

### LETTER OF APPROVAL / RECOMMENDATION



The Coordinator,

To,

Me 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.

	EMPLOYEE DETAILS
PARTICULARS	MS. SINGH MANISHA RAM JAIPAL
NAME	79108
EC NO.	JOINT MANAGER
DESIGNATION	RANIGANJ, BURDWAN
PLACE OF WORK	05-02-1987
BIRTHDATE	13-08-2022
PROPOSED DATE OF HEALTH	
CHECKUP	22S79108100023166E
BOOKING REFERENCE NO.	22010101

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 **08-08-2022** till **31-03-2023** 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.

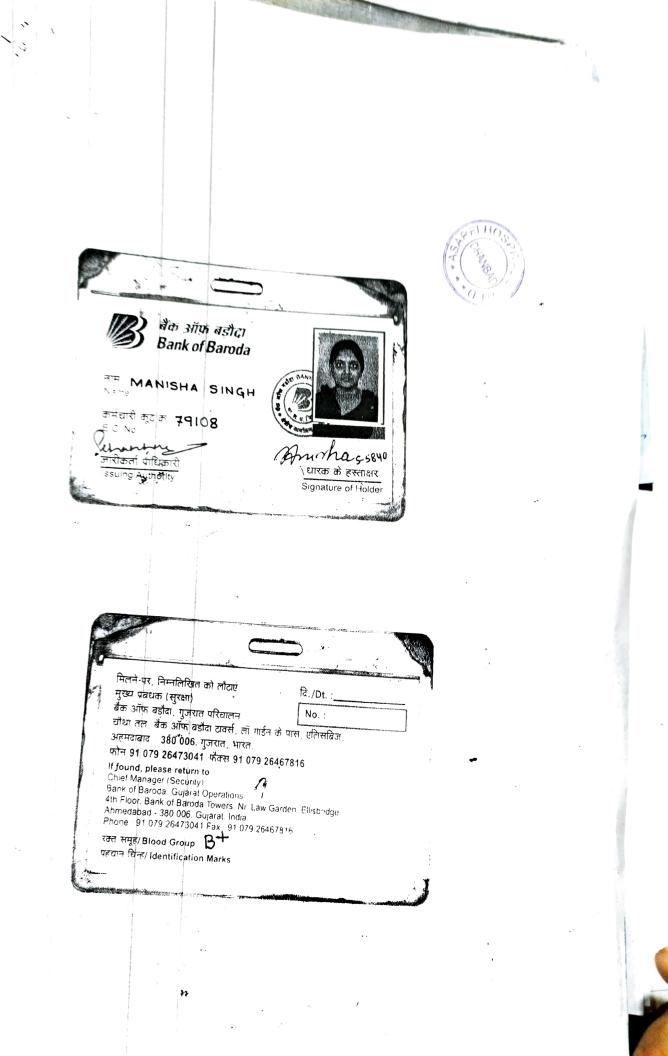
We solicit your co-operation in this regard.

