

Patient's name	: MONIKA SHAH	Age/Sex	: 49 Years/Female
Referred by	: Self	Reg. No	: 4019
Date	: 10/09/2021	Mobile	: 9428593439
Patient's Id	: MS263	Ref ID.	:

Fitness Certificate

GENERAL EXAMINATION

Height (cms) : 158

Weight (kgs) : 75.2

Blood Pressure : 126/80 mmHg

Pulse : 77/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

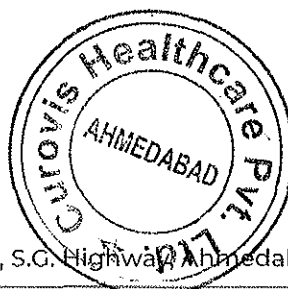
----- End of Report -----



Dr Jinen M Shah
DMS (Medicine) FCCS (USA)

This is an electronically authenticated report.
Note: (LL-Very Low, L-Low, HH-Very High)

Approved On : 10/09/2021 15:32:00
Generated On : 11/09/2021 13:19





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	MONIKA MUNISH SHAH
DATE OF BIRTH	24-04-1972
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-09-2021
BOOKING REFERENCE NO.	21S156215100003528S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SHAH M R
EMPLOYEE EC NO.	156215
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	AHMEDABAD, AMBAWADI_DB
EMPLOYEE BIRTHDATE	20-02-1970

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 **07-09-2021** till **31-03-2022**. 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



मोनिश शाह

Monika Shah

DOB: 24-04-1972

Gender: Female



4909 8471 3979

आधार - आम आदमी का अधिकार

M. Mishra

Dr. Jiten M. Shah
DNB (Medicine), FCCS (USA)
Reg. No.: G-20693



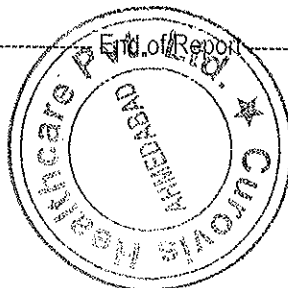
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HEMOGRAM REPORT

Performed on 5-Part Fully Auto Hematology Analyzer SIEMENS ADVIA 2120i)

Test	Result	Unit	Biological Reference Interval
Sample Type:	EDTA		
Haemoglobin:	11.4	gm/dL	12.5 - 16.0
Total WBC Count:	4200	/microlitre	4000 - 10500
Platelets Count:	286000	/microlitre	1,50,000 - 4,50,000
Differential Count:			
Neutrophils:	63	%	40-80
Lymphocytes:	33	%	20-40
Eosinophils:	02	%	Upto 6
Monocytes:	02	%	2-10
Basophils:	00	%	<1-2
RBC indices:			
RBC Count:	3.76	*10 ⁶ /microL	3.8 - 4.8
HCT:	35.9	%	36 - 46
MCV:	95.5	fL	83 - 101
MCH:	30.3	pg	27-32
MCHC:	31.8	%	31.5-34.5
RDW:	14.0	%	11.6 - 14.0
Erythrocytes Sedimentation Rate(ESR): (By AUTO ESR-10, USA)			
ESR 1st Hr:	07	mm	2 - 20 mm in 1Hr.
Thick Smear Preparation:			
Haemoparasite:	Malarial parasites are not seen.		
Peripheral Smear Examination:			
RBCs:	Normocytic & Normochromic.		
Platelet:	Platelet adequate & normal on smear.		

DR. KEYUR Patel
M.B.DCP



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BLOOD GROUP

Sample Type: EDTA
ABO Group : "B"
Rh Type : Positive

BLOOD GLUCOSE LEVEL

Test	Result	Unit	Biological Reference Interval
Sample Type:	Flouride		
Fasting Blood Glucose (Hexokinase)	92.0	mg/dl	70-110

Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250

----- End of Report -----


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M.B.DCP

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GLYCOSYLATED HAEMOGLOBIN (HbA1C) ESTIMATION

Test	Result	Unit	Biological Reference Interval
Sample Type: EDTA			
Glycosylated Haemoglobin (HbA1C)	4.30	%	Pre-Diabetic (Adult): 5.7 - 6.4 Diabetic (Adult): >6.5 Therapeutic goal for glycemic control: <7.0
Mean Blood Glucose Level (An average of 2 -3 Months)	76.71		

Method : HPLC on D-10, Bio-Rad,USA

INTERPRETATION:

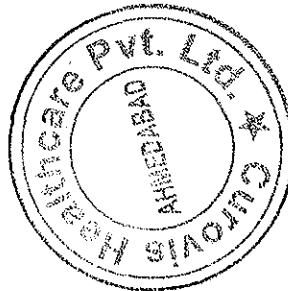
- * Blood sample can be drawn at any time. Fasting is not required.
- * Reflects average blood sugar levels for the 2 to 3 months period before the test.
- * Provides information for evaluating diabetic treatment modalities and tracks control of blood glucose of particular value in diabetic children, diabetics in whom the renal threshold for glucose is abnormal, unstable insulin dependent diabetics where blood sugars vary markedly from day to day.
- * High value in poorly controlled DM and moves towards normal in patients with optimal control.

