

Mediwheel (Arcotomi 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	MAMTA JHA
DATE OF BIRTH	30-11-1983
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-09-2023
BOOKING REFERENCE NO.	23S123134100069274S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. JHA PUSHPAK KUMAR
EMPLOYEE EC NO.	123134
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	LATEHAR
EMPLOYEE BIRTHDATE	05-01-1978

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 13-09-2023 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.

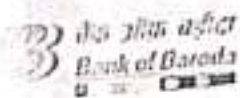
We solicit your co-operation in this regard.

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 (Arcotomi Healthcare Limited))



बैंक ऑफ़ बड़ोदा
Bank of Baroda

पुष्पक कुमार झा
PUSHPAK KUMAR JHA

123134
123134



PKJW

साक्षर के हस्ताक्षर
Signature of holder



MRS MAMTA JHA
 Female



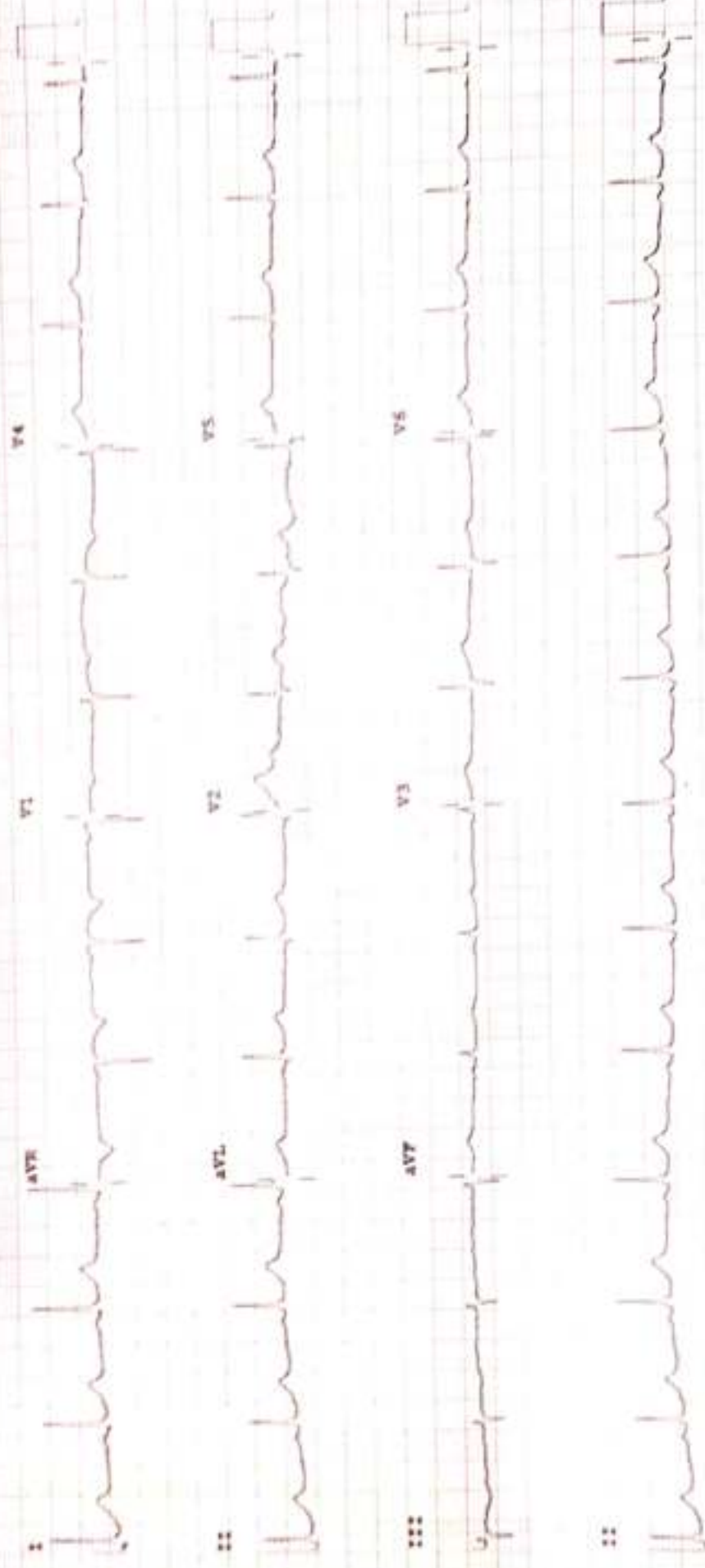
39 Years

Rate 73 Sinus rhythm normal P axis, V-rate 50-99
 Borderline short PR interval PR int <120ms
 Abnormal R-wave progression, early transition QRS area=0 in V2

--AXIS--
 P 34
 QRS 16
 T 10
 12 Lead Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W

F8100B CL7 P7

RADIOLOGY REPORT

Patient Name :	MRS MAMTA JHA	Patient ID :	15716
Modality :	DX	Sex :	F
Age :	39Y	Study :	CXR
Reff. Dr. :	SELF	Study Date :	20-09-2023

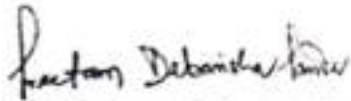
X-RAY OF CHEST PA VIEW

Findings:

- Prominent bronchovascular marking noted in bilateral lung fields.
- Both costophrenic angles are free.
- Heart shadow appear normal.
- Both hila appears normal.
- Trachea is at midline.

IMPRESSION: Non-specific infective changes noted in bilateral lung fields.

Clinical correlation and other investigation suggested if clinically indicated.



Dr. Preetam Debasish Panda

MD (Radiodiagnosis)

Registration No. 201718093

Date 20-09-2023 Time 11-38-37



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.



24 HOUR EMERGENCY

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ECHOCARDIOGRAPHY REPORT

Name: MRS MAMTA JHA

Age: 39

Sex: Female

Date: 20/09/2023

2D & M-MODE MEASUREMENTS

LA Diam	3.3 cm
Ao Diam	2.3 cm
IVSd	1.1 cm
LVIDd	3.2 cm
LVPWd	0.8 cm
IVSs	1.4 cm
LVIDs	2.2 cm

2D & M-MODE CALCULATIONS

EDV(Teich)	42 ml
ESV(Teich)	10 ml
EF(Teich)	63%
%FS	33%
SV(Teich)	26 ml
LVD Mass	85.82 g
RWT	0.47

MITRAL VALVE

MV E Vel	0.84 m/s
MV DecT	183 ms
MV Dec Slope	4.6 m/s ²
MV A Vel	0.63 m/s
MV E/A Ratio	1.33
E'	0.12 m/s
E/E'	7.32

AORTIC VALVE

AV Vmax	1.23 m/s
AV maxPG	6.02 mmHg

TRICUSPID VALVE

PULMONARY VALVE

PV Vmax	1.02 m/s
PV maxPG	4.20 mmHg

COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- NORMAL LV SYSTOLIC FUNCTION (EF-62%)
- NORMA MITRAL INFLOW PATTERN
- NO MR, NO AR, NO TR
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

IMPRESSION:

- NORMAL ECHO STUDY

DR. UDAY SHANKAR
(NON-INVASIVE CARDIOLOGIST)

TECH. SIG



RADIOLOGY REPORT

Reg. No.	15716	Ref. Dr.	SELF
Name	MRS. MAMTA JHA	Study	USG WHOLE ABDOMEN
Age & Sex	39Y / F	Reporting Date	20.09.2023

USG WHOLE ABDOMEN

- LIVER** : Liver is normal in size & shape. It appears bright in echotexture. No obvious focal lesion is seen. IHBR are not dilated.
- GALL BLADDER** : GB is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is normal in shape, size & echotexture. It measures 7.8cm in size.
- KIDNEYS** : The right kidney measures 9.2 x 3.8cm. The left kidney measures 9.6 x 4.7cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- UTERUS & OVARIES** : Post hysterectomy status. No pelvic mass is seen.
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** :
 - Grade I diffuse fatty infiltration of liver.




Dr. VAISHALI PATEL
MBBS, DNB (Radio-diagnosis)
Consultant Radiologist

FINAL REPORT

Name : MRS. MAMTA JHA
Reg. No. : MAY22-15716
Age / Sex : 39 Yrs / Female
Doctor :
Pat. Type : GENERAL



Collection Time : 20-09-2023 11:20:08
Receiving Time : 20-09-2023 12:11:15
Reporting Time : 20-09-2023 14:46:36
Publish Time : 20-09-2023 3:27 pm

Test Name	Result	Flag	Unit	Reference Range
Biochemistry				
Creatinine, Serum				
Method: Enzymatic			Machine Name: XL640	
Creatinine, Serum	0.7		mg/dl	0.6-1.4
Uric Acid, Serum				
Method: Enzymatic			Machine Name: XL640	
Uric Acid, Serum	4.7		mg/dl	3.4-7.0
Blood Urea Nitrogen (BUN)				
Method: Calculated			Machine Name: XL640	
Blood Urea Nitrogen (BUN)	9.6		mg/dl	07-21
Fasting Blood Glucose, Plasma				
Method: GOD-POD			Machine Name: XL640	
Fasting Blood Glucose, Plasma	115.7	H	mg/dl	70-110
LIPID PROFILE, SERUM				
Method: Spectrophotometry			Machine Name: XL640	
Triglycerides (Enzymatic)	160.0		mg/dl	Normal: <150 Borderline-high: 150-199 High risk 200-499 Very high risk >500
Cholesterol, Total (CHOD/PAP)	175.0		mg/dl	<200 No risk 200-239 Moderate risk >240 High risk
VLDL Cholesterol (Calculated)	32	H	mg/dl	0-30
HDL Cholesterol (Enzymatic)	45.0	L	mg/dl	<40 High Risk ; >60 No Risk



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ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)
Baramuni, Bishnupur Polytechnic, Dhanbad 826 130
Ph. No. : 7602356588, 9297862282, 9234681514



FINAL REPORT

Name : MRS. MAMTA JHA
Reg. No. : MAY22-15716
Age / Sex : 39 Yrs / Female
Doctor :
Pat. Type : GENERAL



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Publish Time : 21-09-2023 10:12 am

Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	98		mg/dl	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160
Cholesterol Total : HDL Ratio (Calculated)	3.89		mg/dl	1.2-6.0
GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD Method : HPLC / Nephelometry				Machine Name: BIO-RAD, D-10 / MISPA
HbA1C	6.0		%	4.4-6.2
Estimated average glucose (eAG)	125.5		mg/dl	
Glucose, PP Method : GOD-POD				
Glucose, PP	147.7	H	mg/dl	70-140



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ASARFI HOSPITAL LABORATORY

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Baramuri, Bishnupur Polytechnic, Dhanbad 828 130
Ph. No.: 7808368888, 9297862282, 9234681514



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Name : MRS. MAMTA JHA
Reg. No. : MAY22-15716
Age / Sex : 39 Yrs / Female
Doctor :
Pat. Type : GENERAL

Test Name	Result	Flag	Unit	Reference Range
Liver Function Test (LFT) Method: Spectrophotometry				Machine Name: XL-640
Bilirubin Total (Diazo)	0.4		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.2		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	30.7		U/L	7-50
SGOT (IFCC without PDP)	28.4		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	377.5	H	U/L	70-306
GGT (Enzymatic)	47.0		U/L	0-55
Protein Total (Biuret)	6.8		g/dl	6.4-8.3
Albumin (BCG)	3.7		g/dl	3.5-5.2
Globulin (Calculated)	3.1		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.19			0.8-2.0



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गुरुकुल रोड, गुरुदासपुर

ASARFI HOSPITAL LABORATORY

(A UNIT OF ASARFI HOSPITAL) (SI)

Basmati, Bhatnagar, Panchsheel, Chandigarh 160 130
Ph. No. 9814000000, 9814001200, 9814001514



FINAL REPORT

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Age / Sex : 39 Yrs / Female
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Test Name	Result	Flag	Unit	Reference Range
Routine Urine Examination; Urine				
Method : Microscopic				
Appearance	SLIGHTLY HAZY	-		
Colour	STRAW	-		
Volume	20		ml.	
Protiens	NEGATIVE	-		
Glucose	NEGATIVE	-		
PH	5.0	-		
Specific Gravity	1.010	-		
Bilirubin	NEGATIVE	-		
Ketone Bodies	XX	-		
Bile Salts	XX	-		
Bile Pigments	XX	-		
Pus Cells	1-2		/hpf.	
Epithelial Cells	1-2		/hpf.	
R.B.C.	NIL		/hpf.	
Casts	NOT SEEN		/hpf.	
Crystals	NOT SEEN		/hpf.	
others	NOT SEEN			



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Test Name	Result	Flag	Unit	Reference Range
Protein:Creatinine Ratio; Urine				
Method: Immunoturbidimetry, Spectrophotometer				
Protein	65.0		mg/L	
Creatinine	21.1		mg/dl	
PCR	3.08		mg/g	0-0.5



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Test Name	Result	Flag	Unit	Reference Range
Haematology				
BLOOD GROUP, ABO & RH TYPING				
<i>Method: Agglutination</i>				
ABO GROUP	B			0-0
RH TYPING	POSITIVE			0-0
ESR (Erythrocyte Sedimentation Rate)				
<i>Method: Westergren</i>				
ESR	18		mm/hr	0-10
			<i>Machine Name:</i>	VES-MATIC 20



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FINAL REPORT



Collection Time : 20/09/2023 11:20:08
 Receiving Time : 20/09/2023 12:31:15
 Reporting Time : 20/09/2023 14:05:35
 Publish Time : 20/09/2023 1:27 pm

Name : MRS. MAMTA JHA
 Reg. No. : MAY22-15716
 Age / Sex : 39 Yrs / Female
 Doctor :
 Pat. Type : GENERAL

Test Name	Result	Flag	Unit	Reference Range
Nature of Material: EDTA Blood Sample				
Complete Blood Count (CBC)				
<i>Method:</i> Electrical Impedence				
Hemoglobin (Photometry)	11.2	L	g/dl	13-18
PCV (Calculated)	34.4	L	%	40-50
MCH (Calculated)	28.5		Pg	27-31
MCHC (Calculated)	32.6		g/dl	31.5-35.5
Red Cell Distribution Width (RDW) (Electrical Impedence)	14.1	H	%	11.6-14
Total Leukocyte Count (TLC) (Electrical Impedence)	6,500		/cu-mm	4000-11000
RBC Count (Electrical Impedence)	3.93	L	million/mm ³	4.5-5.5
Mean Corpuscular Volume (MCV) (Electrical Impedence)	87.5		fL	83-101
Platelet Count (Electrical Impedence)	2.42		lacks/cumm	1.5-4.5
Neutrophils (VCS Technology)	55		%	55-75
Lymphocytes (VCS Technology)	39	H	%	15-30
Eosinophils (VCS Technology)	01		%	1-6
Monocytes (VCS Technology)	05		%	2-10
Basophils (VCS Technology)	00		%	0-1



(Signature)
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Caution of Laboratory Testing & Reporting
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Test Name	Result	Flag	Unit	Reference Range
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Immunology and Serology

THYROID PROFILE, TOTAL, SERUM

Method: ECLIA

Machine Name: Vitrus EC1

T3, Total	1.55		ng/ml	0.8-2.0
T4, Total	6.98		µg/dl	5.10-14.10
TSH (Ultrasensitive)	0.66		mIU/mL	0.27-4.2



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Conditions of Laboratory Testing & Reporting

(1) It is presumed that the tests performed are on the specimens (Samples) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the test specimens. Samples for laboratory investigations are only for to facilitate in arriving at diagnosis and should be clinically correlated. (2) Tests results are not valid for medico-legal purposes. (3) Test required might not be performed due to following Reason: (a) specimen received is insufficient or inappropriate. (haemolyzed, clotted, lipemic etc.) (b) incorrect specimen type for requested test. (c) specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab to lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unreported test results please call at +91 9207 962282. E-mail: asarfi@ymail.com

24 HOUR EMERGENCY

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

FINAL REPORT

Name : MRS. MAMTA JHA
Reg. No. : MAY22-15716
Age / Sex : 39 Yrs / Female
Doctor :
Pat. Type : GENERAL



Collection Time : 20-09-2023 11:20:08
Receiving Time : 20-09-2023 12:11:15
Reporting Time : 22-09-2023 10:54:27
Publish Time : 25-09-2023 3:47 pm

Test Name	Result	Flag	Unit	Reference Range
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Microbiology

Culture & Sensitivity (Urine)

Method: vitek 2 compact

Machine Name: vitek 2 compact

Organism Isolated

NO GROWTH OF ANY ORGANISM



DR N N SINGH
MD (PATHOLOGY)

*This Document is not valid for Medico-Legal purposes.

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Caution of Specimens Testing & Reporting
(1) It is presumed that the tests performed are on the specimens (Samples) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the test specimens. (2) Laboratory investigations are only for diagnostic purposes and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Tests requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Hemolyzed/clotted/serum etc. (c) Incorrect specimen type for requested test. (d) Government quality is unsatisfactory. (e) There is a discrepancy between the label on the specimen container and the Name on the test request form. (5) The Results of the Test may vary from lab to lab and from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. E-mail: lab@asarfi@gmail.com.

24 HOUR EMERGENCY

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Comments on Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) / Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Tests results are not valid for medico-legal purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/diluted/serum etc.) (b) incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab to lab also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. E-mail- labasarfi@gmail.com