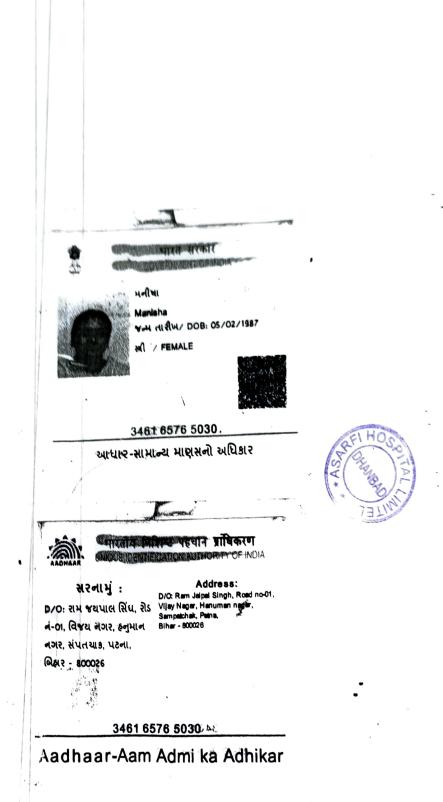
Yours faithfully,

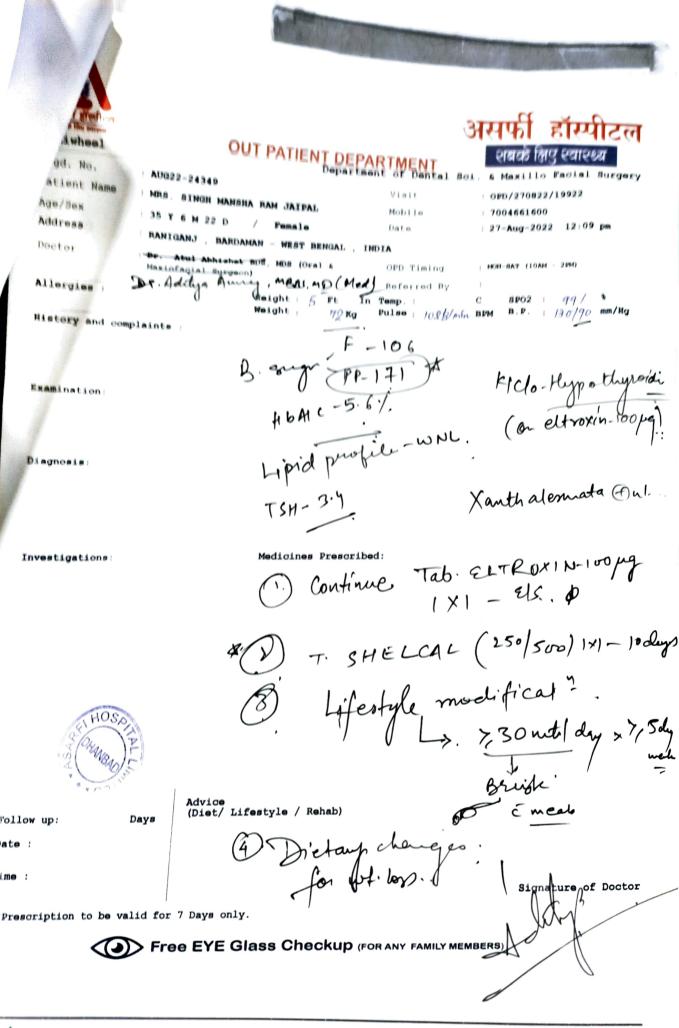
Sd/-

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))









UULU असर्फी हॉस्ट OUT PATIENT DEPARTMENT No. : AUG22-24349 शबके लिए स्वार ent Name Department of General Medicine : MRS. SINGH MANSHA RAM JAIPAL /Sex Visit : 35 ¥ 6 M 22 D : OPD/270822/19923 dress Mobile / Female : RANIGANJ , BARDAMAN - WEST BENGAL , INDIA : 7004661600 Date octor : 27-Aug-2022 12:10 pm : D<del>r. Aditya Anuray MD</del> (Medicin**e**) Dr. Atul Ablishele, BDS, MOS. llergies : OPD Timing Referred By Height:  $ar{eta}$  Ft In Temp.: Ft In Temp.: C SPO2 : 99% % 172 Kg Pulse: 108/p/min BPM B.P. : 130/90 mm/Hg istory and complaints : Weight : Patrent. Complains of. gap. in upper. mitrier tooth. camination: C/F:- 201491 Adw: FPD. agnosis: vestigations: Medicines Prescribed: Advice (Diet/ Lifestyle / Rehab) v up: Days Signature of Doctor cription to be valid for 7 Days only. Free EYE Glass Checkup (FOR ANY FAMILY MEMBERS)



© AHL/D/0085/2545/July/22 Baramuri, P.O. Bishunpur Polytechnic, Dhanbad-828130 CIN : U85110JH2005PLC011673 Ph. : 78083 68888 Email : info@asarfihospital.com / www. asarfihospital.com

