

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	MANISHA KAUSHIKSOLANKI
DATE OF BIRTH	18-10-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-02-2023
BOOKING REFERENCE NO.	22M124186100040618S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SOLANKI KAUSHIK VIRJIBHAI
EMPLOYEE EC NO.	124186
EMPLOYEE DESIGNATION	SME MARKETING
EMPLOYEE PLACE OF WORK	AHMEDABAD, SME BRANCH
EMPLOYEE BIRTHDATE	23-08-1984

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 **07-02-2023** 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'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))

 भारत सरकार
Government of India

 खुधरा मनीषा
Khuddhara Manisha
जन्म तारीख/ DOB: 18/10/1987
स्त्री / FEMALE

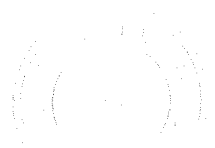


4716 6492 6387

भारो आधार, भारी ओज्ज

Manisha
9898619791

Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899





LABORATORY REPORT

Name :	Mrs. Manisha Khuddara	Reg. No :	302100543
Sex/Age :	Female/35 Years	Reg. Date :	11-Feb-2023 10:30 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	11-Feb-2023 02:32 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :157

Weight (kgs) :75.2

Blood Pressure : 110/70mmHg

Pulse : 112/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

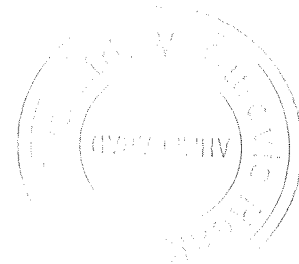
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

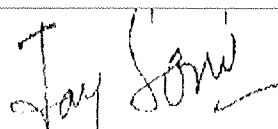
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE


TEST REPORT

Reg. No : 302100543	Ref Id : 124186	Collected On : 11-Feb-2023 10:31 AM
Name : Mrs. Manisha Khuddara		Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Hemoglobin	L 9.2	g/dl	12.5 - 16.0
Hematocrit (Calculated)	L 31.30	%	37 - 47
RBC Count	4.66	million/cmm	4.2 - 5.4
MCV	L 67.1	fL	78 - 100
MCH (Calculated)	L 19.8	Pg	27 - 31
MCHC (Calculated)	L 29.5	%	31 - 35
RDW (Calculated)	H 18.1	%	11.5 - 14.0
WBC Count	H 11180	/cmm	4000 - 10500
MPV (Calculated)	9.3	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	75	%	42.02 - 75.2	8385 /cmm	2000 - 7000
Lymphocytes (%)	20	%	20 - 45	2236 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	335 /cmm	200 - 1000
Monocytes (%)	03	%	2 - 10	224 /cmm	20 - 500
Basophils (%)	00	%	0 - 1	0 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology : Mild Microcytic and Hypochromic.
 WBC Morphology : Leucocytosis.

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : H 508000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

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 * This test has been outsourced.

Approved By : 
 Dr. Keyur Patel
 M.B.DCP

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Approved On : 11-Feb-2023 06:41 PM
 Page 1 of 11

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat

**TEST REPORT**

Reg. No : 302100543	Ref Id : 124186	Collected On : 11-Feb-2023 10:31 AM
Name : Mrs. Manisha Khuddara		Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

HEMATOLOGY**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>infra red measurement</i>	63	mm/hr	ESR AT 1 hour : 3-12
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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M.B.DCP**Generated On** : 13-Feb-2023 09:26 AM**Approved On** : 11-Feb-2023 02:48 PM
Page 2 of 11


TEST REPORT

Reg. No : 302100543	Ref Id : 124186	Collected On : 11-Feb-2023 10:31 AM
Name : Mrs. Manisha Khuddara		Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	95.90	mg/dL	70 - 110
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GOD/POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
- Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	100.3	mg/dL	70 - 140
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GOD/POD Method

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 Page 3 of 11


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Name : Mrs. Manisha Khuddara		Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	223.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
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Enzymatic, colorimetric method

Triglyceride	100.90	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
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Enzymatic, colorimetric method

HDL Cholesterol	52.30	mg/dL	High Risk : < 40 Low Risk : = 60
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Accolorator selective dotorogant method

LDL	150.52	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Boderline High : 130-159 High : 160-189 Very High : >190.0
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Calculated

VLDL	20.18	mg/dL	15 - 35
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Calculated

LDL / HDL RATIO	2.88		0 - 3.5
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Calculated

Cholesterol /HDL Ratio	4.26		0 - 5.0
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Calculated

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Page 4 of 11

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TEST REPORT

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Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BIO - CHEMISTRY

