

19

Subject: Health Check up Booking Confirmed Request(bobS47985),Package Code-PKG10000228, Beneficiary Code-20658

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 15:25:43 GMT+0530

To: You

Cc: customercare@mediwheel.in

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MedSave

011-41195959

Email:wellness@mediwheel.in

Hi Metro Hospital & Heart Institute,
Diagnostic/Hospital Location :Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,City:Haridwar

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000228
Beneficiary Name : ~~Santa kumari~~ SAWITA KUMARI
Member Age : 32
Member Gender : Female
Member Relation : Spouse
Package Name : Medi-Wheel Full Body Health Checkup Female Below 40
Location : SAHARANPUR,Uttar Pradesh-NULL
Contact Details : 9068471263
Booking Date : 10-10-2023
Appointment Date : 14-10-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

Subject: Health Check up Booking Request(bobS47985), Beneficiary Code-20658

Mediwheel <wellness@mediwheel.in>

Sent: Tue, 10 Oct 2023 18:21:56 GMT+0530

To: You

Cc: customercare@mediwheel.in

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MedSave

011-41195959

Email:wellness@mediwheel.in

Dear **Metro Hospital & Heart Institute,**

City : Haridwar . **Address :** Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,

We have received the confirmation for the following booking .

Name : Sarita kumari
Age : 33
Gender : Male
Package Name : Medi-Wheel Full Body Health Checkup Female Below 40
Contact Details : 9068471263
Booking Date : 10-10-2023
Appointment Date : 14-10-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Sarita kumari	32	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40 - Includes (37)Tests

Tests included in this Package

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin



Patient Name Sarita Kumari Age/Sex Reg.No.....

Doctor Dr. Naman Agarwal

Date.....

Time.....

DENTAL EXAMINATION

➤ **TEETH STATUS** =

- MISSING -
- DECAYED -

➤ **ORAL HYGIENE STATUS** =

- STAINS -
- CALCULUS -

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SAWITA KUMARI
DATE OF BIRTH	14-12-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-10-2023
BOOKING REFERENCE NO.	23D105046100071766S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PUSHKAR PIYUSH
EMPLOYEE EC NO.	105046
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	HARIDWAR, SIDCUL
EMPLOYEE BIRTHDATE	10-02-1988

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 **10-10-2023** 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's spouse 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.

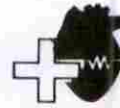
We solicit your co-operation in this regard.

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))



METRO
HOSPITAL & HEART INSTITUTE
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(NABH & ISO 9001: 2008 Certified)



we treat...HE CURES

**Metro Hospital
& Heart Institute**

(A unit of Sunhill Hospital Private Limited)

OPD CONSULTATION

Patient Name Savitri Kumari Age/Sex 33y/f Reg. No. _____

Doctor's Name Dr. Sushil Kumar

Date 14/10/23 Time _____

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/6
Lt 6/6

NEAR VISION-

Rt N/6
Lt N/6

COLOUR VISION

Normal

EYE EXAMINATION

- Cornea
- Ant Chamber
- Pupil
- Fundus Examination

ADVICE-

Dr. Sushil Kumar
Consultant Ophthalmology
Metro Hospital & Heart Institute
Signature [Signature]

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

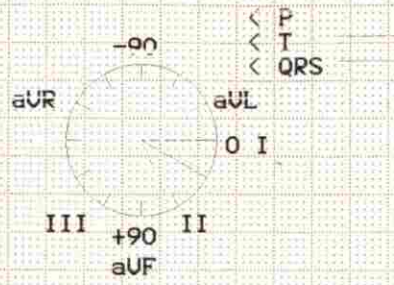
Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

Measurement Results:

