

Patient Name : MRS SADGEE BAJAJ
UHID/ MR No : 5198
Visit Date : 05/07/2023
Sample Collected On : 05/07/2023 12:32PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 05/07/2023 02:51PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.8	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.89	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	35.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	72.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	24.1	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.12	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	50	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	42	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes Method: CELL COUNTER	07	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE - SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

+91 96918 26363

0771 4033341/42

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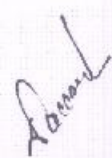
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	219	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	30	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	A		
RhD factor (Rh Typing)	POSITIVE		

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Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	112.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	100.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.52	mg/dL	2.6 - 7.2

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.5	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

5.5

%

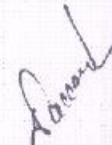
Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
 6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	150.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	72.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	95.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HiOptimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1
Method: Spectrophotometric VLDL Cholesterol	14.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.75		3.5 - 5
Method: Spectrophotometric			

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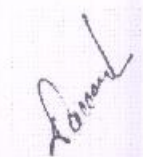
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	22	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	29	U/L	0 - 33
ALKALINE PHOSPHATASE	89	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.010		1.001 - 1.030
Reaction (pH)	5.5		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	2 - 4	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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06-07-2023 09:58:11 AM

ID: 78

MRS SADGEE BAJAJ

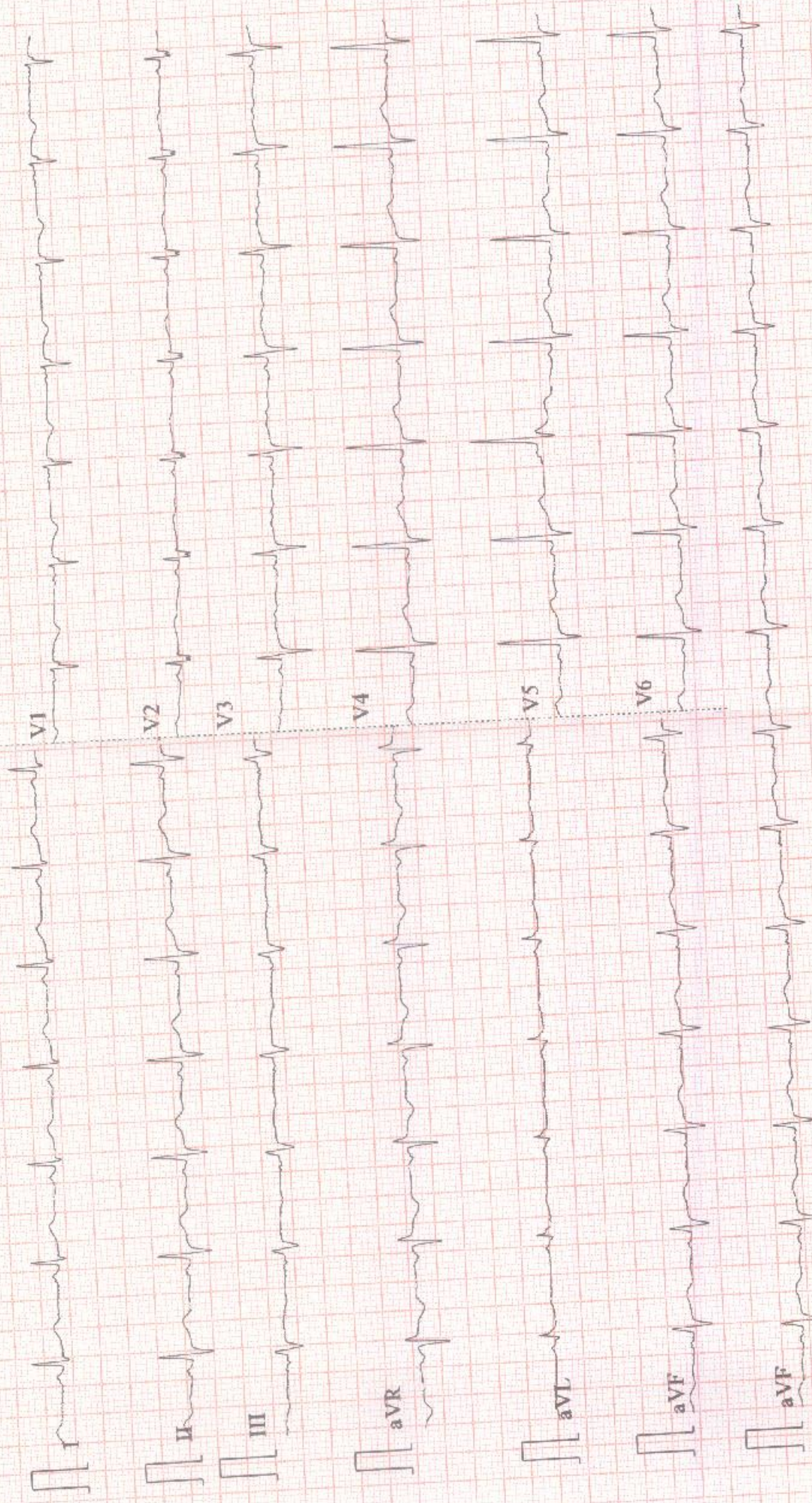
Female 36Years

HR : 84 bpm
 P : 94 ms
 PR : 114 ms
 QRS : 94 ms
 QT/QTc : 376/445 ms
 P/QRS/T : 9/13/42 °
 RV5/SV1 : 1.088/0.415 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)


Patient Name Mrs. Sadjeer Bajaj

Date 5/09/2022

Sex/Age F/36 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
no				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		WNL	(LE):-	WNL
INDIVIDUAL COLOUR IDENTIFICATION				
Good				
DISTANT VISION:(RE):-		6/6P 24/6	(LE):-	6/6P 24/6
NEAR VISION:(RE):-		N6	(LE):-	N6
NAD				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	/	-0.75	90'	/
LEFT		-0.75	90'	
REMARKS :-				
				

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

PATIENT NAME: MRS. SADGEE BAJAJ
REF BY: BOB

AGE / SEX: 36YRS/F
DATE: 05.07.2023

USG ABDOMEN

Liver: Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: - Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.82X3.42Cm	10.26x3.88Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is normal in size (9.26 x 5.28 x 3.61 cm, Vol. – 92.417 cc) and echotexture. Endometrial thickness 3.4 mm.

Right Ovary: Normal in size (4.03 x 1.80 cm), shape and echotexture.

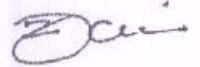
Left Ovary: Normal in size (3.59 x 2.00 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

NAME OF PATIENT: MRS. SADGEE BAJAJ

AGE: 36 YRS / FEMALE

REFERRED BY : BOB

DATE: 05/07/2023

CHEST X - RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.

Z. Dani

DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

ECHOCARDIOGRAPHY REPORT

NAME : MRS SADGEE BAJAJ	Age/Sex: 36Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD(BOB)	STUDY DATE: 05/07/2023	REGN. NO. : FRAI.000005198
Ref.By Dr : SELF		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.6	2.0 – 3.7	IVS Thickness	ED = 0.8 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.8 ES = 1.2	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%

Left Atrium : LA Size Is Normal

Right Ventricle : Normal

Right Atrium : Normal

IAS/IVS : Intact

Pericardium : Normal, there is no Pericardial Effusion.