LFT WITH GGT

Total Protein <i>Buret Reaction</i>	7.86	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.58	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	3.28	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.40		0.8 - 2.0
SGOT <i>UV without I%P</i>	31.60	U/L	0 - 40
SGPT <i>UV without I%P</i>	19.60	U/L	0 - 40
Alakaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	45.3	U/L	42 - 98
Total Bilirubin <i>Vanadate Oxidation</i>	0.35	mg/dL	0 - 1.2
Conjugated Bilirubin	0.08	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.27	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	26.10	mg/dL	15 - 73

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Page 5 of 11




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Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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MBDCP

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Page 6 of 11

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TEST REPORT

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Name : Mrs. Manisha Khuddara Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female Pass. No. : Tele No. : 9898611979
Ref. By : Dispatch At :
Location : CHPL Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------


BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.88	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.60	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN <i>UV Method</i>	8.70	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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M.B.DCP

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Page 7 of 11

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Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	6.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	125.50	mg/dL
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Calculated
Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.


*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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* This test has been out sourced.

Approved By :	 Dr. Keyur Patel
	M.B.DCP

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Approved On : 11-Feb-2023 03:20 PM

Page 8 of 11


TEST REPORT

Reg. No : 302100543	Ref Id : 124186	Collected On : 11-Feb-2023 10:31 AM
Name : Mrs. Manisha Khuddara		Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	3 - 4/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	1 - 2/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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 MB.DCP

Generated On : 13-Feb-2023 09:26 AM

Approved On : 11-Feb-2023 06:44 PM

Page 9 of 11


TEST REPORT

Reg. No : 302100543	Ref Id : 124186	Collected On : 11-Feb-2023 10:31 AM
Name : Mrs. Manisha Khuddara		Reg. Date : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9898611979
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CLIA-MILUMINECENT-MICROPARTICLE-IMMUNOASSAY</i>	1.36	ng/mL	0.86 - 1.92
--	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CLIA-MILUMINECENT-MICROPARTICLE-IMMUNOASSAY</i>	10.80	µg/dL	3.2 - 12.6
---	-------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3)


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring F T4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
Dr. Keyur Patel
 MB DCP

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Approved On : 11-Feb-2023 03:03 PM

Page 10 of 1



TEST REPORT

Reg. No : 302100543 **Ref Id** : 124186 **Collected On** : 11-Feb-2023 10:31 AM
Name : Mrs. Manisha Khuddara **Reg. Date** : 11-Feb-2023 10:30 AM
Age/Sex : 35 Years / Female **Pass. No.** : **Tele No.** : 9898611979
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

TSH 3.130 $\mu\text{IU/ml}$ 0.55 - 4.78
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 $\mu\text{IU/mL}$

Second Trimester : 0.2 to 3.0 $\mu\text{IU/mL}$

Third trimester : 0.3 to 3.0 $\mu\text{IU/mL}$

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

End Of Report

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MB.DCP

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Page 11 of 1

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LABORATORY REPORT

Name : Mrs. Manisha Khuddara
Sex/Age : Female/35 Years
Ref. By :
Client Name : Mediwheel

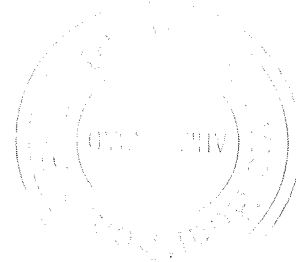
Reg. No : 302100543
Reg. Date : 11-Feb-2023 10:30 AM
Collected On :
Report Date : 11-Feb-2023 03:01 PM

Electrocardiogram

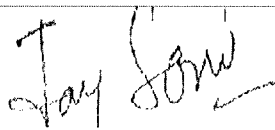
Findings

Sinus Tachycardia.

Rest Within Normal Limit.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

MRNISHR
KHUDDHARR

HR 112/min

Axis: P 37°

12

Intervals:

RR 534 ms

Female

P 100 ms

QRS 28°

35 years

PR 122 ms

T 26°

157 cm / 75 kg

QRS 78 ms

S (V1) -0.64 mV

QT 328 ms

R (V5) 0.76 mV

QTc 449 ms

Sokol. 1.51 mV

(Bazett)

S. TADAT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz 500 500 500

11.22.2023 12:12:12

CURCUIV HEALTHCARE

Mr. Nishr

AT-10201US 1.24 C



LABORATORY REPORT

Name :	Mrs. Manisha Khuddara	Reg. No :	302100543
Sex/Age :	Female/35 Years	Reg. Date :	11-Feb-2023 10:30 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	11-Feb-2023 03:01 PM

2D Echo Colour Doppler

OBSERVATION:

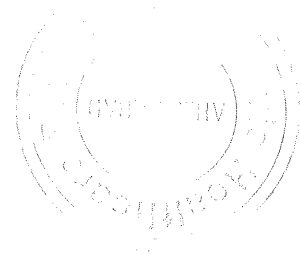
2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Mild Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 38 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

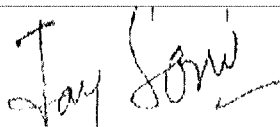
CONCLUSION

1. Normal LV size with Good LV systolic function.
2. Mild Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name : Mrs. Manisha Khuddara
Sex/Age : Female/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302100543
Reg. Date : 11-Feb-2023 10:30 AM
Collected On :
Report Date : 11-Feb-2023 04:08 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

----- End Of Report -----

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



LABORATORY REPORT

Name : Mrs. Manisha Khuddara
Sex/Age : Female/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302100543
Reg. Date : 11-Feb-2023 10:30 AM
Collected On :
Report Date : 11-Feb-2023 04:07 PM

USG ABDOMEN

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra hepatic biliary or portal radicals.

Dilated portal vein 18.2 mm at hilum, with mix color flow, thin and irregular venous wall.

Gall bladder is normally distended 5.2 x 4.5 mm sized iso-echoic area in GB—p/o GB polyp or sludge ball.. No evidence of mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears **enlarged in size 12.3 cm** & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Bilateral renal concretion

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

This is an electronically authenticated report



DR DHAIVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 1 of 3

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



LABORATORY REPORT

Name : Mrs. Manisha Khuddara

Sex/Age : Female/35 Years

Ref. By :

Client Name : Mediwheel

Reg. No : 302100543

Reg. Date : 11-Feb-2023 10:30 AM

Collected On :

Report Date : 11-Feb-2023 04:07 PM

COMMENTS :

- Dilated portal vein 18.2 mm at hilum, with mix color flow, thin and irregular venous wall.- kindly correlate clinically and further investigation like :- CECT-abdomen and pelvis .
- Mild splenomegaly
- Bilateral renal concretion
- Iso-echoic area in GB—p/o GB polyp or sludge ball.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 2 of 3

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



LABORATORY REPORT

Name :	Mrs. Manisha Khuddara	Reg. No :	302100543
Sex/Age :	Female/35 Years	Reg. Date :	11-Feb-2023 10:30 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	11-Feb-2023 02:24 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -2.00

CY: -3.00

AX: 7

LEFT EYE

SP : -1.00

CY : -2.50

AX :17

	Without Glasses	With Glasses
Right Eye	6/24	6/5
Left Eye	6/9	6/5

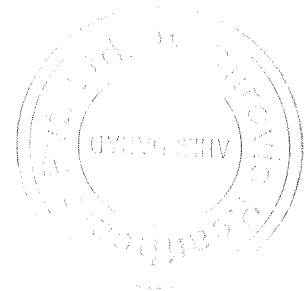
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

----- End Of Report -----



This is an electronically authenticated report

Dr Kejal Patel
MB,DO(Ophth)

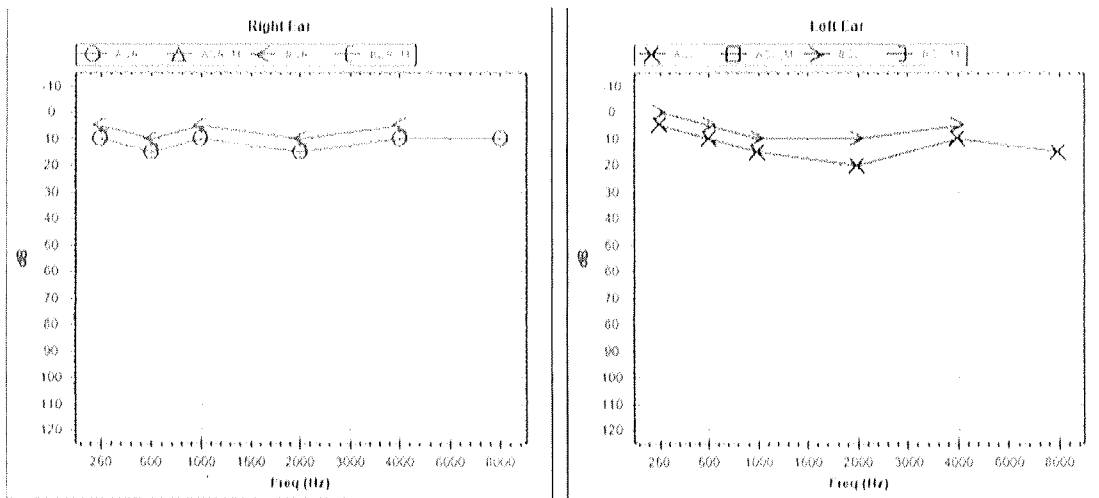
NAME:- MANISHA KHUDDHARA.

ID NO :-

AGE:- 3Y/ F

Date:- 11/02/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	?	>	Blue
RIGHT		△	○	□	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11	10.5
BONE CONDUCTION		
SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.