



बैंक ऑफ़ बड़ौदा
Bank of Baroda

Divya Beniwal

168292

कार्ड नंबर
Card No.

कार्यकारी अधिकारी
Issuing Authority
Chief Manager (Security)
Pune Zone



Divya Beniwal

धारक के हस्ताक्षर
Signature of Holder



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	MS. BENIWAL DIVYA
EC NO.	168292
DESIGNATION	CREDIT
PLACE OF WORK	PUNE,ASHOK NAGAR
BIRTHDATE	25-09-1988
PROPOSED DATE OF HEALTH CHECKUP	24-06-2023
BOOKING REFERENCE NO.	23J168292100062116E

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 **17-06-2023** 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))

AUTO PRINT 3X4

10/5mm/mv

0.50HZ-25HZ

AC 50HZ

25mm/s

2023-06-24 09:54

aVR



V1



V4



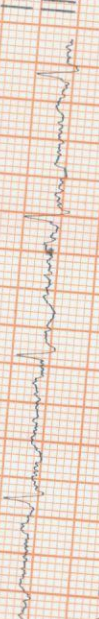
aVL

V2



aVF

V3



aVF

V5



aVF

V6



82 HOSPITAL

DOCTOR:

MICRO MED CHARTS

CE B

Diagnosis for reference

18020

ID: 2306240000
 NAME: Mrs. Divya Beniwal
 AGE: 84 yrs
 HEIGHT: cm
 BP: mmHg
 SEX: F
 WEIGHT: kg

HR: 62 bpm
 P Dur: 113 ms
 PR Int: 164 ms
 QRS Dur: 111 ms
 QT/QTc Int: 353/413 ms
 P/QRS/T axis: 67/49/20°
 RV5/SV1 amp: 1.087/0.369 mV
 RV5+SV1 amp: 1.456 mV
 RV6/SV2 amp: 0.881/0.507 mV



18020

MI-910 MED CARES
GE B0149V1164

2D ECHO / COLOUR DOPPLER

NAME : MRS. DIVYA BENIWAL
REF BY : DR. HOSPITAL PATIENT

34Yrs/F

OPD
24-Jun-23

M - Mode values

Doppler Values

AORTIC ROOT (mm)	23	TAPSE	2
LEFT ATRIUM (mm)	33		
RV (mm)		AORTIC VEL (m/sec)	1
LVID - D (mm)	42	PG (mmHg)	4
LVID - S (mm)	30	MITRAL E VEL (m/sec)	1.1
IVS - D (mm)	12	A VEL (m/ sec)	0.7
LVPW -D (mm)	12	TDI. e' (cm/sec)	
EJECTION FRACTION (%)	60 %	E/e'	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function , LVEF 60%
Normal sized other cardiac chambers.

Pliable mitral valve., No Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 19 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal Biventricular systolic & diastolic function , LVEF 60%
Normal PA pressure.


DR. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

BENIWAL, DIVYA

Patient ID 88107

Female

34yrs

Meds:

BRUCE: Total Exercise Time 09:13

Max HR: 144 bpm 77% of max predicted 186 bpm HR at rest: 80

Max BP: 151/80 mmHg BP at rest: 107/74 Max RPP: 18330 mmHg*bpm

Maximum Workload: 10.70 METS

Max. ST: -0.07 mV, 0.00 mV/s in III; EXERCISE STAGE 2 03:30

Test Reason: Screening for CAD

Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

Arrhythmia: A:83

ST/HR index: 0.24 μ V/bpm

Reasons for Termination: Fatigue

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

ACHIEVED 77 % THR ON RX.

