

Subject: Health Check up Booking Confirmed Request(bobE48194),Package Code-PKG10000227,
Beneficiary Code-34208

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 13:31:49 GMT+0530

To: You

Cc: customercare@mediwheel.in



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MedSave

011-41195959

Email:wellness@mediwheel.in

Hi Metro Hospital & Heart Institute,

Diagnostic/Hospital Location :Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,City:Haridwar

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000227

Beneficiary Name : MR. GOYAL HARSH

Member Age : 31

Member Gender : Male

Member Relation : Employee

Package Name : Medi-wheel Full Body Health Checkup Male Below 40

Location : MALPURA,Rajasthan-304502

Contact Details : 9711405577

Booking Date : 12-10-2023

Appointment Date : 14-10-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

Subject: Health Check up Booking Request(bobE48194), Beneficiary Code-34208

Mediwheel <wellness@mediwheel.in>

Sent: Thu, 12 Oct 2023 13:00:29 GMT+0530

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MedSave

011-41195959

Email:wellness@mediwheel.in

Dear **Metro Hospital & Heart Institute,**

City : Haridwar . **Address :** Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township ,

We have received the confirmation for the following booking .

Name : MR. GOYAL HARSH
Age : 31
Gender : Male
Package Name : Medi-wheel Full Body Health Checkup Male Below 40
Contact Details : 9711405577
Booking Date : 12-10-2023
Appointment Date : 14-10-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. GOYAL HARSH	31	Male	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-wheel Full Body Health Checkup Male Below 40 - Includes (37)Tests

Tests included in this Package

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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Patient Name... Harsh Goyal ... Age/Sex..... Reg.No.....

Doctor... Dr. Naman Agarwal

Date.....

Time.....

DENTAL EXAMINATION

➤ **TEETH STATUS** = Good

• **MISSING** - None

• **DECAYED** - None

Filling done

➤ **ORAL HYGIENE STATUS** = Good

• **STAINS** - NIL

• **CALCULUS** - NIL

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. GOYAL HARSH
क.कू.संख्या	127162
पदनाम	BRANCH OPERATIONS
कार्य का स्थान	ROORKEE, MALVIYA CHOWK
जन्म की तारीख	19-04-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	14-10-2023
बुकिंग संदर्भ सं.	23D127162100071810E

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 10-10-2023 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. GOYAL HARSH
EC NO.	127162
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	ROORKEE, MALVIYA CHOWK
BIRTHDATE	19-04-1989
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D127162100071810E

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 **10-10-2023** 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))

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



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we treat...HE CURES

Metro Hospital & Heart Institute

(A unit of Sunhill Hospital Private Limited)

OPD CONSULTATION

Patient Name Gayal Harsh Age/Sex 31/14 Reg. No. _____

Doctor's Name Dr. Sushil Kumar

Date 14/10/23 Time _____

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/9
Lt 6/9

NEAR VISION-

Rt N/6
Lt N/6

COLOUR VISION

Normal

EYE EXAMINATION

- Cornea
- Ant Chamber
- Pupil
- Fundus Examination

ADVICE-

+1/0 of glasses stat

Dr. Sushil Kumar, MCh, MS (Ophth)
Consultant Ophthalmologist
Metro Hospital & Heart Institute
Sidcul, Haridwar, Reg. No. 2672 (UL)

Signature

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

Mr Harsh Goyal

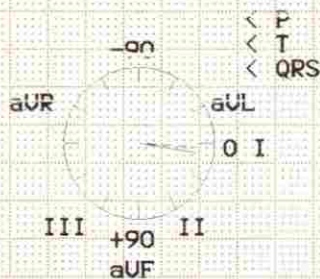
HR 89 bpm

31y1M

14-10-23

Measurement Results:

