

Patient Name : Mrs.PUSHPAVALLI R	Collected : 02/Sep/2023 10:03AM
Age/Gender : 45 Y 4 M 0 D/F	Received : 02/Sep/2023 02:05PM
UHID/MR No : CINR.0000156084	Reported : 02/Sep/2023 08:00PM
Visit ID : CINROPV203764	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9902089695	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.1	g/dL	12-15	Spectrophotometer
PCV	43.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.09	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	85.9	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	51.9	%	40-80	Electrical Impedence
LYMPHOCYTES	40.2	%	20-40	Electrical Impedence
EOSINOPHILS	1.3	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3010.2	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2331.6	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	75.4	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	365.4	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	17.4	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	120000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: are reduced in number, seen in singles.

HEMOPARASITES: negative

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH THROMBOCYTOPENIA.**

suggested to repeat test by citrate sample for accurate count



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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Visit ID : CINROPV203764	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	161	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
2. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	260	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8.6	%		HPLC
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	200	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:PLF02022234,PLP1364666,EDT230080924

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Age/Gender : 45 Y 4 M 0 D/F	Received : 02/Sep/2023 01:21PM
UHID/MR No : CINR.0000156084	Reported : 02/Sep/2023 03:46PM
Visit ID : CINROPV203764	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	201	mg/dL	<200	CHO-POD
TRIGLYCERIDES	213	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	156	mg/dL	<130	Calculated
LDL CHOLESTEROL	113.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	42.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04470097



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	123.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.22	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.03	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.69	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.21	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.73	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	142	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>56.00</b>	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	5.51	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.680	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

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Test Name	Result	Unit	Bio. Ref. Range	Method
N/Low   High   N   N	T3 Thyrotoxicosis, Non thyroidal causes			
High   High   High   High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2177238

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324



Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*


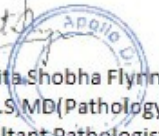
Result/s to Follow:  
PERIPHERAL SMEAR

Dr. Anita Shobha Flynn  
M.B.B.S, MD(Pathology)  
Consultant Pathologist

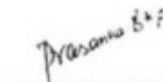
DR. SHIVARAJA SHETTY  
M.B.B.S, M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

Dr. Anita Shobha Flynn  
M.B.B.S MD(Pathology)  
Consultant Pathologist



Dr. Shobha Emmanuel  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



Dr PRASANNA B.K.P  
Md.Path.Pathologist



**Name** : Mrs. Pushpavalli R

**Age**: 45 Y

**UHID**:CINR.0000156084

**Sex**: F

**Address** : Bangalore

**OP Number**:CINROPV203764

**Plan** : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

**Bill No** :CINR-OCR-88337

**Date** : 02.09.2023 09:55

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2 D ECHO	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA (10)	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNÆCOLOGY CONSULTATION (3)	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG (12)	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE (3) not done	
22	OPHTH BY GENERAL PHYSICIAN (15)	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN (9)	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION (17)	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	



Date : 02-09-2023

Department : GENERAL

MR NO : CINR.0000156084

Doctor :

Name : Mrs. Pushpavalli R

Registration No :

Age/ Gender : 45 Y / Female

Qualification :

Consultation Timing: 09:54

Height : 156cm	Weight : 78kgs	BMI :	Waist Circum :
Temp : 98.4	Pulse : 76 bpm	Resp : 20bpm	B.P : 100/70mm

General Examination / Allergies  
History :

Clinical Diagnosis & Management Plan

~~Dep 2/2023~~

45yr undupnd Hysterectmy 2yrs  
nil complications back.

H/o ocell. Smalip# no patted

Thym# on  
fst.

Tab MENOPACE ——— (1)  
x food 1w antls

Pap not done  
(as hysty due).

Follow up date:

Doctor Signature

Mrs Pushparathi  
156084

45y / F

Dr. Prathma  
(LW)

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

of block sensation in both  
on/off ears  
since 1m.

of B/ears - dull looking  
Dix Hallpike - negative.

