

Patient Name : Mrs.G BHUVANESHWARI	Collected : 24/Aug/2023 09:08AM
Age/Gender : 50 Y 1 M 24 D/F	Received : 24/Aug/2023 10:51AM
UHID/MR No : CINR.0000155696	Reported : 24/Aug/2023 12:40PM
Visit ID : CINROPV202799	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9900654581	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14.6	g/dL	12-15	Spectrophotometer
PCV	42.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	81.6	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,620	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.9	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	8	%	1-6	Electrical Impedence
MONOCYTES	4.8	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5088.98	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3270.8	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	769.6	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	461.76	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	28.86	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	262000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	25	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with mild increase in eosinophils.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.

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Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230201665

Patient Name : Mrs.G BHUVANESHWARI	Collected : 24/Aug/2023 09:08AM
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UHID/MR No : CINR.0000155696	Reported : 24/Aug/2023 02:12PM
Visit ID : CINROPV202799	Status : Final Report
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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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230201665

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	127	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	161	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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) ,	171	mg/dL		Calculated

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

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	212	mg/dL	<200	CHO-POD
TRIGLYCERIDES	131	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	138	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.42		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when

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Test Name	Result	Unit	Bio. Ref. Range	Method
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Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	95.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.03	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.16	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated



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

CREATININE	0.85	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	25.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.42	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK 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)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.80	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.419	µIU/mL	0.34-5.60	CLIA

Comment:

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

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis

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Test Name	Result	Unit	Bio. Ref. Range	Method
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	POSITIVE +		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-15	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.

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SIN No:UR2171564

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



Patient Name : Mrs.G BHUVANESHWARI	Collected : 24/Aug/2023 12:06PM
Age/Gender : 50 Y 1 M 24 D/F	Received : 25/Aug/2023 03:14PM
UHID/MR No : CINR.0000155696	Reported : 26/Aug/2023 02:33PM
Visit ID : CINROPV202799	Status : Final Report
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DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	14299/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL 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 ***

*Note : This is an amended report. This report supersedes all previous reports of this lab Visit.

Result/s to Follow:
PERIPHERAL SMEAR

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DEPARTMENT OF CYTOLOGY

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Consultant Pathologist



Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



Dr. PRASANNA B.K.P
Md.Path. Pathologist



Patient Name : Mrs. G Bhuvaneshwari

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000155696

OP Visit No : CINROPV202799

Sample Collected on :

Reported on : 25-08-2023 14:07

LRN# : RAD2080732

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9900654581

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. RAMESH G
MBBS DMRD
RADIOLOGY

Name : Mrs. G Bhuvaneshwari

Age: 50 Y

Sex: F

UHID: CINR.0000155696



OP Number: CINROPV202799

Bill No : CINR-OCR-87960

Date : 24.08.2023 09:05

Address : bangalore

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Sno	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	H5A1c, GLYCATED HEMOGLOBIN	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA — 10	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	CARDIAC STRESS TEST (TMT) — 4	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION — 3 ✓	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE (POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST - PAPSURE ✓	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN — 9	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Physio

Date : 24-08-2023
MR NO : CINR.0000155696

Department : GENERAL
Doctor :

Name : Mrs. G Bhuvaneshwari

Registration No :
Qualification :

Age/ Gender : 50 Y / Female

Consultation Timing: 09:04

Height : 154 cm	Weight : 70.2 Kg	BMI : 29.93	Waist Circum :
Temp : 98 °F	Pulse : 94 BPM	Resp : 18 BPM	B.P : 126/96 mmHg

General Examination / Allergies
History

Aug 24 / 2023

Adv

CA 125
CEA

Clinical Diagnosis & Management Plan

50yr menopausal 54yr,
P^o E

PA - soft clear.

D.M +

Ps - ex healthy

Pap done

Tab

CALCIMAX

Total - $\frac{N}{1}$

& food.