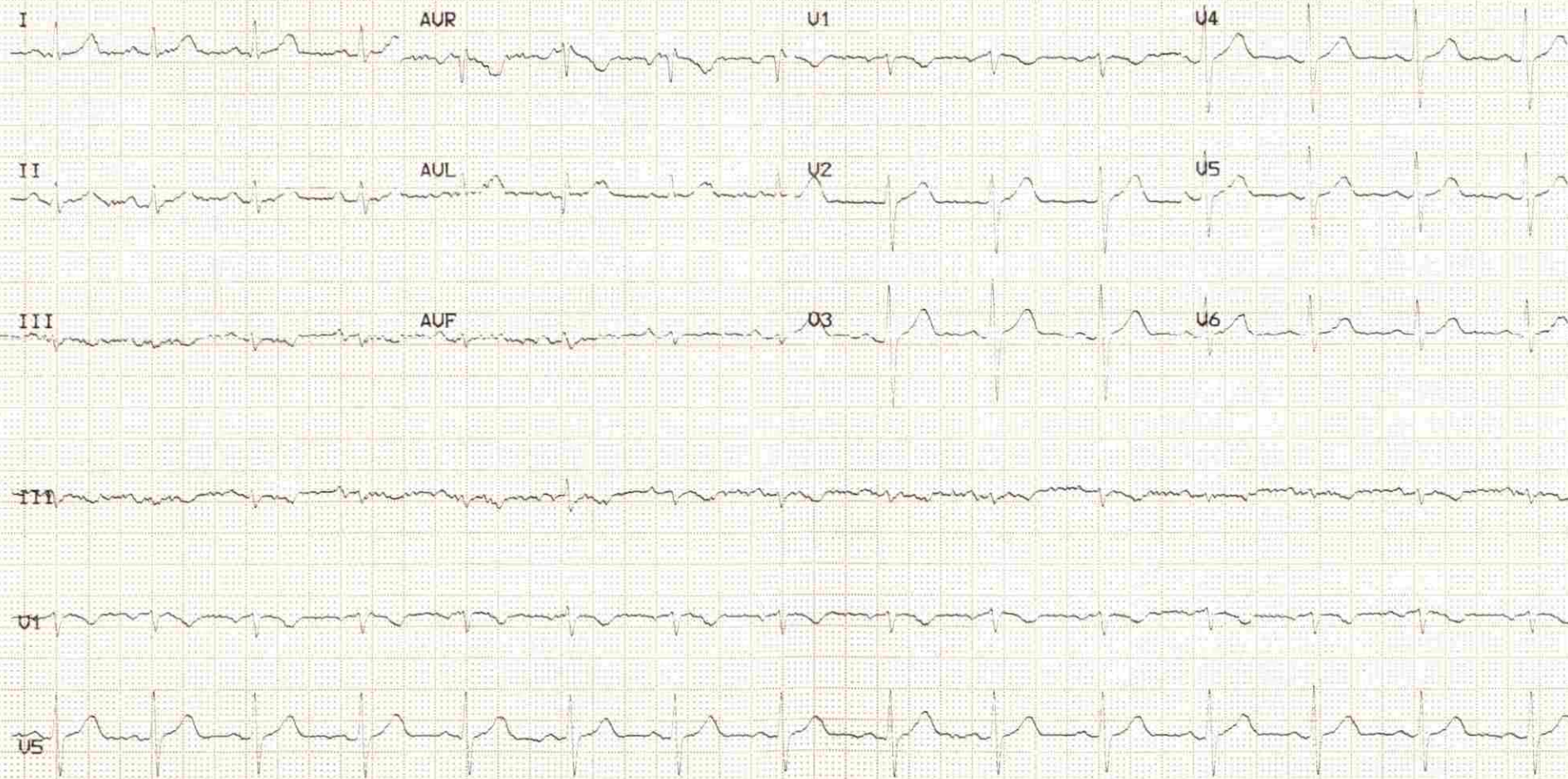
QRS	:	90 ms
QT/QTcB	:	350 / 428 ms
PR	:	154 ms
P	:	106 ms
RR/PP	:	670 / 650 ms
P/QRS/T	:	45/ 10/ 5 degrees
QTD/QTcBD	:	68 / 83 ms
Sokolow	:	1.0 mU
NK	:	13



Interpretation:

normal ECG

Unconfirmed report.



**Radiology Investigation Report**

36

Name : Mr. Harsh Goyal
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311316
Date : 14/10/2023

Age/Sex : 31 Y/M
UHID NO : 2023018012
Request No : 70240500

USG WHOLE ABDOMEN

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in size, shape, outline & echotexture. No focal area of abnormal echogenecity is seen in liver. Intrahepatic biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is normal in shape & size. Gall bladder wall is not thick. No mass lesion / calculus is seen in gall bladder. Common bile duct is normal in course & caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is normal. Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus is seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesical calculus is seen in bladder. Ureterovesical junctions appear normal.

Prostate is normal in shape, outline & echotexture. Prostatic capsule & periprostatic facial planes appear normal.

IMPRESSION : NORMAL STUDY

DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

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F-mail : metroharidwar@metrohospitals.com. Website: www.metrohospitals.com



Radiology Investigation Report

Name : Mr. Harsh Goyal
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311316
Date : 14/10/2023

Age/Sex : 31 Y/M
UHID NO : 2023018012
Request No : 70240500

X-RAY CHEST PA View

Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.

DR.PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

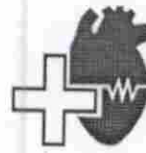
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2D ECHOCARDIOGRAPHY

Name:	Mr. Harsh Goyal	UHID No:	2023018012
Age/Sex:	31Y/M	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	14.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	1.0	(0.6 – 1.1 cm)
LVPW (ED)	1.0	(0.6 – 1.1 cm)
LVID (ED)	4.4	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.6	(2.0 – 3.7 cm)
LA dimension	2.6	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Thickened aortic valve	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 69, A – 55, E/A>1	
Aortic	Mild	Vel – 198	
Tricuspid	Trace	Vel – 250	PASP – 28
Pulmonary	Nil	Vel – 106	

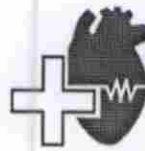
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FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Thickened aortic valve with Mild AR
- Trace MR, Trace TR, PASP 28 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

