

#### 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. TAYLOR ASHISH
EC NO.	104294
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	JAIPUR,BAIS GODAM
BIRTHDATE	16-01-1988
PROPOSED DATE OF HEALTH	13-06-2023
CHECKUP	
BOOKING REFERENCE NO.	23J104294100061750E

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 12-06-2023 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 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))

# CONSULTATION SUMMARY



Patient MRN

:15010000340018

Patient Name

: Mr ASHISH TOYLOR : Male , 34 Years , 14/11/88

Gender/Age/Dob Patient Phone No: 8619260359

Patient Address

:H NO-30 MOTI VIHAR

SHEOPUR, Jaipur, Rajasthan, IN,

-302033

Consultation Date :13/06/2023 01:14 PM

Consultant

: Dr. Deepak Garg (NON

**INVASIVE DIAGNOSTIC** SERVICES)

Consultation Type : OP , NEW VISIT

# CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

HEALTH CHECKUP

: NO COMPLAINS

**SNORING** 

: ? SLEEP APNOE

#### DIAGNOSIS

102512003 | Healthy adult, Primary, Final, 13/06/2023

72863001 | Snoring, Secondary, Provisional, 13/06/2023

## MEDICATION ORDER

DRUG NAME

PATIENT INSTRUCTION

CALCIUM CARBONATE+VITD3+MECOBALAMIN+P5P-

TABLET-

1250MG+2000IU+1500MCG+20MG-

**GEMCAL XT** 

Once Daily (0-1-0-0) Tablet Orally After Food For 1 Month | Qty: 30 | Start Date: Jun 13, 2023 | End Date: Jul

12, 2023

#### **ADVICE**

VITAMIN D25 AND VITAMIN B12 LEVEL ON NEXT VISIT.

# **VITALS**

Blood Pressure: 120/80 mmHg

Heart Rate: 68 bpm

#### PROCEDURE HISTORY

No known surgical history

# PAST MEDICAL HISTORY

No significant past medical history

# CROSS CONSULTATION

Dr. Shivani Swami, PULMONOLOGY on 13/06/2023

#### **FOLLOW UP DETAILS**

Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: Sector-28, Kumbha Marg, Pratap Nagar, Jaipur 302033

Tel: +91 141 7122 233 | Email: info.jpr@narayanahealth.org | www.narayanahealth.org GST No. 08AABCN1685J1Z8



**Appointments** 

1800-309-0309 (Toll Free)

Emergencies

99837-32222



Physical Consultation after 1 Month

### **ALLERGY**

No known allergies

#### **FAMILY HISTORY**

No significant family history

### **SOCIAL HISTORY**

No significant social history

# **CONSULTANT DETAILS**



M.B.B.S. DIF (Cordiolog) Consultant-Preventive Viedicine

Res No. 21958

Resident Leiter Nersyana Multispeciality Pospital, Jainti

Dr. Deepak Garg, JUNIOR CONSULTANT, NON INVASIVE DIAGNOSTIC SERVICES

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Deepak Garg | Printed On: 13.06.2023 13:21

99837-32222



# **CONSULTATION SUMMARY**



Patient MRN

:15010000340018

Patient Name

: Mr ASHISH TOYLOR

Patient Phone No: 8619260359

Gender/Age/Dob : Male , 34 Years , 14/11/88

**Patient Address** 

:H NO-30 MOTI VIHAR

SHEOPUR, Jaipur, Rajasthan, IN,

-302033

Consultation Date :13/06/2023 11:36 AM

Consultant

:Dr. Anil Goyal

(OPHTHALMOLOGY) Consultation Type : OP , NEW VISIT

#### CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

**ROUTINE CHECKUP** 

#### PAST MEDICAL HISTORY

No significant past medical history

#### **NOTES**

ADV GL NO RE -1.25@180 LE PLAIN AR/CR GL FOR COMPUTER USE

#### SYSTEMIC EXAMINATION

Eyes

: VN RE 6/9 LE 6/6 N6 BE S/L NAD BE

# MEDICATION ORDER

DRUG NAME

PATIENT INSTRUCTION

CARBOXYMETHYLCELLULOSE-1) DROPS-0.5% 10ML-REFRESH TEARS

Thrice Daily (1-1-1-0) For 1 Month | Qty: 1 | Start Date: Jun 13, 2023 | End Date: Jul 12, 2023

# PROCEDURE HISTORY

No known surgical history

#### **ALLERGY**

No known allergies

## **FAMILY HISTORY**

No significant family history

## **SOCIAL HISTORY**

No significant social history

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**Appointments** 

1800-309-0309 (Toll Free)

**Emergencies** 99837-32222



# **CONSULTANT DETAILS**

Dr. ANIL Ophthalmology)
M.B.B.S., M.D. (Ophthalmology)
Dr. Anil Goyal , VISITING CONSULTANT, OPHTHALMOLOGY Narayana Multispe

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Anil Goyal | Printed On: 13.06.2023 11:42



**Appointments** 

MRN NO: PATIENT'S 15010000340018 ASHISH TOYLOR DATE AGE/SEX:

13/06/2023 34 YRS./M

DR. NAME:

**DEEPAK GARG** 

# ULTRASOUND STUDY OF ABDOMEN & PELVIS (PHC)

Liver: - Normal in size, shape & echotexture. No evidence of any mass lesion is seen. Bilobar Intrahepatic biliary radicals are not dilated.

Gall Bladder: - Is distended. Lumen is clear. Wall thickness is normal.

**CBD**: - Normal in calibre. No calculus is seen in visualized part of CBD.

Portal Vein: - Normal in calibre.

Pancreas: - Normal in size & echotexture. No focal lesion is seen. MPD is not dilated.

**Spleen:** - Normal in size & echotexture. No focal lesion is seen.

Right Kidney: - Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. There is no evidence of calculus or hydronephrosis.

Left Kidney: - Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. There is no evidence of calculus or hydronephrosis.

Urinary Bladder: - is distended. No calculus or mass lesion is seen. Wall thickness is normal.

**Prostate:** - is normal in size, shape and echotexture

Others: - No free fluid is seen in abdomen.

Impression: USG findings are suggestive of: -

No sonographic abnormality is seen.

Correlate clinically & with other related investigations.

Dr. Swati Jain

**Consultant Radiologist** 

Dr. Vijay Kumar Sh Consultant Radiologist Dr. Sunny Maharwal **Consultant Radiologist** 

This is a preventive health checkup sonography report with no available clinical details and previous records.



# **DEPARTMENT OF LABORATORY MEDICINE**

**Final Report** 

Patient Name: Mr ASHISH TOYLOR MRN: 15010000340018 Gender/Age: MALE, 34y (14/11/1988)

Collected On: 13/06/2023 08:46 AM Received On: 13/06/2023 08:47 AM Reported On: 13/06/2023 10:39 AM

Barcode: 412306130055 Specimen: Whole Blood Consultant: Dr. Deepak Garg(NON INVASIVE DIAGNOSTIC SERVICES)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 8619260359

	НАЕМАТО	LOGY	
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	15.6	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.71	millions/ μL	4.2-6.0
PCV (Packed Cell Volume) / Hematocrit (Calculated)	48.6	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	103 H	fL	80.0-100.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	33.2	pg	32.0-35.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.1	g/L	27.0-34.0
Red Cell Distribution Width (RDW)	14.7	%	12.0-18.0
Platelet Count (Electrical Impedance Plus Microscopy)	261	Thousand / μL	150.0-400.0
Total Leucocyte Count(WBC) (Electrical Impedance / Flow Cytometric)	8.6	Thous/cumm	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	60.6	%	40.0-75.0
Lymphocytes	33.8	%	15.0-45.0
Monocytes	1.6 L	%	4.0-13.0
Eosinophils	3.1	%	0.5-7.0
Basophils	0.9	%	0.0-2.0

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Patient Name: Mr ASHISH TOYLOR MRN: 150	010000340018 Ge	nder/Age : MALE , 34y (14	/11/1988)
Absolute Neutrophil Count	5.22	Thousand / μL	1.5-7.0
Absolute Lympocyte Count	2.91	Thousand / μL	1.0-4.0
Absolute Monocyte Count	0.14 L	Thousand / μL	0.2-0.8
Absolute Eosinophil Count	0.27 H	Thousand / μL	0.0-0.2
Absolute Basophil Count	0.08	Thousand / μL	0.0-0.2
As per the recommendation of International Cour reported as absolute numbers.	ncil for Standardizat	ion in Hematology, the dif	ferential counts are additionally being
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	04	mm/hr	0.0-10.0

hand

Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

	BIOCHEMI	STRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine	0.87	mg/dL	0.66-1.25
eGFR	100.5	mL/min/1.73m <sup>2</sup>	Both: <60 indicative of renal impairment Both: Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18
Blood Urea Nitrogen (BUN) (Colorimetric (Urease UV))	7.98 L	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase) LIPID PROFILE (CHOL, TRIG, HDL, LDL, VLDL)	8.00	mg/dL	3.5-8.5

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Appointments



Patient Name: Mr ASHISH TOYLOR MRN: 150100	000340018 Ger	nder/Age : MALE , 34y (14)	/11/1988)
Cholesterol Total (Enzymatic Method (cholesterol Oxidase, Esterase, Peroxidase))	192.9	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides (Enzymatic Method (lipase, Kinase, Oxidase And Peroxidase))	242.5 H	mg/dL	Both: Normal: < 150 Both: Borderline High: 150-199 Both: High : 200-499 Both: Very High: => 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	28.1 L	mg/dL	Low: < 40 High: => 60
Non-HDL Cholesterol	164.8		
LDL Cholesterol (Friedewald Formula)	116.3 H	mg/dL	Both: Desirable: < 100 Both: Optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190
VLDL Cholesterol (Friedewald Formula)	48.5	mg/dL	10.0-50.0
Cholesterol /HDL Ratio	6.9 H		0.0-5.0
Total Protein (Biuret (alkaline Cupric Sulfate))	8.05	gm/dL	6.3-8.2
SGOT (AST) (Enzymatic Colorimetric)	42	U/L	17.0-59.0
SGPT (ALT) (UV With P5P -IFCC)	52 H	U/L	<50.0
Alkaline Phosphatase (ALP)	71	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic Method)	50	U/L	15.0-73.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.26	ng/ml	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	7.76	ug/dl	4.3-12.5
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	4.63	ulU/ml	0.35-5.5

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Patient Name: Mr ASHISH TOYLOR MRN: 15010000340018 Gender/Age: MALE, 34y (14/11/1988)

Anil

Dr. Anil Sharma MBBS , MD ( Microbiology ) Senior Consultant

	CLINICAL PA	THOLOGY	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	25 H	ml	0.0-0.0
Colour	Pale Yellow		0-0
Appearance	Clear		0-36500
CHEMICAL EXAMINATION			
pH(Reaction)	6.0		4.5-9.0
Sp. Gravity	>=1.030		1.002-1.03
Protein	Negative		0-0
Urine Glucose	Negative		0-0
MICROSCOPIC EXAMINATION			
Pus Cells	1-2	/hpf	
RBC	Nil	/hpf	
Epithelial Cells	1-2	/hpf	
Crystals	Nil		
Casts	Nil		

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Patient Name: Mr ASHISH TOYLOR MRN: 15010000340018 Gender/Age: MALE, 34y (14/11/1988)

-- End of Report-

hand

Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





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GST No. 08AABCN1685J1Z8



Appointments



# **DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name: Mr ASHISH TOYLOR MRN: 15010000340018 Gender/Age: MALE, 34y (14/11/1988)

