



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. RESHMA KUM
EC NO.	123798
DESIGNATION	JOINT MANAGER
PLACE OF WORK	RAJPURA, GOBIND COLONY
BIRTHDATE	20-07-1987
PROPOSED DATE OF HEALTH CHECKUP	11-02-2023
BOOKING REFERENCE NO.	22M123798100037724E

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 **19-01-2023** till **31-03-2023**. 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))

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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
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



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम: KUM RESHMA
Name:

कर्मचारी कूट क्र. 123798
E. C. No.



जारीकर्ता प्राधिकारी उ.क्ष.प्र. (उ.म.प्र.) क्षेत्र, चंडीगढ़
Issuing Authority DRM (AGM) Chd Region



धारक के हस्ताक्षर
Signature of Holder

53867

भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
भारत निर्वाचन आयोग - ELECTOR PHOTO IDENTITY CARD
NCH0238682



नाम
KUM RESHMA
पिता का नाम
FATHER'S NAME
NAND LAL



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Ms. Kurn Roshmi

38 Y/F

UHID - 338267

Dr. G. Ranjeeth Kumar

MBBS, MD Medicine (PGIMER, Chandigarh)

Consultant- Internal Medicine

Mobile : 7087221001

11/2/2023

Htg - 11.0 / 5600 / 110 x 10³

ESR - 23

Urim RE/MB - NAD

Urel / TG / HDL / LDL

213 / 119 / 73 / 116

RFT - 12/08

RBS - 92

HSA, C - 5.9

TSH - 1.3

KH/O - PCOD

Regular Health checkups

H/O Recent AFI.

Adv

1) Tab. Folvite 5mg OD x 20 days

2) Tab. Mearcal max OD

Dr. G. Ranjeeth Kumar
MD Internal Medicine (PGIMER)
Regn. No.: 88598



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Dr. Balvin Kaur Ghai

MBBS, MS (OBST.& GYNAE) DNB, MRCOG 1 (UK)

Consultant - Obstetrics, Gynaecology & IVF Specialist

Mobile : 9779977016

11/2/23

Miss Reshna / 31y vs.

Adv
USS pelvis - PCOD
ET: 10mm
on Days 8.

Imp:- 4/2/23, still
bleeding

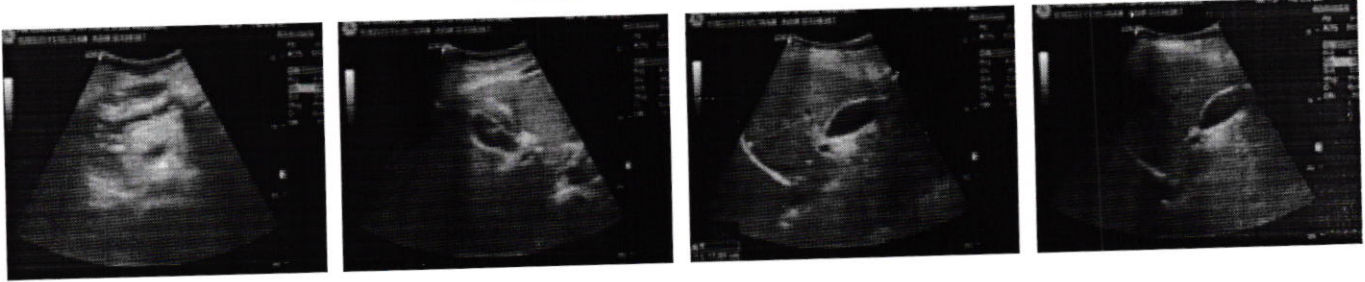
R.
- T. RAUF - MF
500mg
1 - ix 5 days

- menstrual
charting

Dr. Balvin Kaur Ghai
MBBS, MS (OBST.& GYNAE) DNB
MRCOG 1 (UK)
Consultant - Obstetrics, Gynaecology
& IVF Specialist
PMC Reg No. 54331

NAME	KUM RESHMA	SEX/AGE	F31Y
PATIENT ID	ID338267	Accession Number	
REF CONSULTANT	PACKAGE	DATE	11/02/2023 11:05

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 12cm), outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~ 9.2cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~ 9.8cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.7 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is overdistended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

UTERUS: is normal in size, outline and echotexture. ET is ~10 mm. No discrete focal lesion is seen.