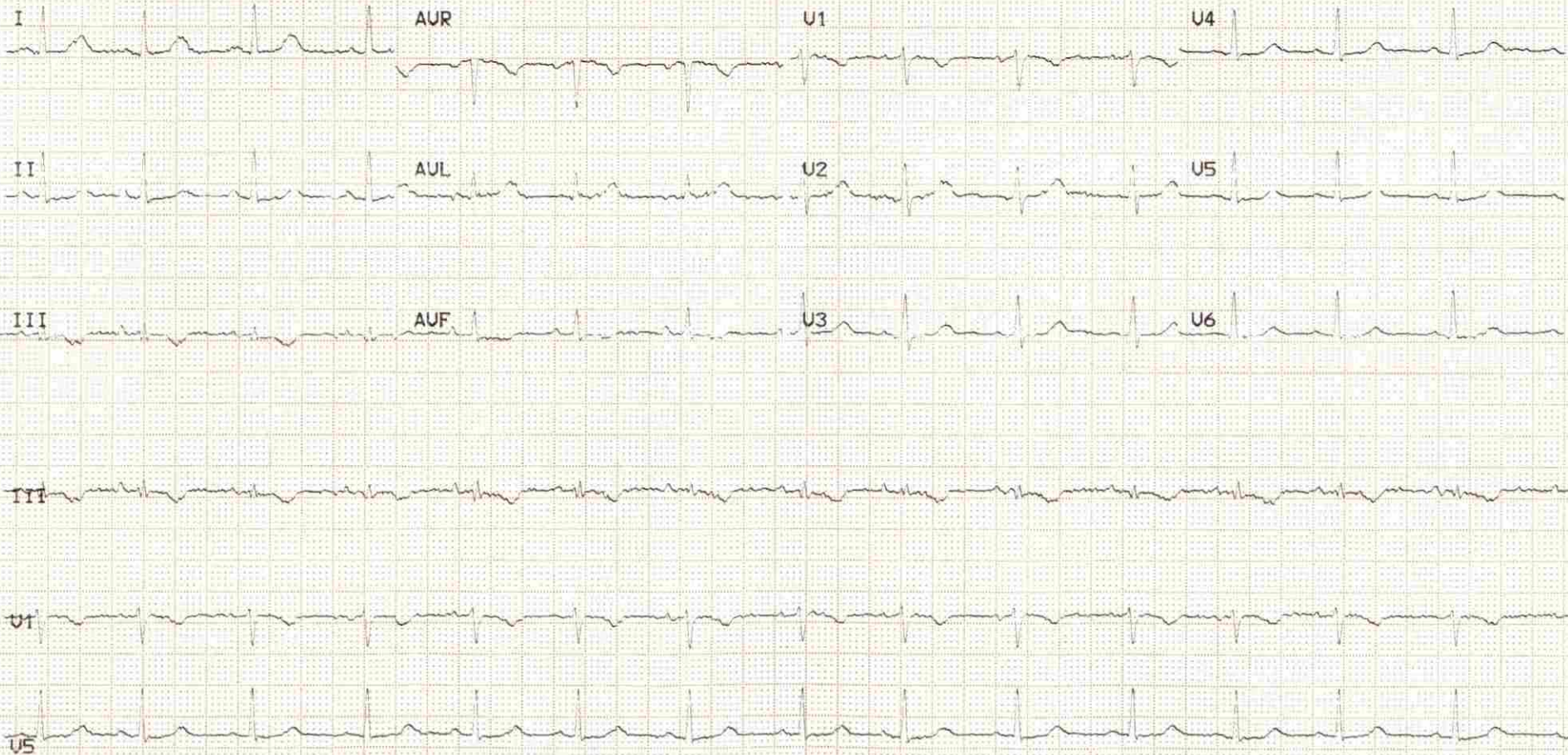
QRS	:		86 ms
QT/QTcB	:	374 / 451 ms	
PR	:	122 ms	
P	:	98 ms	
RR/PP	:	688 / 695 ms	
P/QRS/T	:	65/ 30/ 0 degrees	
QTD/QTcBD	:	60 / 72 ms	
Sokolow	:	1.2 mV	
NK	:	12	

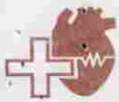


Interpretation:

low QRS amplitudes
R/S inversion area between U1 and U2
probably abnormal ECG

Unconfirmed report.