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDATE DEORE

MD, DM-CARDIOLOGIST

MMC 2005/03/1620

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	1.0	80	107/74	8560	0	-0.01	
	STANDING	00:01	0.00	0.00	1.0	80			0	-0.01	
	HYPERV.	00:22	0.50	0.00	1.1	84			0	-0.01	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	115	107/74	12305	0	-0.03	
	STAGE 2	03:00	2.50	12.00	7.0	123	107/74	13161	0	-0.04	
	STAGE 3	03:00	3.40	14.00	10.1	141	120/80	16920	0	-0.01	
	STAGE 4	00:13	4.20	16.00	10.7	142	130/80	18460	0	-0.03	
RECOVERY		02:51	0.00	0.00	1.0	83	151/80	12533	0	-0.04	

Linked Medians

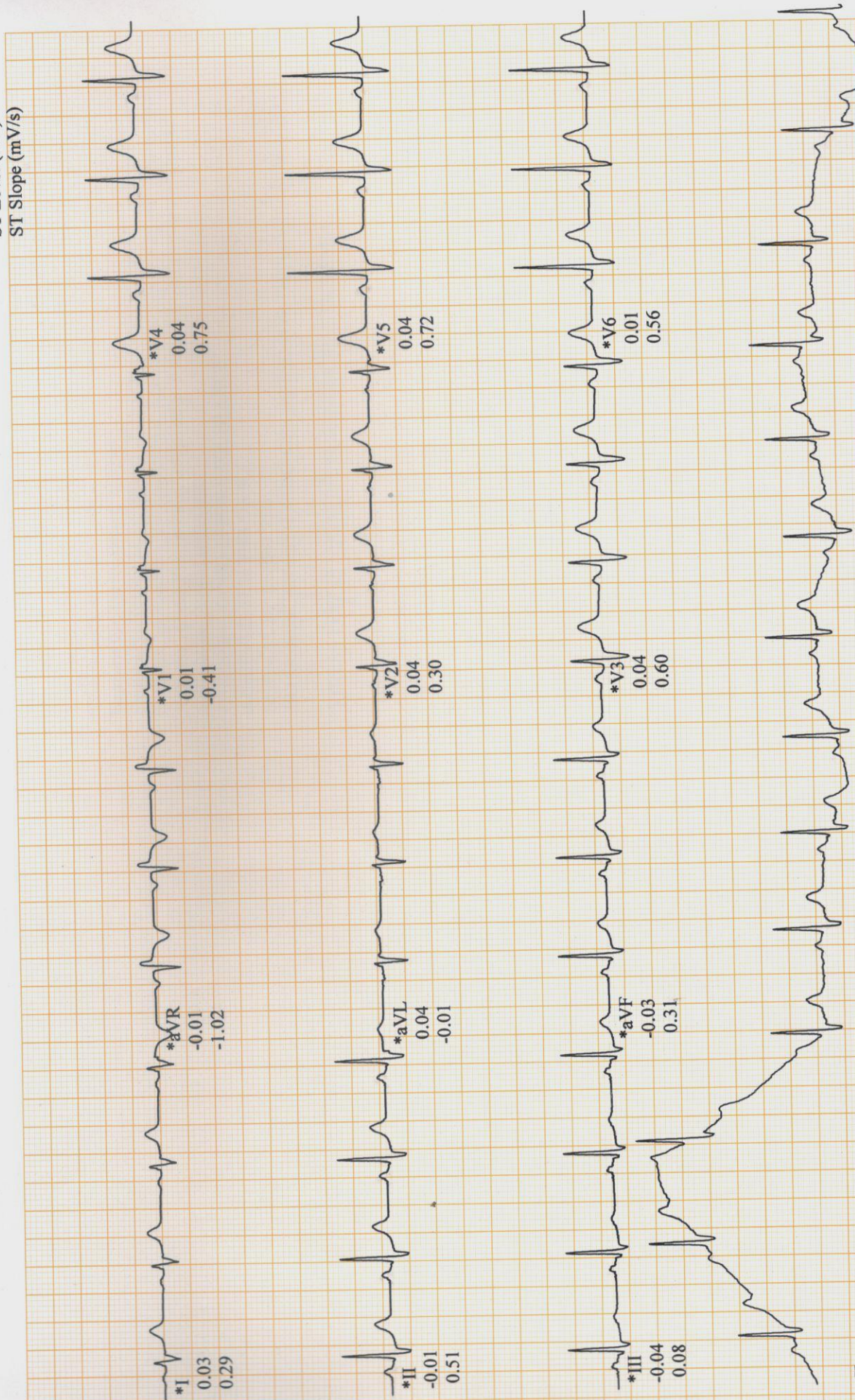
BRUCE
0.0 mph
0.0 %

BENIWAL, DIVYA
Patient ID 88107
24.06.2023
10:41:41

83 bpm
151/80 mmHg

RECOVERY
#1
02:50

Lead
ST Level (mV)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 24-JUN-2023
NAME : MRS. BENIWAL DIVYA
PATIENT CODE : 106076
REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 24-JUN-2023
AGE/SEX : 34 YR(S) / FEMALE

BILATERAL SONOMAMMOGRAPHY

OBSERVATION:

RT. BREAST.