OVARIES:

Right ovary (13cc) is bulky and shows thick central stroma with multiple tiny follicles arranged peripherally

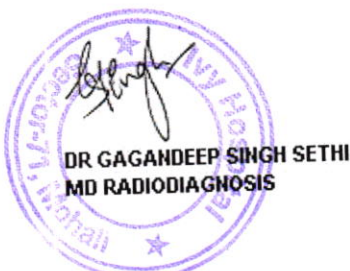
Left ovary measures ~13cc and shows similar morphology

No free fluid is seen in peritoneal cavity.

OPINION: Follow up case of PCOD, current scan reveals:

Bulky right ovary

Thick central stroma with multiple tiny follicles arranged peripherally in both ovaries - polycystic morphology.



DR GAGANDEEP SINGH SETHI
MD RADIODIAGNOSIS

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	KUM RESHMA	SEX/AGE	F35Y
PATIENT ID	ID338267	Accession Number	XR.1977-OPD
REF CONSULTANT	DR.	DATE	11/02/2023 10:44

X-RAY CHEST PA VIEW

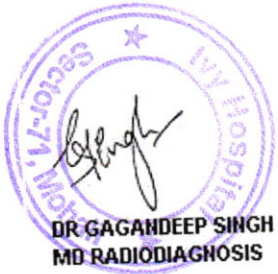
Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.



DR GAGANDEEP SINGH SETHI
MD RADIODIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

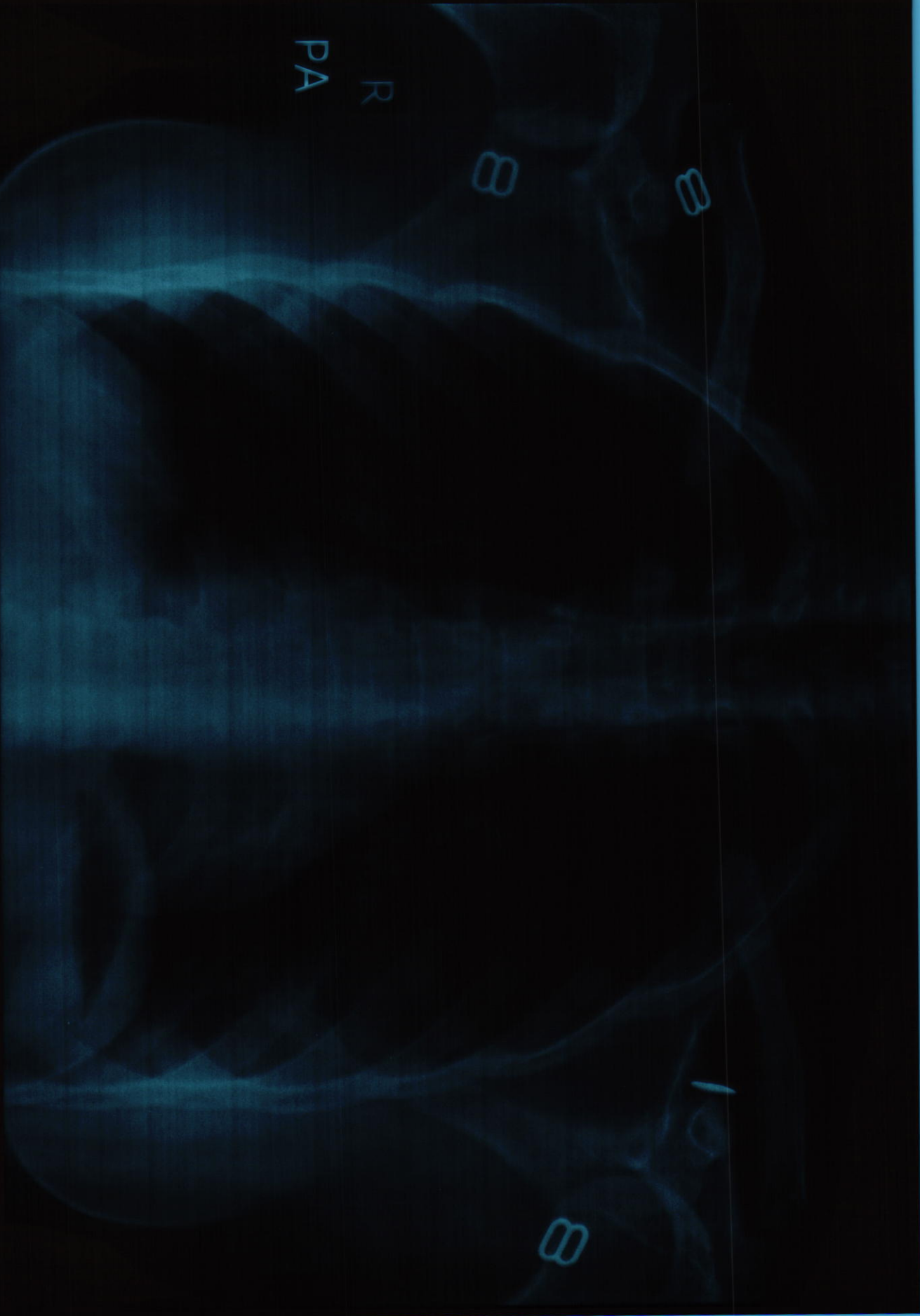
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R
PA