Collected On: 13/06/2023 08:46 AM Received On: 13/06/2023 08:47 AM Reported On: 13/06/2023 10:32 AM

Barcode: 402306130072 Specimen: Whole Blood Consultant: Dr. Deepak Garg(NON INVASIVE DIAGNOSTIC SERVICES)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 8619260359

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric (Glucose Oxidase Hydrogen Peroxidase))	106	mg/dL	65.0-110.0
HBA1C			
HbA1c	5.8 H	%	<= 5.7%-NORMAL 5.7-6.4% - PREDIABETES >=6.5% - DIABETES
Estimated Average Glucose	119.76	mg/dL	<140.0

#### Interpretation:

<sup>3.</sup> Any sample with >15% should be suspected of having a haemoglobin variant.

Bilirubin Total (Dyphylline, Diazonium Salt)	1.15	mg/dL	0.2-1.3	
Albumin To Globulin (A/G)Ratio	1.27		1.0-2.1	

Dr. Anil Sharma

MBBS, MD (Microbiology)

Senior Consultant

**CLINICAL PATHOLOGY** 

Test Result Unit

**NEGATIVE** Urine For Sugar (Fasting)

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<sup>1.</sup> HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

<sup>2.</sup> HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.



Patient Name: Mr ASHISH TOYLOR MRN: 15010000340018 Gender/Age: MALE, 34y (14/11/1988)

-- End of Report-

hand

Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



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Patient Name	ASHISH TOYLOR	Requested By	Dr.^Deepak^Garg
MRN	15010000340018	Procedure DateTime	2023-06-13 09:12:17
Age/Sex	34Y 6M / Male	Hospital	NH JAIPUR

# X-RAY CHEST P.A. VIEW

# Clinical profile not known.

Both lung fields are clear. No parenchymal lesion noted.

Both CP angles are clear.

Cardiac shadow is within normal limits.

Bony thorax & soft tissue appears normal.

Domes of diaphragm are normally placed.

Correlate clinically & with other related investigations.

Dr.Jainendra Jain

Senior Consultant(Radiology)

This is a digitally signed valid document. Reported Date/Time: 2023-06-13 12:24:27

Tel: +91 141 7122 233 | Email: info.jpr@narayanahealth.org | www.narayanahealth.org GST No. 08AABCN1685J1Z8



# ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME GENDER/AGE

: Mr ASHISH TOYLOR

: Male, 34 Years

LOCATION

PATIENT MRN

: 15010000340018

PROCEDURE DATE

: 13/06/2023 10:10 AM

**REQUESTED BY** 

: Dr. Deepak Garg



**IMPRESSION** 

CLINICAL PROFILE :- CARDIAC EVALUATION

ALL CARDIAC CHAMBERS ARE NORMAL

ALL CARDIAC VALVES ARE NORMAL

IAS/IVS INTACT

NO RWMA, LVEF=60% (VISUALLY ESTIMATED)

NORMAL LV SYSTOLIC FUNCTION.

NORMAL LV DIASTOLIC FUNCTION.

NO CLOT/VEGETATION/MASS/PERICARDIAL EFFUSION.

PLEASE CORRELATE CLINICALLY AND WITH OTHER INVESTIGATIONS.

**FINDINGS** 

**CHAMBERS** 

**LEFT ATRIUM** : AP DIAMETER(MM): 33

LEFT VENTRICLE

LVIDD(MM) : 41 IVSD(MM) : 11 EDV(ML) : 76

LVIDS(MM) : 27 LVPWD(MM) : 11 ESV(ML) : 27 : 60 E/A RATIO E/E'(AVERAGE) LVEF(%) 

**VALVES** 

: NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION. SUB VALVAR STRUCTURES **MITRAL** 

ARE NORMAL

NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION **AORTIC** 

TRICUSPID NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION. SUB VALVAR STRUCTURES

ARE NORMAL

: NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION **PULMONARY** 

Su

DR. SITARAM GUPTA JUNIOR CONSULTANT

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**Appointments** 