MRS. SINGH MANSHA	Polytechnic, Dhanbad 828 130 9297862282,9234681514	MC-3247	
Sex :F	Pemale	Lab No:	Mediwheel
Self-Walkin		Collection Date :	1,818
No. AUG22-24349		Collection Time	13-Aug-2022
Clinical Pathology	7	Reporting Date :	11:16:19AM 14-Aug-2022
Test		Reporting Time	11:29:43AM
ilirubin (Total)	Result er Function Test (LFT	Reference	Range
Lirubin (Direct)	0.4 mg/dl		
lirubin (Indirect)	0.2 mg/dl	0.2 - 1.0 0 - 0.2 r	
GOT	0.2 mg/dl	0.2 - 0.1	
CPT	95.8 IU/L	< 40 IU/2	
kaline Phasek	127.9 IU/L	< 49 IU/	
lkaline Phosphatase	325.0 IU/L	70-306 I	
bumin	7.5 g/dl	6.5 - 8.	
	4.2 g/dl	3.5 - 5.	
obulin	3.3 g/dl	1.5 - 3.	
mma-GT	61.9 U/L	0-38 U/I	
Blood Glue	cose - Fasting, Postp		-
rasting	106.6 mg/dl 🗸	60 - 11	0 mg/dl
ood Glucose Postprandial	171.0 mg/dl 🗙	70-140	
Fart	P.P		
< 110 -(	G) 140.	- G	FIHON
	140-		Store Starts
110-126 -1		200 - (7) - (7)	XX MORD X
>126 -	(R) > 2	20 - RJ	**

Condition of Laboratory Testing & Reporting

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(1) It is presented that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/Sample(s)/2Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3)Tests results are not valid for medico legal Purposes. (4)Test requested might not be performed due to following Reason: (a)Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b)There is a discrepancy between the label on the specimen container and the Name on the test requestion of the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7)In case of queries or unexpected test (results please call at +91 9297862282, Email- labasarfi@gmail.com

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"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"



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Name	RS STNOW				
Age	RS. SINGH MANSH	A RAM JAIPAL	T - 1		Mediwheel
Doct		remale	Lab No:	:	1,819
	elf-Walkin		Collection Da		13-Aug-2022
da la companya da companya	AUG22-24349		Collection Ti		11:16:27AM
Sub Dept. :	Clinical Patholo	ЪдХ	Reporting Dat		14-Aug-2022 •
Test		Result	Reporting Tim	ne :	11:29:43AM
k. 	Ro	outine Examination Of Urine	Re	ference Ra	
Appearance	ce	CLEAR			
Colour		STRAW			
" Lant.ty		20 ml(Approx)			
Specific	Gravity	1.015			
Albumin.		NIL			
Bile Pig	ments	XX			
Bile Sal	ts	XX			
Ketone	Bodies	XX			
Reaction	(pH)	ACIDIC			
Sugar		NIL			
Bacteria		NOT SEEN /hpf.		/hpf.	
Gests		NOT SEEN /hpf.		/hpf.	
🌈 Crystals		NOT SEEN /hpf.		/hpf.	AFI HOS
Epitheli	al Cells	1-2	,		ASSA ASSA
Pus Cell	S	1-2 /hpf		/hpf	* BR
, RBC		NIL /hpf			0JUL
	Thyroid Ha	armones T3 T4 TSH (Enzyme )	Immunoassay)		
TB, Tota	l, Serum	0.89 ng/ml		0.74-1.	79 ng/ml
T4, Tota	l, Serum	8.44 ng/dl		4.7-12.	8 ng/dl
	UM (Enzyme Im	munoas: 3.40 µIU/ml		0.25-5	.00 µIU/ml



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MRS. SINGH MANSH	A RAM JAIPAL		ediwhe
Act 35 Yrs Sex	Female	Lab No:	1,81
Self-Walkin	remare	Collection Date: 13-Aug	J-202
Haikin		Collection Time: 11:16	5:12A
NO. NO. AUG22-24349		Reporting Date : 14-Aug	-202
Sub Dept. Biochemistry		Reporting Time : 11:29	
est	Result	Reference Range	. 4 JAI
a voosvlated Hb	HbA1C (Glycosylated Hb)	4.6-6.2 %	
C.S.R (Westergren)	ESR 23 mm/hr	0 - 15 mm/hr	
haomoglobin	<u>CBC</u> 12.2 g/d1	11-16 g/dl	
Red Blood Cells Count	4.69 / cumm	4.0 - 6.0 / cumm	
TOTAL COUNT OF PLATELET	1.36 lakhs/cumm	1 - 4 lakhs/cumm	
Total WBC Count	7,700 /cumm	4000 - 11000 /cumm	1
Noutrophils	66 %	55 - 75 %	
Lymphocytes	30 %	15 - 30 %	
Hosinophils	00 %	1 - 6 %	
Monocytes	04 %	2 - 10 %	
Pasophils'	00 %	0 - 1 %	
	38.2 %	40 - 54 %	
NeW	81.6 cu-microns	80 - 99 cu-micron	S
MCHC	32.0 %	32 - 38 %	
,	Blood Urea Nitrogen		
Blood Urea Nitrogen	6.8 mg/dl	5 - 20 mg/dl	

Condition of Laboratory Testing & Reporting (1)If is presumed that the test(s) performed are on the specimen(s) /Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) /Sample(s)/2) aboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are representative at the point of generation of the said specimen(s) /Sample(s)/2) aboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the quality of the sample as well as the assay technology. (7) In case of queries the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries at unexpected test results please call at +91 9297862282. Ensil- tabasarfi@gmail.com

### 24 HOUR EMERGENCY

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Mediwheel

	1				
tu	MRS. SINGH MANSHA	RAM JAIPAL	Lab No:	1,818	
		Female	Collection Date:	13-Aug-2022	,
	octor : <b>Self-Walkin</b>		Collection Time:	11:16:19AM	
R	eg. No. AUG22-24349		Reporting Date :	14-Aug-2022	*
	Sub Dept. : Biochemistry		Reporting Time :	11:29:43AM	
	Test	Result	Reference	Range	
	Serum Cholesterol	Lipid Profile 217.0 mg/dl	150 - 250	) mg/dl	
	Sorum Triglyceride	170.0 mg/dl	50-190 mg	g/d1	
. /	hit. Cholesterol	60.0 mg/dl	45 - 65 r		•
	LDL Cholesterol	123.0 mg/dl	Upto 160	mg/dl	
	V DL Cholesterol	34.0 mg/dl	Upto 60	mg/dl	
				Jose	

Dhanbad's 1st NABH & NABL Certified Hospital & Lab

PATHOLOGIST

Checked by:

yped by:

Condition of Laboratory Testing & Reporting (1)It is presumed that the test(s) performed are on the specimen(s)/Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/ representative at the point of generation of the said specimen(s)/Sample(s)(2) aboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results not valid for medico legal Purposes (4) Test requested might not be performed due to following Reason: (a)Specimen received is insufficient or inappropriate. (haemolysed/colted/liperior) specimen type for requested test. (c)Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Result specimen type for requested test. (c)Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Result the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) in case of quality or unexpected test results please call at +91 9297862282, Email-labasarfi@gmait.com



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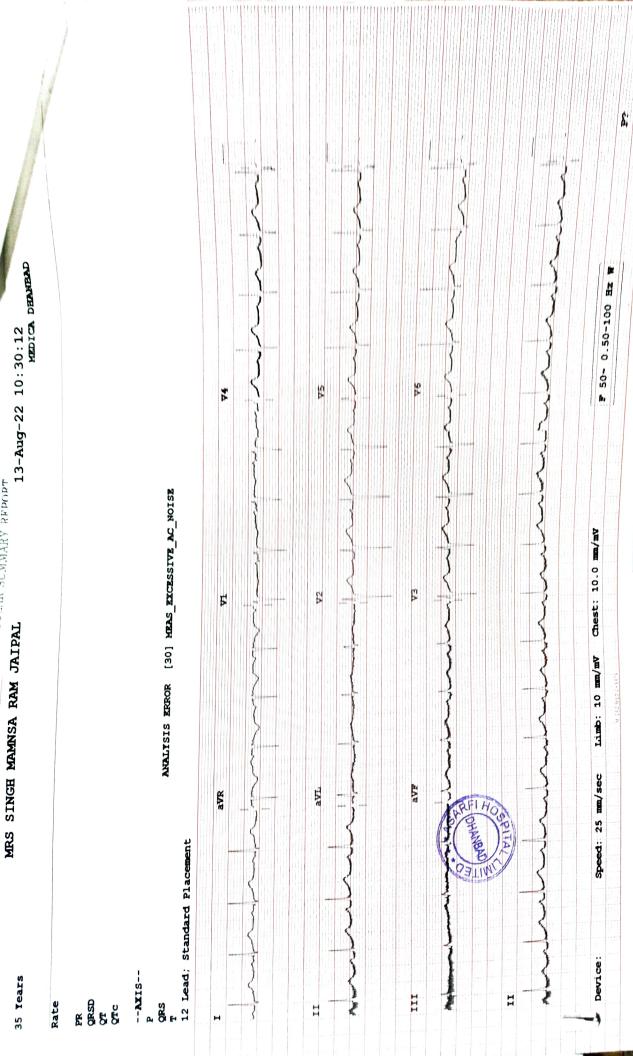


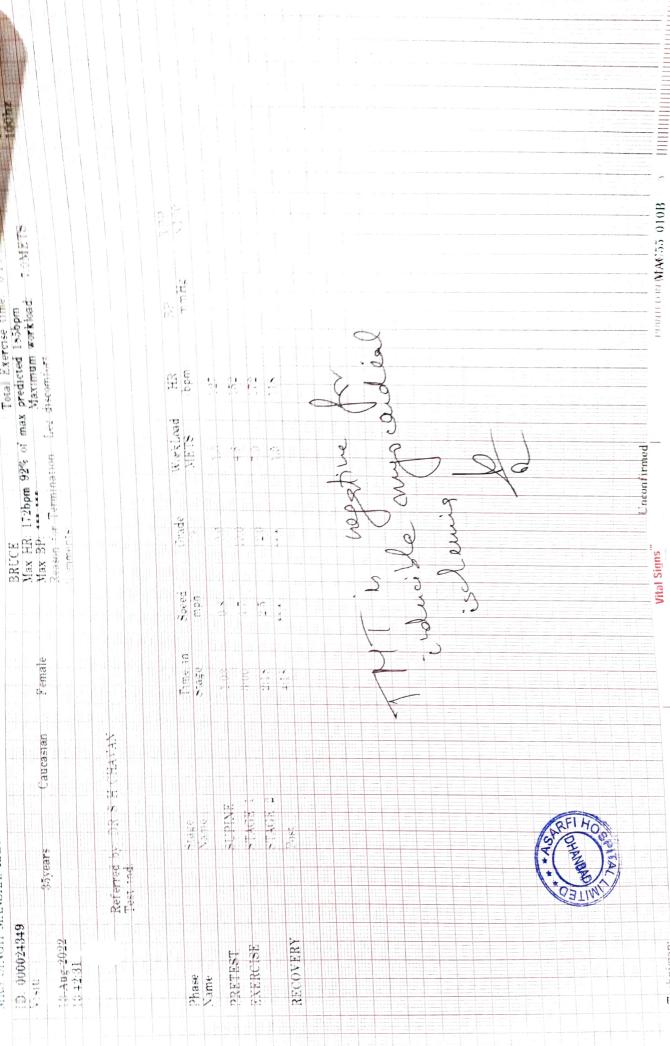
( ine	MRS. SINGH MANSHA		Lab No: Collection Date	1,818 13/8/2022
Age Doctor Reg.No.	35 Yrs – <b>Sex:</b> Føma Self-Walkin AUG22-24349		Collection Time Reporting Date Reporting Time	11:16 am 14/8/2022 11:29 am
		KFT Panel		
	d Urea	<u>Blood Urea</u> 15.0 mg/dl	10-40 mg	/d1
	Acid	<u>Serum Uric Aoid</u> 6.0 mg/dl	2.5 = 6.	0 mg/dl
C.		<b>Serum Calcium</b> 10,2 mg/dl	8.7 - 11	mg/dl
		Serum Potassium(K), Sodium		
Sodiu Potas		137.4 mmol/L 3.8 mmol/L		5 mmol/L .5 mmol/L
Chlori		<u>Serum Choride (Cl)</u> 106,8 mmol/L	96 - 10	8 mmol/L
		<u>Serum Creatinine</u> 0.4 mg/dl	0.6-1.2	e mg/d1
s.crea		<b>Serum Phosphorus</b> 3.4 mg/dl	2.5 -	5.5 mg/dl
Phospho	orus	3.4 mg/di		

#### Der Dr.N.N.SINGH MD(PATH) PATHOLOGIST



dition of Laboratory Testing & Reporting tis presumed that the test(s) performed are on the specimen(s) /Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her resentative at the point of generation of the said specimen(s) /Sample(s)(2)Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are resentative at the point of generation of the said specimen(s) /Sample(s)(2)Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (b) Incorrect resentative at the point of generation of the said specimen(s) / Sample(s)(2)Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (b) Incorrect resentative at the point of generation of the said specimen(s) / Sample(s)(2)Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (b) Incorrect resentative at the point of generation of the said specimen(s) / Sample(s)(2)Laboratory between the label on the speciment (c) field to request the test requisition form. (b) The Results of ratio for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is it is in diversed to state (Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the speciment of the Name on the test requisition form. (b) The results of a laboratory test are dependent or the sample as well as the assay technology. (7) In case of queries rest May yay from lab and also from time to time for the same patient. (c) rest May yay from lab and also from time to time for the same patient. (c) rest fact test results please call at ±19297862282, E mail. labasarf@gmail.com





Baramuri, P.O. - Bishunpur Polytechnic, Dhanhad (Jharkhand) - N/R176 Regd. Office : Phularitand Kharkarse, Dhanhad (Jharkhand) - N/R176 Mob. / 808/3-66688 CIN - U85110JH2005#1.0011673

# हॉस्पीटल सिर स्वाल्य

# RADIOLOGY REPORT

Reg. No.	24349	Ref. Dr.	SELF
	MRS. SINGH MANSHA RAM JAIPAL	Study	USO W/A
Age & Sex	35Y /F	Reporting Date	13.08.2022

### USG WHOLE ABDOMEN

LIVER	Liver is enlarged in size and measures 17.4cm. It appears normal in echotexture. No obvious focal lesion is seen. IIIBR are not
GALL BLADDER	<ul><li>dilated.</li><li>GB is well distended. No obvious calculus or mass lesion is seen.</li><li>The wall thickness is normal.</li></ul>
CBD	: CBD is normal in course & caliber.
PV	: PV is normal in course & caliber.
PANCREAS	: Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
SPLEEN	: Spleen is enlarged in size & measures 12.6 cm.
KIDNEYS	: The right kidney measures 10.7 x 4.8cm. The left kidney measures 11.3 x 5cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
URINARY BLADDER	: Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
UTERUS	<ul> <li>Uterus is normal in size, shape &amp; echotexture. It measures 8.2 x</li> <li>3.8 x 4.2 cm. Endometrium is central and measures 10.6 mm.</li> </ul>
OVARIES	: The right ovary measures 2.7 x 1.7cm. The left ovary measures 2.3 x 1.2cm. Both ovaries are normal in shape, size & position.
OTHERS	: No ascites or retroperitoneal lymphadenopathy is seen.
IMPRESSION	• Hepatosplenomegaly with grade I diffuse fatty infiltration of liver.

Clinical correlation is suggested.

Dr. VAISHALI PATEL MBBS, DNB (Radio-diagnosis) Consultant Radiologist



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ECHOCARDIOGRAPHY REPORT

Name: MRS SINGH MANSHA RAM JAIPAL Age: 35

Sex: Female

Date: 08/13/2022

<u>2D &amp; M-</u>	MODE MEASUREMENTS	2D & N	-MODE CALCULATIONS
IVSd	0.9 cm	EDV(Teich)	95 ml
LVIDd	4.6 cm	ESV(Teich)	36 ml
LVPWd	1.0 cm	EF(Teich)	62 %
IVSs	1.4 cm	%FS	34 %
LVIDs	3.0 cm	SV(Teich)	59 ml
Ao Diam	3.1 cm	LVd Mass	169.62 g
LA Diam	3.1 cm	RWT	0.44
		LA/Ao	0.99
	MITRAL VALVE		AORTIC VALVE
MV E Vel	0.69 m/s	AV Vmax	1.54 m/s

MV E Vel	0.69 m/s
MV DecT	123 ms
MV Dec Slope	5.6 m/s <sup>2</sup>
MV A Vel	0.90 m/s
MV E/A Ratio	0.76
E'	0.07 m/s
E/E'	9.22
	TRICUSPID VALVE

	AORTIC VALVE
	1.54 m/s
G	9.54 mmHg

PULMONARY VALVE

**PV Vmax** PV maxPG

AV maxP

1.29 m/s 6.70 mmHg

### COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-64%)
- GRADE I DIASTOLIC DYSFUNCTION
- NO MR, AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

### **IMPRESSION:**

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-64%)
- GRADE I DIASTOLIC DYSFUNCTION

DR.S.H CHAVAN (CONSULTANT CARDIOLOGIST)

TECH. SIG





Baramuni, P.O. - Bishunpur Polytechnic, Dhanbad (Jharkhand) - 828130 Regd. Office : Phulantand Kharkaree, Dhanbad (Jharkhand) - 828125 Mob... 78083 68888 CIN : U85110.JH2005PLC0/11673

# RADIOLOGY REPORT

patient Information		8. 1. 1. 2. 22803 (2. 12	n an
Patient Name	MRS SINGH MANISHA RAM JAIPAL	Patient ID	24349
Age   Gender	35Y/FEMALE	Scan Date	AUG 13 2022
Referring Doctor	DR SELF	Report Date	AUG 13 2022

### X-RAY CHEST

### FINDINGS

#### Lungs

- Prominent broncho-vascular markings are noted bilaterally.
- Rest of the bilateral lungs fields are clear.