KUM RESHMA Female (35 years)

Chest PA

ID338267

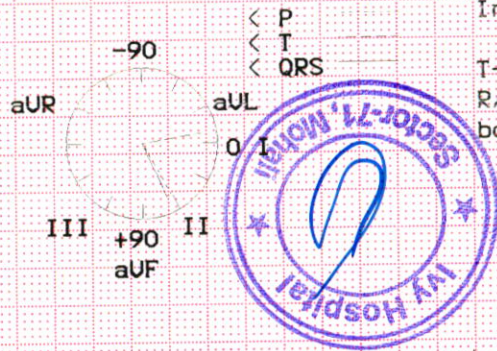
IVY HOSPITAL SEC 71, MOHALI

XR 1997-CPD

11/02/2023 10:44:29

Measurement Results:

QRS	:		88 ms
QT/QTcB	:	386 / 435 ms	
PR	:	120 ms	
P	:	96 ms	
RR/PP	:	786 / 785 ms	
P/QRS/T	:	60/ 65/ -10 degrees	
QTD/QTcBD	:	66 / 74 ms	
Sokolow	:	2.4 mV	
NK	:	10	

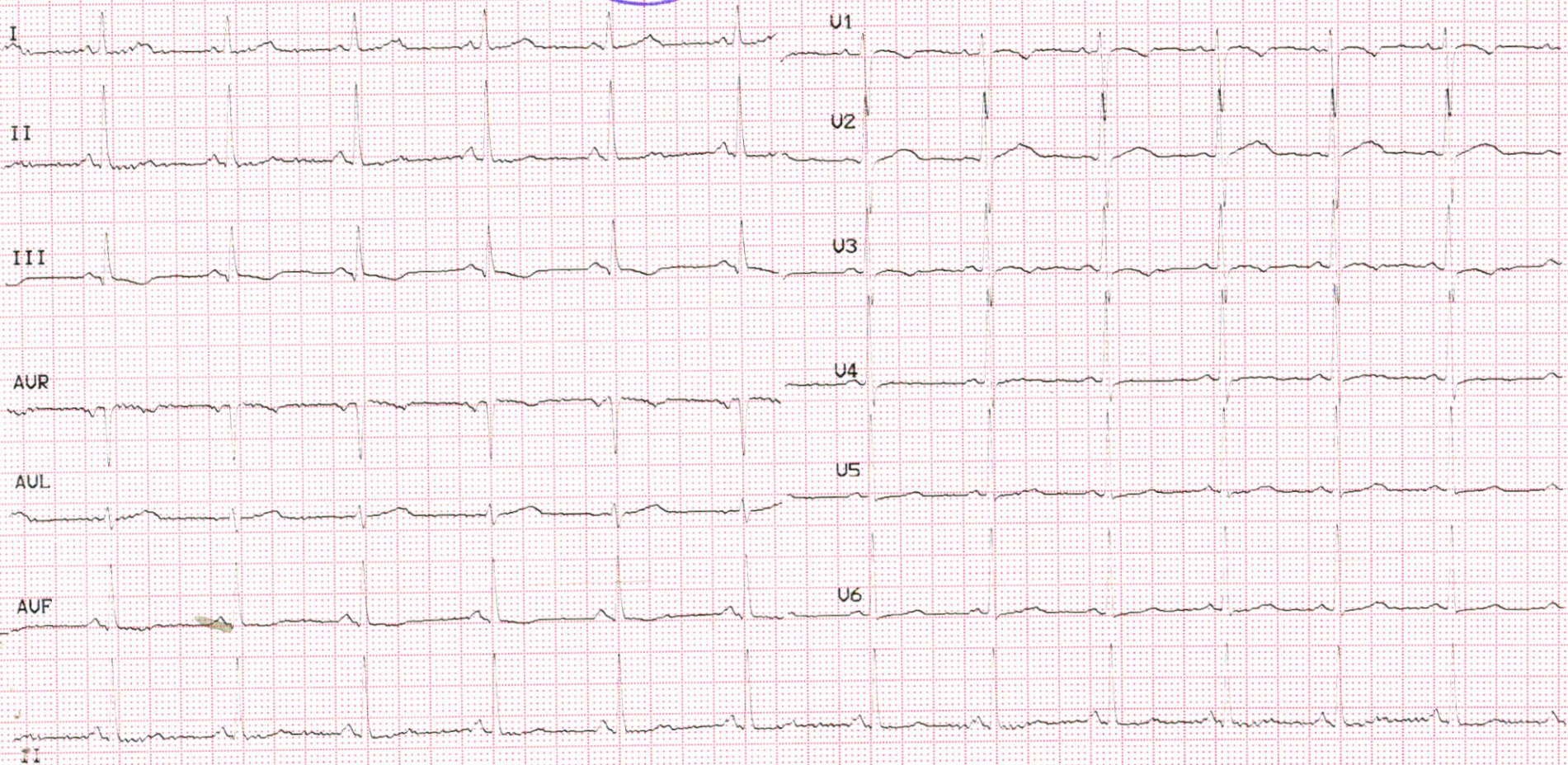


Interpretation:

T-wave near baseline (anterior)
 R/S inversion area between U1 and U2
 borderline ECG

Reshma
 age-31/F
 ID-338267

Unconfirmed report.





Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Patient Name KUM RESHMA -Patient ID 338267
 Gender/Age Female / 36 Test Date : 11 Feb 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.5	3.7-5.6 CM
Left Ventricular ES Dimension	3.1	2.2-4.0 CM
IVS (D)	0.6	0.6-1.2 CM
IVS (s)	0.9	0.7-2.6 CM
LVPW-(D)	0.7	0.6-1.1 CM
LVPW (S)	1.1	0.8-1.0 CM
Aortic Root	2.3	2.0-3.7 CM
LA Diameter	3.3	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	60%	54-76%
Fractional Shortening	30%	25-46%

Mitral Valve - : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** E= 87cm/s, A= 63cm/s