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Pathology Report

Name : Mr. Harsh Goyal
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311316
 Sample Date : 14/10/2023
 Reporting Date: 15/10/2023

Age/Sex : 31 Y/M
 UHID : 2023018012
 Request No. : 10374737
 Sample Time : 12:48
 Reporting Time : 00:43

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Hematology				
BLOOD GROUP				
ABO	O		-	
Rh	POSITIVE		-	
CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)				
HB	14.8	gm/dl	M- 13-18	
TLC	9480	/cumm	4000-11000	
DLC (WBC DIFFERENTIAL)				
NEUTROPHILS	62	%	45-75	
LYMPHOCYTES	28	%	25-45	
EOSINOPHILS	04	%	1-6	
MONOCYTES	06	%	2-8	
BASOPHILS	00	%	--<2	
RBC	5.17	million	3.5-5.5	
PCV	48.1	%	36-52	
MCV	93.0	fL	80-100	
MCH	28.0	PG	27-32	
MCHC	30.8	gm/dl	31-37	
PLATELET COUNT	3.39	lakh/cumm	1.5-4.5	
RDW	12.2	%	11.5-15	
ESR	16	mm/hr	20	

Serology & Immunology

THYROID PROFILE

T3	2.31	nmol/L	1.70-3.10
T4	9.98	µg/dl	5.95-15.4
TSH	1.93	µIU/L	0.46-4.68

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Checked By

Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

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MHHI/CL/0115/Rev. No. 01

10/15/2023 1:49 AM



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Pathology Report

Name : Mr. Harsh Goyal
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 IP/OP : OP/202311316
 Sample Date : 14/10/2023
 Reporting Date: 15/10/2023

Age/Sex : 31 Y/M
 UHID : 2023018012
 Request No. : 10374737
 Sample Time : 12:48
 Reporting Time: 00:43

Test	Result	Unit	Bio. Ref. Inter. Test Method
Biochemistry			
HBTAC	5.9	%	4.5-6.3
BLOOD SUGAR -PP	118.0	mg/dl	70.0-140.0
BLOOD SUGAR -FASTING	87.0	mg/dl	70.0-110.0
LIPID PROFILE			
TOTAL CHOLESTEROL	180.0	mg/dl	00-250.0
HDL-CHOLESTEROL	46.0	mg/dl	00-50.0
LDL	114.0	mg/dl	00-150.0
TRIGLYCERIDES	100.0	md/dl	30-150
VLDL	20.0	mg/dl	0-50
CHOL/HDL Ratio	3.9		<4.5
LFT (LIVER FUNCTION TEST)			
BILIRUBIN INDIRECT	0.43	mg/dl	0.2-0.8
SGOT	23.0	U/L	10-42
SGPT	19.0	U/L	10-42
BILIRUBIN TOTAL	0.83	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	124.0	IU/L	28-111
BILIRUBIN DIRECT	0.40	mg/dl	0.1-0.4
TOTAL PROTEIN	7.5	gm/dl	6.4-8.2
ALBUMIN	4.0	g/dl	3.5-5.0
GLOBULIN	3.5	gm/dl	2.0-4.0
AG RATIO	1.1		-
KFT (KIDNEY FUNCTION TEST)			
UREA	19.8	mg/dl	15-45
SODIUM	143.0	mmol/L	135-155
CREATININE	0.81	mg/dl	0.6-1.3
URIC ACID	5.6	mg/dl	3.0-7.6
BUN	9.3	mg/dl	05-20
POTASSIUM	3.8	mmol/L	3.5-5.5
CALCIUM	9.8	mg/dl	8.5-10.5

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Dr. Vishal Arora
 Checked By

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Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

10/15/2023 1:49 AM



METRO

HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Pathology Report

Name : Mr. Harsh Goyal
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202311316
 Sample Date : 14/10/2023
 Reporting Date: 15/10/2023

Age/Sex : 31 Y/M
 UHID : 2023018012
 Request No. : 10374737
 Sample Time : 12:48
 Reporting Time: 00:43

Test	Result	Unit	Bio. Ref.	Inter.	Test Method
Urine Examination					
URINE SUGAR	NIL				
URINE ROUTINE ANALYSIS					
PHYSICAL EXAMINATION					
COLOUR	PALE				
	YELLOW				
TRANSPARENCY	CLEAR				
S. GRAVITY	1.025				
CHEMICAL EXAMINATION					
ALBUMIN	NIL				
SUGAR	NIL				
pH	6.5				
BLOOD	NIL				
KETONE	NIL				
MICROSCOPIC EXAMINATION					
PUS CELLS	2-3				
EPITHELIAL CELLS	1-2				
RBC	NIL				
CRYSTALS	NIL				
CAST	NIL				
BACTERIA	NIL				
AMORPHOUS PHOSPHATE	NIL				
AMORPHOUS URATES	NIL				

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

Ne
 Checked By

Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

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E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

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