

Patient Name : Mrs.JAYASHREE BARUA	Collected : 07/Jul/2023 09:42AM
Age/Gender : 48 Y 7 M 3 D/F	Received : 07/Jul/2023 01:41PM
UHID/MR No : CINR.0000153928	Reported : 07/Jul/2023 07:33PM
Visit ID : CINROPV198687	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9900916951	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	38.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.9	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	24.3	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	50.8	%	40-80	Electrical Impedence
LYMPHOCYTES	42.7	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	4.1	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2743.2	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2305.8	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	124.2	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	221.4	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	5.4	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic hypochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC HYPOCHROMIC BLOOD PICTURE.



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.JAYASHREE BARUA	Collected : 07/Jul/2023 11:51AM
Age/Gender : 48 Y 7 M 3 D/F	Received : 07/Jul/2023 04:03PM
UHID/MR No : CINR.0000153928	Reported : 07/Jul/2023 04:48PM
Visit ID : CINROPV198687	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9900916951	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	75	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.JAYASHREE BARUA	Collected : 07/Jul/2023 09:42AM
Age/Gender : 48 Y 7 M 3 D/F	Received : 07/Jul/2023 01:47PM
UHID/MR No : CINR.0000153928	Reported : 07/Jul/2023 03:13PM
Visit ID : CINROPV198687	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	204	mg/dL	<200	CHO-POD
TRIGLYCERIDES	149	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	53	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	151	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	75.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.69	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	10.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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ALKALINE PHOSPHATASE , SERUM	75.00	U/L	30-120	IFCC
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CALCIUM , SERUM	10.60	mg/dL	8.8-10.6	Arsenazo III
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Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	1.3	mg/L	<5	IMMUNO-TURBIDIMETRY
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Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

ELECTROLYTES - SERUM , SERUM

SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC
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PHOSPHORUS, INORGANIC , SERUM	3.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
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Visit ID : CINROPV198687	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.01	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.75	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.990	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	15.6	ng/mL		CMIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	326	pg/mL	187 - 883	CMIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Patient Name : Mrs.JAYASHREE BARUA	Collected : 07/Jul/2023 09:42AM
Age/Gender : 48 Y 7 M 3 D/F	Received : 07/Jul/2023 01:02PM
UHID/MR No : CINR.0000153928	Reported : 07/Jul/2023 02:44PM
Visit ID : CINROPV198687	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9900916951	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2142039

Patient Name : Mrs.JAYASHREE BARUA	Collected : 07/Jul/2023 09:42AM
Age/Gender : 48 Y 7 M 3 D/F	Received : 07/Jul/2023 02:12PM
UHID/MR No : CINR.0000153928	Reported : 07/Jul/2023 04:46PM
Visit ID : CINROPV198687	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Patient Name : Mrs.JAYASHREE BARUA	Collected : 07/Jul/2023 03:23PM
Age/Gender : 48 Y 7 M 3 D/F	Received : 08/Jul/2023 02:28PM
UHID/MR No : CINR.0000153928	Reported : 10/Jul/2023 02:27PM
Visit ID : CINROPV198687	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9900916951	

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324

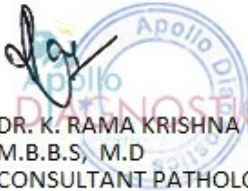
LBC PAP TEST (PAPSURE) , LBC FLUID

	CYTOLOGY NO.	11442/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

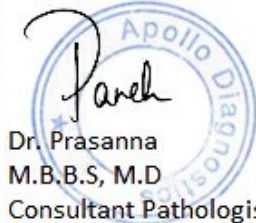
Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR




DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



Name : Mrs. Jayashree Barua Address : bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 48 Y Sex : F	UHID :CINR.0000153928  OP Number :CINROPV198687 Bill No :CINR-OCR-86597 Date : 07.07.2023 09:26
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PHOSPHORUS, INORGANIC - SERUM	
4	SONO MAMOGRAPHY - SCREENING - 9 <i>after 1 PM</i>	
5	REACTIVE PROTEIN CRP (QUANTITATIVE)	
6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
7	CALCIUM, SERUM	
8	LIVER FUNCTION TEST (LFT)	
9	X-RAY CHEST PA - 10	
10	GLUCOSE, FASTING	
11	HEMOGRAM + PERIPHERAL SMEAR	
12	ENT CONSULTATION - 7	
13	CARDIAC STRESS TEST (TMT) - 4 <i>ECHO</i>	
14	FITNESS BY GENERAL PHYSICIAN	
15	GYNAECOLOGY CONSULTATION - 3 <i>after 11 am</i>	
16	PULMONARY FUNCTION TEST - 6	
17	DIET CONSULTATION	
18	COMPLETE URINE EXAMINATION	
19	URINE GLUCOSE(POST PRANDIAL) -	
20	PERIPHERAL SMEAR	
21	ECG - 4	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI) - 6	
26	LBC PAP TEST- PAPSURE - 3 <i>after 11 am</i>	
27	OPHTHAL BY GENERAL PHYSICIAN - 5	
28	ELECTROLYTES - SERUM	
29	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
30	ULTRASOUND - WHOLE ABDOMEN - 9 <i>after 1 PM</i>	
31	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
32	DENTAL CONSULTATION - 1	
33	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
34	VITAMIN D - 25 HYDROXY (D2+D3)	

35 - Audiometry - 5

~~36~~ - Physiotherapy - 14

OPHTHAL PRESCRIPTION

PATIENT NAME: Mrs. Jayashree Basua

DATE: 07/07/2023

UHID NO: 153928

AGE: 48

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: ♀

This is to certify that I have examined

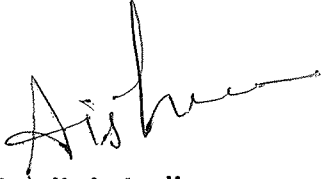
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	0.00	—	—	6/6	0.00	—	—	6/6
Add	1.50	—	—	Nil	1.50	—	—	Nil

PD – RE: _____ LE: _____

Colour Vision: Normal (6/6)

