



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	REKHABEN AJAYRANA
DATE OF BIRTH	04-05-1977
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-03-2022
BOOKING REFERENCE NO.	21M78006100016402S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RANA AJAY TULSIDAS
EMPLOYEE EC NO.	78006
EMPLOYEE DESIGNATION	DAFTARY
EMPLOYEE PLACE OF WORK	VASAD
EMPLOYEE BIRTHDATE	25-09-1972

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 **22-03-2022** till **31-03-2022**. 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))



**EXAMINATION BY DENTAL**

**Name :** REKHA A RANA

**Age/Sex:** 40/M

**Reg No:**20220311283

**DOE:** 26/03/22

**Presenting Complaint:** NO RELEVANT COMPLAINT

**Medical History :** NO RELEVANT HISTORY

**Examination:** NAD

**Impression:** NAD

**Advice:** SCALLING

**DR DISHANSH SHETH**





## Examination By Physician

**Name:** REKHA A RANA

**Reg.No:**20220311283

**AGE:-** 43/F

**Doe:**26/03/22

### **Physical Examination:**

**Height:** 148/CM

**Weight:**55/KG

**PULSE:** 89/MIN

**Temperature:** NORMAL

**BP:**111/72

**BMI:** 25.01

**Chif Complaint:** C/O LEFT ELBOW PAIN

**Past Histiry:** NAD

**General Examination:** NAD

**Systemic Examination:** NAD

**Investigation:** NAD

**Others:** RX- TAB-ROSULEN (5) \_0\_0-1

**Advice:** ORTHOPEDIC REF

**Dr ABHISHEK SHARMA**





Patient Name : REKHA AJAY RANA

Sample No. : 20220320450



Patient ID : 20220311283

Visit No. : OPD20220324303

Age/Sex : 43y/Female

Call. Date : 26-Mar-2022 09:39

Consultant : DR ABHISHEK G SHARMA

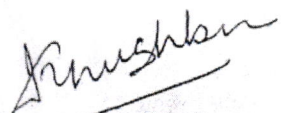
S. Coll. Date : 26-Mar-2022 12:33

Ward : -

Report Date : 26-Mar-2022 16:53

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	90 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	100 mg/dl	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

  
DR.KHUSHBU SHAH  
M.D(PATHO)




<b>Patient Name :</b> REKHA AJAY RANA	<b>Sample No. :</b> 20220320450 
<b>Patient ID :</b> 20220311283	<b>Visit No. :</b> OPD20220324303
<b>Age/Sex :</b> 43y/Female	<b>Call. Date :</b> 26-Mar-2022 09:39
<b>Consultant :</b> DR ABHISHEK G SHARMA	<b>S. Coll. Date :</b> 26-Mar-2022 12:33
<b>Ward :</b> -	<b>Report Date :</b> 26-Mar-2022 13:51

**CBC, ESR**

Investigation	Result	Normal Value
Hemoglobin :	11.5 gm/dl [L]	12.5 to 16.0 gm/dl
P.C.V. :	35.4 % [L]	37.0 to 47.0 %
M.C.V. :	81.8 fL	78 to 100 fL
M.C.H. :	26.6 pg [L]	27 to 31 pg
M.C.H.C. :	32.5 g/dl	32 to 36 g/dl
RDW :	11.4 %	11.5 to 14.0 %
RBC Count :	4.33 X 10 <sup>6</sup> / cumm	4.2 to 5.4 X 10 <sup>6</sup> / cumm
Polymorphs :	69 %	38 to 70 %
Lymphocytes :	27 %	15 to 48 %
Eosinophils :	02 %	0 to 6 %
Monocytes :	02 % [L]	3 to 11 %
Basophils :	00 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	6200 /cmm	4000 to 10000 /cmm
Platelets Count :	244000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	19 mm/hr	1 to 20 mm/hr
P/S :		



<b>Patient Name :</b> REKHA AJAY RANA	<b>Sample No. :</b> 20220320450 
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### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
ABO	O	
Rh	Positive	

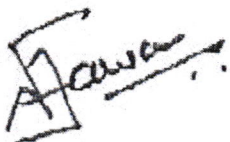
### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.4 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10

