Subject: Health Check up Booking Confirmed Request(bobE48184),Package Code-PKG10000236, Beneficiary Code-56598

Medivinsel <weiiness@mediwheel.in> Sent Thu, 12 Oct 2023 13:17:24 GMT+0530

To: You

Co: customercare@mediwheel.in

DAUTION: This email is from an external source. Exercise caution when opening attachments or clicking links.

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 : PKG10000236

Beneficiary Name : MR. SRIVASTAVA PRASHANT

Member Age 48

Member Gender : Male

Member Relation : Employee

: Medi-Wheel Full Body Health Checkup Male Above 40 Package Name

Location

ROORKEE, Uttarakhand-247667

Contact Details 9412462937

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.
- 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.

Â@ 2023-2024, Arcotemi Healthcare Limited.

Subject: Health Check up Booking Request(bobE48184), Beneficiary Code-56598

Mediwheel <wellness@mediwheel.in>

Sent; Thu, 12 Oct 2023 12:30:51 GMT+0530

To: You

Co: customercare@mediwheel.in

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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,

Tests included in

this Package

We have received the confirmation for the following booking .

Name : MR. SRIVASTAVA PRASHANT

Age : 48

Gender : Male

Package Name : Medi-Wheel Full Body Health Checkup Male Above 40

Contact Details : 9412462937

Booking Date : 12-10-2023

Appointment Date : 14-10-2023

	Member Inforn	nation		
Booked Member Name	Age	Gender	Cost(In INR)	
MR. SRIVASTAVA PRASHANT	48	Male	Cashless	
Tota	I 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 Above 40 - Includes (40)Tests

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, Psa(for Male), Dental Consultation, Creatinine, Serum, 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

AS 2023-2024, Arcofemi Healthcare Limited.



(A unit of Sunhill Hospitals Private Limited (NABH & ISO 9001: 2008 Certified

Patient Name Parocharte.	(NABH & 150 9001: 2001
Doctor Du Naman Age	Reg.NoReg.No
Date	Time
Di	ENTAL EXAMINATION
> TEETH STATUS	= Pvov.
• MISSING -	Poet operative ase of CA/GIBS.
• DECAYED -	· Poisent
> ORAL HYGIENE STATE	JS = Prox
• STAINS -	Absent
• CALCULUS -	Absent
	h. h. ""



Government of India

प्रशांत श्रीवास्तव Prashant Srivastava जन्म तिथि / DOB : 06/02/1973 पुरुष / Male



9879 6021 8517

आधार - आम आदमी का अधिकार



आरतीय विशिष्ट पहुचान प्राधिकरण

Unique Identification Authority of India

आत्मजः कैलाश नारायण श्रीवास्तव, 536/7बी/1एफ, चीनी मिल कॉलोनी चक दाँदी, पानी की टंकी, नैनी इलाहाबाद, नैनी, नैनी, इलाहाबाद, इलाहाबाद, उत्तर प्रदेश, 211008

Address:

S/O: Kailash Narayan Srivastava, 536/7B/1F, chini mill colony chak dondi, paani ki tanki, Naini Allahabad, Naini, Naini, Allahabad, Allahabad, Uttar Pradesh, 211008

9879 6021 8517











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. SRIVASTAVA PRASHANT
EC NO.	90522
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	ROORKEE,RAMNAGAR
BIRTHDATE	06-02-1973
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D90522100071814E

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))



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



Metro Hospital & Heart Institute

OPD CONSULTATION

Patient Name	(Å unit	of Sunhill Hospit	all Private Limited)	duce 484/14 Reg. No	
Doctor's Name					Po . No. 100 100 100 100 100 100 100 100 100 10
Date 14/10	123.	, ,		Time	

OPHTHALMIC EXAMIATION

VISION

DISTANCE VISION-

At 6 6

NEAR VISION-

Rt Mb

CULOUR VISION

Normal

EYE EXAMINATION

Cornea

Ant Chamber

Pupil

Fundus Examination

ADVICE-

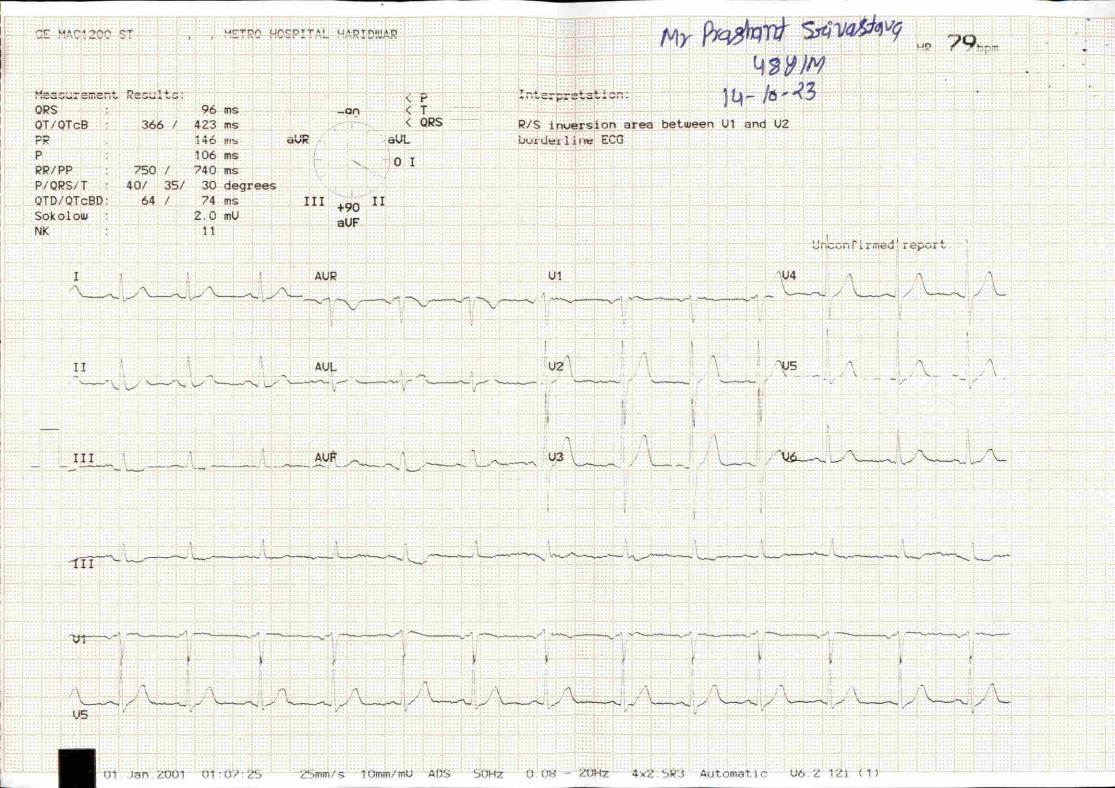
Dr. Sushil Kuma, MBES, MS (Ophtho)
Consultant Ophti Important Metro Hospital & Land Signature (UK)

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





Radiology Investigation Report

: Mr. Prashant Srivastava Name

Ref. By : Dr. ANIL SINGH IP/OP : OP/202311312 Date : 14/10/2023

Age/Sex **UHID NO** Request No

: 2023018008 : 70240494

: 48 Y/M

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 & raised 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: Grade I fatty liver.

DR.PRAKASH CHANDRA PANDEY MBBS, DMRD CONSULTANT RADIOLOGIST

Note:

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



Radiology Investigation Report

Name : Mr. Prashant Srivastava

Ref. By : Dr. ANIL SINGH IP/OP : OP/202311312 Date : 14/10/2023

Age/Sex UHID NO Request No : 48 Y/M : 2023018008 : 70240494

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

Not Valid for medical-legal purposes. This is a professional opinion based on imaging finding and not the diagnosis.

In case of any discrepancy due to machine error or typing error, please get it rectified immediately.



2D ECHOCARDIOGRAPHY

Name:	Mr. Prashant Shrivastav	UHID No:	2023018009
Age/Sex:	48Y/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)	1.6	(0.6 – 1.1 cm)
LVPW (ED)	1.1	(0.6 – 1.1 cm)
LVID (ED)	3.7	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.3	(2.0 – 3.7 cm)
LA dimension	3.2	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	Normal	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	Mild	E-75, A-71, E/A>1	
Aortic	Trace	Vel – 163	
Tricuspid	Trace	Vel – 215	PASP - 23
Pulmonary	Trace	Vel – 129	

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CIN No.: U33201DL20063PTC156918



FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- · Systolic anterior motion of AML present
- Asymmetrical Septal hypertrophy with PG 54 mmHg
- No RWMA
- LVEF~60%
- No LVDD
- Trace AR, Trace TR, Trace PR, Mild MR, PASP 23 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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CIN No.: U33201DL20063PTC156918

Name

Ref. By



Pathology Report

(A unit of Sunhill Hospitals Private Limited) (NABH & ISO 9001: 2008 Certified) : Mr. Prashant Srivastava Age/Sex : 48 Y/M : Dr. ANIL SINGH UHID : 2023018008 : OP/202311312

IP/OP Request No. : 10374728 Sample Date : 14/10/2023 Sample Time : 10:07 Reporting Date: 15/10/2023 Reporting Time: 01:11

Test	Resi	ult Unit	Bio. Ref. Inter.Test Method
Hematology BLOOD GROUP ABO Rh CBC (COMPLETE BLOOD COUNT/HAEM HB TLC DLC (WBC DIFFERENTIAL) NEUTROPHILS LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS RBC PCV MCV MCV MCH MCHC PLATELET COUNT RDW	O POSITI 10GRAM) 14.2 8020 60 30 04 06 00 5.42 46.4 85.6 26.2 30.6 2.10	gm/dl /cumm % % % % million fL PG gm/dl lakh/cumn	M-13-18 4000-11000 45-75 25-45 1-6 2-8 <2 3.5-5.5 36-52 80-100 27-32 31-37
ESR Serology & Immunology HYROID PROFILE	13.3 18	% mm/hr	11.5-15 20
T3 T4	2.67	nmol/L	1.70-3.10

*** End of Reports ***

2.54

µg/dl

μIU/L

5.95-15.4

0.46-4.68

Dr. Vishal Arora MBBS, DCP (Consultant Pathologist)

Note:

TSH

- 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
- 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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(NABH & ISO 9001: 2008 Certified)

Pathology Report

Name : Mr. Prashant Srivastava
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202311312
Sample Date : 14/10/2023
Reporting Date: 15/10/2023

Age/Sex : 48 Y/M UHID : 2023018008 Request No. : 10374728 Sample Time : 10:07 Reporting Time: 01:11

Test	Result	Unit	Bio. Ref. Inter. Test Method
Biochemistry		100	
HBIAC	5.6	9/0	4.5-6.3
BLOOD SUGAR -PP	99.0	mg/dl	70.0-140.0
BLOOD SUGAR -FASTING	88.0	mg/dl	70.0-110.0
LIPID PROFILE			
TOTAL CHOLESTEROL	181.0	mg/dl	00-250,0
HDL-CHOLESTEROL	37.0	mg/dl	00-50.0
LDL	101.0	mg/dl	00-150.0
TRIGLYCERIDES	217.0	md/dl	30-150
VLDL	43.0	mg/dl	0-50
CHOL/HDL Ratio	4.9		~<4,5
LFT (LIVER FUNCTION TEST)		
BILIRUBIN INDIRECT	0.38	mg/dl	0.2-0.8
SGOT	37.0	U/L	10-42
SGPT	40.0	U/L	10-42
BIILIRUBIN TOTAL	0.68	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	122.0	IU/L	28-111
BILIRUBIN DIRECT	0.30	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	Bitte	2.0-1.0
KFT (KIDNEY FUNCTION TES			
UREA	32.0	mg/dl	15-45
SODIUM	147.0	mmol/L	135-155
CREATININE	1.02	mg/dl	0.6-1.3
URIC ACID	8.1	mg/dl	3.0-7.6
BUN	15.2	mg/dl	05-20
POTTASSIUM	4.3		3.5-5.5
CALCIUM	9.5	mg/dl	8.5-10.5

*** End of Reports ***

Dr.Vishal Arora MBBS, DCP (Consultant Pathologist)

Cheeked By

Note:

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 to Lab urgently for recheck and manual typing errors.
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Pathology Report

Name : Mr. Prashant Srivastava Ref. By : Dr. ANIL SINGH IP/OP : OP/202311312 Sample Date : 14/10/2023 Reporting Date: 15/10/2023

Age/Sex : 48 Y/M UHID : 2023018008 Request No. : 10374728 Sample Time : 10:07 Reporting Time: 01:11

Test	Result	Unit	Bio.	Ref.	Inter	. Tes	t Metl	nod
Urine Examination								
URINE SUGAR	NIL .							
URINE ROUTINE ANALYSIS PHYSICAL EXAMINATION								
COLOUR	PALE YELLOW		æt .					
TRANSPARENCY	CLEAR		2					
S. GRAVITY	1.030							
CHEMICAL EXAMINATION								
ALBUMIN	NIL							
SUGAR	NIL							
pH	6.0							
BLOOD	NIL							
KETONE	NIL							
MICROSCOPIC EXAMINATIO	N							
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)

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- 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.
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