### Airways

Trachea is central. Tracheo-bronchial tree is normal.

#### Heart

Cardiac silhouette is normal.

#### Others

- Bilateral CP angles are clear.
- Both domes of diaphragm are normally placed.
- Bony thoracic cage is normal.
- No soft tissue abnormality seen.

#### IMPRESSION

Prominent broncho-vascular markings.

### RECOMMENDATION

Suggested clinical correlation

X.k.

**Dr. Shreyans Karia** MD Radiology (MMC 2014/04/1188) Consultant Radiologist RF OHAMBAD

MRS SINGH MANISHA RAM JAIPAL 35Y/F DR SELF | 1



### 24 HOUR EMERGENCY

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"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

नयनश्च नयनश्च	ि (ashles नेत्रालय	27/08/2022
(A Unit of As	arfi Hospital Limited)	
Baramuri, Bishunpur Polyte 107073096, 78083688888   www.a	sarfihospital.com, info@as	arfihospital.com
Name of Patient. Simph Manisha Age/Gender	Ram Reg. No. 243	19
Age/ Gender		661600
Address. Raniganj		
General Examination : BPmmh	g Weight	Kgs
Chief Complaints : Blurring of M	n in BlE for last 6	months.
NO NO oculor I read tou	uma,	Pup (NO 40 gls

H/o Present illness  $N_{1}^{\prime}C_{1}$ 

Piti: No fino haucoma ,

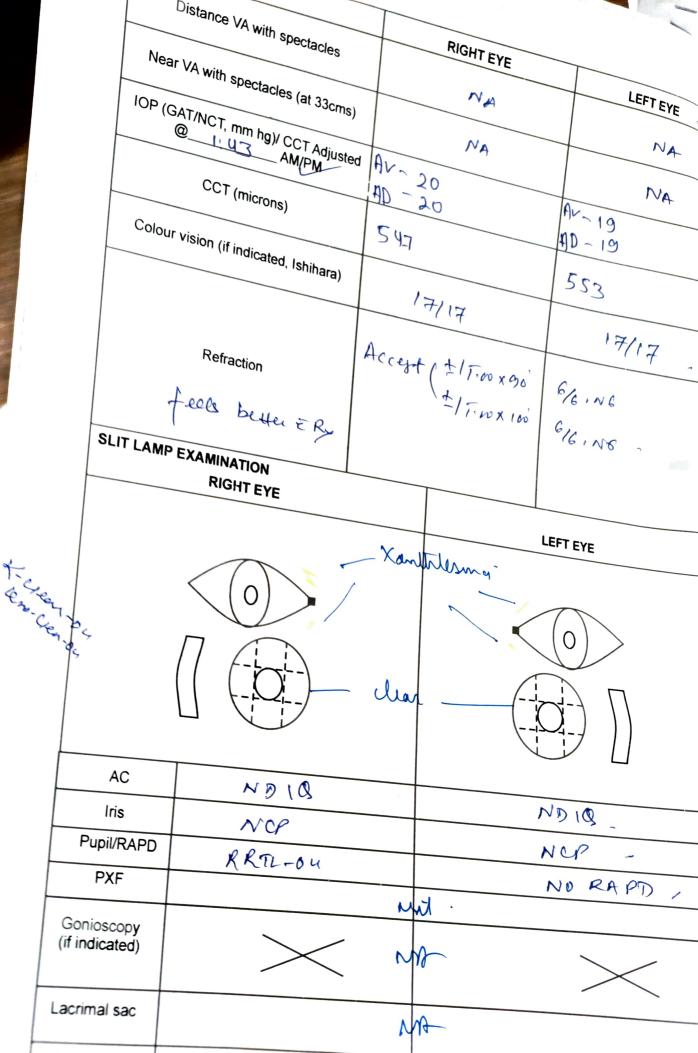
Systemic History : Medical/ Surgical

Near UCVA (at 33 cms)

