



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. M KANAGARAJ
EC NO.	127728
DESIGNATION	RLF CREDIT PROCESSING
PLACE OF WORK	MADURAI,RO MADURAI
BIRTHDATE	20-05-1988
PROPOSED DATE OF HEALTH CHECKUP	11-03-2023
BOOKING REFERENCE NO.	22M127728100046936E

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 **07-03-2023** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



இந்திய அரசாங்கம் அடையாள அமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No. : 2007/13566/00816

27/02/2013

To
Kanagaraj Munusamy
கனகராஜ் முனுசாமி
S/O: Munusamy
5/228
K KULLATHIRAMPATTI
AIEPURAM
Koothapadi
Koothapadi, Dharmapuri
Tamil Nadu - 636810
9865765576



KL241005294FT

24100529



உங்கள் ஆதார் எண் / Your Aadhaar No. :

2780 5506 9574

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்
Government of India



கனகராஜ் முனுசாமி
Kanagaraj Munusamy

பிறந்தவருட்கு/Year of Birth: 1988
ஆண்பால் / Male

2780 5506 9574



ஆதார் - சாதாரண மனிதனின் அதிகாரம்

- தகவல்**
- ஆதார் அடையாளத்திற்கான சான்று குடியரிமைக்கு அல்ல.
 - அடையாள சான்றை இணையதளம் மூலம் உறுதிப்படுத்திக் கொள்ளவும்.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- வருங்காலத்தில் அரசு மற்றும் அரசு சாரா சேவைகளை பயன்படுத்திக் கொள்ள ஆதார் உதவிகரமாக இருக்கும்.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



இந்திய அரசாங்கம் அடையாள அமைப்பு
Unique Identification Authority of India

முகவரி: 50 முனுசாமி, 5228
கே குள்ளத்திரம்பட்டி, அனேரம்
கூத்தப்படி, தருமபுரி, தருமபுரி
தமிழ் நாடு, 636810

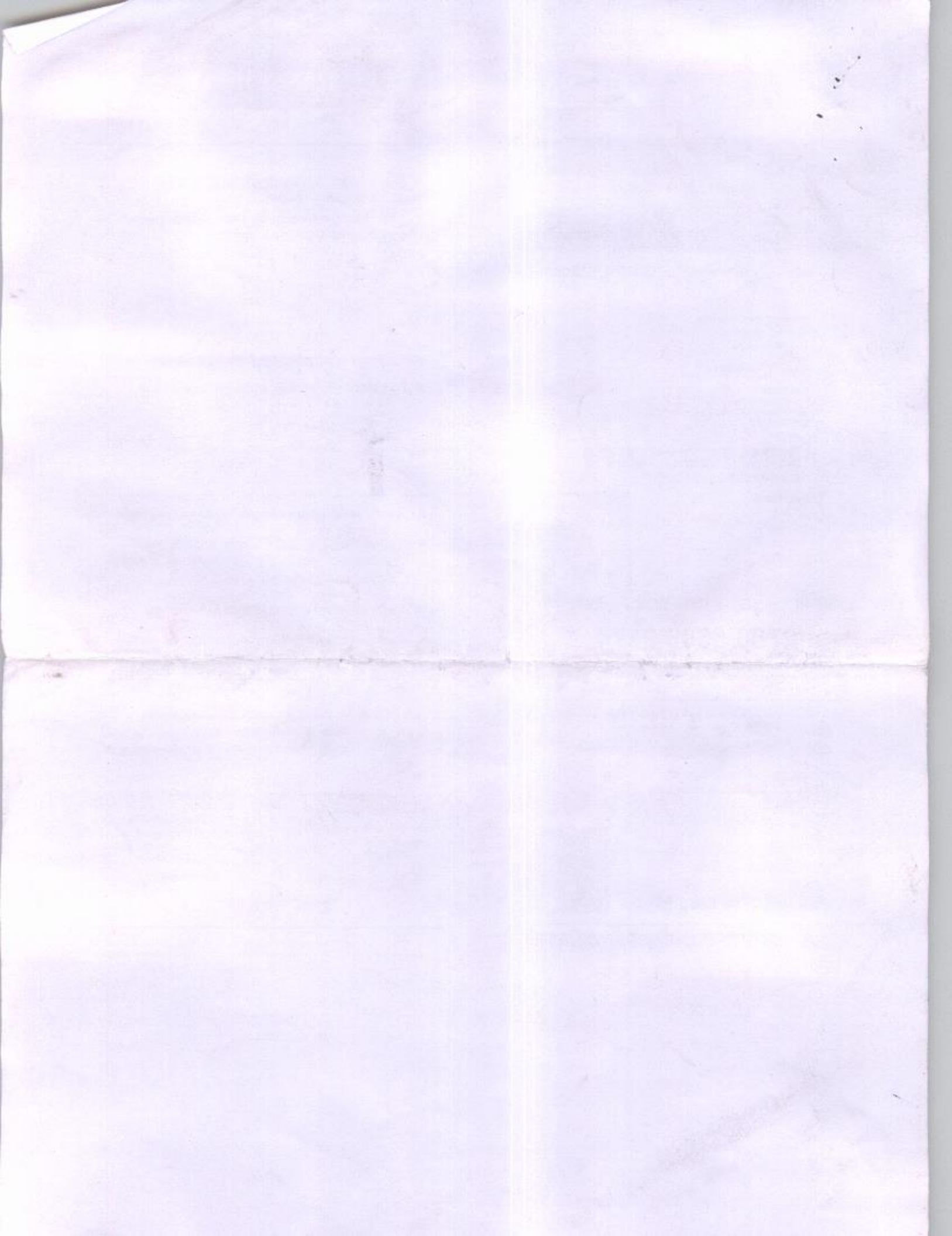
Address: S/O: Munusamy,
5/228, K
KULLATHIRAMPATTI,
AIEPURAM, Koothapadi,
Dharmapuri, Koothapadi,
Tamil Nadu, 636810

