

JameshNirmalyam@gmail.com
AVSreethu@gmail.com

Name : Mrs. AV SREETHU

Age: 32 Y

UHID:CELE.0000127444

Sex: F



Address : ECITY

OP Number:CELEOPV333778

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CELE-OCR-54378

Date : 26.01.2024 11:36

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO — 11 11	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING — 12	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNACOLOGY CONSULTATION — 16	
7	DIET CONSULTATION — Pending	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	HECG — 13 13	
12	LBC PAP TEST - PAPSURE — 16	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION — 15	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING) — Pending	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA — 9	
19	ENT CONSULTATION — 06 Pending	
20	FITNESS BY GENERAL PHYSICIAN — Pending	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN — 5	
25	ULTRASOUND - WHOLE ABDOMEN — 8 10 am 3rd	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

wt - 48.8 kg
HT - 158 cm
BMI - 19.5
BP - 124/83 mm/Hg
pulse - 87 b/min

Date: IST: 2024-01-26 13:18:10

Report ID: AHLLP_00XHE1PU6S810XH_V6S810Y9



Personal Details
 UHID: 00XHE1PU6S810XH
 PatientID: 127444
 Name: MRS A V SREETHU
 Age: 32
 Gender: Female
 Mobile: 8086189840

Pre-Existing Medical Conditions

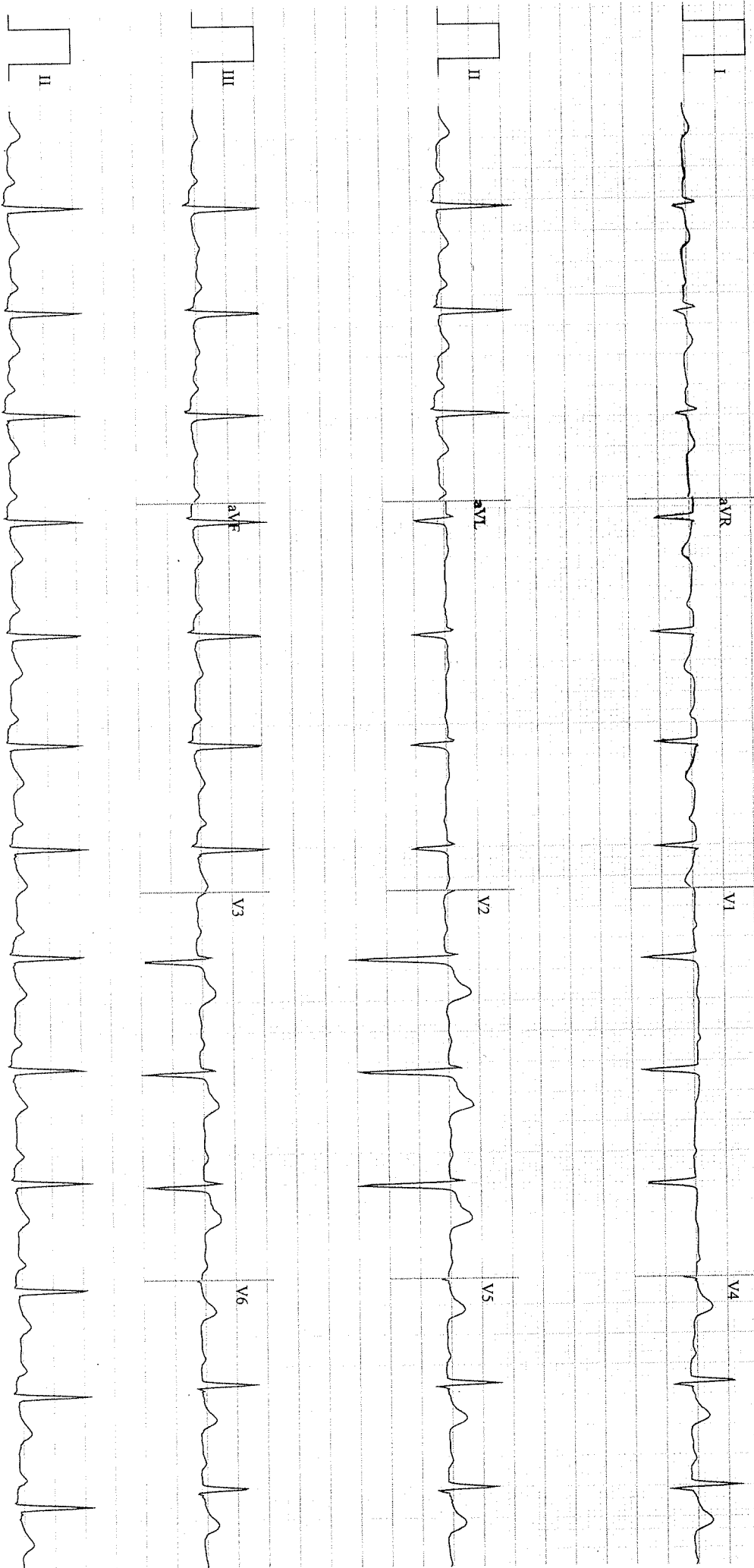
Symptoms

Vitals

Measurements
 HR: 83 BPM
 PR: 205 ms
 PD: 126 ms
 QRS: 83 ms
 QRS Axis: 89 deg
 QT/QTc: 351/413 ms

Interpretation(Unconfirmed)
 Normal Sinus Rhythm
 Normal Axis

This trace is generated by KardiaScreen, Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: ECG plot for reference by qualified Medical Practitioners only.

Patient Name : Mrs. AV SREETHU
UHID : CELE.0000127444
Reported on : 26-01-2024 16:09
Adm/Consult Doctor :

Age : 32 Y F
OP Visit No : CELEOPV333778
Printed on : 26-01-2024 16:10
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:26-01-2024 16:09

---End of the Report---



Dr. VIGNESH K
MBBS, MD 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**

2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MRS A V SREETHU

DATE : 26/01/2024

AGE/SEX: 32Y/ F

REF ; ARCOFEMI

UHID:127444/01/30

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

SUB OPTIMAL ECHO WINDOW

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.LVEF 60%
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR. DAYANAND YALIGAR

Cardiologist

To correlate with clinical findings & other relevant investigations .

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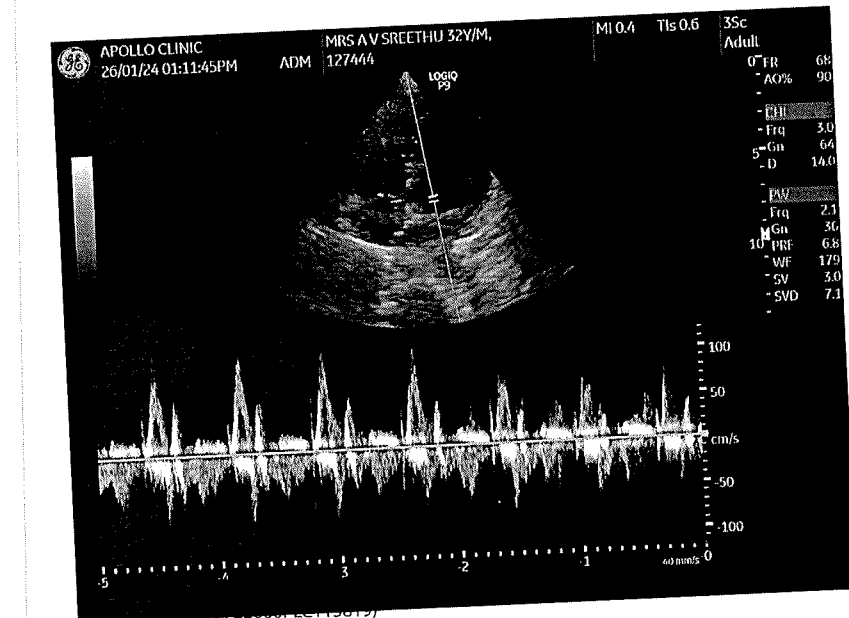
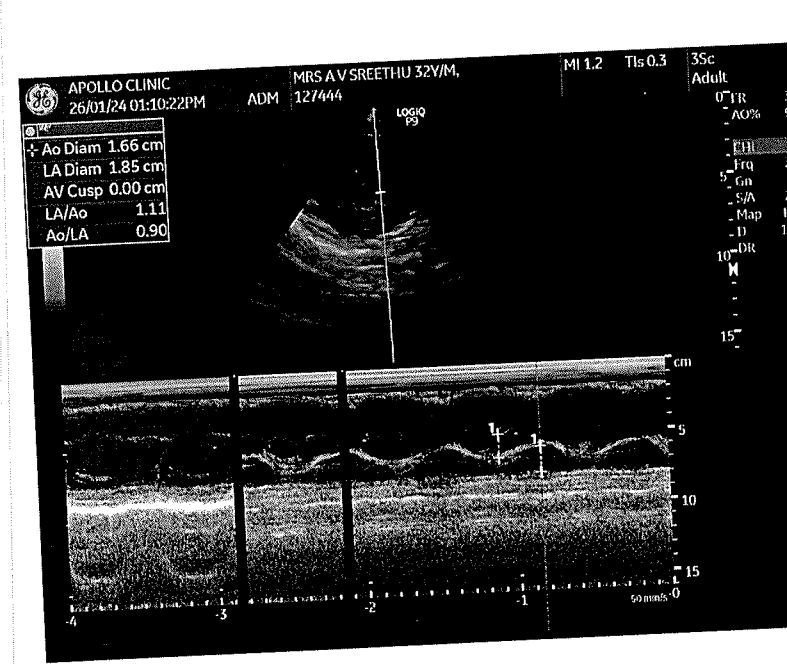
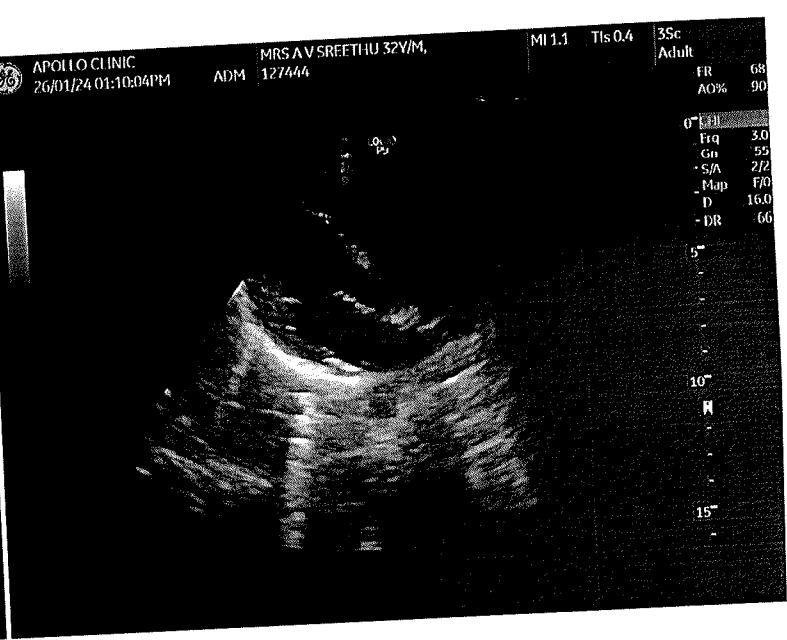
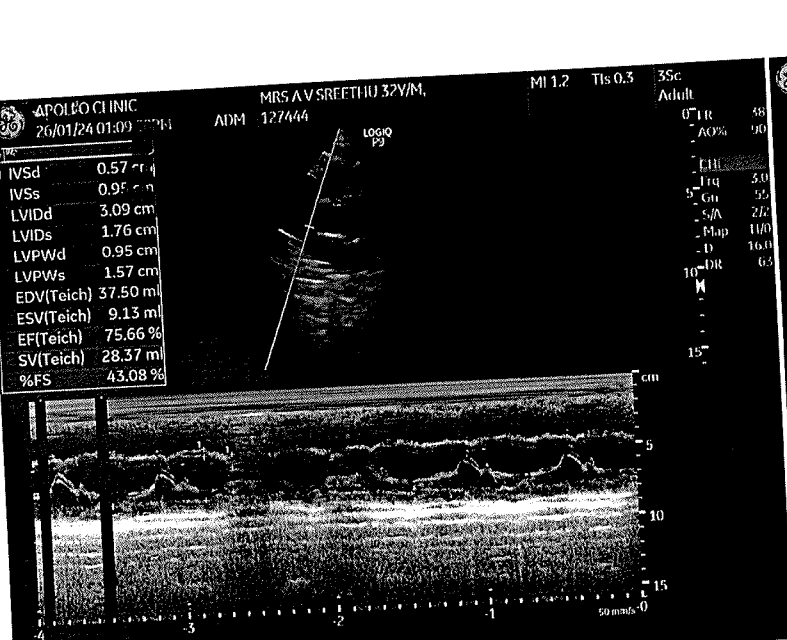
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TO BOOK AN APPOINTMENT
1860 500 7788

Mrs. AN Sreetha 32 F.

26/1/24.

Dr. KRISHNA SHAW.
Gynaec.

HC + LBC.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

P/O.

L.M.P - 23/1/24.

P/LI - ND.

P/A - NAD.

LAC dm

P/V + P/S - CK - normal.

B/L B/E - NO lyp. - Left Brn.

Small 

Adv.

R/W Reports

KS

USG
B/L Breast scan.

Follow up date:

Doctor Signature



Sreethu A V
DOB : 16/05/1991
Female



2768 7001 9260

मेरा आधार, मेरी पहचान



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. AV SREETHU
EC NO.	106163
DESIGNATION	BRANCH HEAD
PLACE OF WORK	KUNDARAPALI
BIRTHDATE	16-05-1991
PROPOSED DATE OF HEALTH CHECKUP	26-01-2024
BOOKING REFERENCE NO.	23M106163100085786E

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 **24-01-2024** 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 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))

Apollo Clinic

CONSENT FORM


Patient Name: Mrs. AV Sreetha Age: 32 Y / 12
UHID Number: 127446 Company Name: Aroferi medical

I Mr/Mrs/Ms A.V. Sreetha Employee of Bank of Baroda

(Company) Want to inform you that I am not interested in getting FBS, fasting urine

procedure done which is a part of health package. I have been explained the nature of the procedure in my native tongue.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 26/1/2024