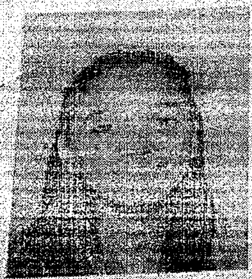
ભારત સરકાર
Government of India
આધાર

Issue Date : 17/04/2012



દવે હિમાદ્રી મહેશ
Dave Himadri Mahesh
જન્મ તારીખ / DOB : 12/01/1990
સ્ત્રી / Female

5685 0983 2544

મારો આધાર, મારી ઓળખ

7990100081
Himadri

बैंक ऑफ़ बड़ौदा
Bank of Baroda

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	HIMADRI MAHESH DAVE
DATE OF BIRTH	12-01-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	29-03-2024
BOOKING REFERENCE NO.	23M168554100103714S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. DAVE MAHESH UMESHKANT
EMPLOYEE EC NO.	168554
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	AHMEDABAD,ASARWA
EMPLOYEE BIRTHDATE	28-07-1987

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 **20-03-2024** 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))

बैंक ऑफ़ बड़ौदा
Bank of Baroda

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LABORATORY REPORT

Name	:	Mrs. Himadri M Dave	**Reg. No**	:	403101843
Sex/Age	:	Female/34 Years	**Reg. Date**	:	29-Mar-2024 09:13 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	29-Mar-2024 04:41 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 160

Weight (kgs) : 48.5

Blood Pressure : 108/68mmHg

Pulse : 79/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

Epilepsy – N/A

Curovis Healthcare Pvt. Ltd. AHMEDABAD

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075
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MC-3466

TEST REPORT

Reg. No	: 403101843	**Ref Id**	:	**Collected On**	: 29-Mar-2024 09:13 AM
Name	: Mrs. Himadri M Dave			**Reg. Date**	: 29-Mar-2024 09:13 AM
Age/Sex	: 34 Years / Female	**Pass. No.**	:	**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

Parameter	Results	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (Colorimetric method)	L **11.0**	g/dL	12.5 - 16
Hematrocrit (Calculated)	L **35.40**	%	40 - 50
RBC Count (Electrical Impedance)	H **5.59**	million/cmm	4.73 - 5.5
MCV (Calculated)	L **63.3**	fL	83 - 101
MCH (Calculated)	L **19.6**	Pg	27 - 32
MCHC (Calculated)	L **31.0**	%	31.5 - 34.5
RDW (Calculated)	H **16.0**	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6940	/cmm	4000 - 10000
MPV (Calculated)	10.5	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	64.40	%	40 - 80	4469	/cmm	2000 - 7000
Lymphocytes (%)	28.60	%	20 - 40	1985	/cmm	1000 - 3000
Eosinophils (%)	1.70	%	0 - 6	347	/cmm	200 - 1000
Monocytes (%)	5.00	%	2 - 10	118	/cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	21	/cmm	0 - 100

PERIPHERAL SMEAR STUDY			
RBC Morphology	Mild Microcytic and Hypochromic.		
WBC Morphology	Normal		
PLATELET COUNTS			
Platelet Count (Electrical Impedance) Electrical Impedance	367000	/cmm	150000 - 450000
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
Comment	-		

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 10:07 AM

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Name	: Mrs. Himadri M Dave			**Reg. Date**	: 29-Mar-2024 09:13 AM
Age/Sex	: 34 Years / Female	**Pass. No.** :		**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"O"		
Rh (D)	Positive		
Note	-		

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour *Westergreen method*	07	mm/hr	ESR AT 1 hour : 3-12

ERYTHRO SEDIMENTION 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 prenancy 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 (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 03:29 PM

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Name	: Mrs. Himadri M Dave			**Reg. Date**	: 29-Mar-2024 09:13 AM
Age/Sex	: 34 Years / Female	**Pass. No.**	:	**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Flouride F,Flouride PP			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Fasting Blood Sugar (FBS) *GOD-POD Method*	102.60	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) *GOD-POD Method*	102.8	mg/dL	70 - 140

