

YASHFEEN IMAGING & RADIOLOGY DEPARTMENT

MANAGED BY :- YASHFEEN FOUNDATION

VIRAVAL, NAVSARI. 396 445. PHONE : (H) (02637) 235725

Website : www.yashfeenhospital.in E-mail : info@yashfeenhospital.in

Name	VISHAL P. MAVANI	Age	41Y/M
Ref by Dr	SELF	Date	23/11/2024

USG ABDOMEN (SCREENING)

Liver appears normal in size & shape with normal echopattern.
No e/o focal or diffuse lesion. IHBR appear normal.
PV and CBD appear normal.

Gall bladder appears distended & normal in shape & size. No e/o calculus or mass seen.
Walls appear normal.

Pancreas appears normal in size and echogenicity. No e/o focal or diffuse lesion.

Spleen appears normal in size and shows normal echopattern. No e/o focal lesion.

Both Kidneys appear normal in size and echopattern. CM Differentiation is preserved.
No e/o calculus or hydronephrosis on either side.
Perirenal spaces appear normal on either side.
Suprarenal regions appear normal on either side. No e/o mass lesion.

Bladder is empty (due to non-compliance of patient). Adv: Follow up USG with normally distended bladder.

RIF region appears normal.

No e/o ascites.

IMPRESSION:

No significant abnormality detected.



Dr. DHARMESH DESAI

(M.D. Radiology)

Reg. No. G - 45284

Dr. Dharmesh Desai
YASHFEEN GROUP OF HOSPITAL

Please contact immediately for any typographical error.

This is only professional opinion, not a final diagnosis. Kindly correlate clinically. Not valid for medicolegal purpose.

VISHAL P MAVANI
 ID:
 DOB:
 41 Years
 Male, Unknown
 Med:
 Location:
 Referring Physician:
 Notes:

23-11-2024 12:05:26

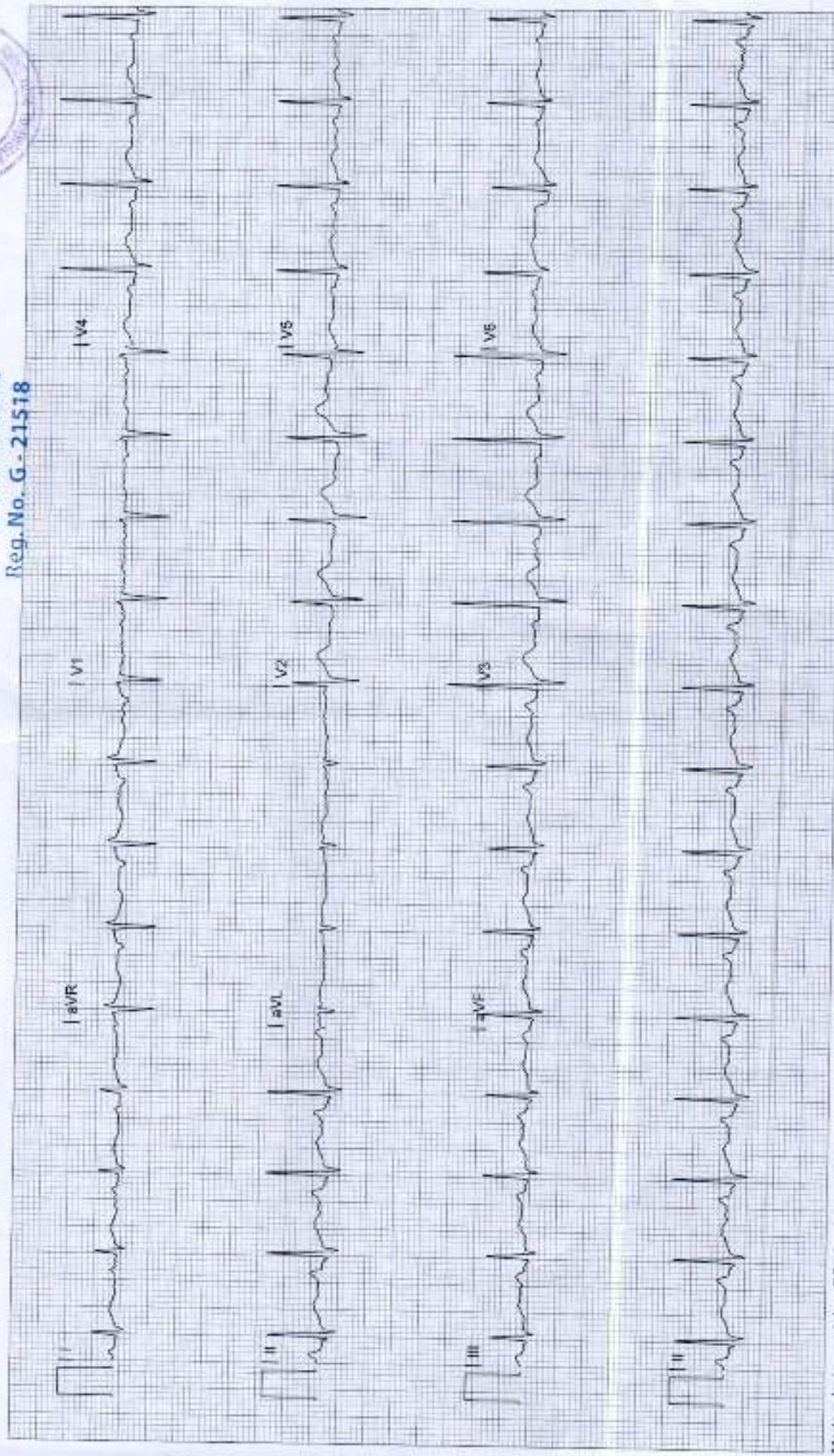
Vent. Rate: 99 BPM
 PR Int: 162 ms
 QRS dur: 89 ms
 QT/QTc: 331/387 ms
 P-R-T axes: 68/72/65
 Avg. RR: 606 ms
 QTcB: 425 ms
 QTcF: 391 ms