1 month

Follow up date:

Doctor Signature



OPHTHAL PRESCRIPTION

PATIENT NAME : DR. G. Bhuvaneshwari DATE: 24/8/23

UHID NO : 155696 AGE : 50

OPTOMETRIST NAME: Mr Gowtham M H GENDER: F

87960

9900654581

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	<u>1.75</u>	<u>—</u>	<u>—</u>	<u>6/6</u>	<u>2.00</u>	<u>—</u>	<u>—</u>	<u>6/6</u>
Add	<u>1.50</u>	<u>—</u>	<u>—</u>	<u>6/6</u>	<u>1.50</u>	<u>—</u>	<u>—</u>	<u>6/6</u>

PD - RE: _____ LE: _____

Colour Vision: Normal (00)

Remarks: 1


Apollo clinic Indiranagar

Mrs. g bhuvaneshwari
ID: 155696

30.06.1973
50 Years

Female

24.08.2023 10:44:39
APOLLO CLINIC
INDIRANAGAR
BANGALORE

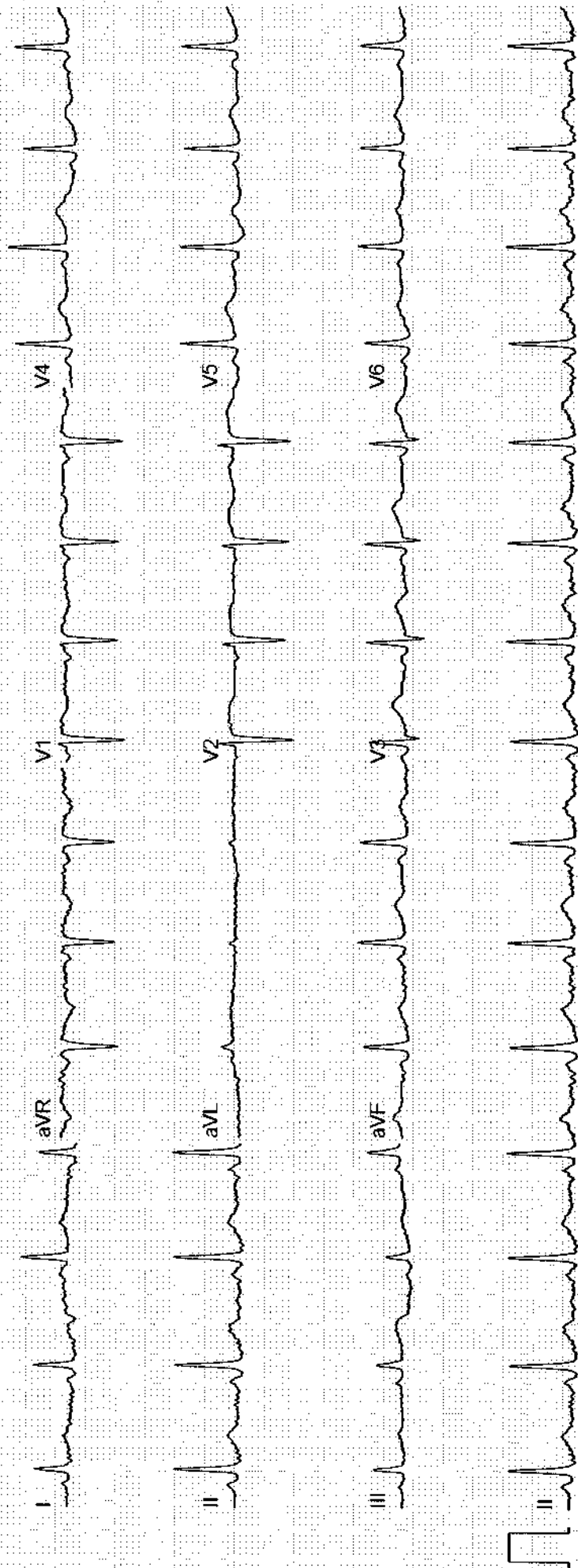
QRS: 64 ms
QT/QTcBaz: 376 / 454 ms
PR: 118 ms
P: 90 ms
RR/PP: 678 / 681 ms
P / QRS / T: 49 / 58 / 58 degrees

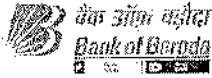
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten signature

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

88 bpm
- / - mmHg





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	NANDA KUMAR R
DATE OF BIRTH	10-01-1966
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-08-2023
BOOKING REFERENCE NO.	23S156558100066950S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. G BHUVANESHWARI
EMPLOYEE EC NO.	156558
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	JAVAGAL
EMPLOYEE BIRTHDATE	30-06-1973

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 **19-08-2023** 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. G Bhuvaneshwari

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000155696

OP Visit No : CINROPV202799

Sample Collected on :

Reported on : 24-08-2023 15:36

LRN# : RAD2080732

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9900654581

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

Patient Name : Mrs. G Bhuvaneshwari

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000155696

OP Visit No : CINROPV202799

Sample Collected on :

Reported on : 24-08-2023 15:33

LRN# : RAD2080732

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9900654581

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, **shape and show mild diffusely increased echogenicity.** 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 3mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

GRADE I FATTY LIVER.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology