



Credit Recovery &lt;creditrecover@udaiomni.com&gt;

**Fwd: Health Check up Booking Confirmed Request(bobS5030),Package Code-PKG10000241, Beneficiary Code-44465**

Front Office &lt;info@udaiomni.com&gt;

To: Credit Recovery &lt;creditrecover@udaiomni.com&gt;

4 December 2021 at 13:59

----- Forwarded message -----

From: **praveen kumar** <p\_praveenkumar@hotmail.com>

Date: Sat, 27 Nov 2021 at 09:36

Subject: Fwd: Health Check up Booking Confirmed Request(bobS5030),Package Code-PKG10000241, Beneficiary Code-44465

To: info@udaiomni.com &lt;info@udaiomni.com&gt;

Hi

Get Outlook for Android

From: Mediwheel &lt;santosh@policywheel.com&gt;

Sent: Wednesday, November 24, 2021 12:06:22 PM

To: p\_praveenkumar@hotmail.com &lt;p\_praveenkumar@hotmail.com&gt;

Cc: Mediwheel CC &lt;customercare@mediwheel.in&gt;; Mediwheel CC &lt;mediwheelwellness@gmail.com&gt;

Subject: Health Check up Booking Confirmed Request(bobS5030),Package Code-PKG10000241, Beneficiary Code-44465



011-41195959

Email:wellness@mediwheel.in

Dear **Swetha oggula**,

Please find the confirmation for following request.

**Booking Date** : 24-11-2021  
**Package Name** : Metro BOB Full Body Health Checkup Female Below 40  
**Name of Diagnostic/Hospital** : Udai Omni Hospital Pvt Ltd  
**Address of Diagnostic/Hospital** : 5-9-92, Chaple Road, Beside IDBI Bank, Nampally  
**Contact Details** : 9640887293  
**City** : Hyderabad  
**State** : Telangana  
**Pincode** : 500001  
**Appointment Date** : 27-11-2021  
**Confirmation Status** : Confirmed  
**Preferred Time** : 09:00:AM  
**Comment** : APPOINTMENT TIME 09:30 AM ( PLEASE BRING YOUR HRM LETTER ,BOB ID CARD and ID PROOF)

**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.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



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	SWETHA OGGULA SWETHA OGGULA
DATE OF BIRTH	05-10-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	27-11-2021
BOOKING REFERENCE NO.	21D176267100007026S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PANDIT PRAVEEN KUMAR
EMPLOYEE EC NO.	176267
EMPLOYEE DESIGNATION	SPECIAL ASSISTANT
EMPLOYEE PLACE OF WORK	HYDERABAD,ABID CIRCLE
EMPLOYEE BIRTHDATE	23-06-1983

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 **24-11-2021** 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))







**Patient Name** : Mrs. SWETHA OGGULA  
Age/Sex : 34 Y/F  
Doctor: : EMERGENCY CONSULTATION  
Bed No :  
Visit No : OP2122046683

**MR No** : UO2122015035  
Order No : 614770  
Report Date : 03-12-2021 15:19  
Sample Date : 03-12-2021 15:00

## CBP & ESR

### INVESTIGATIONS

### RESULTS

### REFERENCE RANGE

Haemoglobin	11.0	Male : 12.5 - 18.0 gm% Female : 11.5 - 16.0 gm%
Packed cell Volume (Hematocrit-Hct)	36.2	Male : 40 - 54 % Female : 37 - 47%
Red Blood Cell Count	4.9	Male : 4.5 - 5.5 million/cumm Female : 3.8 - 4.8 million/cumm
MCV -Mean Corpuscular Volume	73.9	83 - 101 fl
MCH -Mean Corpuscular Hemoglobin	22.4	27 - 32 pg
MCHC-Mean Corpuscular Hemoglobin Concentration	30.4	32 - 36 %
Platelet Count	3.90	1.5 - 4.5 lakhs/cumm
White Blood Cells	7,700	4,000 - 11,000 /cumm

### DIFFERENTIAL LEUKOCYTE COUNT

Neutrophils/Polymorphs	60	Adults : 40 - 70 % Childrens : 35 - 50 %
Lymphocytes	35	Adults: 20 - 40 % Childrens : 35 - 50 %
Eosinophils	03	1 - 6 %
Monocytes	02	1 - 8%
Basophils	00	0 - 1 %

### PERIPHERAL SMEAR

RBCs : are Predominantly Microcytic Hypochromic  
WBCs : Total and Differential counts with in normal limits.  
PLATELETS : Appears adequate on the smear

ESR 1ST HOUR : 20 mm 0 - 8 mm

.Hafsa Khan

  
Dr.Mubeen Sultana



**Patient Name** : Mrs. SWETHA OGGULA  
Age/Sex : 34 Y/F  
Doctor: : EMERGENCY CONSULTATION  
Bed No :  
Visit No : OP2122046683

**MR No** : UO2122015035  
Order No : 614770  
Report Date : 03-12-2021 15:24  
Sample Date : 03-12-2021 15:00

## BLOOD GROUP & Rh(D) TYPING

SPECIMEN : Whole Blood-EDTA

### TEST DESCRIPTION

### RESULTS

BLOOD GROUP : "B "  
Rh (D) TYPING : **POSITIVE**


Method : Agglutination Method

### Remarks :

\* Reconfirm the Blood Group & Rh(D) Typing along with cross matching before blood transfusion.

