

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	MR. SAHNI RAMESH KUMAR
क.कू.संख्या	111029
पदनाम	BRANCH OPERATIONS
कार्य का स्थान	NEW DELHI, TILAK NAGAR
जन्म की तारीख	17-08-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	23-09-2023
बुकिंग संदर्भ सं.	23S111029100069800E

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 20-09-2023 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।)

LETTER OF APPROVAL / RECOMMENDATION

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SAHNI RAMESH KUMAR
EC NO.	111029
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	NEW DELHI, TILAK NAGAR
BIRTHDATE	17-08-1990
PROPOSED DATE OF HEALTH CHECKUP	23-09-2023
BOOKING REFERENCE NO.	23S111029100069800E

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 **20-09-2023** 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 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))

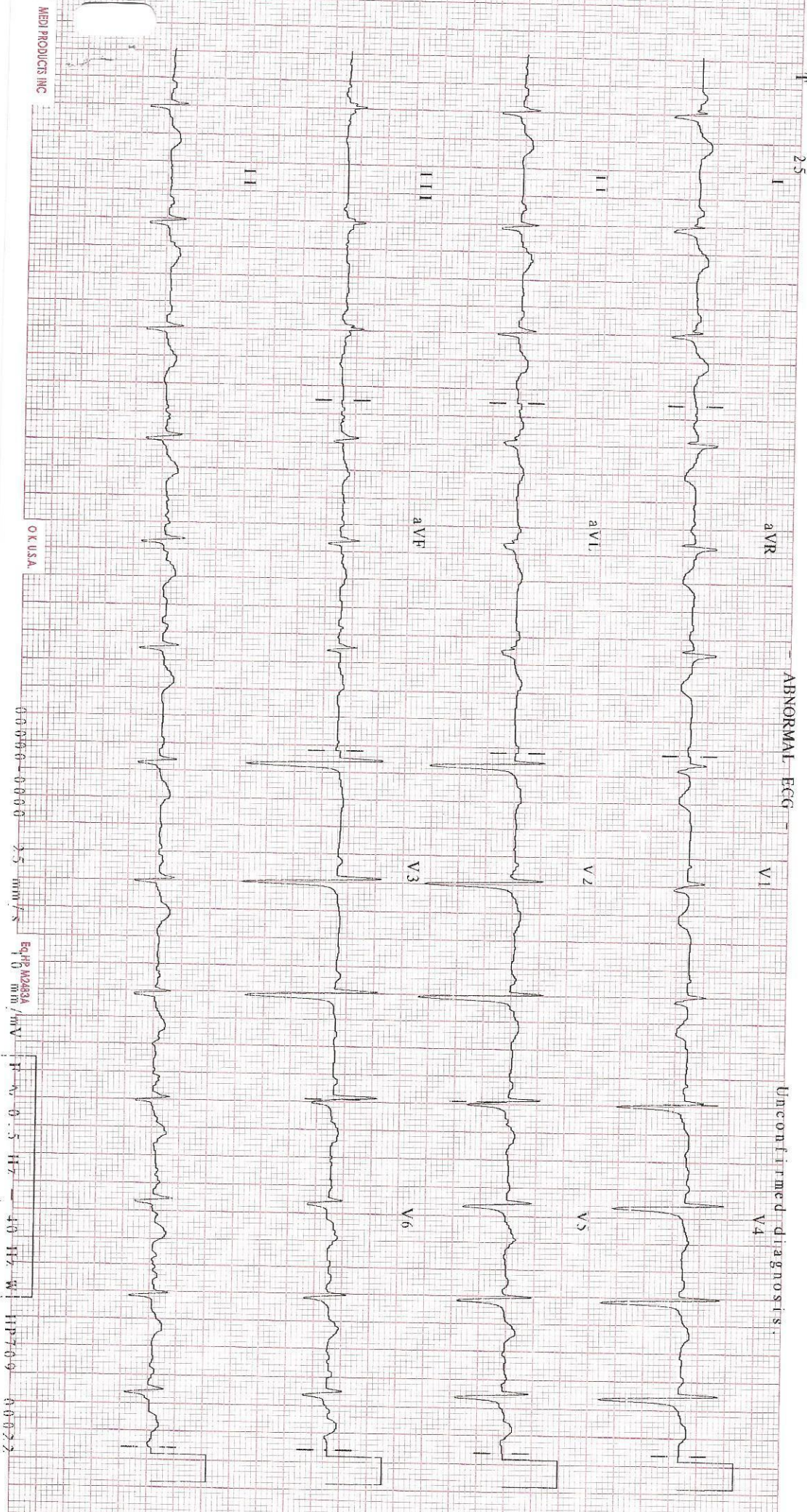
23-Sep-2023 18:22:43 ramesh kumar sahani
 33 Years Male



PageWriter 300pi

Rate 77 . NORMAL SINUS RHYTHM, RATE 77 normal P axis, PR, rate & rhythm
 PR 152 . PROBABLE RIGHT VENTRICULAR HYPERTROPHY prom R R' S w/ RAA, RAD
 ORSD 94
 QT 364
 QTc 412

--Axis--
 P 11
 ORS 156



Patient Name : Mr. Ramesh Kumar Sahni
Age/Sex : 33 Y/M
Pres Doctor :
Ref.by : SELF


MR No : FRAJ.0000235911
Visit No : FRAJOPV111464
Bill Date : 23-09-2023 10:07
Report Date : 24-09-2023 12:38

X-RAY CHEST PA VIEW

- Both lungs fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

IMPRESSION:- NORMAL STUDY.

To be correlate clinically.


DR. ANISHA GUPTA
MBBS, DNB RADIOLOGIST
RADIOLOGIST

Patient Name	: Mr. Ramesh Kumar Sahni	MR No	: FRAJ.0000235911
Age/Sex	: 33 Y/M	Visit No	: FRAJOPV111464
Pres Doctor	:	Bill Date	: 23-09-2023 10:07
Ref.by	: SELF	Report Date	: 23-09-2023 11:27

ULTRASOUND WHOLE ABDOMEN

Excessive gaseous distension.

LIVER: Liver shows heterogeneous echotexture with moderate margins.
No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated.
Portal vein is normal in calibre.

GALL BLADDER: Gall bladder is well visualised. Its wall thickness is normal.
No calculus or mass lesion is seen in gall bladder.

PANCREAS: Pancreas obscured by gases.
SPLEEN: Spleen appears normal in size and echopattern.

KIDNEYS: Both kidneys are normal in position, size and outline.
Cortico-medullary differentiation of both kidneys is maintained.
Central sinus echoes are compact. No calculus / hydronephrosis seen.

Visualised parts of retroperitoneum do not show any lymphadenopathy.

URINARY BLADDER: Urinary bladder partially distended appears grossly normal.

PROSTATE: Prostate appears grossly normal.

No free fluid detected.

Stomach appears grossly distended within the epigastric region upto the umbilicus.

Adv:- CECT Whole Abdomen.

To be correlate clinically

Disclaimer: Renal calculi less than 5mm could be missed on an Ultrasound.
NCCT KUB is the modality of choice for the same.



DR. ANISHA GUPTA
MBBS , DNB RADIOLOGIST
RADIOLOGIST

Page 1 of 1

• CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS. • IF THE TESTS RESULTS ARE UNEXPECTED PLEASE CONTACT THE LABORATORY.
• ALL THE CONGENITAL ANAMOLIES IN THE FETUS MAY NOT BE DIAGNOSED IN ULTRASONOGRAPHY. • THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE.

Licensee : Bharti Medicare Pvt. Ltd. The Apollo Clinic, C-70, Major Sudesh Kumar Marg, Opp. Madhav Park, Near Main Market, Rajouri Garden, New Delhi-110 027
Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclinic.com, Website : www.apolloclinicrajourigarden.com

MSME UAM NO. : DL11E0021531

Patient Name : Mr. Ramesh Kumar Sahni
 UHID/MR No. : FRAJ.0000235911
 Visit Date : 23-09-2023 09:58
 Sample Collected on : 23-09-2023 10:11
 Ref Doctor : SELF
 Emp/Auth/TPA ID : 6565667
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 33Y/Male
 OP Visit No : FRAJOPV111464
 Reported on : 23-09-2023 12:01
 Specimen : Whole Blood (Edta)
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HAEMOGRAM			
Hb(Haemoglobin) Method: Non Cyanide	16.0	13 - 17	gm/dl
PCV / Haematocrit Method: Pulse Height Detection	48.4	40 - 50	%
ESR. Method: Westergren's Method.	02	0 - 20	mms at the end of 1 hr
Total Leukocyte Count Method: DC Detection Method	5200	4000 - 10000	/Cumm
Platelet Count Method: DC Detection Method	1.65	1.5 - 4.1	lakhs/cumm
RBC Count Method: DC Detection Method	4.3*	4.5 - 6.0	Million/Cumm
MCV Method: Calculated.	112.3*	77 - 98	fl
MCH. Method: Calculated	37.2*	27 - 32	pg
MCHC. Method: Calculated.	33.1	31.5 - 34.5	gm/dl
Neutrophil Method: Slide Test	54	40 - 70	%
Lymphocyte Method: Slide Test	40	20 - 40	%
Eosinophil Method: Slide Test	04	1 - 6	%
Monocyte Method: Slide Test	02	2 - 10	%

Note: PERIPHERAL SMEAR - RBC's show mild anisopoikilocytosis. RBC's are macrocytic. Few ovalocytes seen. Leucocyte counts are within normal limits. Platelets are normal in number & morphology. No immature cells or haemoparasite detected.
 IMPRESSION: MACROCYTIC BLOOD PICTURE.