Aortic valve: Vmax = 117cm/s

Pulmonary valve:- Vmax = 95cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)

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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Remarks -

FINAL IMPRESSION -

Normal study

DR. SANJEEV SROA -
MD Medicine , DM Cardiology

(NOT FOR MEDICO-LEGAL PURPOSE)

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NAME	:MISS. KUM RESHMA		
DOB/Gender	:20-Jul-1987/F	Requisition Date	:11/Feb/2023 09:53AM
UHID	:338267	SampleCollDate	:11/Feb/2023 10:03AM
Inv. No.	:3116093	Sample Rec.Date	:11/Feb/2023 10:05AM
Panel Name	:Ivy Mohali	Approved Date	:11/Feb/2023 11:16AM
Bar Code No	:12656568	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 3600)	1.46	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 3600)	9.49	µg/dL	5.53 – 11.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 3600)	1.300	mIU/L	0.4001 – 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18



The highlighted values should be correlated clinically



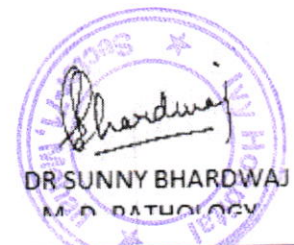


NAME	:MISS. KUM RESHMA		
DOB/Gender	:20-Jul-1987/F	Requisition Date	:11/Feb/2023 09:53AM
UHID	:338267	SampleCollDate	:11/Feb/2023 10:03AM
Inv. No.	:3116093	Sample Rec.Date	:11/Feb/2023 10:32AM
Panel Name	:Ivy Mohali	Approved Date	:11/Feb/2023 10:59AM
Bar Code No	:12656568	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
Glycosylated HB (HbA1c)			
Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.9	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	123	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



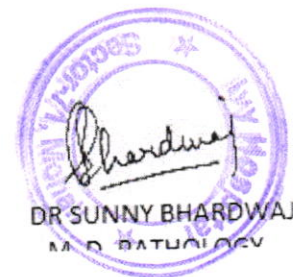


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UHID	:338267	SampleCollDate	:11/Feb/2023 10:03AM
Inv. No.	:3116093	Sample Rec.Date	:11/Feb/2023 10:32AM
Panel Name	:Ivy Mohali	Approved Date	:11/Feb/2023 10:59AM
Bar Code No	:12656568	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
BLOOD GROUP RH TYPE			
<u>ABO & RH Typing</u>			
<u>Forward Grouping</u>			
Anti A	Negative		
Anti B	Negative		
Anti AB	Negative		
Anti D	POSITIVE		
Reverse Grouping A Cells	POSITIVE		
Reverse Grouping B Cells	POSITIVE		
Reverse Grouping O Cells	Negative		
Final Blood Group	O POSITIVE		

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.





NAME	:MISS. KUM RESHMA	Requisition Date	:11/Feb/2023 09:53AM
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Inv. No.	:3116093	Approved Date	:11/Feb/2023 11:21AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656568		

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE FASTING			
Primary Sample Type:Fluoride Plasma			
Plasma Glucose Fasting (Hexokinase/ AU480)	92	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
RFT (RENAL FUNCTION TESTS)			
Serum Urea (Urease GLDH/AU480)	16.00	mg/dl	17-43
Serum Creatinine (JAFPE KINETIC/ AU480)	0.80	mg/dl	0.51-0.95
Serum Uric acid (Uricase/AU480)	6.50	mg/dl	2.6- 6.0
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (DPD AU 480)	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.40	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP/ AU 480)	34	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/ AU 480)	37	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.92		
Serum GGT (IFCC/AU 480)	15	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNP/AMP/Kinetic/AU 480)	103	U/L	30-120
Serum Protein Total (Biuret)	8.0	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.5	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.29	%	1.0 - 1.8





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Inv. No.	:3116093	Approved Date	:11/Feb/2023 11:21AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656568		