K.T - laharh.

Ado

T-SWARST  
1-0-0-7d

PTA &  
tympanometry

OTRWIN nasal  
drops  
3-3-3 x 7d

Follow up date:

Doctor Signature

9902089695

**OPHTHAL PRESCRIPTION**

PATIENT NAME : Pushpavalli R  
UHID NO : CINR-OCR- 88337  
OPTOMETRIST NAME: Mr Gowtham M H

DATE : 02/09/23  
AGE : 45  
GENDER: F

This is to certify that I have examined Mrs. Pushpavalli R  
45 years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	Pls			6/6	Pls			6/6
Add	+1.50			N6	+1.50			N6

PD - RE: 31 LE: 31

Colour Vision: Normal

Remarks:

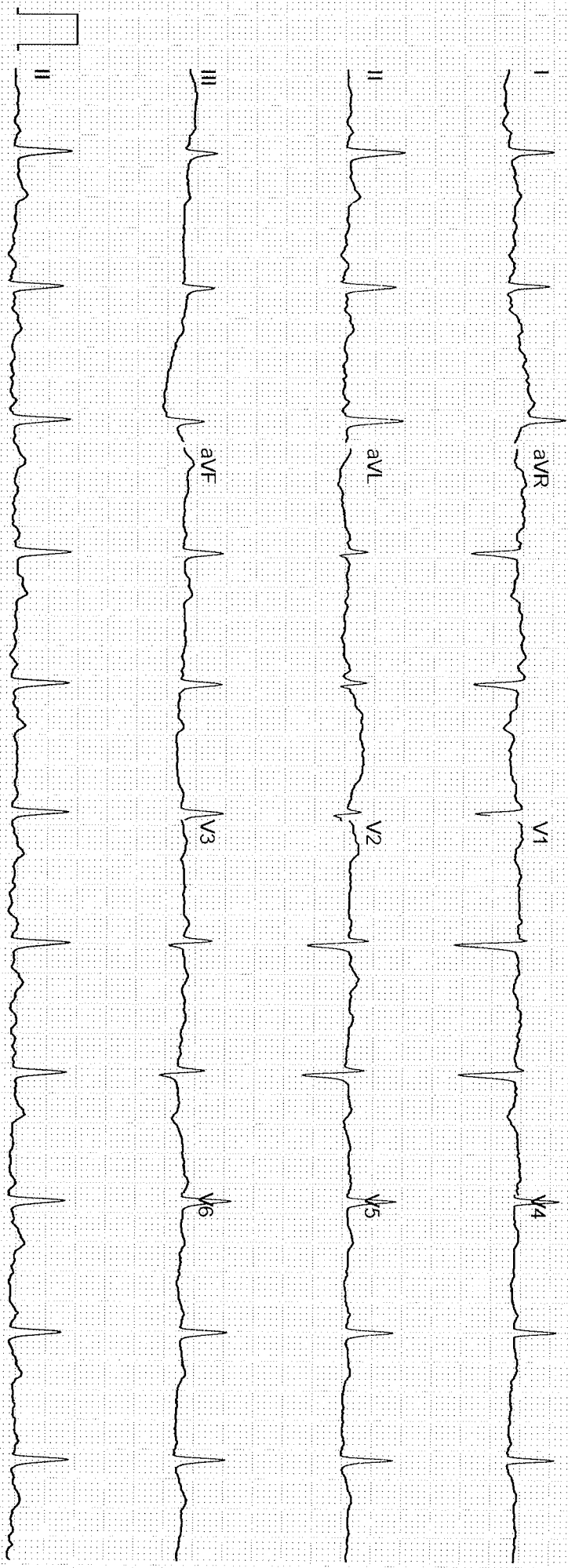
Lubricate eye drops

  
Apollo clinic Indiranagar

QRS : 88 ms  
QT / QTcBaz : 408 / 433 ms  
PR : 132 ms  
P : 106 ms  
RR / PP : 876 / 882 ms  
P / QRS / T : 33 / 51 / 60 degrees

Technician:  
Ordering Ph.  
Referring Ph.  
Attending Ph.