Remarks: Reading glasses


Aishu
Apollo clinic Indiranagar

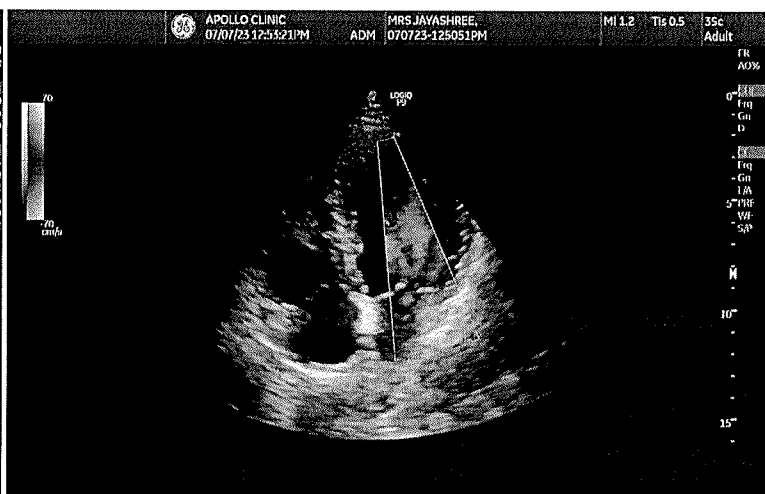
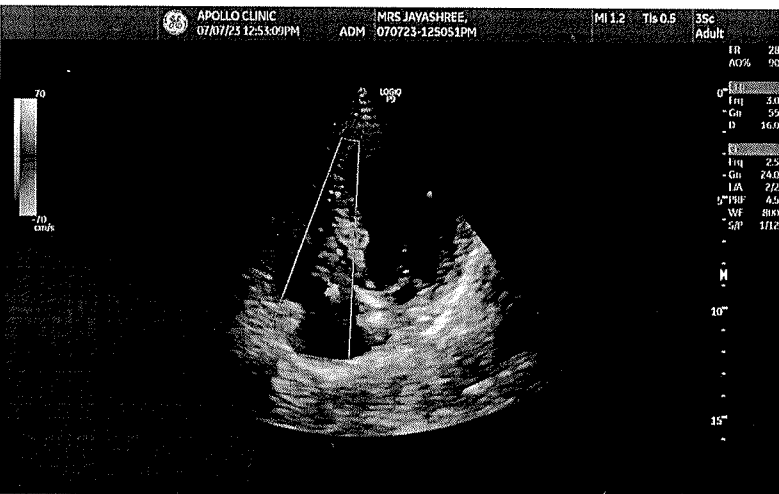
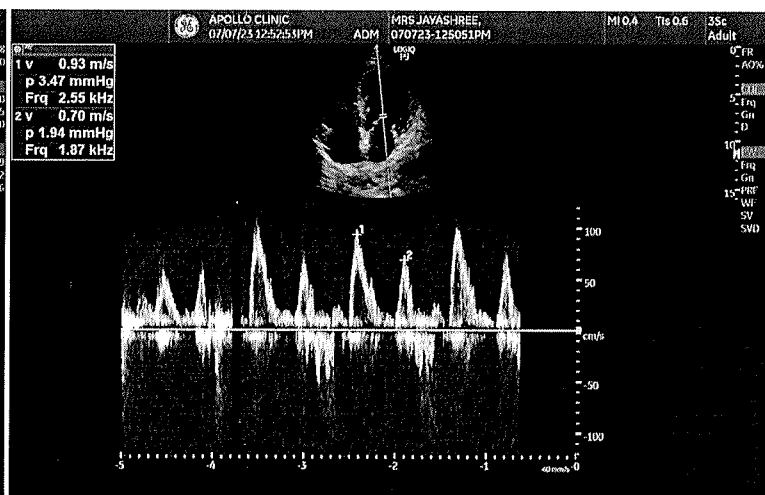
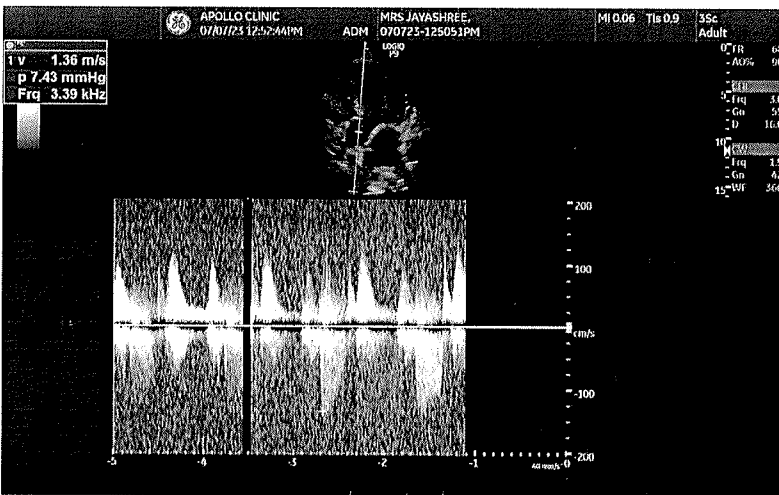
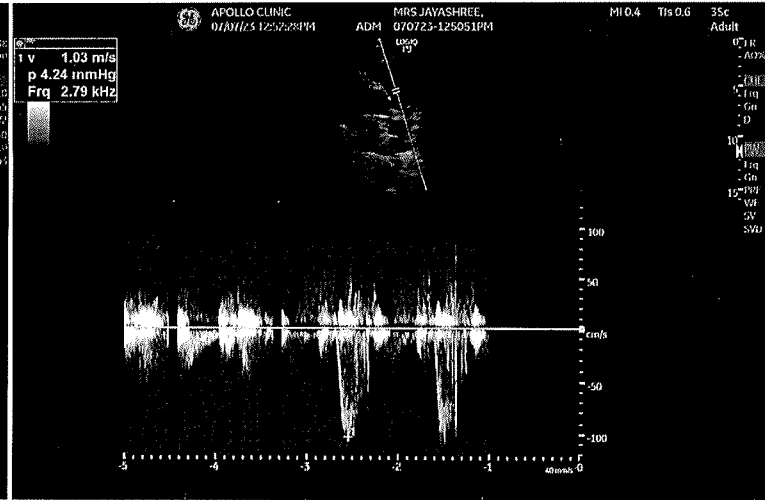
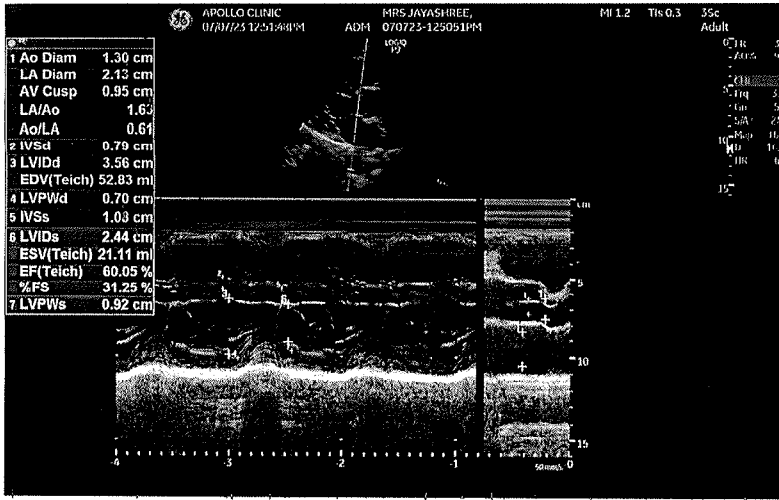
NAME: MRS JAYASHREE B	AGE/SEX: 49Y/F	OP NUMBER: 153928
Ref By : SELF	DATE: 07-07-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 1.3	IVS(D): 0.7	MV: E Vel: 0.9	A Vel : 0.6
LA: 2.1	LVIDD(D): 3.5	AV Peak: 1.3	
	LVPW(D): 0.7	PV Peak: 1.0	
	IVS(S): 1.0		
	LVID(S): 2.4		
	LVPW(S): 0.9		
	LVEF: 60%		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal, Trivial MR
Aortic Valve:	Normal
Pulmonary Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal



Mrs Jayashree Baruva
ID: 153928

07.07.2023 14:22:08
APOLLO CLINIC
INDIRANAGAR
BANGALORE

04.12.1974 Female
48 Years

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

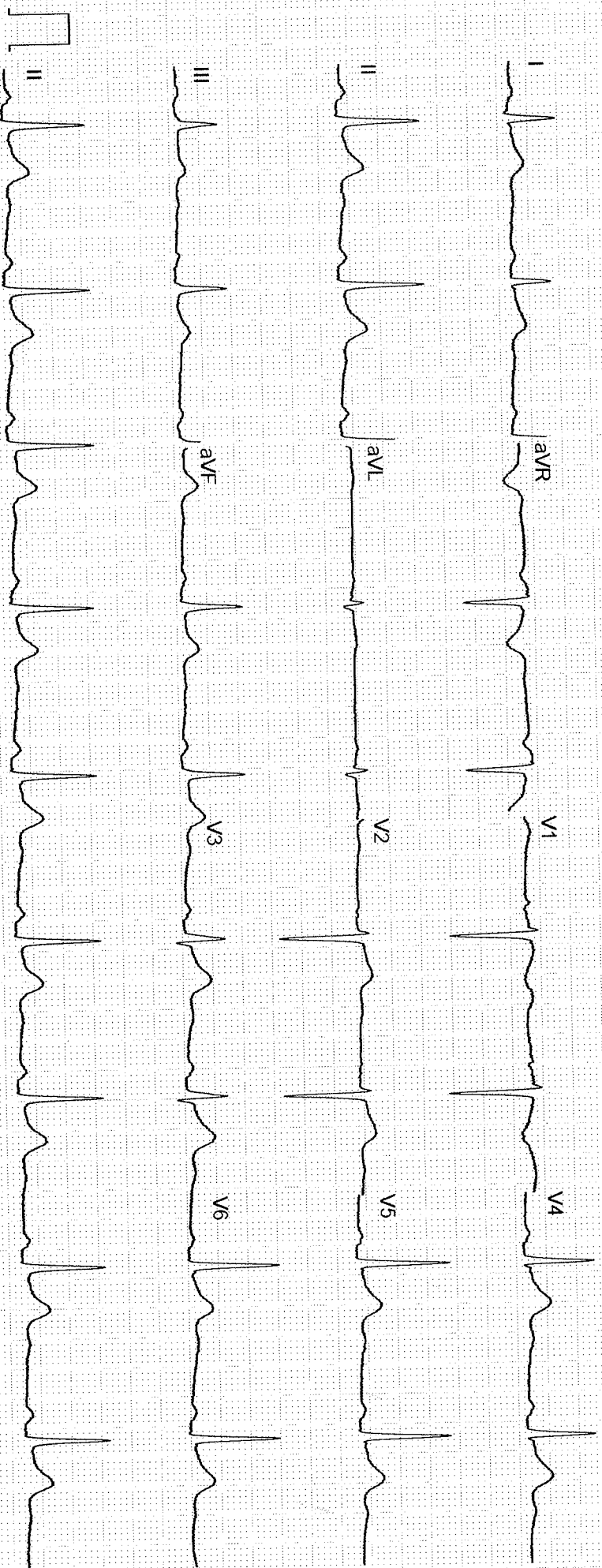
55 bpm
--/-- mmHg

QRS: 178 ms
QT / QTcBaz: 556 / 531 ms
PR: - ms
P: - ms
RR / PP: 1094 / 1090 ms
P / QRS / T: - / 69 / 64 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal healthy cardio

Baruva



Unconfirmed

आयकर विभाग

INCOME TAX DEPARTMENT

JAYASHREE BARUA

CHITHO RANJAN BARUA

04/12/1974

Permanent Account Number

AYBPB1263H

Jayashree

Signature



भारत सरकार
GOVT. OF INDIA



19062010



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	JAYASHREE BARUA
DATE OF BIRTH	04-12-1974
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	07-07-2023
BOOKING REFERENCE NO.	23S154062100063552S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BARUA TAPOS KUMAR
EMPLOYEE EC NO.	154062
EMPLOYEE DESIGNATION	REGIONAL RECEIVABLE MANAGER
EMPLOYEE PLACE OF WORK	BENGALURU,RO BENGALURU SOUTH
EMPLOYEE BIRTHDATE	07-01-1967

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 **06-07-2023** 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'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))



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

Patient Name	: Mrs. Jayashree Barua	Age/Gender	: 48 Y/F
UHID/MR No.	: CINR.0000153928	OP Visit No	: CINROPV198687
Sample Collected on	:	Reported on	: 07-07-2023 19:46
LRN#	: RAD2040284	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9900916951		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. PRIYA B
MBBS, MD (Radiology)
Radiology

Patient Name	: Mrs. Jayashree Barua	Age/Gender	: 48 Y/F
UHID/MR No.	: CINR.0000153928	OP Visit No	: CINROPV198687
Sample Collected on	:	Reported on	: 07-07-2023 17:37
LRN#	: RAD2040284	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9900916951		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm.

OVARIES: Both ovaries appear normal in size and echopattern.


Right ovary: Normal.

Left ovary: Not visualized due to bowel gas

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. Jayashree Barua	Age/Gender	: 48 Y/F
UHID/MR No.	: CINR.0000153928	OP Visit No	: CINROPV198687
Sample Collected on	:	Reported on	: 07-07-2023 17:28
LRN#	: RAD2040284	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9900916951		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION : NO SIGNIFICANT PATHOLOGY NOTED IN BILATERAL BREAST PARENCHYMA.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology