बैंक ऑफ़ बड़ौदा
Bank of Baroda

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	MRS. BHAVANA CHITTAJALLU
EC NO.	179263
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	VIJAYAWADA,BENZ CIRCLE
BIRTHDATE	06-03-1992
PROPOSED DATE OF HEALTH CHECKUP	22-10-2022
BOOKING REFERENCE NO.	22D179263100027960E

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 **17-10-2022** 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))

భారత ప్రభుత్వం
Government of India

ఆధార్

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

Enrolment No.: 1093/21085/65978

To
చిట్టజల్లు భావన
Chittajallu Bhavana
D/O Ch Sudhakara Rao
53-4-91/A
CHRISTURAJPURAM
NEAR R C M CHURCH
Vijayawada (Urban)
Vj Polytechnic
Krishna Andhra Pradesh - 520008
9493608865

Download Date: 11/08/2020

Issue Date: 01/12/2011

Signature Not Verified

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
6548 3941 1478
VID : 9171 4198 4346 8624

నా ఆధార్, నా గుర్తింపు

Government of India

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చిట్టజల్లు భావన
Chittajallu Bhavana
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స్త్రీ/ FEMALE

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Government of India

AADHAAR

సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సురక్షితమైన క్యూఆర్ కోడ్ / ఆఫ్‌లైన్ ఎక్స్ ఎం ఎల్ / ఆన్‌లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ఆధార్ దేశవ్యాప్తంగా చెల్లుబాటు అవుతుంది.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్ ఆధార్ ఆప్ ఉపయోగించండి. మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

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Unique Identification Authority of India

ఆధార్

చిరునామా:
D/O మోహన్ సుధాకర రావు, 53-4-91/A, నియర్ ఆర్ సి ఎమ్ చర్చి, క్రిస్టురాజపురం, విజయవాడ, కృష్ణ, ఆంధ్ర ప్రదేశ్ - 520008

Address:
D/O Ch Sudhakara Rao, 53-4-91/A, NEAR R C M CHURCH, CHRISTURAJPURAM, Vijayawada (Urban), Krishna, Andhra Pradesh - 520008

6548 3941 1478
VID : 9171 4198 4346 8624

1947 | help@uidai.gov.in | www.uidai.gov.in


बैंक ऑफ़ बड़ौदा
Bank of Baroda
नाम चित्तिजोल्लु भावना
Name Chittajallu Bhavana
E No. 179263
जारीकर्ता प्राधिकारी
Issuing Authority
धारक के हस्ताक्षर
Signature of Holder

ANU Institute of Neuro & Cardiac Sciences

#3-20/14, Main Road, Enikepadu, Vijayawada - 521108.
Ph: 0866 - 2843133, 2843733, E-mail: info@anuhospitals.com
www.anuneuroandcardiac.com

MEDGENOME

TRIDENT DIAGNOSTICS®

Name	: **Mrs. BHAVANA CHITTAJALLU OP MR 68750**	**Patient No.**	: **P100009617**
Visit No.	: V200012077	Registered On	: 22/10/2022 10:26
Age/Gender	: 30 Y/Female	Collected On	: 22/10/2022 10:26
Referred by	: Dr DR SOUMYA MEDARAMETLA	Reported On	: 22/10/2022 12:06
External Visit ID	:		

Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
HAEMATOLOGY				
ERYTHROCYTE SEDIMENTATION RATE-ESR *Manual-Modified Westergren*	15	mm/hr	0 - 20	**Whole Blood**
BLOOD GROUP & RH TYPING *method : Slide Agglutination/Reverse And Forward*	" A " POSITIVE			

Interpretation Notes :

Suggested Gel card method for confirmation.

NOTE : ABO group should be reconfirmed after 6 months of age in newborn, as the ABO antibodies are weak or absent in sera until 3-6 months of age.