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CIN No.: U33201DL2006PTC156918

OPD INITIAL ASSESSMENT



Dr. Name Dr. Sonu Rout, MBBS, MD (Gynae & Obs)
 Consultant Gynae & Obs
 Metro Hospital & Heart Institute
 Sec-6A, Haridwar, Reg. No. - 1294 (UKMC)
 Regn. No. _____
 Tel. No. +91-81919 02600

NAME OF PATIENT

AGE/SEX

Mrs. Sawite

37

ID NO.

DATE / IN TIME

14/1/22

PRESENT COMPLAINT :

Pain 3yr → (Yes)
 Ab₂ - 2 1/2 ml (1 kg back)
 Early PG failure less more

INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED

PAST HISTORY :

OPD: 25/9/21

FAMILY HISTORY :

GC
 TBS A2/S 27

EXAMINATION :

h
 T. B. LOWY - F 22

1ml
 - CBC
 - Free T3, T4, TSH
 - Hc1 (20 µg/lb glucose)
 - 5 Phosphorus

DIAGNOSIS :

(DOCTOR SIGNATURE)

OUT TIME

DRUG ALLERGY :

FOR OPD APPOINTMENT : +91-1334-6666 60, 2390 40, 42, 43

Next Followup:

NUTRITIONAL SCREENING: Wt. Loss Loss Of Appetite Muscle Wasting Delay Wound Healing Lethargy Decrease Mobility

Pain scale

0. NO PAIN 02 Mild Pain 04 Annoying Pain 06 Moderate Pain 08 Severe Pain 10 Worst Pain

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

Head Office: 31 Community Center, Preet Vihar, New Delhi-110092

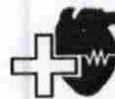
MHHI/CL/0001 (Rev. No. 01)

Handwritten notes at the top of the page, including a date and possibly a title or subject.



Handwritten notes in the middle section of the page, including a large, bolded word that looks like 'Reaction' and other descriptive text.

Handwritten notes at the bottom of the page, including a date and possibly a signature or name.



Radiology Investigation Report

Name : Mrs. Sawita Kumari
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311326
Date : 14/10/2023

Age/Sex : 32 Y/F
UHID NO : 2023018024
Request No : 70240513

USG WHOLE ABDOMEN

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in shape, outline & echotexture. No focal lesion of abnormal ecogenecity is seen. Intrahepat biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is contracted (repeat scan with fasting status) Common bile duct is normal in course caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is normal. Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesic calculus is seen in bladder. Ureterovesical junctions appear normal.

Uterus is normal in size shape, outline & echotexture. Myometrial & endometrial echoes are normal. No uterin mass is seen. Both the ovaries appear normal. There is no free fluid seen in cul de sac.

IMPRESSION : NORMAL STUDY


DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.



Radiology Investigation Report

Name : Mrs. Sawita Kumari
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311326
Date : 14/10/2023

Age/Sex : 32 Y/F
UHID NO : 2023018024
Request No : 70240513

X-RAY CHEST PA View

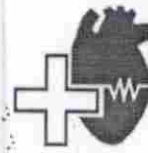
Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.

DR.PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

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2D ECHOCARDIOGRAPHY

Name:	Mrs. Sawita Kumari	UHID No:	2023018024
Age/Sex:	32Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	14.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	0.9	(0.6 – 1.1 cm)
LVPW (ED)	1.0	(0.6 – 1.1 cm)
LVID (ED)	4.0	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.3	(2.0 – 3.7 cm)
LA dimension	2.7	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 66, A – 58, E/A>1	
Aortic	Nil	Vel – 108	
Tricuspid	Trace	Vel – 228	PASP – 25
Pulmonary	Nil	Vel – 91	