Average Plasma Glucose of Last 3 Months : 108.28

### TFT (Thyroid Function Test)

Investigation	Result	Normal Value
TSH :	2.03 uIU/ml	0.25 - 5





**TEST REPORT**

<b>Name</b> : REKHA RANA	<b>Acc. ID</b> : 221006139
<b>Age/Sex</b> : 43 Years / Female	<b>Birthdate</b> :
<b>Refd. By</b> : SAVITA SUPERSPECIALITY HOSPITAL	<b>Regd. Dt</b> : 26-Mar-2022 02:13 PM
<b>Sample</b> : Serum	<b>Coll Dt. TM.</b> : 26-Mar-2022 02:06 PM
<b>Client Details</b> : SAVITA SUPERSPECIALITY HOSPITAL	<b>Recd. Dt. Tm.</b> : 26-Mar-2022 02:13 PM
<b>Status</b> : Final	<b>Report Dt. Tm.</b> : 26-Mar-2022 03:11 PM
<b>PassportNo:</b>	
<b>Mobile</b> :	

**IMMUNOLOGY**

Test Name	Result	Unit	Biological Ref. Interval
<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.38	ng/mL	0.97 - 1.69

- Thyroid function test is imperative to diagnose level of defect in thyroid dysfunction; primary/secondary or tertiary hypo or hyperthyroidism can be categorized leading to medical or surgical management accordingly.
- Mild elevation of TSH may be found in patients with subclinical hypothyroidism or non thyroidal illness.
- Significant elevation in TSH suggests inadequate thyroid hormone replacement if the dose has not been changed for at least six weeks and the patient has been taking medicines regularly.
- Thyroid antibody testing can be useful in subclinical hypothyroidism.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	8.11	µg/dL	5.5 - 11.0
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- Significant elevation in TSH suggests inadequate thyroid hormone replacement if the dose has not been changed for at least six weeks and the patient has been taking medicines regularly.
- Thyroid antibody testing can be useful in subclinical hypothyroidism.

----- End Of Report -----


This is an Electronically Authenticated Report.

*Kinjal*  
**Dr. Kinjal Patel**  
M. D. PATHOLOGY  
GMC No. G-33123

**Verified By**  
Auto

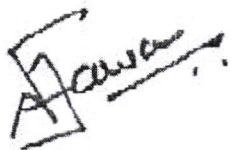
**Dr. VIRAL A. PATEL**  
M. D. PATHOLOGY  
GMC No. G-22658



<b>Patient Name :</b> REKHA AJAY RANA	<b>Sample No. :</b> 20220320450 
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**RENAL FUNCTION TEST**

Investigation	Result	Normal Value
Creatinine :	0.7 mg/dl	0.6 - 1.4 mg/dl
Urea :	10 mg/ dl	13 - 45 mg/dl
Uric Acid :	3.8 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9.1 mg/dl	8.5 - 10.5
Phosphorus :	3.6 mg/dl	1.5 - 6.8





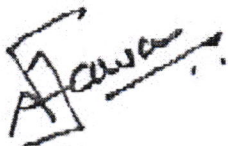


Patient Name : REKHA AJAY RANA  
Patient ID : 20220311283  
Age/Sex : 43y/Female  
Consultant : DR ABHISHEK G SHARMA  
Ward : -


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### LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.4 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.2 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	24 U/L	5 to 34 U/L
ALT (SGPT) :	29 U/L	0 to 55 U/L
Total Protein (TP) :	6.7 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	3.7 g/dl	3.5 to 5.2 g/dl
Globulin :	3 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.23	
Alkaline Phosphatase (ALP) :	71 U/L	40 to 150 U/L
GAMMA GT. :	26 U/L	7 to 35 U/L

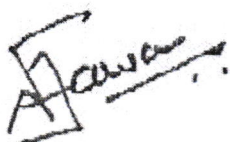





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### Lipid Profile

Investigation	Result	Normal Value
Cholesterol (Chol) :	<u>246</u> mg/dl [H]	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	106 mg/dl	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	57 mg/dl	Negative risk : >or = 60 High risk : < 40
LDL :	<u>167.8</u> mg/dl [H]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	21.2 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.94	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.32	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	<b>709</b> mg/dl [H]	400 to 700 mg/dl

