

Patient Name : Mrs. Rasheeda P A

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000076259

OP Visit No : CINROPV213702

Sample Collected on :

Reported on : 20-12-2023 17:39

LRN# : RAD2184753

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919901681333

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. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Rasheeda P A

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000076259

OP Visit No : CINROPV213702

Sample Collected on :

Reported on : 20-12-2023 14:51

LRN# : RAD2184753

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919901681333

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.



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MBBS, DMRD
Radiology

Patient Name : Mrs. Rasheeda P A

Age/Gender : 50 Y/F

UHID/MR No. : CINR.0000076259

OP Visit No : CINROPV213702

Sample Collected on :

Reported on : 20-12-2023 15:09

LRN# : RAD2184753

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919901681333

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. 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 4 mm.

OVARIES: Right ovary appearing normal in size and echopattern.

Left ovary not visualized due to bowel gas.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Name : Mrs. Rasheeda P A

Age: 50 Y

UHID:CINR.0000076259

Address : bangalore

Sex: F



OP Number:CINROPV213702

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No :CINR-OCR-91857

Date : 20.12.2023 10:04

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO - 9	
6	LIVER-FUNCTION TEST (LFT)	
7	X-RAY CHEST PA - 10	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION - 7	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG - 6	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI) - 6	
21	LBC PAP TEST- PAPSURE	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION ← 1	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Date : 20-12-2023
MR NO : CINR.0000076259
Name : Mrs. Rasheeda P A
Age/ Gender : 50 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 10:03

Height : 149-c	Weight : 61.8 kg	BMI : 27.83 kg/m ²	Waist Circum : 93-cm
Temp : 98.6 F	Pulse : 74 bpm	Resp : 18 bpm	B.P : 118/80 mmHg

General Examination / Allergies
History

Dec 20/2023

Clinical Diagnosis & Management Plan

50 y/o Pt, menopause 1 yr,
P^o E^o
CA125 Adv }
CAE }
Wt 63 }
PA - } not done
PS - }
LBC pap not done. Let
Pt not willing for pap smear.

Follow up date:

Doctor Signature

20.12.2023

Mrs. Rashida P.A. 50 ym/F

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Azithromycin - 1000

Ears: Nil

Nose: Nil

Throat: Nil

Follow up date:

R. Kudva

Doctor Signature
Dr. RAVINDRANATH KUDVA

M.B.B.S., D.L.O.

BOOK YOUR APPOINTMENT TODAY!

WhatsApp Number: 897011003333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

OPHTHAL PRESCRIPTION

PATIENT NAME : MRS Rasheeda .P.A

DATE : 20/12/23

UHID NO : 076256.

AGE : 50

OPTOMETRIST NAME: Ms.Swathi

GENDER: F

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	-5.53	+2.25	58	.	-0.25	0.00	-	
Add	+1.50	-	-	-	+1.50	-	-	-

PD - RE: _____ LE: _____

Colour Vision:

Remarks:

Apollo clinic Indiranagar

Mrs rashheeda
ID: 76259

20.05.1972
51 Years

Female

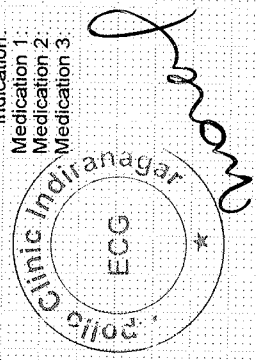
20.12.2023 12:06:40
APOLLO CLINIC
INDIRANAGAR
BANGALORE