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LIPID PROFILE

(Performed on Semi Auto Chemistry Analyzer BeneSphera)

Test	Result	Unit	Biological Reference Interval
Sample Type: Fasting Serum			
S.Cholesterol (Oxidase Peroxidase)	200	mg/dL	< 200 Desirable 200-239 Boderline High > 240 High
S.HDLC (Direct) (Phosphotungsstic Acid)	43.4	mg/dL	< 40 Low > 60 High
S.Triglyceride (GPO-POD)	218.2	mg/dL	< 150 mg/dl Normal 150-199 Boderline High 200-499 High > 500 Very High
S.VLDL (Calculated)	43.64	mg/dL	10-40 Normal
S.LDLC (Calculated)	112.96	mg/dL	< 100 Optimal 100-129 Near to above optimal 130-159 Boderline high 160-189 High >190 Very High
S.Cholesterol / HDLC Ratio (Calculated)	4.61		< 4 Normal 4-6 Borderline 6-8 Risklevel > 8 High Risk
S.LDLC / HDLC Ratio (Calculated)	2.6		< 3 Normal 3-4 Borderline 4-6 Risk Level > 6 High Risk
Cholesterol / HDLC Ratio (Calculated)	4.61		< 3.5 Normal
Triglyceride / HDLC Ratio (Calculated)	5.03		< 2 Normal > 4 Risk Level > 6 High Risk
Non HDLC (Calculated)	156.6		< 130 Normal 130 - 159 Near Normal 160 - 189 Borderline 190 - 219 Risklevel > 220 High Risk

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LIVER FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Bilirubin			
Total Bilirubin	0.77	mg/dl	0 - 1.2
(Azobilirubin)			
Conjugated Bilirubin	0.18	mg/dl	0 - 0.4
(Dual Wavelength spectrophotometric)			
Unconjugated Bilirubin	0.59	mg/dl	0.0 - 1.1
(Dual Wavelength spectrophotometric)			
S.G.P.T. (ALT)	29.5	IU/L	0 - 49
(Kinetic with Pyridoxal 5-Phosphate)			
S.G.O.T. (AST)	22.0	IU/L	Up to 46
(Kinetic with Pyridoxal 5-Phosphate)			
S.ALP (Alkaline Phosphatase)	267.3	U/L	64 - 306
(4-Nitrophenyl phosphate)			
S.Protein			
Total Protein	7.83	gm/dl	6.3 - 8.2
(Biuret)			
Albumin	4.96	gm/dl	3.5 - 5.2
(BCG)			
Globulin	2.87	gm/dl	1.9 - 3.5
(Calculated)			
Albumin Globulin Ratio	1.73		
S.GammaGT	10.2	IU/L	12-43
(L-Gamma Glutamyl-4-Nitroanalide)			

SERUM LDH LEVEL

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
LDH Activity(Lactate Dehydrogenase):	155.00	U/L	120 - 246
Pyruvate to lactate Kinetic Method			

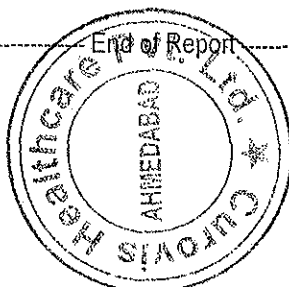
#Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250



Dr. KEYUR Patel
M.B.DCP

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RENAL FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

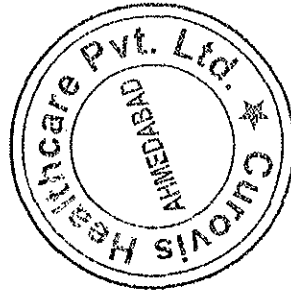
Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Urea (Urease with indicator dye)	13.2	mg/dl	Male: 19.6-43.6 Female: 15.2-37.0
S.Creatinine (Enzymatic)	0.64	mg/dL	0.55 - 1.30
S.Uric Acid (Uricase)	4.71	mg/dL	Male: 3.5-8.5 Female: 2.5-6.2