*** End Of Report ***

PROCESSED BY : MOGHAL HAJAVALI

Dr.MUSTHAQ AHMED
M.Sc, PHD

MEERJA RAFI
M.Sc,M.Phil,DCR

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Test Name / Method	Results	Units	Reference Range	Sample Type
	HAEMATOLOGY			
Complete Blood Count				
HAEMOGLOBIN *Photometry- SLS Method*	**11.4**	gms/dl	12.0- 15.0	**Whole Blood**
TOTAL COUNT/WBC *Automated -Electrical Impedence/Manual*	5910	cells/cumm	4000- 11000	
DIFFERENTIAL COUNT (DC) *Automated -Flow Cytometry/Manual*				
DIFFERENTIAL COUNT (DC)				
NEUTROPHILS	62	%	40-75	
LYMPHOCYTES	32	%	20-40	
EOSINOPHILS	04	%	0-6	
MONOCYTES	02	%	1-10	
BASOPHILS	00	%	0-1	
RED BLOOD COUNT - RBC *method :Electrical Impedance*	4.58	million/cumm	4- 5.5	
PACKED CELL VOLUME- PCV *method : Calculated*	37.6	%	34- 48	
MEAN CORPUSCULAR VOLUME-MCV *method : Calculated*	81.9	fL	80- 96	
MEAN CORPUSCULAR HAEMGLOBIN-MCH *method : Calculated*	**24.8**	pg	27- 32	
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATIONMCHC *method : Calculated*	30.3	gm/dl	30- 35	
RDW *Automated-Electrical Impedence*	14.4	%	11.0 - 16.0	
PLATELET COUNT *Automated -Electrical Impedence*	2.51	Lakhs/cmm	1.5 - 4.1	

*** End Of Report ***

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Age/Gender	: 30 Y/Female	Collected On	: 22/10/2022 10:26
Referred by	: Dr DR SOUMYA MEDARAMETLA	Reported On	: 22/10/2022 12:54
External Visit ID	:		

Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
CLINICAL BIOCHEMISTRY				
FASTING BLOOD SUGAR *method : Hexokinase*	90	mg/dl	Normal: 70 - 99 Pre-Diabetic : 100 - 125 Diabetic : >126	**FLOURIDE PLASMA**
FASTING URINE SUGAR *method : Reagent Strip*	NIL	%	Nil	**URINE**
POST PRANDIAL BLOOD SUGAR *method : Hexokinase*	108	mg/dl	80-140	**FLOURIDE PLASMA**
POST PRANDIAL URINE SUGAR *method : Reagent Strip*	NIL	%	Nil	**URINE**
GLYCOSYLATED HEMOGLOBIN (HbA1c) **method : Turbidimetric Inhibition Immunoassay*				**Whole Blood**
GLYCOSYLATED HEMOGLOBIN (HbA1c)	5.3	%	</= 5.6 % - Normal 5.7 – 6.4 % -Prediabetes >/= 6.5 % - Diabetes	
Estimated Average Glucose(eAG)	105	mg/dl		

Interpretation Notes :

- Estimated average Glucose (eAG) is calculated as per Diabetic Control & Complication Trial (DCCT) guidlines.
- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- HbA1c may be falsely low in diabetics with haemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
- Abnormal hemoglobins might affect the RBC or glycation rates. In these cases even analytically correct results do not reflect the same level of glycemic control.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Values have to be correlated with the clinical findings.

URIC ACID *Method: Uricase-POD*	3.2	mg/dl	2.4 - 5.7	**SERUM**

*** End Of Report ***

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Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
CLINICAL BIOCHEMISTRY				
Lipid Profile				
CHOLESTEROL TOTAL *Method : CHOD-POD*	155	mg/dl	200-239: Borderline >240: Elevated <200: Normal	**SERUM**
TRIGLYCERIDES *Method :GPO/POD*	77	mg/dl	<150: Normal 151-200: Borderline 201-499:High >500:Very High	
HDL CHOLESTEROL *Direct Method*	48	mg/dl	>55 NoRisk 35-55 Moderate Risk <35 High Risk	
LDL CHOLESTEROL *Direct Method*	84	mg/dl	<100: Optimal 101-129: Near/Above Optimal 130-159: Borderline 160-189: High >190: Very High	
VLDL CHOLESTEROL *method : Calculated*	23	mg/dl	7.0-40.0	
CHOL/HDL RATIO *method : Calculated*	3.2		0.0-4.5	
LDL/HDL RATIO *method : Calculated*	1.7		0.0-3.5	