		0				
DM 🗶	HTN 🖉	CAD	×	Dyslipidemia 📈		
Asthma <	Dysthyroid (mRy) × 10	Y M Koch's	×	Arthritis/Others		
Drug Allergy: ベ <sub>ト</sub> の		V	Medications//	Antiplatelets $N_{j}^{\prime}$		
Personal history : Smok	ing /Alcohol (with duration)	N.C.		Contraction of the second seco		
	Normal			- North - State		
Ocular alignment :	Ortho ,					
	RIG	HT EYE		LEFT EYE		
Ocular Motility	tull, toe	2 & pain	luss - 0	μ,		
Distance UCVA/with	Jule, Joec	9 36/6	6,	16P ->6/6		

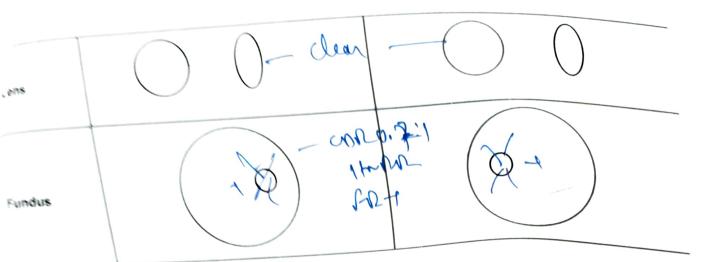
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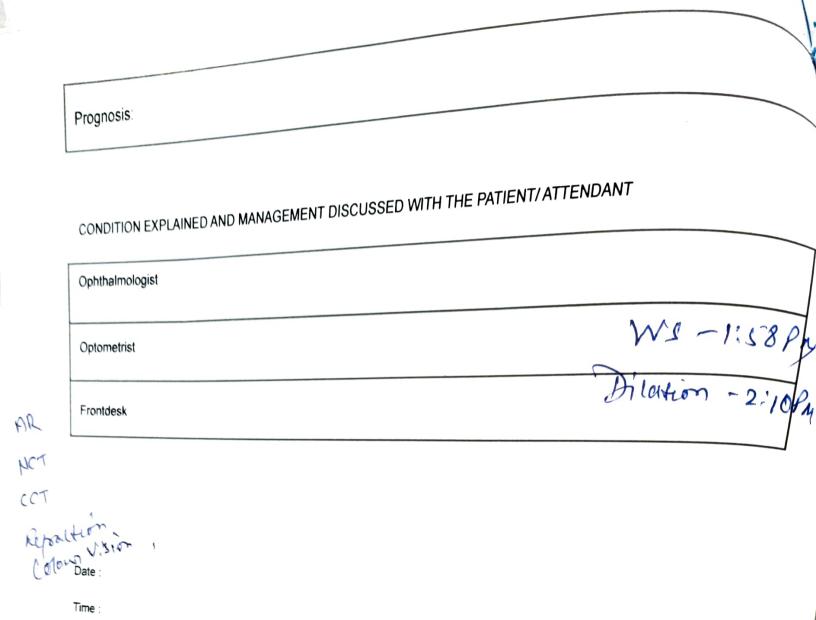
### revisional Diagnosis/ Systemic Diagnosis

OU-SMA

Kanthlesma

Plan of Treatment/ management: investigation (s): om. 1) Glasses. Fantag und prople n eld. ELOTEARS ---idnep æ y times danly in both eyes 3) Remone 142/SUS Dr. Gurcharan Singh MS (Ophthalmology) FLVPEI Consultant Ophthalmologist Reg. No.-WBMC60994 IHC

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Reg No.	1			FUR GLAS	s			8/22.	
Name : Mas	. Mon	nisha Blow	Rom	Sigh	Age:			F E	/
	D SPH	RIGH <sup>-</sup> D CYL				LEFT	EYE		
FOR DISTANCE	t		AXIS	VISION	D SPH	D CYL	AXIS	VISION	
VISION	~	Tim	90	6/6	+	(in	100'	616	
ADD FOR NEAR VISION						1	```		
	hromic / Tint	ed/ Knypteli		NG				N6	
Lens : White / Photo Cl		Cur riyptok	/ Executive	/ Bifocal / CF	39 Si	-sa	Vision	-	
P.DI- to be done		V		n.m. For NV					
emarks : Constant use/	Distance us	e / Near us	e			Ref	fractionist ()	Moshkoor	Ash

COLD. FLID

AHL/D/079/Jun/22