

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	MRS. PATEL VAISHALI NIRAV
EC NO.	178700
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	SANAND,MARKET ROAD
BIRTHDATE	16-05-1991
PROPOSED DATE OF HEALTH	12-03-2022
CHECKUP	
BOOKING REFERENCE NO.	21M178700100013528E

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 **04-03-2022** till **31-03-2022**. 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.

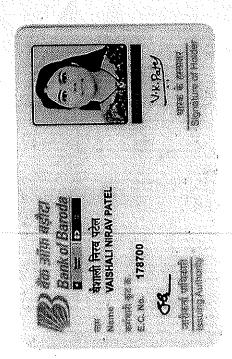
We solicit your co-operation in this regard.

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 (Arcolemi Healthcare Limited))



Secres of the second of the se



Dr. Jinda Mal. 2892y Dr. Jinda Mal. 520023 Dr. Jinda Mal. 520023



: VAISHALI NIRAV PATEL

Referred by

: Self

Date Patient's Id : 12/03/2022

: VP366

Age/Sex

Mobile

Ref ID.

Reg. No

: 30 Years/Female

: 7747

: 9898362739

Fitness Certificate

GENERAL EXAMINATION

Height (cms): 148

Weight (kgs): 68.1

Blood Pressure: 120/80mmHg

Pulse: 70/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

---- End of Report ----

ealthc

AHMEDABAD

Dr Jinen M Shah DNB (Medicine)FCCS (USA)

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 5:04:00 PM

Generated On : 12/03/2022 17:37

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad-380054, Gujarat.

€ 079 40308700 €+91 75730 30001 info@curovis.co.in & curovis.co.in



: VAISHALI NIRAV PATEL

Referred by

: Self

Date Patient's Id : 12/03/2022

: VP366

Age/Sex

: 30 Years/Female

Reg. No : 7747

Mobile Ref ID. : 9898362739

HEMOGRAM REPORT

Performed on 5-Part Fully Auto Hematology Analyzer SIEMENS ADVIA 2120i)

Test	Result	Unit	Biological Reference Interval
Sample Type:	EDTA		
Haemoglobin: Total WBC Count: Platelets Count: Differential Count:	11.2 7130 376000	gm/dL /microlitre /microlitre	12.5 - 16.0 4000 - 10500 1,50,000 - 4,50,000
Neutrophils: Lymphocytes: Eosinophils: Monocytes: Basophils:	61 32 04 03 00	% % % %	40-80 20-40 Upto 6 2-10 <1-2
RBC indicies:		70	- T
RBC Count: HCT: MCV: MCH: MCHC: RDW:	3.89 33.9 87.0 28.8 33.1 13.0	*10^6 /microL % fL pg %	3.8 - 4.8 36 - 46 83 - 101 27-32 31.5-34.5 11.6 - 14.0
Erythrocytes Sedimentation Rate(ESR): (By AUTO ESR-10, USA)	10.0	70	77.0 - 14.0
ESR 1st Hr:	07	mm	2 - 20 mm in 1Hr.
Thick Smear Preparation: Haemoparasite: Peripheral Smear Examination:	Malarial parasites	are not seen.	

Peripheral Smear Examination:

RBCs:

Normocytic & Normochromic.

Platelet:

Platelet adequate & normal on smear.

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 18:47:00

Generated On : 14/03/2022 12:53



Dr. KEYUR Patel M.B.DCP



Referred by Date

Patient's Id

: Self

: 12/03/2022

: VP366

Age/Sex

: 30 Years/Female

Reg. No : 7747

Mobile Ref ID. : 9898362739

LIPID PROFILE

(Performed on Semi Auto	Chemistry Analyzer BeneSphera)
-------------------------	--------------------------------