*** End Of Report ***

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Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
CLINICAL BIOCHEMISTRY				
THYROID PROFILE				
TRIIODO THYRONINE-T3 TOTAL *Method : ECLIA*	1.48	ng/ml	0.80 - 2.0	**SERUM**
THYROXINE -T4 TOTAL *Method : ECLIA*	9.34	ug/dl	5.1 - 14.1	
THYROID STIMULATING HORMONE - TSH (Ultra Sensitive) *Method : ECLIA*	3.10	mIU/ml	0.40 - 4.20 First Trimester:0.1-2.5* Second & Third Trimester:0.2-3.0* *American Thyroid Association trimesterspecific	

*** End Of Report ***

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Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
CLINICAL BIOCHEMISTRY				
Liver Function Test				
TOTAL BILIRUBIN *method : Diazonium*	0.90	mg/dl	0.0-1.2	**SERUM**
BILIRUBIN DIRECT *method : Diazonium*	0.03	mg/dl	0 - 0.3	
BILIRUBIN INDIRECT *method : Calculated*	0.87	mg/dl	0.0-1.0	
SGOT(AST) *Without P5p*	15	U/L	Upto 32	
SGPT(ALT) *Without P5p*	13	U/L	Upto 33	
ALKALINE PHOSPHATASE *Method : PNPP*	74	IU/L	35 - 140	
GAMMA GT *Szasz Method*	10	U/L	5 - 36	
TOTAL PROTEIN *method : Biuret*	7.0	g/dl	6.4 - 8.7	
ALBUMIN *Method : BCG*	4.1	g/dl	3.5-5.2	
GLOBULIN *method : Derived*	2.9	gm/dl	2.5-3.8	
A/G RATIO *method : Calculated*	1.4		1.0-2.1	

*** End Of Report ***

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Final Report

CLINICAL PATHOLOGY

Test Name / Method	Results	Units	Reference Range	Sample Type
URINE ROUTINE/ANALYSIS *method : Macroscopic Examination*				**URINE**
PHYSICAL EXAMINATION				
COLOUR Method: Macroscopic examination	Colourless		Pale Yellow/Clear	
VOLUME Method: Macroscopic examination	26	ml	-	
APPEARANCE Method: Macroscopic examination	Clear		Clear	
SPECIFIC GRAVITY Method: Reagent Strip Method (Ion exchange)	1.005		1.005-1.030	
CHEMICAL EXAMINATION				
pH Method: Reagent Strip Method (Double Indicator)	6.0		4.6-8.0	
PROTEIN Method:Reagent Strip Method (Protein Error of indicator/SSA Test)	Negative		Negative	
GLUCOSE Method:Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)	Negative	%	Negative	
KETONES Method:Reagent Strip Method (Sodium Nitroprusside Test)	Negative		Negative	
LEUCOCYTE ESTERASE	Negative		Negative	
UROBILINOGEN Method:Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)	Negative		<1.0 mg/dL	
BILIRUBIN Method:Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)	Negative		Negative	
BLOOD Method:Reagent Strip Method (Peroxidase - Like Activity)	Negative		Negative	
NITRITES Method:Reagent Strip Method (Diazonium Method)	Negative		Negative	
MICROSCOPIC EXAMINATION				
RBCs Method:Microscopic Examination	Nil	/HPF	0 - 2	
EPITHELIAL CELLS Method:Microscopic Examination	2 - 3	/HPF	0 - 5	
PUS CELLS Method:Microscopic Examination	1 - 2	/HPF	0-3	