Fibro-glandular tissues appear normal.
Skin and subcutaneous tissue appear normal.
Nipple shows normal features.
No significant axillary adenopathy.

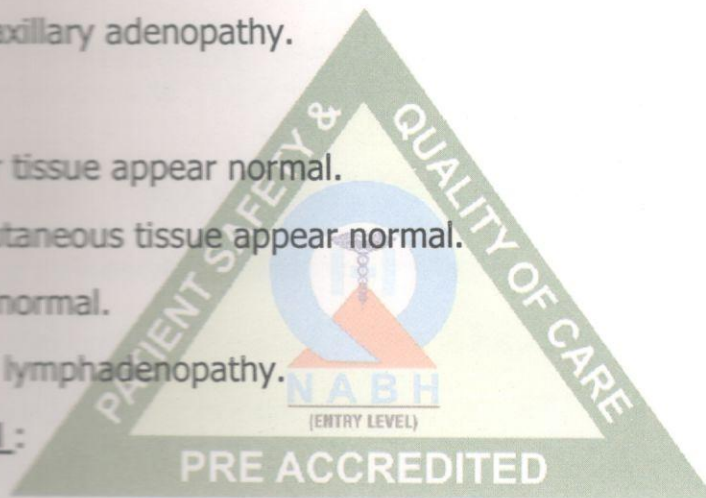
LT. BREAST.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.



Patil

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))



Dept. of Radiology

(For Report Purpose Only)



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REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 24-JUN-2023

AGE/SEX : 34 YR(S) / FEMALE

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size, shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size, shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10 x 4.1 cm.

Left kidney measures : 10.5 x 4.4 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (7.5 x 3.5 x 3 cms), shape, echotexture. No fibroid.

Endometrium show normal appearance. ET = 5 mm.

Both ovaries : show normal features. Adnexa clear.

Right ovary : 28 x 23 mm

Left ovary : 31 x 27 mm

No obvious demonstrable small bowel / RIF pathology.

Normal Aorta, IVC, adrenals and other retroperitoneal structures.

No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))

REQ. DATE : 24-JUN-2023
NAME : MRS. BENIWAL DIVYA
PATIENT CODE : 106076
REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 24-JUN-2023
AGE/SEX : 34 YR(S) / FEMALE

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

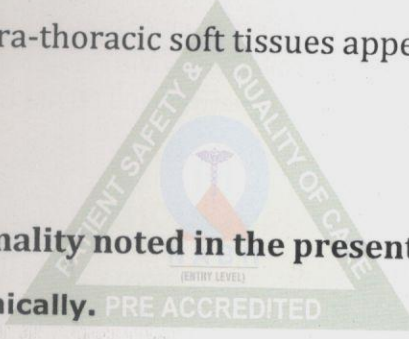
Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically. PRE ACCREDITED



Patil

DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST

Test Status Report

Registration Id : 2406234009	Registration Date : 24-06-2023 09:26
Patient Name : Mrs.BENIWA DIVYA	Reporting Date : 24/06/2023 12:14 PM
Referred By : AIMS HOSPITAL	Age/Sex : 34 Y(s) /Female

List of Pending Tests

Test Name

Blood Sugar Post Prandial
Stool Routine
Lipid Profile
Urine Routine
CBC
ESR
Blood Group
Pap Smear Only Slide

Tests Out of Range Summary Details

<u>Test</u>	<u>Low</u>	<u>High</u>	<u>Reference Range</u>
Glycosylated Haemoglobin (HbA1c)			
Total GHB EDTA Whole Blood	85		90-120 : Excellent Control 121-150 : Good Control 151-180 : Average Control 181-210 : Action Suggested > 211 : Panic Value
Liver Profile (AiMS)			
Alkaline Phosphatase SERUM		148	45-105 U/L
Renal Profile (AIMS)			
Chlorides SERUM		109.8	98-108 mEq/L
Potassium SERUM		5.47	3.5-5.0 mEq/L

VID	: 2406234009	Registration Date	: 24-06-2023 09:26
Name	: Mrs.BENIWA DIVYA	Collection Date	: 24-06-2023 09:35
Age / Gender	: 34 Y(s) /Female	Reporting Date	: 24-06-2023 12:26
Ref By	: AIMS HOSPITAL	Regn Centre	: VHCS - AIMS Hospital
Client Name	: AIMS - OPD	Processing Lab	: VHCS - CENTRAL LAB
Sample Type	: EDTA Whole Blood	Ref no.	:



Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
HbA1c Method : High-Performance Liquid Chromatography (HPLC)	: 4.6	%	Above 8 : Action Suggested Between 6-8 : Goal Below 6 : Non Diabetic Level
Average Blood Glucose (ABG)	: 85		90-120 : Excellent Control 121-150 : Good Control 151-180 : Average Control 181-210 : Action Suggested > 211 : Panic Value

EQUIPMENT: Bio-Rad D10 HPLC Analyser

INTERPRETATION:

NOTE: HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual is often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure, and liver diseases, Clinic correlation is suggested.
- To estimate the eAG from the HbA1c value, the following equation is used: $eAG (mg/dl) = 28.7A1c - 46.7$
- Interference of Hemoglobinopathies in HbA1c estimation.
 - For hbF > 25%, an alternate platform (FRUCTOSAMINE) is recommended for testing HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/Tosho G8 is corrected for HbS and HbC trait).
- In Known diabetic patients, the following values can be considered as a tool for monitoring glycemic control.

Excellent Control - 6 to 7 %

Fair to Good Control - 7 to 8 %

Unsatisfactory Control - 8 to 10 %

*** End of the Report ***



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Print Date : 24-06-2023 13:02

Dr. Farhan Shaikh
M.D. (Pathology)
2013/04/0704

Helpline Number: 88 7107 7107

Page 1 of 5

Kalyani Nagar5, Sunshine Court, Opp HDFC Bank,
Central Avenue, Kalyani Nagar,
Pune - 411006**Pimple Nilakh**1st Floor, Tatvam Vertex, Above
Hotel Shiv Sagar, Pimple Nilakh
Pune - 411027**Junnar**Phoenix Hospital, Shop No 1&2,
Junnar-Narayangaon Road,
Junnar, Dist-Pune

VID	: 2406234009	Registration Date	: 24-06-2023 09:26
Name	: Mrs.BENIWA DIVYA	Collection Date	: 24-06-2023 09:35
Age / Gender	: 34 Y(s) /Female	Reporting Date	: 24-06-2023 11:09
Ref By	: AIMS HOSPITAL	Regn Centre	: VHCS - AIMS Hospital
Client Name	: AIMS - OPD	Processing Lab	: VHCS - CENTRAL LAB
Sample Type	: Fluoride Plasma	Ref no.	:

**Blood Sugar Fasting**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Blood Sugar Fasting Method : Hexokinase/G-6-PDH	: 96	mg/dl	70-110

NOTE: AS PER THE AMERICAN DIABETES ASSOCIATION 2015 UPDATE**FASTING GLUCOSE LEVEL**

- Normal glucose tolerance: 70-110 mg/dl
- Impaired Fasting glucose (IFG): 110-125 mg/dl
- Diabetes mellitus : >=126 mg/dl

***Any positive criteria should be tested on a subsequent day with the same or other criteria.

*** End of the Report ***

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Dr.Farhan Shaikh
M.D. (Pathology)
2013/04/0704**Helpline Number: 88 7107 7107**

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Blood Test at Home**Digital X-Ray at Home****ECG at Home**