\* Recent blood transfusion, If any, interferes with interpretation of blood grouping.

**Dr. Hafsa Khan**  
Consultant Pathologist

  
**Dr. Mubeen Sultana**  
Consultant Pathologist



**Patient Name** : Mrs. SWETHA OGGULA  
Age/Sex : 34 Y/F  
Doctor: : EMERGENCY CONSULTATION  
Bed No :  
Visit No : OP2122046683

**MR No** : UO2122015035  
Order No : 616723  
Report Date : 03-12-2021 15:29  
Sample Date : 03-12-2021 15:00

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGE
<b>POST LUNCH BLOOD SUGAR-PLBS</b>			
POST PRANDIAL BLOOD SUGAR-PLBS	102	mg/dl	80 - 160 mg/dl
<b>BLOOD UREA</b>	18	mg/dl	15 - 45 mg / dl
<b>SERUM CREATININE</b>			
SERUM CREATININE	0.8	mg/dl	Adults 0.4 - 1.4 mg/dl
<b>SERUM URIC ACID</b>	3.2	mg/dl	2.6 - 6.0 mg / dl
<b>GAMMA GLUTAMYL TRANSFERASE-GammaGT</b>			
GAMMA GLUTAMYL TRANSFERASE	17	U / L	Male : Up to 55 U / L Female : Up to 38 U / L

**Dr.Hafsa Khan**  
Consultant Pathologist

  
**Dr.Mubeen Sultana**  
Consultant Pathologist



# UDAI OMNI Hospital

**Patient Name** : Mrs. SWETHA OGGULA  
Age/Sex : 34 Y/F  
Doctor: : EMERGENCY CONSULTATION  
Bed No :  
Visit No : OP2122046683

**MR No** : UO2122015035  
Order No : 616723  
Report Date : 03-12-2021 15:42  
Sample Date : 03-12-2021 15:00

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGE
<b>BLOOD UREA NITROGEN - BUN</b> BLOOD UREA NITROGEN - BUN	08	mg/dl	6 - 20 mg/dl

**Dr.Hafsa Khan**  
Consultant Pathologist

  
**Dr.Mubeen Sultana**  
Consultant Pathologist





**Patient Name** : Mrs. SWETHA OGGULA  
**Age/Sex** : 34 Y/F  
**Doctor:** : EMERGENCY CONSULTATION  
**Bed No** :  
**Visit No** : OP2122046683

**MR No** : UO2122015035  
**Order No** : 614770  
**Report Date** : 03-12-2021 15:12  
**Sample Date** : 03-12-2021 15:00

## LIVER FUNCTION TEST -LFT

<u>TEST NAME</u>		<u>RESULT'S</u>	<u>UNITS</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>
SERUM BILIRUBIN	Total	0.7	mg/dl	Adults 0.1 - 1.2 Infants 1.2 - 12
	Direct	0.2	mg/dl	Upto - 0.1 - 0.4
	Indirect	0.5	mg/dl	0.2 - 1.0
SERUM ALKALINE PHOSPHATASE	(ALKP)	82	U/L	( > 16 yrs) : 32 - 111 ( 0 -5 yrs) : 60 - 321 ( 5 -10 yrs) :110 -360 ( 10-12 yrs):103 -373 ( 12-16 yrs): 67 -382
S G P T	(ALT)	17	U/L	Up to 45
Method : IFCC , Kinetic)				
S G O T	(AST)	21	U/L	Up to 45
Method : IFCC , Kinetic)				
TOTAL PROTEINS		6.0	g/dl	6.4 - 8.3
SERUM ALBUMIN		3.0	g/dl	3.5 - 5.2
SERUM GLOBULIN		3.0	g/dl	2.5 - 3.5
G RATIO		1.0		1.0 - 2.0

**Hafsa Khan**  
Consultant Pathologist

  
**Dr. Mubeen Sultana**  
Consultant Pathologist



# UDAI OMNI Hospital

**Patient Name** : Mrs. SWETHA OGGULA  
Age/Sex : 34 Y/F  
Requestor: : EMERGENCY CONSULTATION  
Patient No :  
Patient ID No : OP2122046683

**MR No** : UO2122015035  
Order No : 614770  
Report Date : 03-12-2021 15:15  
Sample Date : 03-12-2021 15:00

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGE
<b>LIPID PROFILE</b>			
RUM TOTAL CHOLESTROL	112	mg/dl	Desirable : < 200 Borderline : 200 - 239 Undesirable : > 239
RUM HDL CHOLESTROL	44	mg/dl	Desirable : > 60 Optimal : 40 - 59 Undesirable : < 40
RUM LDL CHOLESTROL	44	mg/dl	Optimal : < 100 Near Optimal : 100-129 Borderline : 130 - 159 High : 160 - 189 Very High : > 190
RUM VLDL CHOLESTROL	24	mg/dl	< 40 mg / dl
RUM TRIGLYCERIDES	120	mg/dl	Desirable Level : < 160 Border line : 160 - 199 High Level : 200 - 499 Very High : > 500
LDL/ HDL RATIO	<b>2.55 *</b>		Desirable : 3.3 - 4.4 Borderline : 4.5 - 7.1 High Risk : 7.2 - 11.0
VLDL/ HDL RATIO	1.0		Desirable : 0.5 - 3.0 Borderline : 3.0 - 6.0 High Risk : > 6.0

**.Hafsa Khan**  
Consultant Pathologist

  
**Dr. Mubeen Sultana**  
Consultant Pathologist



**Patient Name** : Mrs. SWETHA OGGULA  
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Doctor: : EMERGENCY CONSULTATION  
Bed No :  
Visit No : OP2122046683

**MR No** : UO2122015035  
Order No : 614770  
Report Date : 03-12-2021 15:13  
Sample Date : 03-12-2021 15:00

## COMPLETE URINE EXAMINATION -CUE

<u>TEST DESCRIPTION</u>	<u>RESULTS</u>	<u>REFERENCE RANGE</u>
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### Dip stick & Microscopy)

#### PHYSICAL EXAMINATION

Quantity	15 ML	
Colour	Pale yellow	
Appearance	Clear	
Specific Gravity	1.025	1.001 - 1.030
Reaction (pH)	5.0	5.0 - 8.0


#### CHEMICAL EXAMINATION

Proteins	Trace
Sugar	Nil
Bile Salts	Negative
Bile Pigments	Negative
Ketone Bodies	Negative

#### MICROSCOPIC EXAMINATION

WBCs/Leukocytes	3-4	/HPF
Epithelial cells	5-6	/HPF
Red Blood cells	1-2	/HPF
Cast	ABSENT	
Crystals	ABSENT	
Others	ABSENT	

**Dr. Hafsa Khan**  
Consultant Pathologist

  
**Dr. Mubeen Sultana**  
Consultant Pathologist



Name	: MRS.SWETHA OGGULA 5035	TID/SID	: PUP0857715/ 22007096
Age / Gender	: 34 Years / Female	Registered on	: 27-Nov-2021 / 15:35 PM
Ref.By	: UDAI OMNI HOSPITAL	Collected on	: 27-Nov-2021 / 15:50 PM
Req.No		Reported on	: 27-Nov-2021 / 19:12 PM
	BIL1533739	Reference	: Udai Omni Hospital

**TEST REPORT**

DEPARTMENT OF CLINICAL BIOCHEMISTRY I  
**Thyroid Profile (T3,T4,TSH), Serum**

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:CLIA	1.28	0.70-2.04 ng/mL Pregnancy: 1st Trimester: 0.81 - 1.90 ng/mL 2nd & 3rd Trimester: 1.00 - 2.60 ng/mL
Thyroxine Total (T4) Method:CLIA	10.8	5.5-11.0 µg/dL
Ultra Sensitive Thyroid Stimulating Hormone (U.TSH) Method:CLIA	<b>5.90</b>	0.4 - 4.5 µIU/mL Pregnancy: 1st Trimester: 0.3 - 4.5 µIU/mL 2nd Trimester: 0.5 - 4.6 µIU/mL 3rd Trimester: 0.8 - 5.2 µIU/mL

Note Kindly correlate clinically

**Interpretation:** A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

\* Sample processed at Hyderabad - CPC

51 Kineta Towers, Banjara Hills, Hyderabad

--- End Of Report ---

**Dr.Sreshmitha M**  
 Consultant Biochemist



Name	: MRS.SWETHA OGGULA 5035	TID/SID	: PUP0857715/ 22007097
Age / Gender	: 34 Years / Female	Registered on	: 27-Nov-2021 / 15:35 PM
Ref.By	: UDAI OMNI HOSPITAL	Collected on	: 27-Nov-2021 / 15:50 PM
Req.No	 BIL1533739	Reported on	: 27-Nov-2021 / 19:12 PM
		Reference	: Udai Omni Hospital

**TEST REPORT**

DEPARTMENT OF CLINICAL BIOCHEMISTRY I  
**Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.7	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	117	mg/dL

**Interpretation:** It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %,  
 Fair to Good Control - 7 to 8 %,  
 Unsatisfactory Control - 8 to 10 %  
 and Poor Control - More than 10 %.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2018.

\* Sample processed at Hyderabad - CPC  
 51 Kineta Towers, Banjara Hills, Hyderabad

--- End Of Report ---

**Dr.Sreshmitha M**  
 Consultant Biochemist