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

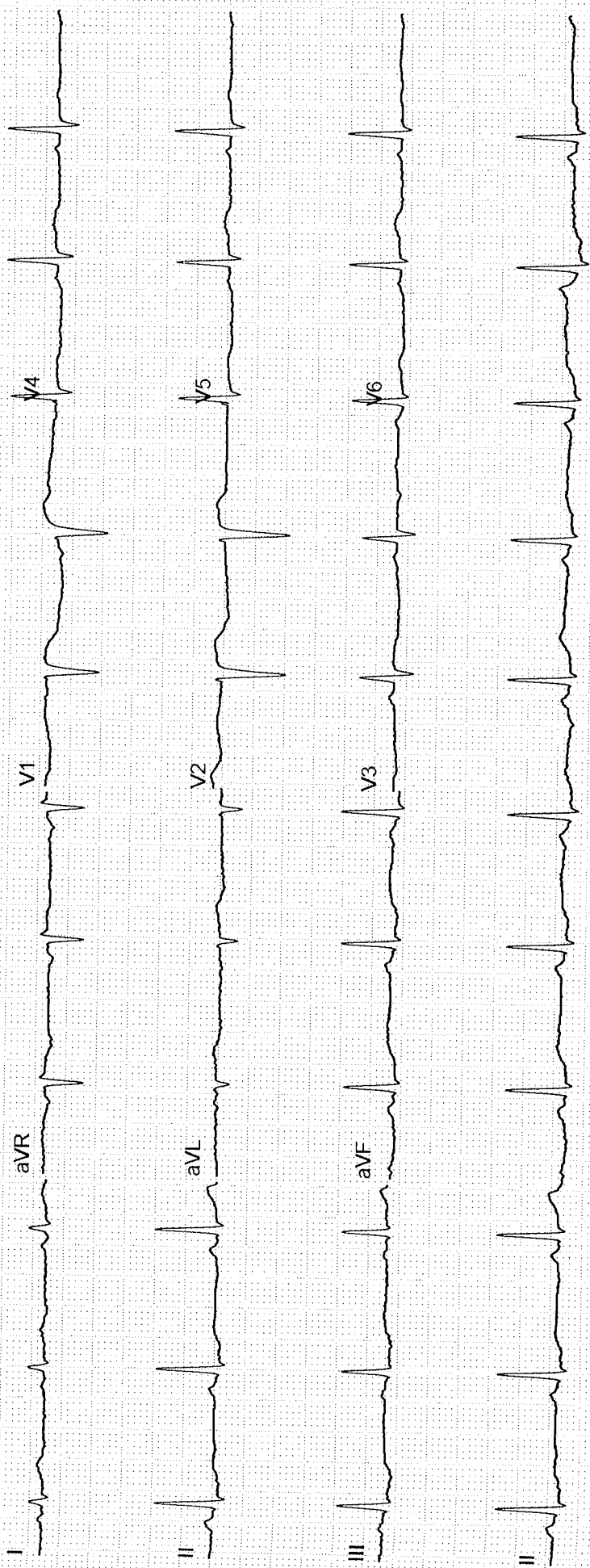
67 bpm
-- / -- mmHg

QRS 86 ms
QT / QTcBaz 372 / 393 ms
PR 142 ms
P 96 ms
RR / PP 890 / 895 ms
P / QRS / T 60 / 78 / 24 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Dr. M. SUDHAKAR RAO
MBBS, MD, DM(Cardiol), FACC,FESC,FSCAI
Consultant Cardiologist
KMC Rsg No. CTC000018KTK
Apollo Clinic



NAME: MRS RASHEEDA

AGE/SEX: 50Y/F

OP NUMBER: 76259

Ref By : SLEF

DATE: 21-12-2023

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.1	IVS(D):1.0	MV: E Vel: 0.7	A Vel : 0.5
LA: 2.6	LVIDD(D): 3.0	AV Peak: 0.8	
	LVPW(D): 1.1	PV Peak: 0.7	
	IVS(S): 1.2		
	LVID(S): 1.9		
	LVPW(S): 1.2		
	LVEF: 60%		
	TAPSE: 1.7		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

Normal cardiac chambers

No Regional wall motion abnormality

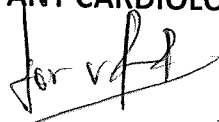
No MR/AR/TR

No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST


Dr. JAGADEESH H V
MBBS,MD, DM(Cardio)
Consultant Cardiologist
KMC Reg No.86848
Apollo Clinic

Apollo Clinic

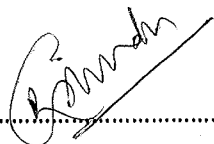
CONSENT FORM

Patient Name: Mrs. Rasheeda P.A. Age: 50 yrs
UHID Number: 76259 Company Name: Mediwheel

I ✓ Mr/Mrs/Ms Rasheeda P.A. Employee of mediwheel
(Company) Want to inform you that I am not interested in getting UBE - Pap smear.

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 20/12/2023



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. A RASHEEDA P
EC NO.	151235
DESIGNATION	JOINT MANAGER
PLACE OF WORK	BANGALORE,MAYO HALL
BIRTHDATE	20-05-1973
PROPOSED DATE OF HEALTH CHECKUP	20-12-2023
BOOKING REFERENCE NO.	23D151235100079864E

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 **18-12-2023** 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))



Bank of Baroda
राष्ट्रीय बँक
Rashodea PA
151236

नाम
Name
E.C. No.

आधिकारी प्राधिकारी
Issuing Authority

(Rashodea)
धारक के हस्ताक्षर
Signature of Holder