VID	: 2406234009	Registration Date	: 24-06-2023 09:26
Name	: Mrs.BENIWA DIVYA	Collection Date	: 24-06-2023 09:35
Age / Gender	: 34 Y(s) /Female	Reporting Date	: 24-06-2023 13:01
Ref By	: AIMS HOSPITAL	Regn Centre	: VHCS - AIMS Hospital
Client Name	: AIMS - OPD	Processing Lab	: VHCS - CENTRAL LAB
Sample Type	: SERUM	Ref no.	:



Liver Profile (AiMS)

Bilirubin (Total)	: 0.37	mg/dl	0.0-1.2
Bilirubin (Direct)	: 0.17	mg/dl	0.0 - 0.25
Bilirubin (Indirect)	: 0.20	mg/dl	0.10 - 1.00
SGOT	: 16.6	U/L	0.0 - 31.00
Method : NADH (without P-5-P)			
SGPT/ALT	: 19.8	U/L	0.0 - 31.00
Alkaline Phosphatase	: 148	U/L	45-105
Total Proteins	: 7.71	gm/dl	6.6-8.7
Albumin	: 4.56	g/dl	3.5-5.2
Globulin	: 3.15	gm/dl	1.8-3.6
A/G Ratio	: 1.45		1.10 - 2.20

*** End of the Report ***

VITARA HEALTHCARE®



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M.D. (Pathology)
2013/04/0704

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Kalyani Nagar

5, Sunshine Court, Opp HDFC Bank,
Central Avenue, Kalyani Nagar,
Pune - 411006

Pimple Nilakh

1st Floor, Tatvam Vertex, Above
Hotel Shiv Sagar, Pimple Nilakh
Pune - 411027

Junnar

Phoenix Hospital, Shop No 1&2,
Junnar-Narayangaon Road,
Junnar, Dist-Pune



VID	: 2406234009	Registration Date	: 24-06-2023 09:26
Name	: Mrs.BENIWA DIVYA	Collection Date	: 24-06-2023 09:35
Age / Gender	: 34 Y(s) /Female	Reporting Date	: 24-06-2023 13:01
Ref By	: AIMS HOSPITAL	Regn Centre	: VHCS - AIMS Hospital
Client Name	: AIMS - OPD	Processing Lab	: VHCS - CENTRAL LAB
Sample Type	: SERUM	Ref no.	:

**Renal Profile (AIMS)**

BLOOD UREA	: 20.7	mg/dl	16.6-48.5
Creatinine	: 0.77	mg/dl	0.50-0.90
Sodium	: 143	mEq/L	136-145
Method : Ion Selective Electrode diluted(Indirect)			
Potassium	: 5.47	mEq/L	3.5-5.0
Method : Ion Selective Electrode diluted(Indirect)			
Chlorides	: 109.8	mEq/L	98-108
Method : Ion Selective Electrode diluted(Indirect)			
Uric Acid	: 3.4	mg/dl	2.40 - 5.70

*** End of the Report ***



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M.D. (Pathology)
2013/04/0704

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Blood Test at Home

Digital X-Ray at Home

ECG at Home

VID	: 2406234009	Registration Date	: 24-06-2023 09:26
Name	: Mrs.BENIWA DIVYA	Collection Date	: 24-06-2023 09:35
Age / Gender	: 34 Y(s) /Female	Reporting Date	: 24-06-2023 11:15
Ref By	: AIMS HOSPITAL	Regn Centre	: VHCS - AIMS Hospital
Client Name	: AIMS - OPD	Processing Lab	: VHCS - CENTRAL LAB
Sample Type	: SERUM	Ref no.	:



Thyroid Function Test (TFT)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
T3 (Tri-iodothyronine) Method : Competitive Chemi Luminescent Immuno Assay	: 111.3	ng/dl	70-204
T4 (Thyroxine)	: 8.32	ug/dl	5.5-11.0
TSH Method : ECLIA	: 3.94	uIU/ML	0.27-4.2

REFERENCE : TIETZ Fundamentals of ClinicalChemistry

INTERPRETATION :

1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism.
 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites
Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 gives corrected values.
 3. Total T3 may decrease by <25 percent in healthy older individuals. - In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.
- Primary hyperthyroidism (eg: Grave~s disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

*** End of the Report ***



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2013/04/0704

Helpline Number: 88 7107 7107

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