SINUS RHYTHM
 NONSPECIFIC T-WAVE ABNORMALITY
 BORDERLINE ECG

UNCONFIRMED REPORT
 Reviewed by:

Signed by:
 Date:

Dr. Piyush B. Chaudhari
Dr. PIYUSH B. CHAUDHARI
 M.D. Medicine
 Reg. No. G-21518





YASHFEEN CARDIAC HOSPITAL

EYE DEPARTMENT

Chief Complaint :

Routine Checkup

Medical History : *DM* / HT / Asthama / Allergy / Heart / Thyroid / TB / Anticoagulants

Family History :

Past Ocular History : -

Ocular Trauma : -

Visual Acuity :

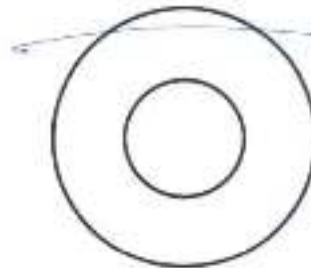
*PCN < 6/9
6/12*

IOP :

<i>SP/PC</i> <i>Sen</i>	RIGHT EYE (PH.....)				LEFT EYE (PH.....)			
	Sph.	Cyl.	Axis	V/A	Sph.	Cyl.	Axis	V/A
Distance								
Near								

Constant/Distance/Reading/Bi-Focal/Progressive/Separate Glasses

SLE :



SP/PC
Relax head
Examine
ooo

WNS

[Signature]



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(Stationary For Report Only)



(Regd. No. E / 1390 / Navsari)

2D ECHO CARDIOGRAPHY COLOUR DOPPLER REPORT

Patient Name & No	: VISHAL PARJANYABHAI MAVANI CH24031621	Age/Sex	: 41/ M	UHID :	: 3739
Doctor	: Mohil Nagad			No :	: 3873
Referred By	:			Date :	: 23/11/2024

M-Mode findings

LVIDd : 43mm
 LVIDs : 27mm
 IVSd : 11mm
 PWd : 09mm
 EF : 60%
 Aorta : 22mm
 LA : 30mm

2D Imaging

Aortic Valve : Trileaflet, Normal
 Mitral Valve : Thin, Pliable, Normal Mobility, Normal function
 Tricuspid Valve : Normal
 Pulmonary Valve : Normal

=> : All cardiac chambers are normal sized.
 => : All cardiac valves are normal.
 => : No regional wall motion abnormality.
 => : Normal LV systolic function.
 => : Normal LV diastolic function.
 => : IAS/IVS intact.
 => : No obvious clots/ vegetations/ or effusion.
 => : IVC Normal size.

Doppler Findings

=> : No MS/MR, No TS/TR, No AS/AR & No PS/PR
 Mitral inflow Pattern : E > A
 Tissue Doppler Findings : E' > A'

Impression : Normal LVEF:60%, No RWMA.



Report Prepared By

Report Checked By
DR. MOHIL NAGAD
 M.D. Medicine, D.D. Cardiology
 Senior Consultant, Interventional Cardiology
 Reg. No. G-22893
 YASHFEEN HOSPITAL, NAVSARI

Designed By : Sarita Infotech Pvt. Ltd., Navsari



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Patient Name : VISHAL PARJANYABHAI MAVANI
Ref By Dr. : -
Sample Time : 23/11/2024 10:09 No : 17

Age : 41 Years Sex : M
Area : Navsari Date : 23/11/2024
Time : 11:56AM

HAEMOGRAM

Test	Findings	UOM	Normal Range
HAEMOGLOBIN	16.9	g/dl	M-13.5-17.0 gm/dl F-11.5-15.5 gm/dl
HAEMOGRAM			
RED BLOOD CELL	5.73	10 ⁶ /μL	3.76-5.70
TOTAL LEUCOCYTE COUNT	7200	10 ³ /μL	4,000-11,000cells/cumm
Differential Count			
Neutrophil	50	%	40-75 %
Lymphocytes	43	%	20-40 %
Eosinophil	1	%	01-06 %
Monocytes	6	%	02-10 %
Basophils	0	%	00-00 %
PLATELET COUNT	221000	10 ³ /μL	1.5-5.5 Lacs/cumm
RBC INDICES			
P.C.V.	50.4	%	Male-40-56%, Female-37-47%
M.C.V.	88.0	fL	76.0-94.0
M.C.H.	29.5	pg	27.0-30.0
M.C.H.C.	33.5	g/dl	30.0-35.0
BLOOD GROUP	"B"	-	-
RH FACTOR	POSITIVE	-	-
E.S.R.(1 hour)	2	mm/hr.	Male-5-10 mm/hr, Female-5-20 mm/hr

Remarks

Dr. PIYUSH B. CHAUDHARI

M.D. Medicine

Designed By: Sarita Infotech Pvt. Ltd., Navsari

Reg No. G-21518
Yashfeen Cardiac Hospital

Signature

Technician

Thanks for Reference



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Age : 41 Years Sex : M

Ref By Dr. : -

Area : Navsari

Date : 23/11/2024

Sample Time : 23/11/2024 10:10 No : 17

Time : 11:56AM

HAEMOGLOBIN A1 C ESTIMATION

Test	Findings	UOM	Normal Range
Hb A1C	5.9	%	>8 : Action Suggested, 7-8 : Good Control, <7 : Goal, 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Technique METHOD - HPLC		-	
Mean Blood Glucose	121.3	mg/dL	



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Age : 41 Years Sex : M
Area : Navsari Date : 23/11/2024
Time : 11:56AM

LIPID PROFILE TEST REPORT

Test	Findings	UOM	Normal Range
S.CHOLESTEROL	112.2	mg/dL	<200:Desirable, 200-239:Borderline High, >=240:High
HDL CHOLESTEROL	34.2	mg/dL	<40:Low(High Risk), >=60:High(Low Risk)
LDL CHOLESTEROL	70.3	mg/dL	<100.0: Optimal, 100.0-129.0: Nearoptimal/ Aboveoptimal, 130.0-159.0:Borderline High, 160.0-189.0:High, >=190.0:Very High
VLDL CHOLESTEROL	19.4	mg/dL	Upto 40.0 mg/dL
S.TRIGLYCERIDES	96.8	mg/dL	<150.0:Normal, 150.0-199.0:Borderline high, 200.0-499.0:High, >=500.0:Very High
CHOL/ HDL RATIO	3.3	mg/dL	LESS THAN 5.0
LDL/ HDL RATIO	2.1	mg/dL	LESS THAN 5.0



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Ref By Dr. : - Area : Navsari Date : 23/11/2024
Sample Time : 23/11/2024 10:10 No : 17 Time : 11:56AM

LIVER FUNCTION TEST REPORT

Test	Findings	UOM	Normal Range
TOTAL BILIRUBIN	0.4	mg/dL	0-1.0 mg/dL
DIRECT BILIRUBIN	0.2	mg/dL	0-0.8 mg/dL
INDIRECT BILIRUBIN	0.2	mg/dL	0-0.2 mg/dL
SGPT	29.8	U/L	Below 40.0 U/L
S.ALKALINE PHOSPHATASE	87.8	U/L	Child-170.0-515.0 U/L, Adults-37.0-147.0 U/L
TOTAL PROTEIN	6.9	g/dl	6.0-8.0 g/dl
ALBUMIN	4.6	g/dl	3.0-5.0 g/dl
GLOBULIN	2.3	g/dl	3.0-3.5 g/dl
A/G	2.0	g/dl	
SGOT	17.3	U/L	Below 40.0 U/L



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Sample Time : 23/11/2024 10:10 No : 17

Age : 41 Years Sex : M
Area : Navsari Date : 23/11/2024
Time : 1:50PM

BLOOD SUGAR TEST REPORT

Test	Findings	UOM	Normal Range
FASTING BLOOD SUGAR	121.8	mg/dL	70-110 mg/dL
FASTING URINE SUGAR	NIL	-	NIL
POSTPANDRIAL BLOOD SUGAR	160.0	mg/dL	70-140 mg/dL
POSTPANDRIAL URINE SUGAR	+	-	NIL



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Sample Time : 23/11/2024 10:10 No : 17

Age : 41 Years Sex : M
Area : Navsari Date : 23/11/2024
Time : 11:57AM

BIOCHEMICAL TEST REPORT

Test	Findings	UOM	Normal Range
S.CREATININE	0.6	mg/dL	Male-0.9-1.4 mg/dL, Female-0.8-1.2 mg/dL
BLOOD UREA NITROGEN	6.5	mg/dL	4.7-23.0 mg/dL
S.URIC ACID	5.9	mg/dL	Male:3.5-7.2 mg/dL, Female:2.6-6.0 mg/dL



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Age : 41 Years Sex : M
Area : Navsari Date : 23/11/2024
Time : 11:57AM

THYROID FUNCTION TEST REPORT

Test	Findings	UOM	Normal Range
T3 (TRIODOTHYRONINE)	1.35	ng/ml	Newborns:0.73-2.88, 6 Days-3 Months:0.80-2.75, 4-12Months:0.86-2.65, 1-6 Years:0.92-2.48, 7-11 Years:0.93-2.31, 12-20Years:0.91-2.18, Adults:0.80-2.00
T4 (THYROXINE)	9.46	µg/dl	Newborns:5.04-18.5, 6 Days-3 Months:5.41-17.0, 4-12 Months:5.67-16.0, 1-6 Years:5.95-14.7, 7-11 Years:5.99-13.8, 12-20 Years:5.91-13.2, Adults:5.10-14.1
TSH	2.16	µIU/ml	Newborns:0.70-15.2, 6 Days-3 Months:0.72-11.0, 4-12 Months:0.73-8.35, 1-6 Years:0.70-5.97, 7-11 Years:0.60-4.84, 12-20 Years:0.51-4.30, Adults:0.27-4.20

TECHNIQUE
ELECTROCHEMILUMINESCEN
CE



P. Chaudhari
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Reg. No. G - 21518

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Ref By Dr. : - Area : Navsari Date : 23/11/2024
Sample Time : 23/11/2024 10:11 No : 17 Time : 11:57AM

GGT TEST REPORT

Test	Findings	UOM	Normal Range
SERUM GGT	40.0	U/L	10.0-71.0 U/L



Pc 10/11
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Time : 11:57AM

ROUTINE URINE ANALYSIS

Test	Findings	UOM	Normal Range
------	----------	-----	--------------

PHYSICAL EXAMINATION

Quantity	-	-	-
Colour	YELLOW	-	-
Appearance	CLEAR	-	-
Reaction	ACIDIC	-	-
Sp. Gravity	1.003	-	-

CHEMICAL EXAMINATION

U.Albumin	NIL	-	-
Sugar	NIL	-	-
Acetone	NIL	-	-
Bile Salt	NIL	-	-
Bile Pigment	NIL	-	-
Occult Blood	NIL	-	-

MICROSCOPIC EXAMINATION

Pus Cells	1-2	/hpf	-
Epithelial cells	1-2	/hpf	-
Red cells	ABSENT	/hpf	-
Casts	-	/hpf	-
Crystals	-	/hpf	-
Others	-	/hpf	-



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signature

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Technician

R



CH24031621 VISHAL P. MAVANI 41Y 231124510 ChestErect PA
YASHFEEN GROUP OF HOSPITALS NAVSARI PH:9924047789



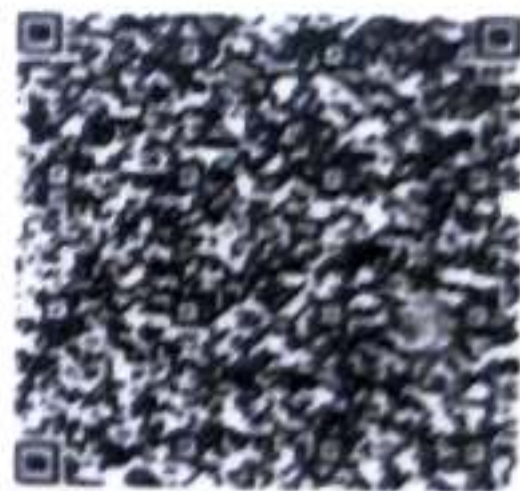
सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



मावाणी विशाल परजन्यभाई
Mavani Vishal Parjanyaabhai
जन्म तारीख/DOB: 30/08/1983
पुरुष/ MALE



7845 8706 0102

मासे आधार, मासे ओणम



भारतीय विशिष्ट पहचान प्राधिकरण

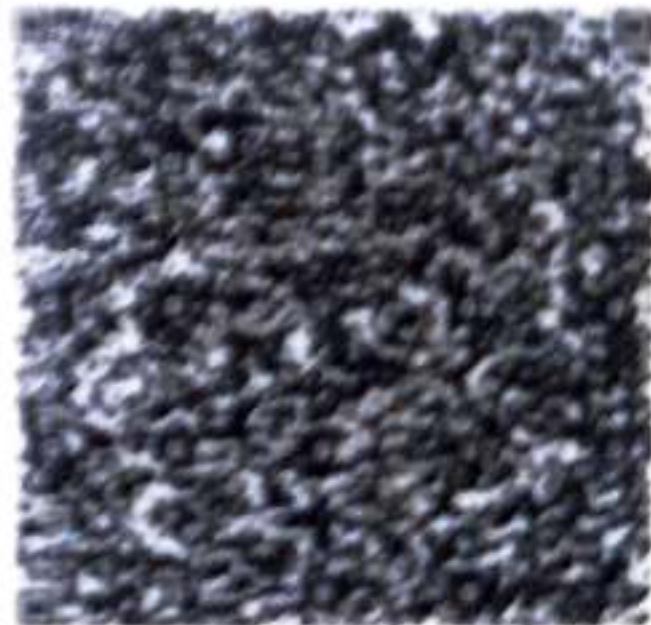
INDIAN IDENTIFICATION AUTHORITY OF INDIA

संख्यानम् :

जोड नंबर-१७, सहकारनगर सोसायटी, रेल्वे स्टेशन
पास, जोटाए, भावनगर,
गुजरात - ३६४७१०

Address :

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NEAR RAILWAY STATION, Botad,
Bhavnagar,
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www

www.uidai.gov.in

P.O. Box No. 1947,
Bangalore-560 001



बैंक ऑफ बड़ौदा
Bank of Baroda

नाम
Name

Vishal P Mavani



कर्मचारी कूट क्रं.
E.C No

78015

[Handwritten signature in blue ink]

डी.बी.एम्बर
मुख्य प्रबंधक (म.स.प्र.)
राज्य कार्यालय, राजकोट रोड

जारीकर्ता प्राधिकारी
Issuing Authority



[Handwritten signature in black ink]

धारक के हस्ताक्षर
Signature of Holder

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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 है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. MAVANI VISHAL PARJANYABHAI
क.कू.संख्या	78015
पदनाम	BRANCH HEAD
कार्य का स्थान	SALEJ
जन्म की तारीख	30-08-1983
स्वास्थ्य जांच की प्रस्तावित तारीख	23-11-2024
बुकिंग संदर्भ सं.	24D78015100123920E

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 **22-11-2024** से **31-03-2025** 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)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	MR. MAVANI VISHAL PARJANYABHAI
EC NO.	78015
DESIGNATION	BRANCH HEAD
PLACE OF WORK	SALEJ
BIRTHDATE	30-08-1983
PROPOSED DATE OF HEALTH CHECKUP	23-11-2024
BOOKING REFERENCE NO.	24D78015100123920E

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 **22-11-2024** till **31-03-2025** 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation