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO POD/AU 480)	213	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	119	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	73	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	24	mg/dL	7-35
Serum LDL cholesterol (Calculated)	116	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	2.92		3-5
Serum LDL-HDL Ratio (Calculated)	1.59		1.5 - 3.5

PoloLabs





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Inv. No.	:3116093	Approved Date	:11/Feb/2023 11:21AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656568		

Test Description

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Test Description	Observed Value	Unit	Reference Range
Urine Volume	25.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	7.00		4.8-7.6
Urine Specific Gravity	1.005		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

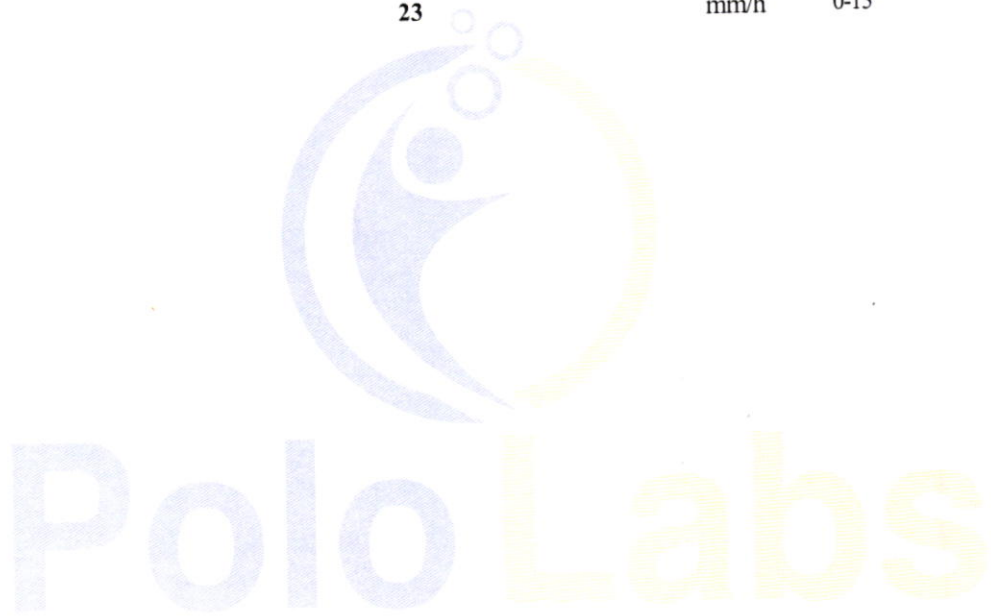
Urine Pus Cells	0-1		0-5
Urine RBC	2-3	/hpf	Absent
Urine Epithelial Cells	10-12	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent





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DOB/Gender	:20-Jul-1987/F	SampleCollDate	:11/Feb/2023 10:03AM
UHID	:338267	Sample Rec.Date	:11/Feb/2023 10:06AM
Inv. No.	:3116093	Approved Date	:11/Feb/2023 11:09AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656568		

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
ESR			
Primary Sample Type:EDTA Blood			
ESR <small>(Automated ESR analyser)</small>	23	mm/h	0-15



The highlighted values should be correlated clinically





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UHID	:338267	Sample Rec.Date	:11/Feb/2023 10:06AM
Inv. No.	:3116093	Approved Date	:11/Feb/2023 10:47AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656568		

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Noncyanmethaemoglobin)</small>	11.0	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	33.4	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	3.80	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	87.5	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	28.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.9	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	15.0	%	11-15
Platelet Count <small>(Impedence DC Detection/Microscopy)</small>	110	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.3	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.6	10 ³ / μl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	46	%	40-75
Lymphocytes	40	%	20-40
Monocytes	11	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,576	μl	2000-7000
Absolute Lymphocyte Count	2,240	uL	1000-3000
Absolute Monocyte Count	616	uL	200-1000
Absolute Eosinophil Count	168	μl	20-500

*** End Of Report ***



The highlighted values should be correlated clinically