*[Signature]*  
**DR. RAJENDRA PRASAD**  
M.D. (Internal Medicine)  
KMC No. 22692  
Senior Medical Consultant  
Apollo Clinic  
Indiranagar, Bangalore - 560 038.  
Ph: 080-25214614, 15



NAME: MRS PUSHPAVALLI R	AGE/SEX: 45Y/F	OP NUMBER: 156084
Ref By : SELF	DATE: 02-09-2023	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 3.2	IVS(D): 0.8	MV: E Vel: 0.4	A Vel : 0.5
LA: 3.3	LVIDD(D): 5.0	AV Peak: 1.1	
	LVPW(D): 0.9		
	IVS(S): 1.3		
	LVID(S): 3.3		
	LVPW(S): 1.4		
	LVEF: 60%		
	TAPSE: 2.2		

**Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

Apollo Health and Lifestyle Limited

1

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO HEALTH AND LIFESTYLE LIMITED

TO BOOK AN APPOINTMENT

IVC:	Normal
Others	---

**IMPRESSION :**

**Normal cardiac chambers**


**No Regional wall motion abnormality**

**No MR/AR/TR**

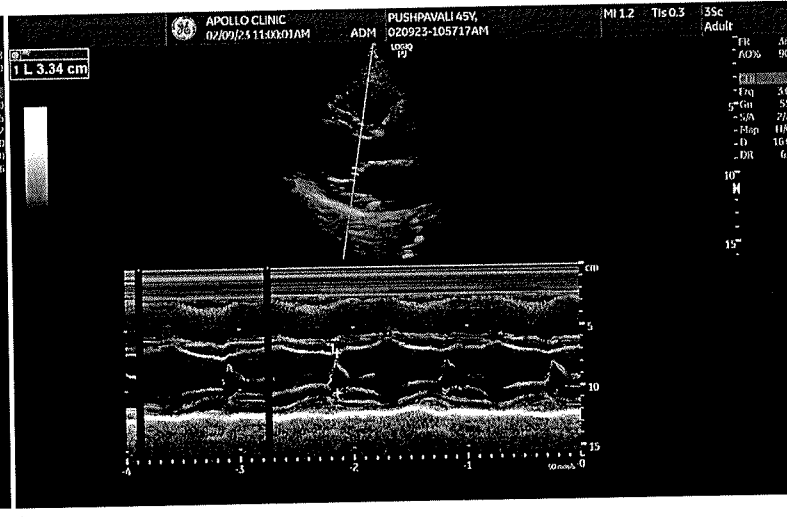
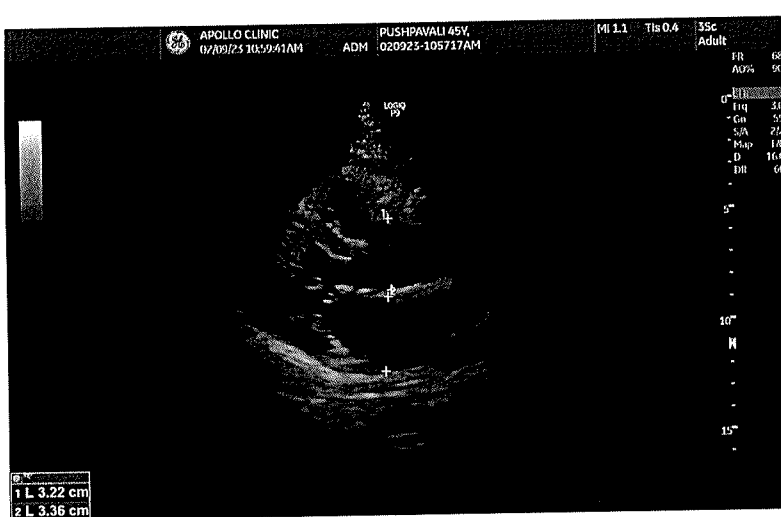
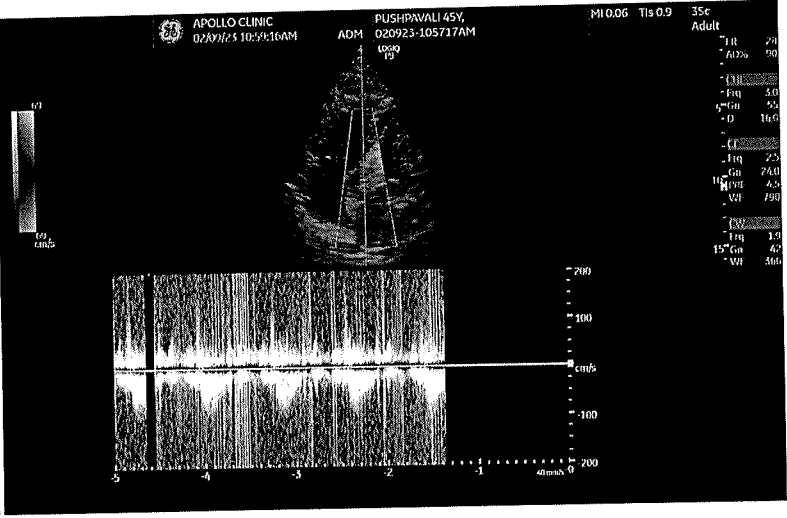
**No clot/vegetation/pericardial effusion**