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THYROID FUNCTION TEST
(by CLIA on SIEMENS ADVIA Centaur XP)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.T3 (Total Triiodothyronine by CLIA)	1.04	ng/mL	1 - 23 Months: 1.17 - 2.39 2 - 12 Years: 1.05 - 2.07 13 - 20 Years: 0.86 - 1.92 Adult: 0.6 - 1.81
S.T4 (Total Thyroxine by CLIA)	9.80	mcg/dL	3.2 - 12.6
S.TSH (Thyroid Stimulating Hormone by CLIA)	2.896	microU/mL	0 -12 Yrs: 0.77 - 5.64 12-19 Yrs: 0.75-3.69 19-100 Yrs: 0.35 -5.50

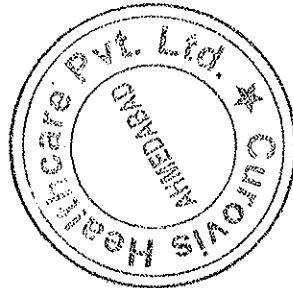
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URINE ROUTINE ANALYSIS

Sample Type: Fresh Urine

Physical Examination

(Naked Eye Observation)

	Result	Biological Ref. Value
Amount	30 ml	>10 ml
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear

Chemical Examination

pH (Dip stick)	7.0	4.5-8.0
Specific Gravity (Bromothymol Blue)	1.015	1.002-1.030
Albumin (Tetrabromophenol)	Absent	Absent
Glucose (Specific Glucose Oxidase/Peroxidase)	Absent	Absent
Bilirubin (Azo-coupling reaction)	Absent	Absent
Acetone (Sodium Nitroprusside Reaction)	Absent	Absent
Urobilinogen (Modified Ehrlich Reaction)	Absent	Absent
Nitrites (Diazotization Reaction)	Absent	Absent

Microscopic Examination

(After centrifugation at 1500 RPM for 10min./hpf)

Pus Cells(WBCs)	Absent	Absent
Red Blood Cells(RBCs)	Absent	Absent
Epithelial cells	Absent	
T.Vaginals	Absent	Absent
Spermatozoa	Absent	Absent
Casts	Absent	Absent
Crystals	Absent	Absent
Amorphous Material	Absent	Absent

Dr. KEYUR Patel
M.B.DCP

End of Report

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Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

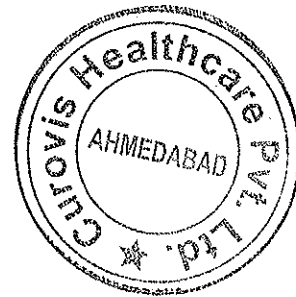
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Dr Jinen M Shah
DNB (Medicine) FCCS (USA)

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Monika

HR 77/min

Axis: P 59°

Shah

Intervals:

QRS 66°

Z

Female

RR 782 ms

T 38°

49 years

P 116 ms

P (I1) 0.15 mV

158 cm / 75 kg

PR 142 ms

S (V1) -0.62 mV

QR5 78 ms

R (V5) 0.91 mV

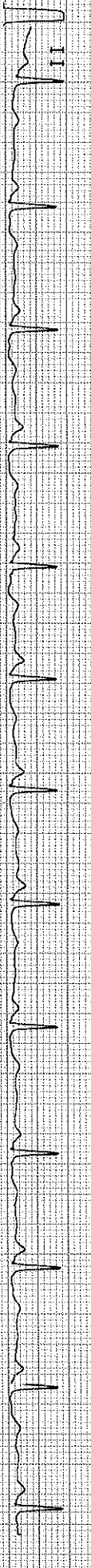
QTc 532 ms

Sokol. 1.86 mV

(Bazett)

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz

F50

55F

585

10.09.2021

08:47:58

CURIOUS HEALHCARE

M. M. SHAH

RT-102plus 1.24 C

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2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal 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 = 40 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

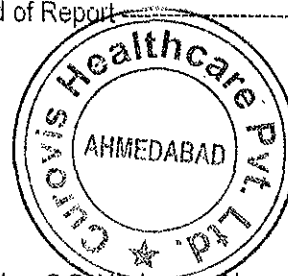
1. Normal LV size with Good LV systolic function.
2. Mild Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.


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

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Dr Jinen M Shah
MBBS (Medicine) - CCS (USA)

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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.

Bony thorax appears normal.

COMMENT: No significant abnormality is detected.

----- End of Report -----

Dr. Jaimin Shah
DMRD
Consultant Radiologist

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USG ABDOMEN

Liver appears normal in size , show homogenous parenchymal echoy. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus seen. Show small polyps of 2 mm to 3 mm.

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

Spleen appears normal in size & echopattern. No evidence of focal lesions.

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

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

Uterus appears normal. No adnexal mass is seen.

No evidence of free fluid in peritoneal cavity.
No evidence of para-aortic lymph adenopathy.
No evidence of dilated small bowel loops.

COMMENTS :

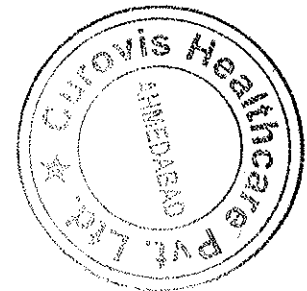
Small Gall bladder polyp.

----- End of Report -----

Dr. Jaimin Shah
DMRD
Consultant Radiologist

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MAMMO-SONOGRAPHY

Dedicated lowdose digital mammography with Craniocaudal and media lateral oblique view was performed.

Normal dense and fibroglandular breast parenchyma is noted in breast on either side.

No evidence of clustered microcalcification .

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is seen.

No evidence of axillary lymphadenopathy.

COMMENT :

- No significant abnormality detected. (BIRADS - I).
- No direct or indirect sign of malignancy seen.

BIRADS Categories :

0 Need imaging evaluation.

I **Negative**

II Benign finding

III probably benign finding.

IV Suspicious abnormality.

V Highly suggestive of malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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Dr. Jaimin Shah
DMRD
Cunsallant Radiologist

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Patient's name : MONIKA SHAH Age/Sex : 49 Years/Female
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Eye Check - Up

RIGHT EYE

SP: +0.25
CY: +0.00
AX: 00

LEFT EYE

SP: +1.00
CY: -1.00
AX: 86

	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

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

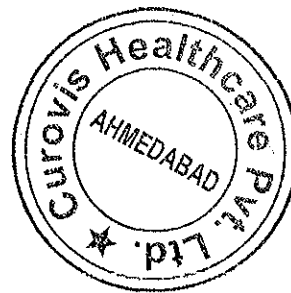
Fundus Examination: Within Normal Limits.

Colour Vision: Normal

Comments: Normal

Dr.Kejal Patel
MB,DO(Ophth)

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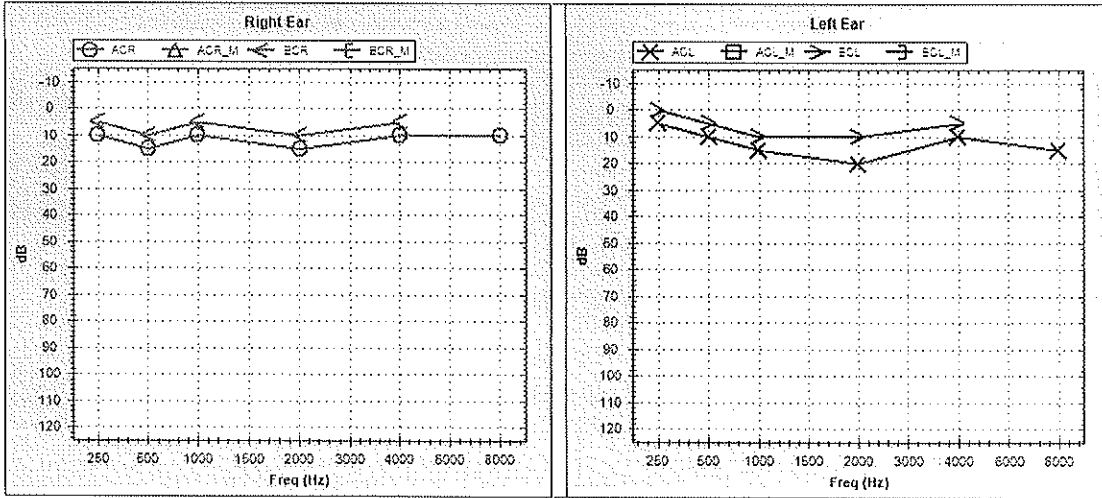


CLIENT NAME: -MONIKA SHAH.

AGE:- 49Y/ F

Date:- 10/09/2021

AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
	Masked	UnMasked	Masked	UnMasked				
LEFT	◻	X	◻	>	Blue	AIR CONDUCTION	10.5	10.5
RIGHT	Δ	O	◻	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols						SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