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BACTERIA Method:Microscopic Examination	Not Seen	Not Seen
CRYSTALS Method:Microscopic Examination	Not Seen	Not Seen
CASTS Method:Microscopic Examination	Not Seen	Not Seen
OTHERS		-

*** End Of Report ***

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TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor and can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by doctor's advice for your specific care.
- Test requested might not be performed for the following reasons:
  - a) Specimen quality insufficient (inadequate collections/spillage in transit)
  - b) Specimen quality unacceptable (haemolysed /clotted/ lipemic etc.)
  - c) Incorrect specimen type.
  - d) Test cancelled either or request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purpose only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a 'PRELIMINARY' status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a "FINAL" culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column and will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL" status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get it rectified immediately. If the collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (forums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.

All investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically.

*Lab Managed by Trident Diagnostics - A MedGenome subsidiary

30 Years Female

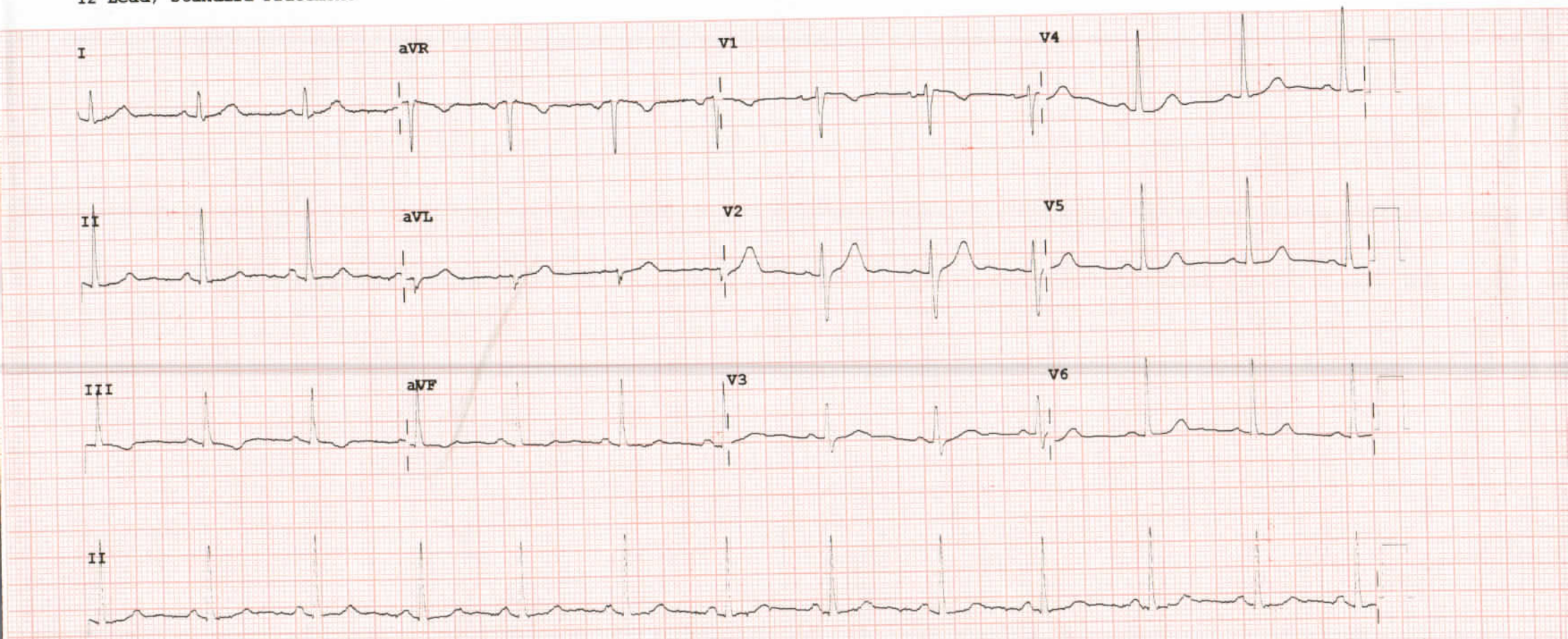
Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF

PR 142
QRSD 85
QT 374
QTc 415

--AXIS--
P 52
QRS 72
T -4

- BORDERLINE ECG -

12 Lead; Standard Placement Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

PHILIPS

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2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient`s Name – CH.BHAVANA , Age/Sex :- 30Y/M Date: 22-10-2022 OP No: 68749

M-MODE:

LV: 4.4 X 2.9 cms EF : 62 % FS : 31 %

LA: 2.7 cms

AO: 2.6 cms

IVS: 1.0 cms

PW: 0.9 cms

B-MODE:

LV: **NO RWMA**

LA: NORMAL

RA: NORMAL

RV: NORMAL

AO: NORMAL

PA: NORMAL

IAS: **Intact**

IVS: **Intact**

Mitral Valve : NORMAL

Aortic Valve : NORMAL

Tricuspid Valve: ; NORMAL

Pulmonary Valve: NORMAL

PERICARDIUM: NO PE

Colour Flow: __ MR : **TRIVIAL** AR: NO TR: **TRIVIAL** PAH: NO

DOPPLER:

MV Flow: A<E AV Flow: 1.2 M/s, PV Flow: 0.9M/s, RVSP: 18 mmHg

IMPRESSION

NO RWMA
NORMAL LV FUNCTION
TRIVIAL MR,TRIVIAL TR ,NO PAH
NO VEGETATION/CLOT/PE

DR. S. Viswanatha Kartik MD, DM,
Dept. of Cardiology
Consultant Interventional Cardiologist.

F-OY Sunitha

Dr. N. Anil Kumar MD., DM,FESC. FSCAI
Dept. of Cardiology
Consultant Interventional Cardiologist.

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E-mail : info@anuhospitals.com, www.anuneuroandcardiac.com

Name: Ch. Bhavana **Age/Sex: 30yrs /F**

Ref. By: Dr. V. BHANU PRAVEEN MD,DM **Date: 15.03.2022**

ULTRASONOGRAPHY OF ABDOMEN

LIVER: **12.0 cm** Normal in size and texture.
No focal lesions noted. No intra-hepatic biliary dilatation.

PORTAL VEIN: Normal in calibre.

GALLBLADDER: Distended. Wall thickness is normal. **Small polyp noted attached to the anterior wall measuring about 3 mm.**
No calculi / peri cholecystic fluid collection.

CBD: Normal in calibre.

PANCREAS: Normal in size and texture.
No focal lesions / ductal dilatation / calcifications.

SPLEEN: **8.4 cm** Normal in size and echotexture. No focal lesions.

RETROPERITONEUM: Aorta & IVC are normal in calibre.
No pre/para aortic lymphadenopathy.
No obvious mass lesions at adrenal region.

RIGHT KIDNEY: **10.2 x 3.3 cm** Normal in size, position and texture. No focal lesions.
No calculi / hydronephrosis.

LEFT KIDNEY: **10.3 x 3.6 cm** Normal in size, position and texture. No focal lesions.
No calculi / hydronephrosis.

URINARY BLADDER: Distended. Mural thickness is normal. No Calculi.

UTERUS : Normal.

OVARIES : Normal

*No obvious pelvic pathology noted.

*No free fluid noted in peritoneal cavity.

CONCLUSION:

- ***SMALL GB POLYP.***

SUGGEST CLINICAL CORRELATION.

Dr Pavan Kumar Polagani MBBS,DNB
Consultant Radiologist

Dr. PAVAN KUMAR POLAGANI
MBBS, DNB
Regd.No: 70809
CONSULTANT RADIOLOGIST