BLOOD GROUP AND RH TYPE

ABO Group : A
 RH : Positive


End of the report

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Specimen : Whole Blood (Edta)
Pres Doctor: :

Lab Technician / Technologist
Yogita


Dr. Prashant Purwar
MBBS, DCP
Consultant Pathologist

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Emp/Auth/TPA ID : 6565667
Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 33Y/Male
OP Visit No : FRAJOPV111464
Reported on : 23-09-2023 13:55
Specimen : Serum
Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE TEST (PACKAGE)			
CHOLESTEROL Method: CHOD - PAP	290*	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Triglyceride Method: GPO-PAP	178	50-200	mg/dl
HDL Method: DIRECT	54.3*	30 - 50	mg/dl
LDL Method: DIRECT	180.1*	60 - 100	mg/dl
VLDL Method: Calculated	55.6*	<40	mg/dl
CHOLESTEROL / HDL RATIO Method: Calculated.	5.3*	0 - 4.5	
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING) Method: (GOD-POD).	77	70 - 110	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL) Method: (GOD-POD)	91	70-140	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
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 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 33Y/Male
 OP Visit No : FRAJOPV111464
 Reported on : 23-09-2023 16:18
 Specimen : Serum
 Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
KFT - RENAL PROFILE-SERUM			
UREA Method: Urease	16.7	10-50	mg/dl
Creatinine Method: Jaffe	0.77	0.5 - 1.3	mg/dl
Uric Acid Method: Uricase	5.5	3.5 - 7.2	mg/dl
Sodium(Na) Method: ISE	139.7	136 - 142	mmol/L
Potassium(K) Method: ISE	3.9	3.8 - 5.0	mmol/L
Chloride(Cl) Method: ISE	101.5	95 - 103	mmol/L
Calcium. Method: OCPC	8.0*	9.2 - 11.0	mg/dl
Phosphorus Method: Molybdate UV	2.3	2.3 - 4.7	mg/dl

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 Emp/Auth/TPA ID : 6565667
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 33Y/Male
 OP Visit No : FRAJOPV111464
 Reported on : 23-09-2023 13:57
 Specimen : Serum
 Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL. Method: Jendrassik	1.3	0.1 - 1.3	mg/dl
Bilirubin (Direct)-Serum Method: Diazo.	0.30	0 - 0.3	mg/dl
A/G Method: Calculated	1.6	1.0 - 2.0	
BILIRUBIN - INDIRECT. Method: Calculated.	1.0	<1.1	mg/dl
SGOT /AST Method: IFCC (With P5P)	33.7	0 - 35	U/L
SGPT/ALT Method: IFCC (With P5P)	25.2	0 - 45	U/L
ALKALINE PHOSPHATE Method: AMP BUFFER	358.1*	30 - 117	U/L
GGT. Method: SZAZ	21.8	10 - 50	U/L
TOTAL PROTEIN Method: Biuret	7.4	5.8-8.0	g/dl
ALBUMIN Method: BCG	4.6	3.7-5.2	g/dl
GLOBULIN Method: Calculated	2.8	2.5 - 3.5	mg/dL

End of the report

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Age / Gender : 33Y/Male
 OP Visit No : FRAJOPV111464
 Reported on : 23-09-2023 13:39
 Specimen : Urine
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION


URINE EXAMINATION TEST REPORT

Test Name	Observed Value	Unit	Reference Range
Urine R/M Examination			
Quantity	30	ml.	
Colour	Pale Yellow		Pale Yellow
Transparency	Clear		Clear
Urine Specific Gravity	1.020		1.005 - 1.030
Dipstick			
pH	6.0		5.5 - 7.5
Dipstick / pH paper			
Chemical Examination			
Protein	Nil		Nil
Dipstick/Heat & acetic acid			
Sugar	Nil		Nil
Dipstick/Benedicts reagent			
Microscopic Examination			
Pus Cells	2-4		
RBC'S	Nil	/HPF	1-2
Casts	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil
Epithelial Cells	Occasional		Nil
Bacteria	Nil	/HPF	1-2
		/HPF	Nil

End of the report

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Lab Technician / Technologist
 AMAN_LAB_RJG


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