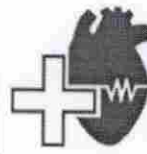
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Emergency: +91-8191902600, Phone : 01334 – 239040 / 42 43, Fax : 01334 – 239043

E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

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CIN No.: U33201DL20063PTC156918



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FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, PASP 25 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

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Pathology Report

Name : Mrs. Sawita Kumari
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311326
 Sample Date : 14/10/2023
 Reporting Date : 15/10/2023

Age/Sex : 32 Y/F
 UHID : 2023018024
 Request No. : 10374763
 Sample Time : 12:46
 Reporting Time : 01:46

Test	Result	Unit	Bio. Ref.	Inter. Test Method
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Hematology

CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)

HB	11.8	gm/dl	F - 11.5-15	
TLC	11820	/cumm	4000-11000	
DLC (WBC DIFFERENTIAL)				
NEUTROPHILS	60	%	45-75	
LYMPHOCYTES	30	%	25-45	
EOSINOPHILS	03	%	1-6	
MONOCYTES	07	%	2-8	
BASOPHILS	00	%	--<2	
RBC	4.41	million	3.5-5.5	
PCV	39.5	%	36-52	
MCV	89.6	fL	80-100	
MCH	26.8	PG	27-32	
MCHC	29.9	gm/dl	31-37	
PLATELET COUNT	2.10	lakh/cumm	1.5-4.5	
RDW	12.4	%	11.5-15	
BLOOD GROUP				
ABO	B		-	
Rh	POSITIVE		-	
ESR	20	mm/hr	20	

Serology & Immunology

THYROID PROFILE

T3	2.30	nmol/L	1.70-3.10
T4	10.3	µg/dl	5.95-15.4
TSH	2.35	µIU/L	0.46-4.68

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Checked By *De*

Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

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 Sample Time : 12:46
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Test	Result	Unit	Bio. Ref. Inter. Test Method
------	--------	------	------------------------------

Biochemistry

HBIAC	5.5	%	4.5-6.3
BLOOD SUGAR -PP	106.0	mg/dl	70.0-140.0
BLOOD SUGAR -FASTING	70.0	mg/dl	70.0-110.0
LFT (LIVER FUNCTION TEST)			
BILIRUBIN INDIRECT	0.30	mg/dl	0.2-0.8
SGOT	34.0	U/L	10-42
SGPT	35.0	U/L	10-42
BILIRUBIN TOTAL	0.70	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	112.0	IU/L	28-111
BILIRUBIN DIRECT	0.40	mg/dl	0.1-0.4
TOTAL PROTEIN	7.8	gm/dl	6.4-8.2
ALBUMIN	4.0	g/dl	3.5-5.0
GLOBULIN	3.8	gm/dl	2.0-4.0
AG RATIO	1.0	-	-
KFT (KIDNEY FUNCTION TEST)			
UREA	18.1	mg/dl	15-45
SODIUM	140.0	mmol/L	135-155
CREATININE	0.60	mg/dl	0.6-1.3
URIC ACID	4.4	mg/dl	3.0-7.6
BUN	8.5	mg/dl	05-20
POTTASSIUM	3.9	mmol/L	3.5-5.5
CALCIUM	9.9	mg/dl	8.5-10.5

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Aeo
 Checked By

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Age/Sex : 32 Y/F
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 Request No. : 10374763
 Sample Time : 12:46
 Reporting Time: 01:46

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Urine Examination				
URINE SUGAR	NIL			
URINE ROUTINE ANALYSIS				
PHYSICAL EXAMINATION				
COLOUR	STRAW			
TRANSPARENCY	CLEAR			
S. GRAVITY	1.015			
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	+			
pH	6.0			
BLOOD	NIL			
KETONE	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3			
EPITHELIAL CELLS	1-2			
RBC	NIL			
CRYSTALS	NIL			
CAST	NIL			
BACTERIA	NIL			
AMORPHOUS PHOSPHATE	NIL			
AMORPHOUS URATES	NIL			

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Ar
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