2780 5506 9574

1947
1800 300 1947

help@uidai.gov.in

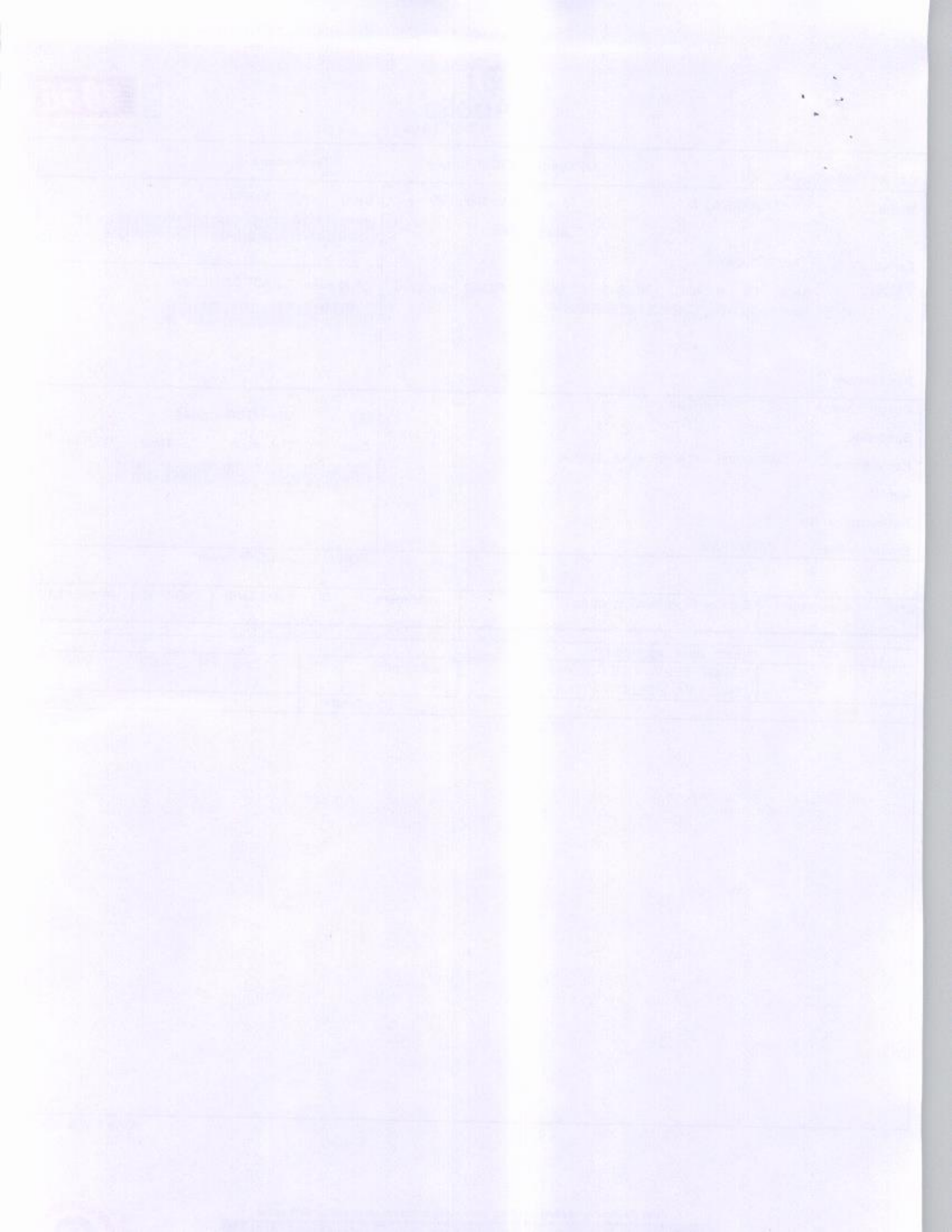
www.uidai.gov.in



GSTIN : 33AAACA5443N3ZN		OP Credit - Bill of Supply	Reference No:
Name : Mr. KANAGARAJ M	Age: 34Yr 3Mth 19Days	UHID: KKDI.0000091494 	
Father : MUNUSAMY	Sex: Male	OP Number: MDUMH102264 	
Name Address : BANK OF BARODA NO:343 SEKKALAI ROAD Karaikudi Tamil Nadu India, CellNo:91-8220208693			
Pan Number :		Bill No : MMH-OCR-139544 Date : 11-Mar-23 Time : 9:07:33  FOR APOLLO HOSPITALS	
Doctor's Name : SELF REFERRAL			
Speciality :			
Payer Name : MEDIWHEEL AHC AGREEMENT (GSTIN--)			
Ref No : -			
Authorization No :			
Employer Name : .INDIVIDUAL			

S.No	Aliascode	Service Type\Service Name	Department	Qty	Ref Tariff	Dis(%)	Amount(INR)
1		Health Checkup(999311)					
1	0	MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS	Apollo Health Check	1	2,500.00	0.00	2,500.00
Sub Total							2,500.00







The Emergency Specialist



Name : Mr. KANAGARAJ M

OP Number: MMH-OCB-102264
APOLLO HOSPITALS

Bill No: MMH-OCB-102264

Service Amount	2,500.00
Total Bill Amount	2,500.00
Authorization Amount	2,500.00
To Pay	0.00
Refund Amount()	0.00
Net Amount Before Tax	2,500.00
Net Amount	2,500.00

No Tax is Payable on Reverse Charge Basis

* Denotes Cancelled Services

(QR) Denotes Quick Registration

Authorized Signatory

Ms. Ramya S

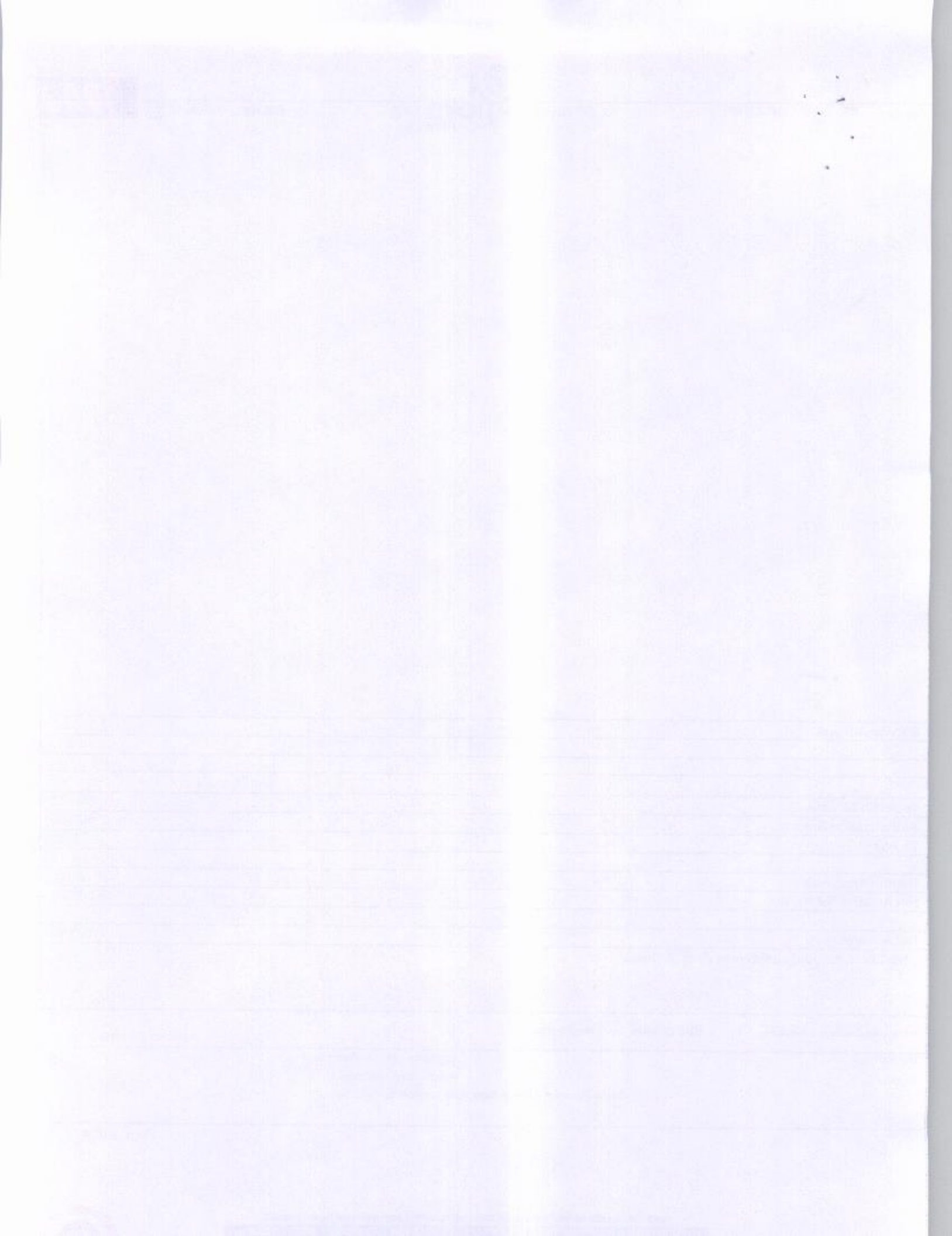
Signature of patient/attendant

Cashier

Relationship with patient :