**Grade I LV diastolic dysfunction**

**Normal LV systolic function - LVEF= 60%**



**DR VIJAY MD DM**  
**CONSULTANT CARDIOLOGIST**



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	MS. PUSHPAVALLI
क.कू.संख्या	165262
पदनाम	SUBSTAFF
कार्य का स्थान	KODIHALLI DB
जन्म की तारीख	02-05-1978
स्वास्थ्य जांच की प्रस्तावित तारीख	28-08-2023
बुकिंग संदर्भ सं.	23S165262100067776E

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 25-08-2023 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।)





बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम  
Name

पुष्पावली आर  
Pushpavali R

E.O. No.

165262



जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of holder

**Patient Name** : Mrs. Pushpavalli R

**Age/Gender** : 45 Y/F

**UHID/MR No.** : CINR.0000156084

**OP Visit No** : CINROPV203764

**Sample Collected on** :

**Reported on** : 02-09-2023 17:34

**LRN#** : RAD2088768

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9902089695

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

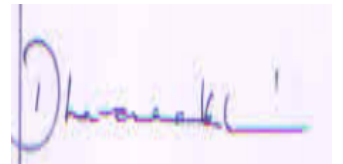
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

**Patient Name** : Mrs. Pushpavalli R

**Age/Gender** : 45 Y/F

**UHID/MR No.** : CINR.0000156084

**OP Visit No** : CINROPV203764

**Sample Collected on** :

**Reported on** : 02-09-2023 14:45

**LRN#** : RAD2088768

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9902089695

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

**ULTRASOUND OF BOTH BREASTS**

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

**RIGHT BREAST:** Shows a solid hypoechoic oval lesion measuring 1.4x0.6cm.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

**Right and left axilla:** No significant lymphadenopathy .

**IMPRESSION :**

**FIBROADENOMA IN RIGHT BREAST.**



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

**Patient Name** : Mrs. Pushpavalli R

**Age/Gender** : 45 Y/F

**UHID/MR No.** : CINR.0000156084

**OP Visit No** : CINROPV203764

**Sample Collected on** :

**Reported on** : 02-09-2023 14:41

**LRN#** : RAD2088768

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9902089695

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, **shape and show mild diffusely increased echogenicity.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Contracted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Post hysterectomy status.

**OVARIES:** Both ovaries not visualized.

No free fluid is seen.

### IMPRESSION:

**GRADE I FATTY LIVER.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology