

Name : Mrs. MANJULA G  
 Address : E CITY  
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Age: 55 Y  
 Sex: F

UHID:CELE.0000063906



OP Number:CELEOPV323826

Bill No :CELE-OCR-52780

Date : 30.11.2023 09:01

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

physio - 8

RET- G6p9  
 LBI G/G Swithulase  
 color vision! normal

Patient Name	: Mrs. MANJULA G	Age	: 55 Y F
UHID	: CELE.0000063906	OP Visit No	: CELEOPV323826
Reported on	: 30-11-2023 15:26	Printed on	: 30-11-2023 15:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

**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

Printed on:30-11-2023 15:26

---End of the Report---

  
For **Dr. CHANNAPPAGOUD NADAGOUD**  
MBBS, DMRD, DNB Radio Diagnosis  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)


Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.  
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

NAME:	Mrs. MANJULA G
AGE / SEX:	55YRS/ FEMALE
DATE:	30/11/2023
REFERRED BY:	self

**ABDOMINAL ULTRASONOGRAPHY REPORT**

**LIVER:** Appear normal in size and shows mild increased parenchymal echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

**GALL BLADDER:** Moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

**PANCREAS:** Normal to the extent visualized.

**SPLEEN:** Normal in size and echo texture. No focal lesion noted

**KIDNEYS:** Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

**PELVIC ORGANS:**

Urinary bladder is moderately distended. Wall thickness appears normal.

Uterus & Ovaries – Not Visualised – Post surgical status.

Adnexa : normal

No free fluid in the abdomen and pelvis.

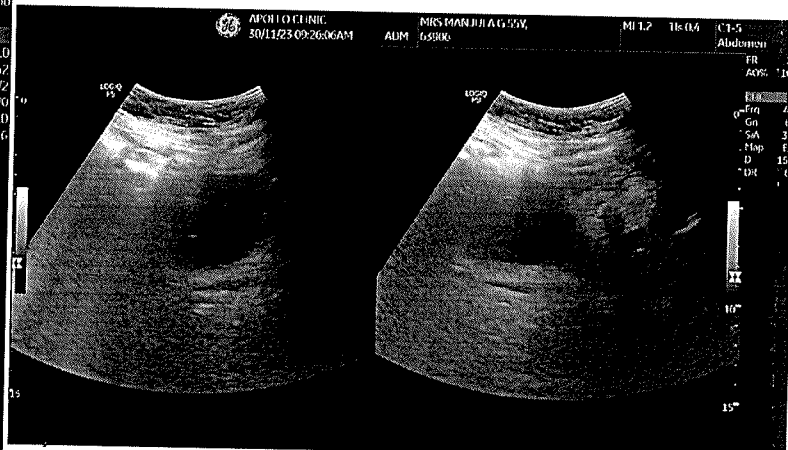
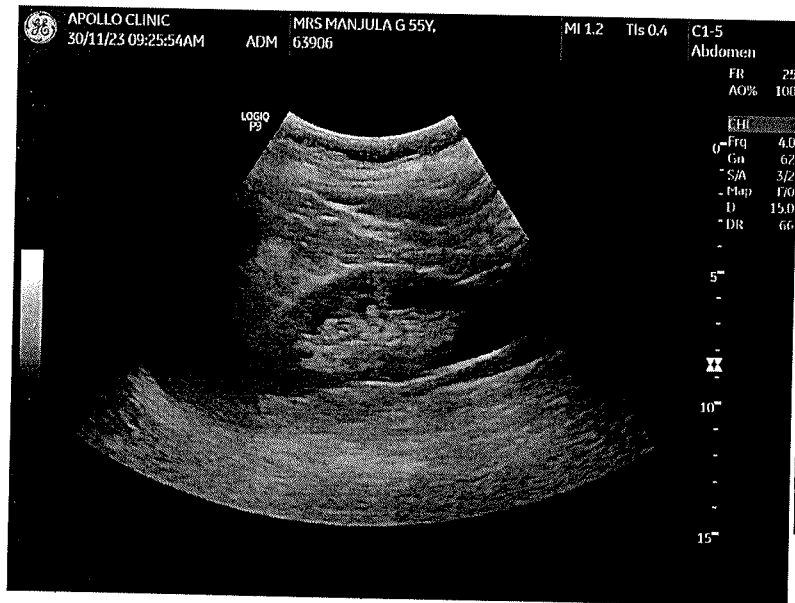
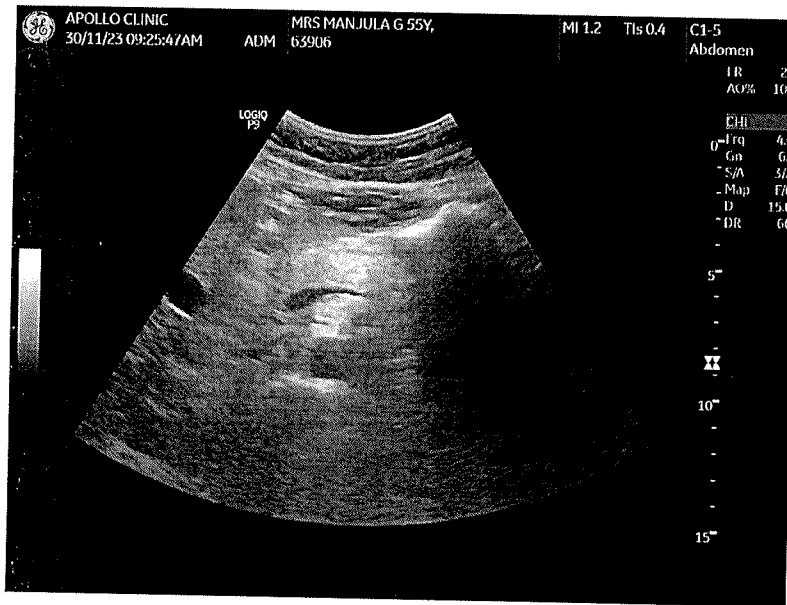
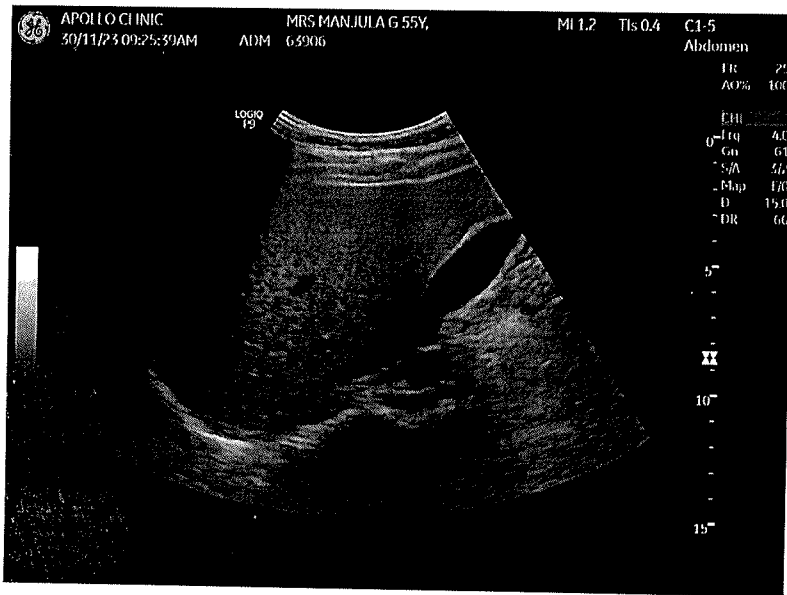
**IMPRESSION:**

- *Grade I fatty liver .*

*To correlate clinically & with other investigations.  
Not for medico-legal purpose*



**DR C G NADAGOUD**  
**CONSULTANT RADIOLOGIST**



**Personal Details**  
UHID: 00XHEI|PU6QN0T0T  
PatientID: 63906  
Name: Mrs Manjula G  
Age: 55  
Gender: Female  
Mobile: 9945144543

**Pre-Existing Medical-  
Conditions**

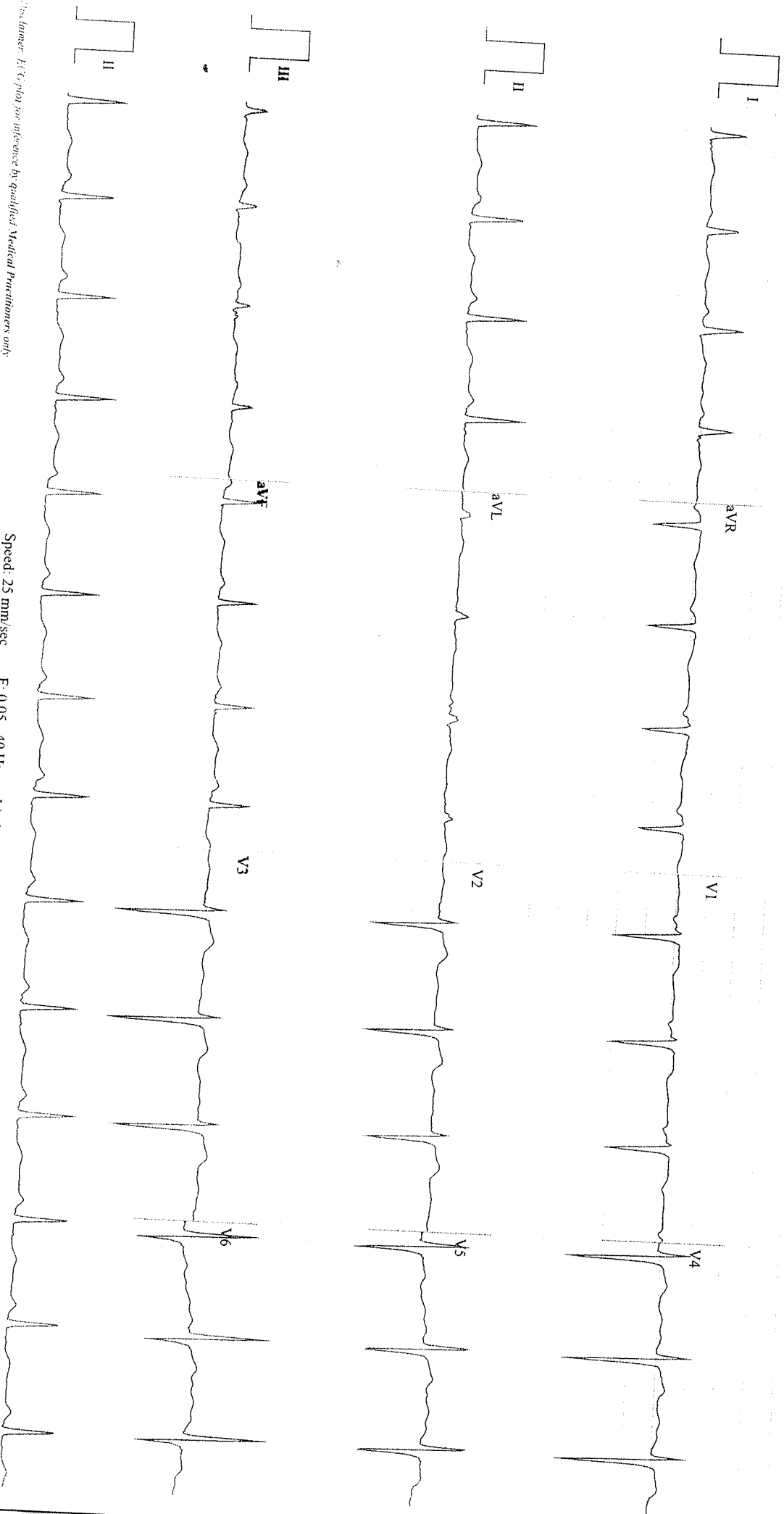
**Symptoms**

**Vitals**

**Measurements**  
HR : 84 BPM  
PR : 162 ms  
PD : 124 ms  
QRS : 86 ms  
QRS Axis : 46 deg  
QT/QTc : 353/417 ms

Report ID: AHLLP\_00XHEI|PU6QN0T0T\_V6QN0T1N  
**Interpretation(Unconfirmed)**  
Normal Sinus Rhythm  
Normal Axis

*This trace is generated by KarthaScreen, Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from MEDRIX*



*This document is for reference by qualified Medical Practitioners only*

Speed: 25 mm/sec

F: 0.05 - 40 Hz

Limb: 10 mm/mV

Chest: 10 mm/mV

## **2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT**

**NAME : MRS MANJULA G**

**DATE :30/11/2023**

**AGE/SEX:55 Y / F**

**REF : ARCOFEMI**

**UHID:63906/11/163**

**\*\*\* MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE ( IVS & IAS ).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



**DR (CAPT.)S.V KRISHNA RAO**

**MD (PGI), DNB (Card)**

**Senior Consultant – Cardiologist**

**Reg No : ANP 19780000746KTK**

***To correlate with clinical findings & other relevant investigations .***

**Apollo Health and Lifestyle Limited**

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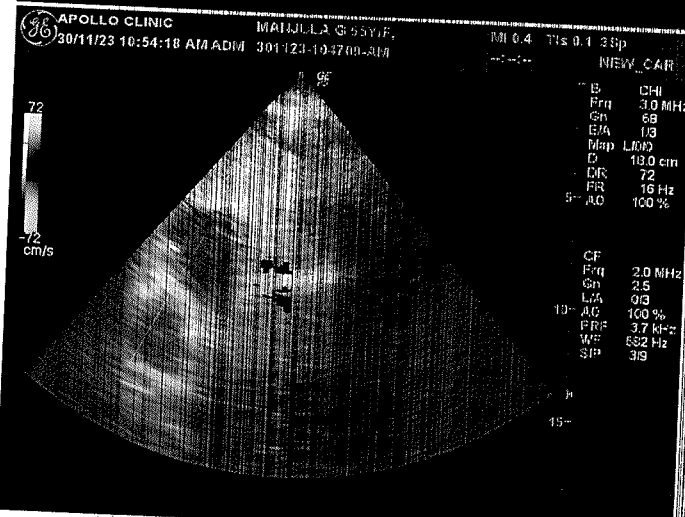
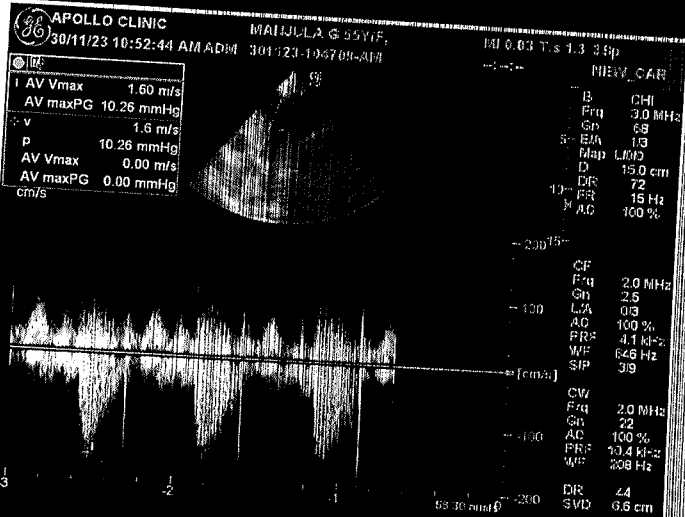
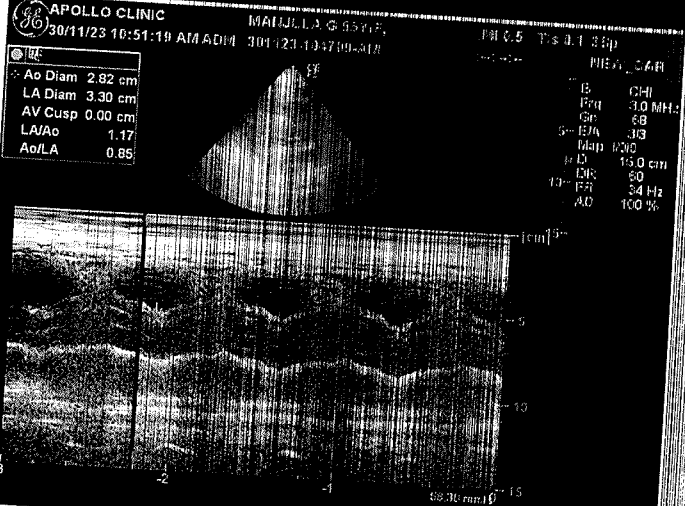
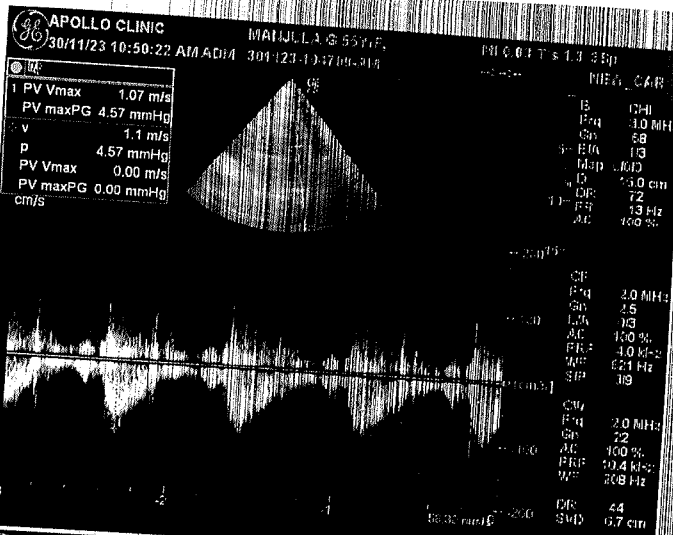
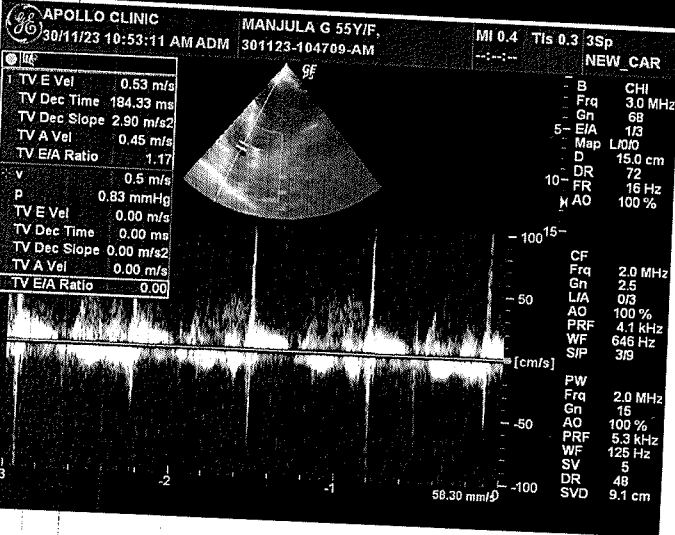
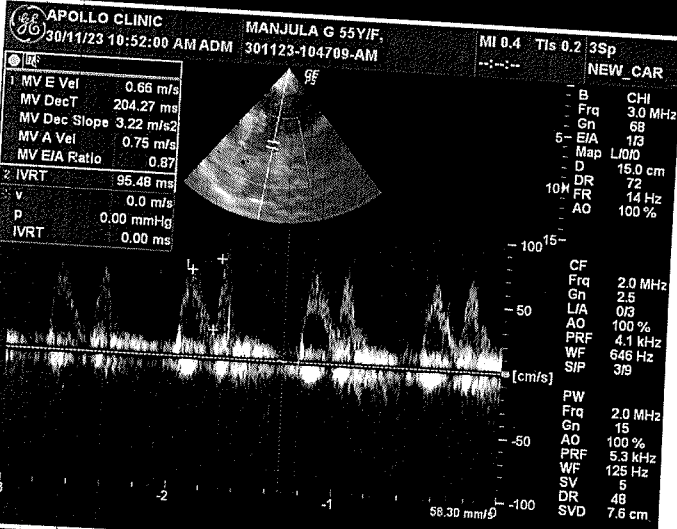
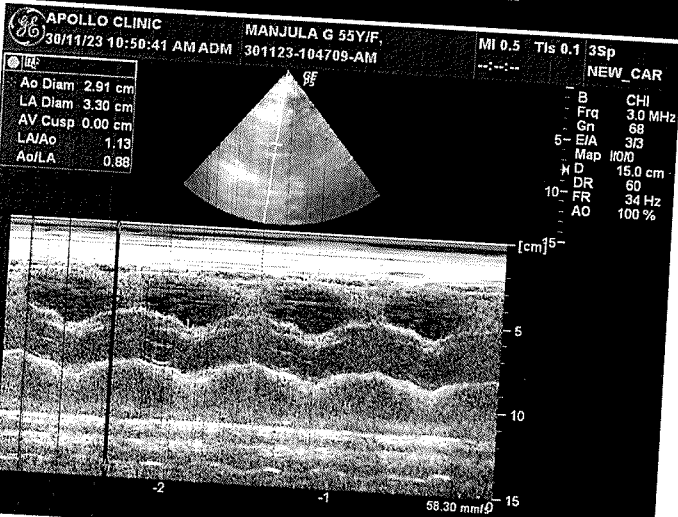
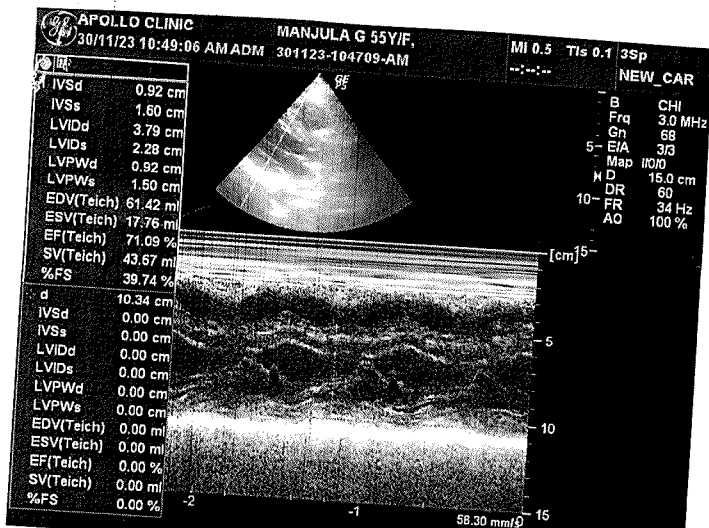
**APOLLO CLINICS NETWORK KARNATAKA**

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



MRS. Manjula G. 55 F.

30/11/23.

Dr. KRISHNA SHAW.  
Gynaec.

HC + LBC.

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

TLH done.  
P3L2 AM ND.

PIA NAD.

PIS  
PIV / Vantiv

BIL B2. No hyp

Adv  
R/W Rys

1/2

Follow up date:

Doctor Signature



बैंक ऑफ बड़ौदा Bank of Baroda

  
बैंक ऑफ बड़ौदा  
Bank of Baroda

नाम  
Name  
E. C. No.

166646

महिला G  
Mahila G

  
आरतीदास ठाकुर  
Aratidas Thakur  
Issuing Authority

  
महेश्वरी  
Maheshwari  
Signature of Holder

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. G MANJULA
क.कू.संख्या	155546
पदनाम	HEAD CASHIER "E"_II
कार्य का स्थान	BANGALORE,JOHN NAGAR
जन्म की तारीख	26-04-1968
स्वास्थ्य जांच की प्रस्तावित तारीख	14-11-2023
बुकिंग संदर्भ सं.	23D155546100074902E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 09-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



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. S ULAGAMMAI K
EC NO.	152966
DESIGNATION	JOINT MANAGER
PLACE OF WORK	BANGALORE,ELECTRONIC CITY GENN
BIRTHDATE	12-05-1964
PROPOSED DATE OF HEALTH CHECKUP	14-11-2023
BOOKING REFERENCE NO.	23D152966100074886E

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 **09-11-2023** 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))