Online Payment access- <https://pay.apollohospitals.com>





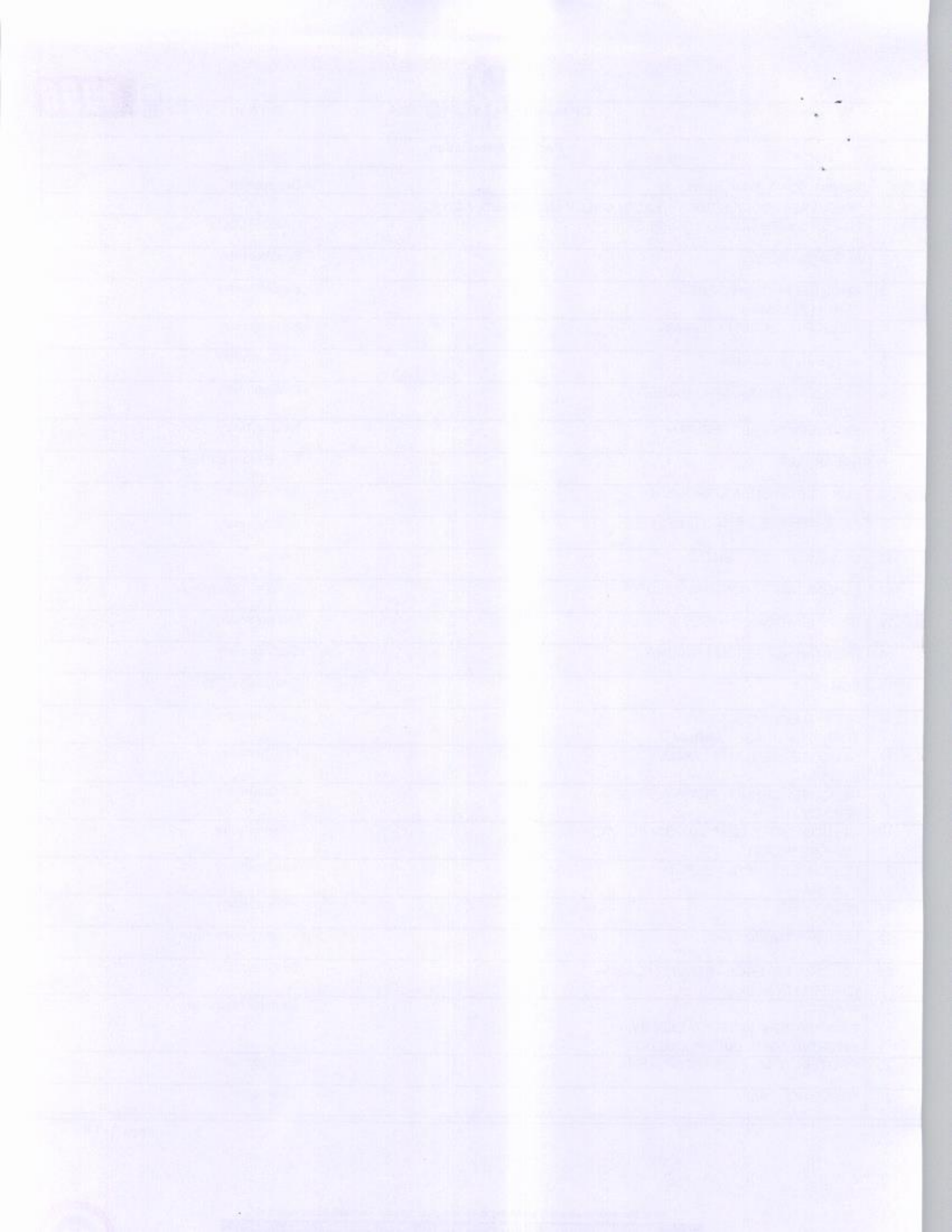
Name : Mr. KANAGARAJ M

OP Number: MMH-OC-102264

Bill No: MMH-OC-130544

Package Information

S.No	Service Type\Service Name	Department
1	MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS	
1	2D-ECHO WITH COLOUR DOPPLER	CARDIOLOGY
2	ALBUMIN - SERUM	BioChemistry
3	ALKALINE PHOSPHATASE - SERUM/PLASMA	BioChemistry
4	ALT(SGPT) - SERUM / PLASMA	BioChemistry
5	AST (SGOT) - SERUM	BioChemistry
6	BILIRUBIN CONJUGATED (DIRECT) - SERUM	BioChemistry
7	BILIRUBIN, TOTAL - SERUM	BioChemistry
8	BREAKFAST	F & B Main Kitchen
9	BUN (BLOOD UREA NITROGEN)	BioChemistry
10	CHOLESTEROL - SERUM / PLASMA	BioChemistry
11	CONSULTATION - DENTAL	Dental
12	CONSULTATION - OPHTHALMOLOGY	Ophthalmology
13	CONSULTATION CHARGES	Consultation
14	CREATININE - SERUM / PLASMA	BioChemistry
15	ECG	CARDIOLOGY
16	GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	BioChemistry
17	GLUCOSE - SERUM / PLASMA (FASTING)	BioChemistry
18	GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	BioChemistry
19	GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD	BioChemistry
20	HDL CHOLESTEROL - SERUM / PLASMA	BioChemistry
21	HEMOGRAM	Haematology
22	HISTORY TAKING - AHC	Apollo Health Check
23	LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LDL)	BioChemistry
24	PHYSICAL EXAMINATION/CONSULTATION BY INTERNAL MEDICINE SPECIALIST	General Medicine
25	PROTEIN TOTAL - SERUM / PLASMA	BioChemistry
26	STOOL ROUTINE	Haematology





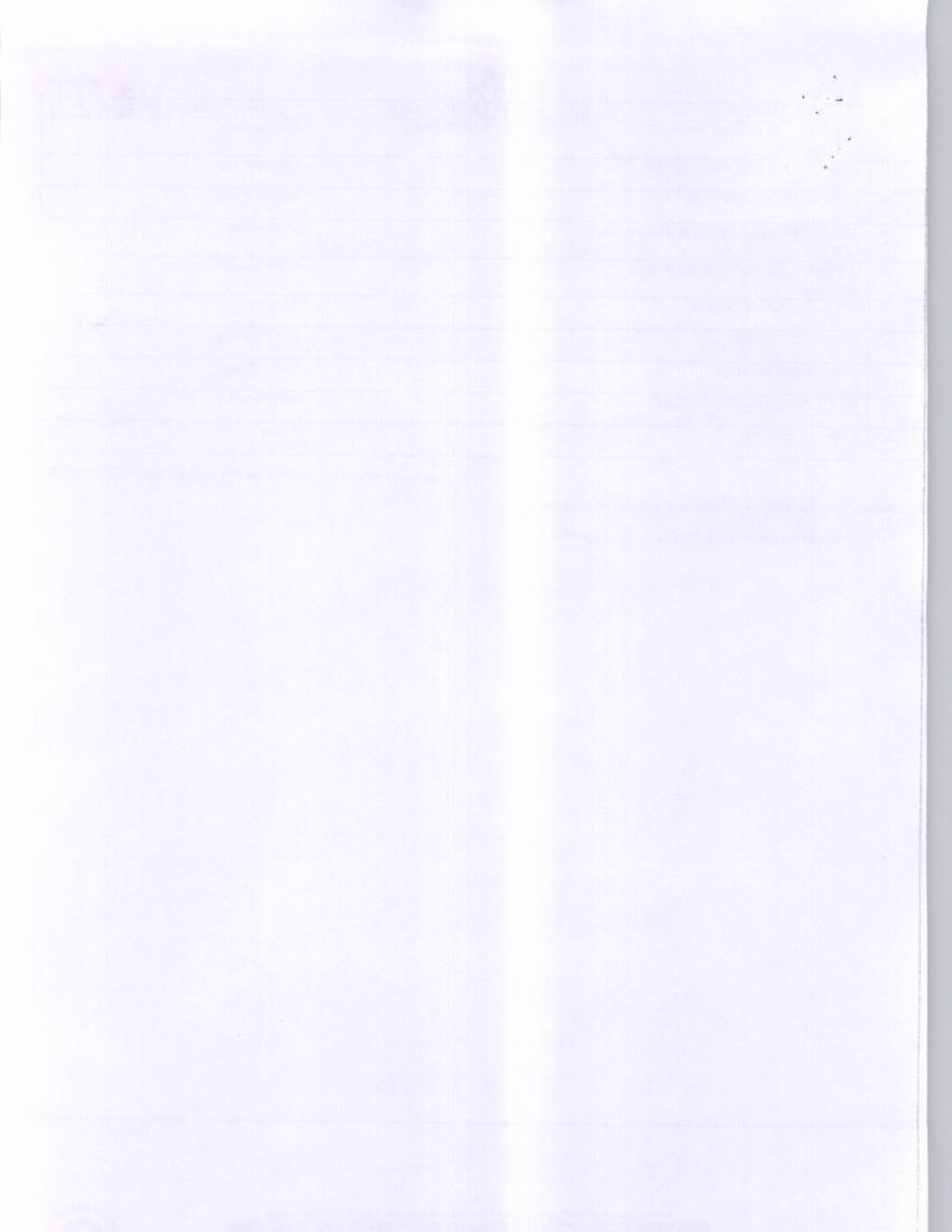
Name : Mr. KANAGARAJ M		OP Number: MDUMH102264	Bill No: MMH-OCR-138544
27	TOTAL T3: TRI IODOTHYRONINE - SERUM		BioChemistry
28	TOTAL T4: THYROXINE - SERUM		BioChemistry
29	TRIGLYCERIDES - SERUM		BioChemistry
30	TSH: THYROID STIMULATING HORMONE - SERUM		BioChemistry
31	ULTRASOUND SCREENING WHOLE ABDOMEN		Ultrasound Radiology
32	UREA - SERUM / PLASMA		BioChemistry
33	URIC ACID - SERUM		BioChemistry
34	URINE ROUTINE (CUE)		Haematology
35	VLDL CHOLESTEROL - SERUM		BioChemistry
36	X-RAY CHEST PA		X Ray

Amount saved on availing Health Check Package INR 15340

Note: Cancellation of individual test will not be refunded.

Amount saved on availing Health Check Package INR 15340





**CHIEF COMPLAINTS**

Burning sensation over the left anterior chest wall
Acidity, Heart burn
Anxiety

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus,
Hypertension,
Dyslipidemia, Thyroid
disorder, Heart disease,
Stroke, Asthma, COPD,
Cancer, Impaired Glycemia

**DRUG ALLERGY**

NO KNOWN ALLERGY :11/03/2023

**SYSTEMIC REVIEW****Cardiovascular system**

- Burning sensation over the left anterior chest wall on/off

Respiratory system

- Nil Significant

Gastrointestinal system

Dyspepsia - yes; Symptoms - heart burn;
Exacerbated by - certain foods; Relieved by - rest

Genitourinary system

- Nil Significant

Central nervous system

- Sometimes wakes up with anxiety after going to sleep, once or twice a year

Musculoskeletal system

Spine and joints
- Nil Significant

General symptoms

- Nil Significant

**Past medical history**

Covid 19 - No

**Surgical history**

Surgical history - Nil

**Personal history**

Diet - Mixed Diet
Alcohol - does not consume alcohol
Smoking - No
Chews tobacco - No
Physical activity - Mild
- level ground walking

**Family history**

Coronary artery disease - none
Cancer - None

PHYSICAL EXAMINATION**General**

General appearance - normal
Build - moderate
Height - 166
Weight - 48.9
BMI - 17.75
Pallor - No
Oedema - no

**Cardiovascular system**

Heart rate (Per minute) - 66
Rhythm - Regular
- B.P. Sitting
Systolic(mm of Hg) - 110
Diastolic(mm of Hg) - 70
Heart sounds - S1S2+

THE MEDICAL SOCIETY
OF THE DISTRICT OF COLUMBIA
OFFICE BUILDING
1100 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D. C. 20004

MEMBERSHIP LIST
ALPHABETICALLY BY LAST NAME
A - Z

Dr. [Name] [Address] [City, State, Zip]

Dr. [Name] [Address] [City, State, Zip]

Dr. [Name] [Address] [City, State, Zip]

Dr. [Name] [Address] [City, State, Zip]

Dr. [Name] [Address] [City, State, Zip]

Dr. [Name] [Address] [City, State, Zip]


Dr. [Name] [Address] [City, State, Zip]

Dr. [Name] [Address] [City, State, Zip]



Respiratory system

Breath sounds - Normal vesicular breath sounds

 **Abdomen**

Organomegaly - No
Tenderness - No

WIND TUNNEL TESTS
ON THE
NEW YORK STATE
THRUWAY

**HEMOGRAM**

Test Name	Result	Unit	Level	Range
Hemoglobin	14.3	gm%	●	13.0-18.0
Packed cell volume(Calculated)	43	%	●	40-54
WBC Count	5.5	10 ⁹ /m ³	●	4-11
Platelet Count	211	10 ⁹ /m ³	●	150-450
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm/1st hr	●	0-15
RBC Count	5.37	Million/ul	●	4.2-6.5
MCV	80	fl	●	75-95
MCH(Calculated)	27	pg	●	26-32
MCHC(Calculated)	33	g/dl	●	31-36
Reticulocytes	0.4	%		
Neutrophils	62	%	●	40-80
Lymphocytes	26	%	●	20-40
Eosinophils	07 *	%	●	01-06
Monocytes	05	%	●	2-10

URINE ROUTINE (CUE)

Test Name	Result	Unit	Level	Range
Specific Gravity	1.005		●	1.001 - 1.035
Colour:	Straw Yellow			Straw Yellow
Transparency:	Clear			Clear
pH	7		●	4.6-8.00
Protein :	Nil			NIL
Sugar :-	Nil			NIL
Ketone	Negative			NEGATIVE
Bile Pigments :-	Negative			NEGATIVE
Bile Salts :-	Absent			ABSENT
Urobilinogen	Normal	E.U./dL		Normal
RBC	Nil	/hpf		0-2
Pus Cells	1-2	/hpf		Male : 2 - 3 Female : 2 - 5
Epithelial Cells	Occasional	/hpf		3 - 5

ALT(SGPT) - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
ALT(SGPT)	14	U/L	●	Adult Male : < 45

ALBUMIN - SERUM

Test Name	Result	Unit	Level	Range
Albumin - Serum	5.0	g/dL	●	Adult(20 - 60 Yr): 3.5 - 5.2
Globulin - Serum: (Calculated)	2.8	g/dL	●	Adult (2.0 - 3.5)

ALKALINE PHOSPHATASE - SERUM/PLASMA

Test Name	Result	Unit	Level	Range
Alkaline Phosphatase - Serum	66	U/L	●	Adult(Male): < 129

AST (SGOT) - SERUM

Test Name	Result	Unit	Level	Range
AST (SGOT)	22	U/L	●	Adult Male: <35

BILIRUBIN, TOTAL - SERUM

Test Name	Result	Unit	Level	Range
Bilirubin, Total - Serum	1.3 *	mg/dL	●	NORMAL : 0.2 TO 1.1

CHOLESTEROL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Total Cholesterol	157	mg/dL	●	Adult Desirable: <200 Borderline High: 200 - 239 High: >=240

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Creatinine - Serum	0.9	mg/dL	●	Male: 0.9 - 1.3

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM

Test Name	Result	Unit	Level	Range
GGTP: Gamma Glutamyl Transpeptidase	11	U/L	●	Male: < 55

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
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● Within Normal Range ● Borderline High/Low ● Out of Range

PHYSICS AND MEDICAL ELECTRICITY

1910-1911

LECTURE NOTES

BY

DR. J. H. ...

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Glucose - Serum / Plasma (Fasting) 86 mg/dL ● 60-99

Test Name	Result	Unit	Level	Range
Total Cholesterol / HDL Cholesterol Ratio (Calculated)	4.4		●	< 4.5

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Glucose - Serum / Plasma (Post Prandial)	76	mg/dL	●	< 140 Increase risk of diabetes (Impaired Glucose tolerance): 140-199; Diabetic >=200

UREA - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Urea	23	mg/dL	●	Adult: 13 - 43

URIC ACID - SERUM

Test Name	Result	Unit	Level	Range
Uric Acid - Serum	4.0	mg/dL	●	Adult Male: 3.5 - 7.2

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	4.4	%	●	Normal < 5.7% Increased risk for Diabetes 5.7 - 6.4%--male Diabetes > = 6.5%

VLDL CHOLESTEROL - SERUM

Test Name	Result	Unit	Level	Range
VLDL CHOLESTEROL - SERUM	14		●	Desirable: <30
Triglycerides - Serum	72	mg/dL	●	Normal: <150 High: 150 - 199 Hypertriglyceridemic: 200 - 499 Very High: >=500

HDL CHOLESTEROL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
HDL Cholesterol	36 *	mg/dL	●	Low: <40 High: >=60

BILIRUBIN CONJUGATED (DIRECT) - SERUM

Test Name	Result	Unit	Level	Range
Bilirubin Conjugated - Serum	0.4 *	mg/dL	●	0.0-0.2
Bilirubin Unconjugated - Serum (Calculated)	0.9	mg/dL	●	0.0-1.0

LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LDL)

Test Name	Result	Unit	Level	Range
LDL Cholesterol (Direct LDL)	90	mg/dL	●	Optimal: <100 Near/above optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: >=190

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	11	mg/dL	●	Adult : 6 - 20

TOTAL T3: TRI IODOTHYRONINE - SERUM

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	137	ng/dL	●	60-180

PROTEIN TOTAL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Protein Total - Serum	7.8	g/dL	●	>2 Year: 6.0 - 8.0

TOTAL T4: THYROXINE - SERUM

Test Name	Result	Unit	Level	Range
TOTAL T4: THYROXINE - SERUM	7.7	µg/dL	●	3.5 - 12.5

TRIGLYCERIDES - SERUM

● Within Normal Range ● Borderline High/Low ● Out of Range

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
LABORATORY OF ORGANIC CHEMISTRY
505 EAST HALEY STREET
CHICAGO, ILLINOIS 60607
TEL: 773-936-3333
FAX: 773-936-3333
WWW: WWW.CHEM.UCHICAGO.EDU

1. Introduction
2. Experimental
3. Results and Discussion
4. Conclusions
5. References



TSH: THYROID STIMULATING HORMONE -

SERUM

Test Name	Result	Unit	Level	Range
TSH: Thyroid Stimulating Hormone	1.39	µIU/mL	●	0.35 - 5.50

X-RAY CHEST PA

NO SIGNIFICANT ABNORMALITY IS DETECTED.

ULTRASOUND SCREENING WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology. The intra or extra hepatic biliary radicles are not dilated.

Gall bladder is distended with no evidence of calculus. Wall thickness appears normal.

Pancreas and spleen appear normal.

No evidence of ascites.

Right kidney measures 9.3 x 3.1cms.

Left kidney measures 9.6 x 3.4cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Bladder shows normal contour.

Prostate shows normal echopattern

IMPRESSION:

CLINICAL INDICATION: MASTER HEALTH CHECK UP.

ULTRASOUND SCREENING WHOLE ABDOMEN STUDY DONE ON 11.03.2023 SHOWS,

- NO SIGNIFICANT ABNORMALITY IS DETECTED.

REPORTED BY,

DR. C.RAVIKUMAR, MBBS., DMRD.,

CONSULTANT RADIOLOGIST.

2D-ECHO WITH COLOUR DOPPLER

NORMAL CHAMBERS DIMENSIONS.
 STRUCTURALLY NORMAL VALVES.
 NO REGIONAL WALL MOTION ABNORMALITY.
 NORMAL LV SYSTOLIC FUNCTION.
 NORMAL LV DIASTOLIC FUNCTION.
 NO PERICARDIAL EFFUSION/ CLOT.
 LVEF:67%

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INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Haematology

STOOL ROUTINE

CARDIOLOGY

ECG

● Within Normal Range ● Borderline High/Low ● Out of Range

STANDARD FORM NO. 64

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____

REFERENCE: _____

ACTION: _____

ADMINISTRATIVE: _____

OTHER: _____

REMARKS: _____

APPROVED: _____

SPECIAL AGENT IN CHARGE

UNIT: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

FAX: _____

ELECTRONIC MAIL: _____

INTERNET: _____

WWW: _____

OTHER: _____

REMARKS: _____

APPROVED: _____

SPECIAL AGENT IN CHARGE

UNIT: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

FAX: _____

ELECTRONIC MAIL: _____

INTERNET: _____

WWW: _____

OTHER: _____



Executive Summary



Physical Examination and routine Investigation in AHC Package reveals the following:

- UNDERWEIGHT
- GERD

Wellness Prescription

Advice On Diet :-



-BALANCED DIET

Advice On Physical Activity :-



Medications

- T. SOMPAZ D 1-0-0 B/F FOR 10 DAYS
- T.CLONAFIT 0.5MG 0-0-1 A/F FOR 5 DAYS

Printed By : JEYA SURIYA

Dr. JEYASURIYA

AHC Physician / Consultant Internal Medicine



Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.