Test	(Feriorinea on Semi Auto On				
Sample Type: Fasting Serum	Result	Unit	Biological Reference Interval		
Sample Type, Fashing Serum					
S.Cholesterol	206	mg/dL	< 200 Desirable		
(Oxidase Peroxidase)	200	mgrac	200-239 Boderline High		
(Chiado Folohidado)			> 240 High		
S.HDLC (Direct)	51.4	mg/dL	< 40 Low		
(Phosphotungsstic Acid)		•	> 60 High		
S.Triglyceride	37.0	mg/dL	< 150 mg/di Normal		
(GPO-POD)		•	150-199 Boderline High		
			200-499 High		
			> 500 Very High		
S.VLDL	7.4	mg/dL	10-40 Normal		
(Calculated)					
S.LDLC	147.2	mg/dL	< 100 Optimal		
(Calculated)			100-129 Near to above optimal		
			130-159 Boderline high		
			160-189 High		
0011 ()			>190 Very Hlgh		
S.Cholesterol / HDLC Ratio	4.01		< 4 Normal		
(Calculated)			4-6 Borderline		
			6-8 Risklevel		
e i bi e / ubi e b-4:-	0.00		> 8 High Risk		
S.LDLC / HDLC Ratio	2.86		< 3 Normal		
(Calculated)			3-4 Borderline		
			4-6 Risk Level		
			> 6 High Risk		
Cholesterol / HDLC Ratio	4.01		< 3.5 Normal		
(Calculated)	a ma				
Triglyceride / HDLC Ratio	0.72		< 2 Normal		
(Calculated)			> 4 Risk Level		
Non HDLC	154.6		> 6 High Risk		
(Calculated)	154.6		< 130 Normal		
(Casculateu)			130 - 159 Near Normal 160 - 189 Borderline		
			190 - 189 Borderline 190 - 219 Risklevel		
			> 220 High Risk		
			((1g) (((w))		

----- End of Report -

Dr. KEYUR Patel M.B.DCP

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 19:34:00 Generated On : 14/03/2022 12:53





: VAISHALI NIRAV PATEL

Referred by Date Patient's Id

: Self

: 12/03/2022

: VP366

Age/Sex

Ref ID.

Reg. No

: 30 Years/Female

: 7747

Mobile

: 9898362739

LIVER FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			· ·
S.Billirubin			
Total Bilirubin	0.65	mg/dl	0 - 1.2
(Azobillirubin)			
Conjugated Bilirubin	0.17	mg/dl	0 - 0.4
(Dual Wavelength spectrophotometric)			
Unconjugated Bilirubin	0.48	mg/dl	0.0 - 1.1
(Dual Wavelength spectrophotometric)			
S.G.P.T. (ALT)	33.4	IU/L	0 - 49
(Kinetic with Pyridoxal 5-Phosphate)	00.4		
S.G.O.T. (AST) (Kinetic with Pyridoxal 5-Phosphate)	36.1	IU/L	Up to 46
S.ALP (Alkaline Phosphatase)	119.3	U/L	64 ~ 306
(4-Nitrophenyl phosphate)	110.0	O/L	04 * 300
S.Protein			
Total Protein	7.80	gm/dl	6.3 - 8.2
(Biuret)		3	
Albumin	4.92	gm/dl	3.5 - 5.2
(BCG)		*	
Globulin	2.88	gm/dl	1.9 - 3.5
(Calculated)			
Albumin Globulin Ratio	1.71		
S.GammaGT	36.4	IU/L	12-43
(L-Gamma Glutamyl-4-Nitroanalide)			

----- End of Report -----

Dr. KEYUR Patel M.B.DCP

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Generated On : 14/03/2022 12:54

Approved On : 12/03/2022 19:34:00





Referred by Date

: Self

: 12/03/2022

Patient's Id : VP366 Age/Sex

: 30 Years/Female

Reg. No

Mobile

: 7747 : 9898362739

Ref ID.

BLOOD GROUP

Sample Type:

EDTA

ABO Group:

"B"

Rh Type:

Test

Sample Type:

Positive

RENAL FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Urea (Urease with indicator dye)	23.0	mg/dl	Male: 19.6-43.6 Female: 15.2-37.0
S.Creatinine (Enzymatic)	0.59	mg/dL	0.55 - 1.30
S.Uric Acid (Uricase)	4.04	mg/dL	Male: 3.5-8.5 Female: 2.5-6.2

SERUM LDH LEVEL

Result Unit Serum LDH Activity(Lactate Dehydrogenase): 152.1 U/L

Biological Reference Interval

120 - 246

#Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250

----- End of Report -----

Dr. KEYUR Patel M.B.DCP

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Pyruvate to lactate Kinetic Method

Generated On : 14/03/2022 12:54

Approved On : 12/03/2022 19:34:00





Referred by

: Self

Date

: 12/03/2022

Patient's Id

: VP366

Age/Sex

: 30 Years/Female

: 7747

Reg. No Mobile

: 9898362739

Ref ID.

