
MCH (MCH)	22.5	pg	27.0-34.0	L
MCHC (MCHC)	29.0	g/dL	32.0-36.0	L
RDW_SD (RDW_SD)	40.1	fL	37.0-54.0	
RDW_CV (RDW_CV)	14.1	%	11.5-14.5	
<b>PLT (PLT)</b>	327	10 <sup>3</sup> /uL	150-450	
MPV (MPV)	7.8	fL	7.4-10.4	
PDW (PDW)	11.1	fL	10.0-16.0	
PCT (PCT)	0.25	%	0.10-0.28	
P_LCR (P_LCR)	17.70	%	13.00-43.00	
P_LCC (P_LCC)	57	10 <sup>3</sup> /uL	13-129	



Sender: Scil

Patho./Technologist

Lab No. : 090324-002  
Patient's Name : MRS. NASRIN ANSARI  
Referred By : C/O MSM HOSPITAL KOTA  
Consultant Dr. : SELF

Date : 9-Mar-2024  
Age/Sex : 37 Y/F

## LABORATORY INVESTIGATION REPORT

### URINE EXAMINATION

Test	Patient's Value	Reference Value
<b><u>PHYSICAL EXAMINATION</u></b>		
Quantity	15 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear
Deposits	Absent	Absent
Specific Gravity	Q.N.S.	
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction	Acidic	Acidic
Sugar	Nil	Nil.
Albumin	Nil	Nil.
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Epithelial Cells	2-3/hpf	
Pus Cells	0-1/hpf	3-5/hpf
Red Blood Cells	Nil	Nil.
Crystals	Nil	Nil.
Amorphous Material	Absent	Absent
Casts	Absent	Absent
Bacteria	Absent	Absent

**Remarks:-**

Urine sugar test done by Benedict's qualitative method.

Test give positive result when Glucose, Galactose, Lactose, Fructose, Maltose, Pentose present in urine.

Test give False positive result when Ascorbic acid, Homogentisic acid, Many antibiotics (Anti-tubercular drugs) Phenothiazines, Salicylates, Levodopa present in urine.

Patho/Technologist

Lab No. :090324-002  
Patient's Name :MRS. NASRIN ANSARI  
Referred By :C/O MSM HOSPITAL KOTA  
Consultant Dr. :SELF

Date :9-Mar-2024  
Age/Sex :37 Y/F

## LABORATORY INVESTIGATION REPORT

### FASTING/POST PRANDIAL BLOOD GLUCOSE

Test	Patient's Value	Reference Value
Fasting Blood Glucose	73.5 mg/dl	60-110 mg/dl

*Blood Sugar:- Glucose estimation provides valuable information about the course, severity and therapeutic control of diabetes mellitus. Fasting glucose levels exceeding 110 mg/dl and 2 hrs Post prandial glucose levels exceeding 160mg/dl indicate a strong possibility of Diabetes mellitus. If in an oral glucose tolerance test, the plasma glucose level of 2 hrs. sample exceeds 160 mg/dl, the diagnosis of Diabetes mellitus is established. In impaired tolerance the 2 hrs. plasma glucose lies between 160mg/dl*

*Increased concentration:- Hyperglycemia may occur in Diabetes mellitus, in patients receiving intravenous fluids containing glucose and during severe stress and cerebrovascular accident.*

*Decreased Concentration:- Hypoglycemia may be the result of an insulinoma, insulin administration, inborn errors of carbohydrate metabolism or fasting.*

Patho/Technologist

Lab No. :090324-002  
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Referred By :C/O MSSM HOSPITAL KOTA  
Consultant Dr. :SELF

Date :9-Mar-2024  
Age/Sex :37 Y/F

## LABORATORY INVESTIGATION REPORT

### LIPID PROFILE

Test	Patient's Value	Reference Value
<b>LIPID PROFILE</b>		
S. CHOLESTROL CHOD-PAP	217.0 mg/dl	130- 250 mg/dl
S. HDL CHOLESTROL	46.6 mg/dl	30-65 mg/dl
S. TRIGLYCERIDE	160.3 mg/dl	40-180 mg/dl
S. LDL CHOLESTROL	138.34 mg/dl	Upto 180 mg/dl
S. VLDL CHOLESTROL	32.06 mg/dl	15 - 45 mg%
CHOL / HDL RATIO	4.66 Ratio	Desirable level:<4.3 Borderline level: 4.4 - 11 High level > 11
LDL / HDL RATIO	2.97 Ratio	Desirable level:<3.0 Borderline level: 3.0-6.0 High level >6.0

*CHOLESTEROL is a fat soluble steroid found in the animal fats and oils. It is distributed in the Blood, Brain, Liver, Kidney and the nerve fibers myelin sheaths. It is an essential component of the cell membrane development and production of Bile Acid, Adrenal Steroids and Sex hormones. Cholesterol Test detects disorders of blood lipids and indicate potential risk for atherosclerotic coronary artery disease.*

*HDL CHOLESTEROL is a class of lipoproteins produced by liver and intestines. HDL comprised of phospholipids and one or two apolipoproteins. It plays a role in the metabolism of the other lipoproteins and in cholesterol transport from peripheral tissues to the liver. Decreased HDL level are atherogenic. Elevated HDL level protect against arteriosclerosis by removing cholesterol from vessel walls and transporting it to the liver where it is removed from the body. HDL Cholesterol test assesses Coronary Artery Disease Risk and monitor persons with low HDL levels.*

*LDL & VLDL . The LDL Cholesterol are the cholesterol rich remnants of the VLDL lipid transport vehicle. LDL mainly catabolized in the liver and also in nonhepatic cells. The VLDL are major carriers of triglycerides. This test done to determine Coronary Heart Disease Risk. The LDLs are closely associated with increased incidence of atherosclerosis and CHD.*

*TRIGLYCERIDES account for more than 90% of dietary intake and comprise 95 % of fat stored in tissue. It is insoluble in water are the main plasma glycerol ester. This test evaluates suspected atherosclerosis and measures the body's ability to metabolize fat. Elevated triglycerides together with elevated cholesterol are atherosclerotic disease risk factors.*

Patho/Technologist

Lab No. : 090324-002  
Patient's Name : MRS. NASRIN ANSARI  
Referred By : C/O MSM HOSPITAL KOTA  
Consultant Dr. : SELF

Date : 19-Mar-2024  
Age/Sex : 37 Y/F

## LABORATORY INVESTIGATION REPORT

### LIVER FUNCTION TEST

Test	Patient's Value	Reference Value
TOTAL SERUM BILIRUBIN	0.7 mg/dl	0 - 1.8 mg/dl
DIRECT SERUM BILIRUBIN	0.2 mg/dl	< 0.3 mg/dl
INDIRECT S. BILIRUBIN	0.50 mg/dl	< 0.8 mg/dl
S.G.O.T	37.5 IU/L	UP to 45 IU/L
S.G.P.T ENZYMATIC	19.5 IU/L	UP to 40 IU/L
ALKALINE PHOSPHATASE PNPP (AMP)	50.9 IU/L	42 - 141 IU/L
TOTAL PROTEIN	6.9 g/dl	6.0 to 8.5 g/dl
ALBUMIN	3.9 g/dl	3.4 to 5.6 g/dl
GLOBULIN	3.0 g/dl	1.9 to 3.5 g/dl
A:G RATIO	1.30	1.2 TO 2.3

*Alkaline Phosphatase:- Serum ALP measurement of particular interest in the Hepatobiliary disease and in bone diseases. The main site of synthesis of this enzyme is hepatocytes adjacent to biliary canaliculi and active osteoblast. However, it is known that response of the liver to any form of Biliary tree obstruction is to synthesise more ALP.*

*Increased activity:- Serum ALP is increased in disease of bone including Metastasis, Rickets, Pagets disease and in healing fractures. Intrahepatic or extrahepatic obstructions in liver Elevated levels are seen in growing children due to new bone formation (Osteoblastic activity). Increased in ALP activity may often be the first indication of Hepatotoxic action of therapeutic drugs. Marked elevation in the absence of Jaundice but in the presence of primary source may be indicative of metastasis.*

*Decreased activity:- Low levels of ALP are found in a rare Congenital defect, Hypophosphatasemia and in pernicious Anaemia.*

*Protein:- Total protein is useful for monitoring gross changes in protein levels caused by various disease states. It is usually performed, in conjunction with other tests such as serum albumin, liver function test or protein electrophoresis. An albumin/globulin ratio is often calculated to obtain additional information.*

*INCREASES:- in dehydration, multiple myeloma and chronic liver diseases.*

*DECREASES:- in renal diseases and terminal liver failure.*



Patho/Technologist

J. Sector A, R. K. Puram, Kota - 324010 Mob.: 7375945769

Name Mrs. NASRIN ANSARI	Visit Date & Time 09/03/2024 16:15:18	PATIENT ID 322359533
Age 37 Yrs	Sample Accepted at : 09/03/2024 16:18:49	Ref. Lab Phaiya Diagnostic Center
Sex Female	Test Authenticated at : 09/03/2024 17:28:24	Ref. By



## HORMONES & MARKERS

Test Name	Value	Status	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>				
<b>THYROID-TRIIODOTHYRONINE (T3)</b> <small>Method : Chemiluminescence</small>	1.18		ng/ml	0.6 - 1.78
<b>THYROID - THYROXINE (T4)</b> <small>Method : Chemiluminescence</small>	8.25		ug/dl	5.5 - 12.23
<b>THYROID STIMULATING HORMONE (TSH)</b> <b>Ultra Sensitive</b> <small>Method : Chemiluminescence with serum</small>	1.58		uIU/ml	0.35 - 5.6

*NOTE: In pregnancy total T3, T4 increase to 1.5 times the normal range.*

**Reference Range (T3)**

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1-11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

**Reference Ranges ( T4 ) :**

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.8 - 12.8 ug/dl

**Reference Ranges (TSH)**

Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml

Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.

1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the hypothalamic-hypothalamus system may influence the level 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. In addition, in Euthyroid sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized.

== End of Report ==

**Dr. G P Shukla**  
M.O. Pathology  
R.M.C. No: 15151

Abbreviations Meaning: H - High, L - Low, HH - Critically High, LL - Critically Low, @ - Repeat  
Test(s) performed on collected sample(s) received, please correlate with clinical finding & other related investigation. Subject to Jaipur jurisdiction

Technologist

Sector A, R. K. Puram, Kota - 324 010 Mob.: 7175945769		PATIENT ID 322359533	
Name Mrs. NASRIN ANSARI		Visit Date & Time 09/03/2024 16:15:16	Ref. Lab Phaiya Diagnostic Center
Age 37 Yrs	Sample Accepted at 09/03/2024 16:18:49	Ref. By	
Sex Female	Test Authenticated at 09/03/2024 17:28:24		



## BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
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### HBA1C

#### HAEMOGLOBIN GLYCOSYLATED BLOOD

Method - H.P.L.C. with EDTA Blood

5.00 % SEE BELOW

### HBA1c (%) Interpretation

- Below 6.0% - Normal Value
- 6.0% - 7.0% - Good Control
- 7.0% - 8.0% - Fair Control
- 8.0% - 10% - Unsatisfactory Control
- above 10% - Poor Control

Method- Fully Automated H.P.L.C. Method using Bidirectional, NGSP Certified.

### Clinical Information:

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-9 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

### AVERAGE BLOOD GLUCOSE

97

- 90 - 120 Very Good Control
- 121 - 150 Adequate Control
- 151 - 180 Sub-optimal Control
- 181 - 210 Poor Control
- > 211 Very Poor Control



Dr. G P Shukla

M.D. Pathology  
R.M.C. No: 15151

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Technologist



Lab No. :090324-002

Date :9-Mar-2024

Patient's Name :MRS. NASRIN ANSARI

Age/Sex :37 Y/F

Referred By :C/O MSM HOSPITAL KOTA

Consultant Dr. :SELF

## LABORATORY INVESTIGATION REPORT

### BLOOD GROUP

Test	Patient's Value	Reference Value
Blood Group	"A"	
Rh (D) Factor	Positive	

Patho/Technologist

Lab No. : 090324-002  
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Referred By : C/O MSM HOSPITAL KOTA  
Consultant Dr. : SELF

Date : 19-Mar-2024  
Age/Sex : 37 Y / F

## LABORATORY INVESTIGATION REPORTS

Test	Patient's Value	Reference Value
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### URINE

URINE SUGAR Fasting	Absent	Absent
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### HAEMATOLOGY

E.S.R (WINTROBES METHOD)	48 mm 1st hour	0 - 18 mm 1st hour
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### BIOCHEMISTRY

BLOOD SUGAR (RANDOM) GOD-POD	73.5 mg/dl	70-140 mg/dl
UREA	25.0 mg/dl	15-45 mg/dl
CREATININE	1.1 mg/dl	0.5-1.4 mg/dl
BUN U.V. TURBIDIMETRIC	11.6 mg/dl	5-15
URIC ACID	4.4 mg/dl	2.5 - 6.2 mg/dl

*Uric acid:- Uric acid is a metabolite found in purines, nucleic acid and nucleoproteins. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation. Serum uric acid concentration varies from individual to individual depending on several factors viz. sex, diet, ethnic origin, genetic constitution and pregnancy. Increased levels are found in gout, arthritis, impaired renal renal function and starvation.*

*Decreased level are found in Wilsons disease, Fanconis syndrome and yellow atrophy of the liver.*

  
Patho/Technologist