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 29-Mar-2024 05:35 PM

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Name	: Mrs. Himadri M Dave			**Reg. Date**	: 29-Mar-2024 09:13 AM
Age/Sex	: 34 Years / Female	**Pass. No.** :		**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	155.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
Enzymatic, colorimetric method			
Triglyceride	83.30	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
Enzymatic, colorimetric method			
HDL Cholesterol	51.50	mg/dL	Low: <40 High: >60
Accelerator selective detergent method			
LDL	86.84	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
Calculated			
VLDL	16.66	mg/dL	15 - 35
Calculated			
LDL / HDL RATIO	1.69		0 - 3.5
Calculated			
Cholesterol /HDL Ratio	3.01		0 - 5.0
Calculated			

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 10:45 AM

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Name	: Mrs. Himadri M Dave			**Reg. Date**	: 29-Mar-2024 09:13 AM
Age/Sex	: 34 Years / Female	**Pass. No.**	:	**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	6.99	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
Biuret Reaction			
Albumin	4.73	g/dL	
By Bromocresol Green			
Globulin (Calculated)	**2.26**	g/dL	2.3 - 3.5
A/G Ratio (Calulated)	**2.09**		0.8 - 2.0
SGOT	17.80	U/L	0 - 40
UV without P5P			
SGPT	13.30	U/L	0 - 40
UV without P5P			
Alakaline Phosphatase	69.8	IU/l	42 - 98
P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate			
Total Bilirubin	0.82	mg/dL	0.3 - 1.2
Vanadate Oxidation			
Direct Bilirubin	0.25	mg/dL	0.0 - 0.4
Vanadate Oxidation			
Indirect Bilirubin	0.57	mg/dL	0.0 - 1.1
Calculated			
GGT	10.60	U/L	< 38
SZASZ Method			

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 10:45 AM

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Age/Sex	: 34 Years / Female	**Pass. No.**	:	**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Uric Acid *Enzymatic, colorimetric method*	**2.05**	mg/dL	2.6 - 6.0
Creatinine *Enzymatic Method*	**0.47**	mg/dL	0.6 - 1.1
BUN *UV Method*	**2.30**	mg/dL	6.0 - 20.0

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Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 10:41 AM

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Age/Sex	: 34 Years / Female	**Pass. No.** :		**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
HEMOGLOBIN A1 C ESTIMATION **Specimen: Blood EDTA**			
*Hb A1C	5.3	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
Boronate Affinity with Fluorescent Quenching			
Mean Blood Glucose	105.41	mg/dL	
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 throught 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 measurnment which eflects 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:

*Errneous 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. Purvish Darji**
MD (Pathology)

Approved On : 30-Mar-2024 04:29 PM

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Name	: Mrs. Himadri M Dave			**Reg. Date**	: 29-Mar-2024 09:13 AM
Age/Sex	: 34 Years / Female	**Pass. No.**	:	**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Urine Spot			**Location**	: CHPL

Test	Result	Unit	Biological Ref. Interval
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		Clear
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)			
pH	5.0		4.6 - 8.0
Sp. Gravity	1.005		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)	Occasional/hpf		Nil
Erythrocytes (Red Cells)	Nil		Nil
Epithelial Cells	Occasional		Nil
Crystals	Absent		Absent
Casts	Absent		Absent
Amorphous Material	Absent		Absent
Bacteria	Absent		Absent
Remarks	-		

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* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 12:56 PM

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Age/Sex	: 34 Years / Female	**Pass. No.** :		**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
THYROID FUNCTION TEST			
T3 (Triiodothyronine) *CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*	1.02	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) *CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*	6.90	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 FT4 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. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 12:20 PM

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Age/Sex	: 34 Years / Female	**Pass. No.** :		**Tele No.**	: 7990100081
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

TSH *CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*	1.030	µIU/ml	0.35 - 5.50

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-relasing 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 µIU/mL
Second Trimester : 0.2 to 3.0 µIU/mL
Third trimester : 0.3 to 3.0 µIU/mL
Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

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

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 29-Mar-2024 12:20 PM

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LABORATORY REPORT

Name	: Mrs. Himadri M Dave		**Reg. No**	:	403101843
Sex/Age	: Female/34 Years		**Reg. Date**	:	29-Mar-2024 09:13 AM
Ref. By	:		**Collected On**	:	
Client Name	: Mediwheel		**Report Date**	:	29-Mar-2024 03:44 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, No TR, No PR, No AR.
7. No PAH, RVSP: 16 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

Curovis Healthcare Pvt. Ltd. AHMEDABAD

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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Name	:	Mrs. Himadri M Dave	**Reg. No**	:	403101843
Sex/Age	:	Female/34 Years	**Reg. Date**	:	29-Mar-2024 09:13 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	29-Mar-2024 03:44 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

Curovis Healthcare Pvt. Ltd. AHMEDABAD

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075
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HIMADRI
DAVE
11
..... Female
34 years
160 cm / 48 kg

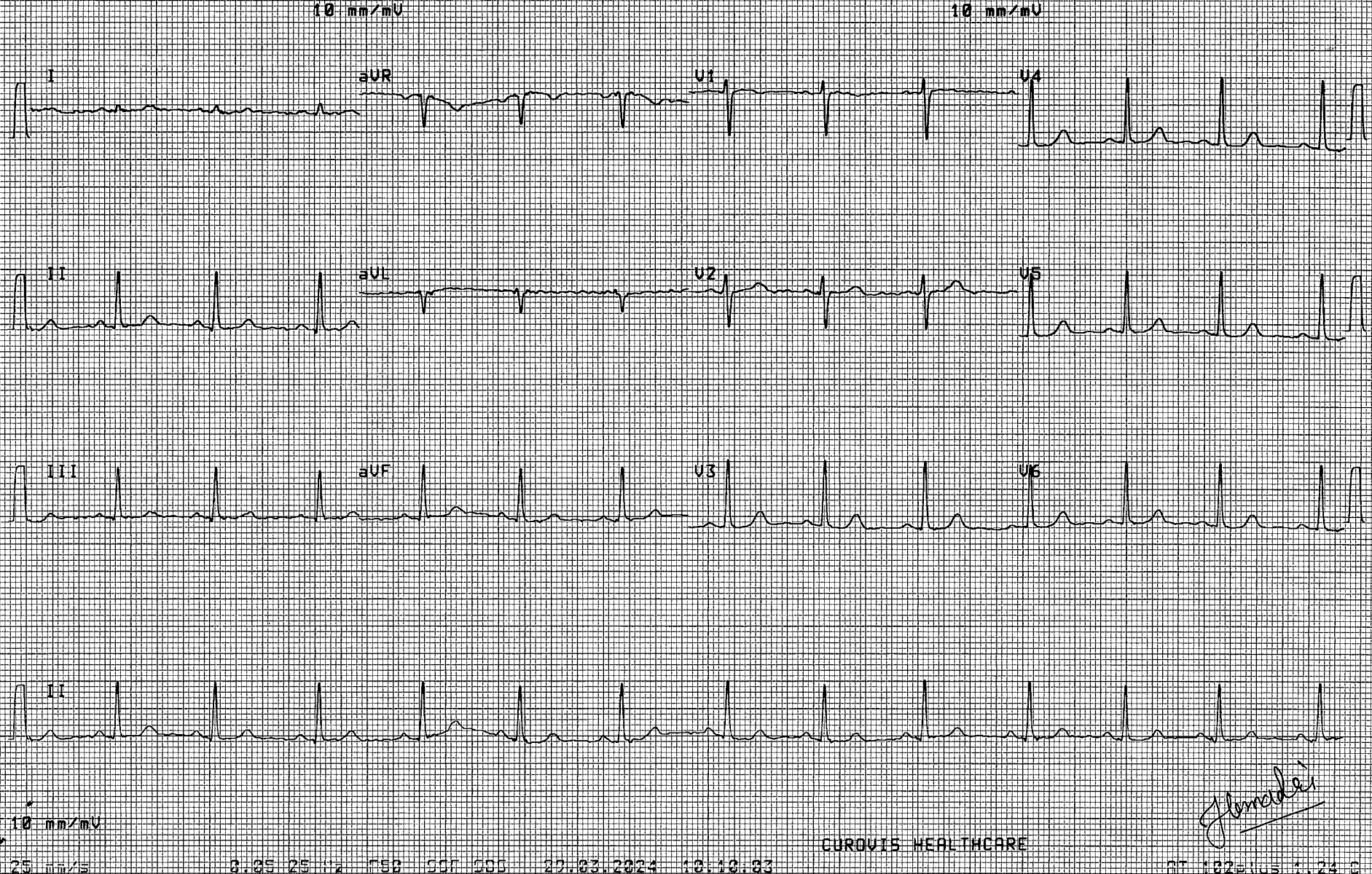
HR 79/min

Intervals:
RR 761 ms
P 82 ms
PR 132 ms
QRS 70 ms
QT 358 ms
QTC 411 ms
(Bazett)

Axis:
P 47 °
QRS 79 °
T 50 °

P (II) 0.13 mV
S (V1) -0.99 mV
R (V5) 1.30 mV
Sokol. 2.28 mV

10 mm/mV



CUROVIS HEALTHCARE

25 mm/s 0.05 25 Hz 150 50Hz 60Hz 22.03.2024 10:10:03 HT 102 bpm 1.24 s

SCHILLER

Part No.2.157017M CE 0123 R.BB

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LABORATORY REPORT

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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.

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

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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 billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

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

Spleen appears normal in size & 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.

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.

COMMENTS :
NO SIGNIFICANT ABNORMALITY DETECTED.

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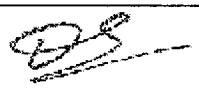

DR DHAVAL PATEL
Consultant Radiologist
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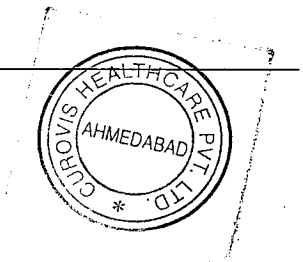

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Eye Check - Up

	Without Glasses	With Glasses
Right Eye	6/5	N. A
Left Eye	6/5	N. A

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

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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

Curovis Healthcare Pvt. Ltd. AHMEDABAD

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Dr Kejal Patel
MB,DO(Ophth)

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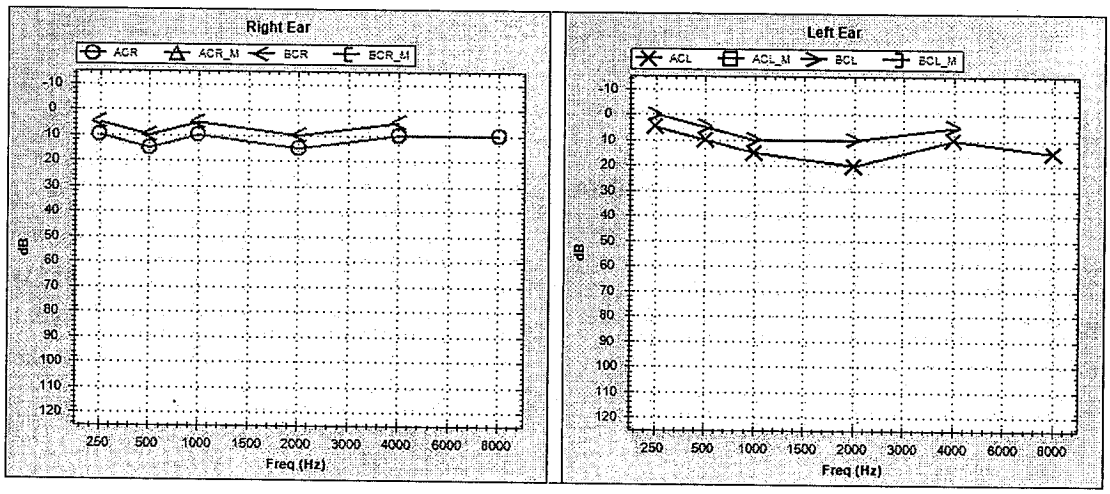
AUDIOGRAM



MODE / EAR	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	X	⊐	>	Blue
RIGHT	△	O	⊏	<	Red
NO RESPONSE : Add ↓ below the respective symbols					

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11	11.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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

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