GLYCOSYLATED HAEMOGLOBIN (HbA1C) ESTIMATION

Test	Result	Unit	Biological Reference Interval
Sample Type: EDTA			
Glycosylated Haemoglobin (HbA1C)	5.50	%	Pre-Diabetic (Adult): 5.7 - 6.4 Diabetic (Adult): >6.5 Therapeutic goal for glycemic control: <7.0
Mean Blood Glucose Level (An average of 2 -3 Months)	111.15		

Method: HPLC on D-10, Bio-Rad, USA

INTERPRETATION:

* Blood sample can be drawn at any time. Fasting is not required.

* Reflects average blood sugar levels for the 2 to 3 months period before the test.

* Provides information for evaluating diabetic treatment modalities and tracks control of blood glucose of particular value in diabetic children, diabetics in whom the renal threshold for glucose is abnormal, unstable insulin dependent diabetics where blood sugars vary markedly from day to day.

* High value in poorly controlled DM and moves towards normal in patients with optimal control.

Dr. KEYUR Patel ----- End of Report -----M.B.DCP

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 19:34:00 Generated On : 14/03/2022 12:54





: VAISHALI NIRAV PATEL

Referred by

: Self

: 12/03/2022

Date Patient's Id : VP366 Age/Sex

: 30 Years/Female

Reg. No

Mobile

: 9898362739

: 7747

Ref ID.

BLOOD GLUCOSE LEVEL

Test Sample Type:	Result Flouride	Unit	Biological Reference Interval
Fasting Blood Glucose (Hexokinase) Collection Time:	80.0	mg/dl	70-110
Collection Time: Post Prandial Blood Glucose (2 Hrs) (Hexokinase)	75.3	mg/dl	80-140

Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250

THYROID FUNCTION TEST

(by CLIA on SIEMENS ADVIA Centaur XP)

Test	Result	Unit,	Biological Reference Interval
Sample Type: Serum			
S.T3 (Total Triidothyronine by CLIA)	1.07	ng/mL	1 - 23 Months: 1.17 - 2.39 2 - 12 Years: 1.05 - 2.07 13 - 20 Years: 0.86 - 1.92 Adult: 0.6 - 1.81
S.T4 (Total Thyroxine by CLIA)	6.90	mcg/dL	3.2 - 12.6
S.TSH (Thyroid Stimulating Hormone by CLIA)	0.765	microU/mL	0 -12 Yrs: 0.77 - 5.64 12-19 Yrs: 0.75-3.69 19-100 Yrs: 0.35 -5.50

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 19:34:00 Generated On : 14/03/2022 12:54

----- End of Report

Dr. KEYUR Patel M.B.DCP



: VAISHALI NIRAV PATEL

Referred by

: Self

Date Patient's Id

: 12/03/2022

: VP366

Age/Sex

: 30 Years/Female

Reg. No : 7747

Mobile

: 9898362739

Ref ID.

	URINE ROUTINE ANAI	LYSIS
Sample Type: Fresh Urine Physical Examination (Naked Eye Observation)	Result	Biological Ref. Value
Amount Colour Appearance	30 ml Pale Yellow Clear	>10 ml Pale Yellow Clear
Chemical Examination		
pH (Dip stick)	6.5	4.5-8.0
Specific Gravity	1.015	1.002-1.030
(Bromothymol Blue) Albumin	Absent	Absent

(Tetrabromophenot) Glucose Absent Absent (Specific Glucose Oxidase/Peroxidase)

Bilirubin Absent Absent (Azo-coupling reaction)

Acetone Absent Absent (Sodium Nitroprusside Reaction) Urobilinogen Absent Absent

(Modified Ehrlich Reaction) **Nitrites** Absent Absent (Diazotization Reaction)

Microscopic Examination

(After centrifugation at 1500 RPM for 10min./hpf)

Pus Cells(WBCs) 8 - 10 Absent Red Blood Cells(RBCs) 2 - 3 Absent Epithelial cells 1 - 2 T.Vaginals Absent Absent Spermatozoa Absent Absent Casts Absent Absent Crystals Absent Absent Amorphous Material Absent Absent

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 19:34:00 Generated On : 14/03/2022 12:54

Dr. KEYUR Patel M.B.DCP



Patient's name Referred by

: VAISHALI NIRAV PATEL

Date

: Self

Patient's Id

: 12/03/2022 : VP366

Age/Sex

: 30 Years/Female

Reg. No

Ref ID.

: 7747

Mobile

: 9898362739

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

----- End of Report -----

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 5:05:00 PM

Generated On : 12/03/2022 17:38



Dr Jinen M Shah DNB (Medicine)FCCS (USA)



Patient's name Referred by

: VAISHALI NIRAV PATEL

Date

: Self : 12/03/2022

Patient's Id : VP366 Age/Sex

: 30 Years/Female

Reg. No : 7747

Mobile Ref ID.

9898362739

2D Echo Colour Doppler

OBSERVATION:

- 2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.
- 1. Normal LV size. No RWMA at rest.
- 2. Normal RV and RA. No Concentric LVH.
- 3. All Four valves are structurally normal.
- 4. Good LV systolic function. LVEF = 60%.
- Normal LV Compliance.
- 6. Trivial TR. Mild MR. No AR.
- 7. No PAH.
- Intact IAS and IVS.
- 9. No Clot, No Vegetation.
- 10. No pericardial effusion.

CONCLUSION

- 1. Normal LV size with Good LV systolic function.
- 2. No Concentric LVH . Normal LV Compliance
- 3. Trivial TR with No PAH. Mild MR. No AR
- 4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 5:05:00 PM

Generated On : 12/03/2022 17:37

End of Report AIMEDAEA

Dr Jinen M Shah ONB (Medicine)FCCS (USA)



Referred by Date

: Self

Patient's Id

: 12/03/2022 : VP366

Age/Sex

Reg. No

Mobile Ref ID. : 30 Years/Female

: 7747

: 9898362739

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

-----End of Report ------

Dr. Atul Patel MD Radio-Dignosis

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 12/03/2022 6:18:00 PM

Generated On : 12/03/2022 18:18





: Self

Referred by Date

: 12/03/2022

Patient's Id : VP366 Age/Sex

: 30 Years/Female

Reg. No : 7747

Mobile Ref ID. : 9898362739

USG ABDOMEN

Liver appears normal in size, show homogenous increased parenchymal echo. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidney are normal in size, and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, or solid mass seen.

Right kidney show 3 mm calyceal calculi, outline of right kidney is wavy.

Left kidney: show 3 mm calyceal calculus seen.

Urinary bladder contour is normal, no calculus or wall thickening seen.

Uterus appears normal. No adnexal mass is seen.

No evidence of free fluid in peritoneal cavity. No evidence of para-aortic lymph adenopathy. No evidence of dilated small bowel loops,

COMMENTS:

Fatty changes in liver. Right renal calculi with changes of ? chronic pyelonephritis. Left renal calculus.

	atulpatus
End of Report	Dr. Atul Patel
This is an electronically authenticated report.	MU Radio-Uignosis
Note:((LL-Very Low, L-Low, HH-Very High)	

Approved On : 12/03/2022 6:19:00 PM Generated On : 12/03/2022 18:19

:0



: VAISHALI NIRAV PATEL

Referred by

: Self

Date Patient's Id : 12/03/2022

: VP366

Age/Sex

: 30 Years/Female : 7747

Reg. No Mobile

: 9898362739

Ref ID.

Eye Check - Up

RIGHT EYE

SP:

+0.00

CY: AX: -1.25 172

LEFT EYE

SP:

+0.00

CY: AX: -6.50

173

Without Glasses

With Glasses

Right Eye

6/6

6/5 6/5

Left Eye

6/5

Near Vision:

Right Eye -N/6, Left Eye - N/6

Fundus Examination: Within Normal Limits.

Colour Vision:

Normal

Comments:

Normal

Dr.Kejal Patel MB,DO(Ophth)

Approved On : 12/03/2022 5:14:00 PM

Generated On : 12/03/2022 17:37



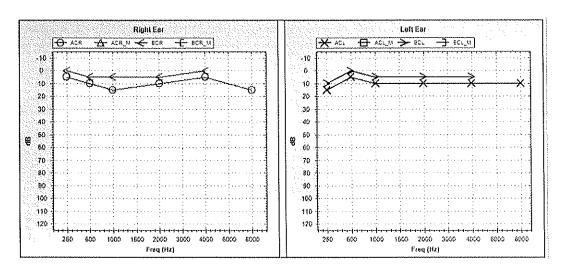


CLIENT NAME: VAISHALI PATEL.

AGE:- 30Y / F

DATE: 12/03/2022.

AUDIOGRAM



MODE	Air Cor	duction Bone Conduction Colo		Bone Conduction Coli		Threshold In dB	DICUT	LEFT
EAR		UnMasked		UnMasked	Cone	i nresnoia in ab	RIGHT	LEFI
LEFT		Х	200	>	Blue	AIR CONDUCTION	10.5	10.5
RIGHT	Δ	0	C	· (Red	BONE CONDUCTION		
NO RESPONS	SE: Add	↓ below t	he respe	ctive symb	ols	SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.







		TEST REPORT		02 - NS SUPATH
Name	; Mrs. Vaishali Nirav Patel		Reg. No	: 2030202141
Age/Sex	; 30 Years / Female	PN:	Reg. Date Time	: 12-Mar-2022 08:41 PM
Mobile No	1	Ref.ID:	Coll. Date Time	; 12-Mar-2022 07:30 PM
Ref. By	1		Report Date Tim	e ; 14-Mar-2022 01:50 PM
Client Name	; CUROVIS HEALTHCARE PVT	r.LTD @ BODAKDEV	Sample Type	: Tissue block and slides
			V-1112	
Parameter		Result	Unit 1	Biological Ref. Interval
				·
PAP SMEAR	1	REPORTS ATTACH.		
		End Of Report	CESTPTERTRE	

This is an Electronically Authenticated Report.



Dr.Urvesh Kalaria M.D (PATHOLOGY)

Page 1 of



			LABORATORY REPORT			
Name	:	Mrs. Vaishali Patel		Reg. No	:	203100451
Sex/Age	:	Female/30 Years	Histo ID: C2100230	Reg. Date	:	12-Mar-2022 09:49 PM
Ref. By	:			Collected On	;	12-Mar-2022 09:49 PM
Client Name	:	Northstar Pathology Labs		Report Date	:	14-Mar-2022 12:29 PM

CYTOLOGY REPORT

Specimen:

PAP smear :-

Gross Examination:

Two unstained slides are received. PAP stain is done.

Microscopic Examination:

Smears are satifactory for evaluation.

Metaplastic squamous cells are seen.

Many superficial, intermediate cells and few parabasal cells are seen.

Very Severe inflammation with predominance of neutrophils and many RBCs are seen.

Many lactobacilli are seen.

No evidence of intraepithelial lesion / malignancy.

Impression:

Cervical smear - Very Severe inflammation and negative for intraepithelial lesion or malignancy.

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Cervical cancer screening guideline for average risk woman.

American Cancer Society (ACS) / American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.

Population	ACS/ASCCP/ASCPS			
Younger than 21 years	No screening.			
21-29 years	Screening with cytology alone every 3 years is recommended.			
30-65 years	Cytology and HPV testing ("co-testing") every 5			
	years (preferred) or Cytology alone every 3 years (acceptable)			
	is recommended.			
Older than 65 years	Stop screening with adequate screening history.			

This is an Electronically Authenticated Report.

Page 2 of Springer Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad 380054, Gujarat.

andhaziling

Dr.Saaishta Bakshi 0079 4030870 Dr.Roml a757สัญ 30001 \$ info@อนุเซเรส ฟเปิดเ€ curovis.co.in

MD Pathology

DCP DNB Pathology

MD Pathology



			LABORATORY REPO	RT		·
Name	:	Mrs. Valshall Patel	1	Reg. No	;	203100451
Sex/Age	:	Female/30 Years	Histo ID: C2100	230 Reg. Date	:	12-Mar-2022 09:49 PM
Ref. By	:			Collected On	:	12-Mar-2022 09:49 PM
Client Name	:	Northstar Pathology Labs		Report Date	:	14-Mar-2022 12:29 PM
***************************************						,

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.

If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

----- End Of Report -----

All stained slides returned along with report. Please preserve them carefully.



This is an Electronically Authenticated Report.

Page 3 of 3