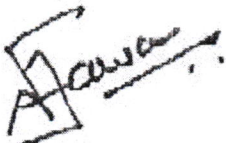





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## STOOL EXAMINATION

Investigation	Result	Normal Value
Quantity :	5 gm	
Colour :	Brown	
Consistency :	Semi Solid	
Mucus :	Absent	
Blood :	Absent	
Occult Blood :	<u>Negative</u>	
Pus Cells :	Occasional /hpf	
RBCs Cells :	Absent /hpf	
Epithelial Cells :	Absent /hpf	
Vegetable Cells :	Present	





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**Urine R/M**

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	5.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.030	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	5-6 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	6-7 /hpf	





# HIRLOK<sup>TM</sup> DIAGNOSTIC CENTRE

*Leading the way!*

Digital X-Ray | Sonography | Mammography | Doppler

**Dr. Hiral J. Soni**

(M.B.B.S., D.M.R.D.)

Consultant Radiologist

Reg No.: G - 15859

MR NO : 4224	DATE : 26.3.2022
PATIENT NAME : REKHABEN RANA	AGE : 43 YRS
REF BY : SAVITA SUPERSPECIALITY HOSPITAL	

## **Clinical history : SCREENING MAMMOGRAM**

### **BILATERAL MAMMOGRAMS**

Dedicated low dose film screen mammography with craniocaudal and mediolateral view was performed.

The mammary parenchyma is inhomogenously dense – because of prominent fibroglandular tissues. BREAST DENSITY SCALE : D

A well defined oval soft tissue opacity lesion with smooth margins noted in upper outer quadrant of right breast. – appears benign.

Post operative scar noted in lower quadrant of right breast.

No suspicious lesion is noted in either breast.

No evident architectural distortion or skin thickening or nipple retraction noted in both breast as seen on CC and MLO views.

No evident axillary lymphadenopathy on right side.

Small normal sized lymphnode noted in left axilla.

### **COMMENTS:**

**A WELL DEFINED OVAL SOFT TISSUE OPACITY IN RIGHT BREAST, AS DESCRIBED. – APPEARS BENIGN.**

**BIRADS [Breast imaging and data system interpretation] CATEGORY : II BENIGN.**

ADV : SONOGRAPHY CORRELATION.

**Dr Hiral Soni**  
**Consultant Radiologist**

*Thanks For Reference*

Radiological interpretation is professional and not the final diagnosis. It only helps in diagnosing the disease in correlation of clinical and other related tests. Please see your referring doctor for interpretation of these results.



**Saturday, March 26, 2022**

**REKHA RANA**

**43 YEARS/FEMALE**

**ULTRASONOGRAPHY OF ABDOMEN AND PELVIS**

**Liver** shows normal in size and echotexture. No mass lesion detected.  
PV, CBD and intrahepatic biliary radicals shows no dilatation.

**The gall bladder** is physiologically distended. It reveals normal gall bladder wall .  
There is no evidence of gallstone.

**Spleen** appears normal in size and echotexture. No evidence of focal lesion.  
**Pancreas** appears normal in size and echotexture. No evidence of focal lesion.

Both kidneys show normal size, position and cortical echogenicity.  
Corticomedullary differentiation is preserved bilaterally.  
**No calculus or hydronephrosis on either side.**

**The urinary bladder** is distended and appears normal.  
Uterus appears normal.No focal lesion.  
No evidence of Lymphadenopathy or ascites seen.  
No e/o dilated bowel loops seen.

**CONCLUSION:**

**NO SONOGRAPHIC ABNORMALITY IS DETECTED.**

**DR SARJAN VASAVA,DMRD**



**26/03/2022**  
**REKHA RANA**  
**43 YEARS/FEMALE**

**CHEST X RAY PA VIEW**

Both the lung fields appear normal.

Both costophrenic angles appear clear.

Cardiac silhouette appear normal.

Both hila appears normal.

Mediastinum and aorta appear normal.

Bony thorax appears normal.

No evidence of free gas seen under dome of diaphragm.

**COMMENTS:**

- **NORMAL BOTH LUNG FIELDS.**
- **NORMAL CARDIAC SIZE.**

**Dr. Sarjan Vasava**  
DMRD