Mitral Valve : E>A , Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

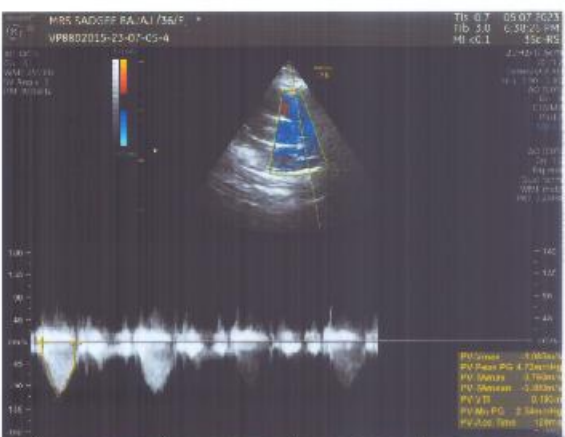
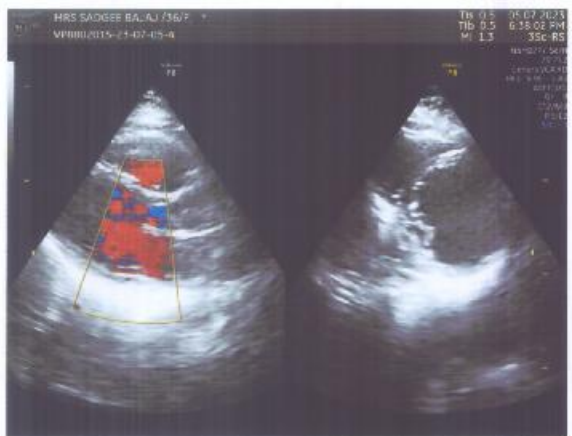
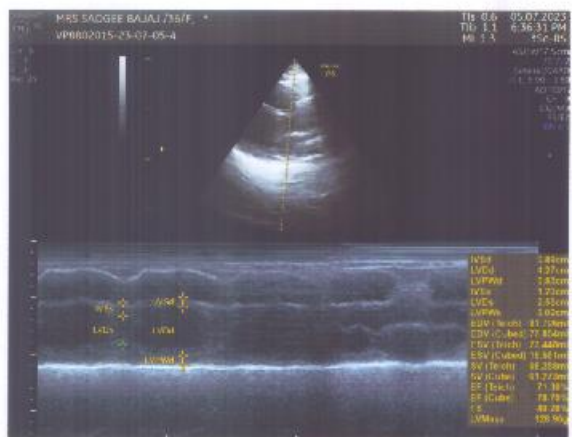
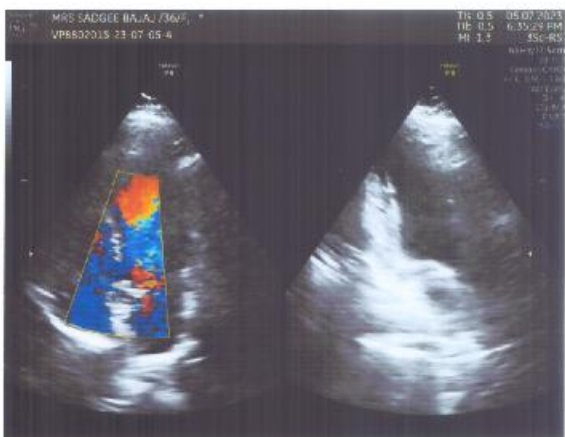
Pulmonary Valve : Pulmonary valve appears normal in morphology.

Systemic venous : IVC normal in size with normal Inspiratory collapse.

Diastolic Function : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHAMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

DR. DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT. OF NIC



05/07/2023

Mrs. Sangeeta Bajaj 36 F.

Ref = 18/06/2022.

P₂ (4 yr. UCB (Aen) hys)
(3 yr. UCB (Aen))

P_{1A} - soft
Mottled
Trace of pus

P_{1C} - C₁₀(N)
Copious mucoid discharge
curdy white flakes seen on
vulva.
No inflammation

hAP smear. + w/-

P_{1V} - wet AU mottled at
S/C of base.

Tab. cansoft CE pessary ins & 6 nights

Tab. zifi 200 mg OD x 5 days

Tab. Amikacin 500 mg OD x 5 days

Cap. (awd) 1BBK x 5 days

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Sadgee Bajaj
30/F.

5/7/2023

Chief Pt complains for routine dental check up.

OPD

Stain + Cal +

occlusal caries ±

$\frac{8}{8} \mid \frac{8}{8}$

Ming ±

$\frac{7}{6} \mid \frac{7}{7}$

Deep. Proximal caries ± (TOP +ve)

$\frac{1}{6}$

Adv oral prophylaxis.

Information ± $\frac{8}{8} \mid \frac{8}{8}$

Dr. Sweets



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	SADGEE BAJAJ
DATE OF BIRTH	02-07-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	07-07-2023
BOOKING REFERENCE NO.	23S85709100063006S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BAJAJ ABHISHEK
EMPLOYEE EC NO.	85709
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	RAIPUR, GEETANJALI NAGAR
EMPLOYEE BIRTHDATE	28-09-1986

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 **30-06-2023** 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))