

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NISHTHA UPADHYAYA
DATE OF BIRTH	09-09-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-03-2023
BOOKING REFERENCE NO.	22M97261100048456S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. DHIMOLE ADARSH
EMPLOYEE EC NO.	97261
EMPLOYEE DESIGNATION	SUPPLY CHAIN FINANCE
EMPLOYEE PLACE OF WORK	MUMBAI,BKC, BARODA SUN TOWER
EMPLOYEE BIRTHDATE	09-11-1989

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 **13-03-2023** 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's spouse 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))





NABH PRE ACCREDITATION  
ENTRY LEVEL HOSPITAL  
PEH-2018-0537



**SURANA SETHIA HOSPITAL  
AND RESEARCH CENTRE  
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

Patient Name : MRS. UPADHYAYA NISHTHA,  
Ordered Loc : Hospital clinic  
Referred By : Dr.Mediwheel  
Class : OPD  
Current Loc :  
Accession No : 23005538

IP / OP No : 1128531  
Gender : Female Age : 33 Y 6 M 17 D  
Vch No : 1371745  
Received Dt : 25-Mar-2023 12:56  
Reported On : 25-Mar-2023 17:28  
Sample No : 23014279

**COMPLETE HEAMOGRAM (C.B.C.)**

TEST DESCRIPTION	OBSERVED VALUE	REFERENCE RANGE\UNITS
Haemoglobin	11.90	11.50 - 16.00 gm/dL
R.B.C.	<b>3.75</b>	4.00 - 6.00 Mill/C.mm.
P.C.V.	<b>34.10</b>	37.00 - 47.00 %
M.C.V.	90.93	78.00 - 100.00 fL
M.C.H.	<b>31.73</b>	27.00 - 31.00 pg
M.C.H.C.	34.90	32.00 - 36.00 %
RDW	12.4	11.0 - 15.0 %
Total W.B.C. Count	7200	4000 - 11000 /C.mm
<b>DIFFERENTIAL COUNT</b>		
Neutrophils	69	40 - 75 %
Eosinophils	2	1 - 6 %
Basophils	0	0 - 1 %
Lymphocytes	26	20 - 45 %
Monocytes	3	1 - 10 %
WBC MORPHOLOGY	Normal	
RBC MORPHOLOGY	Normal	
PLATELET COUNT	342	150 - 450 10 <sup>3</sup> /ul
PLATELETS	Adequate	

\*\* END OF REPORT \*\*

Checked By

Authorized By Technician

Dr. Pragati Pote  
MB, DPB,  
(Path & Bact)

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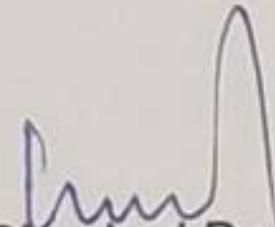
Chembur | Malad | Bhiwandi | Navi Mumbai

Patient Name : MRS. UPADHYAYA NISHTHA .	IP / OP No : 1128531
Ordered Loc : Hospital clinic	Gender : Female Age : 33 Y 6 M 17 D
Referred By : Dr.Mediwheel	Vch No : 1371745
Class : OPD	Received Dt : 25-Mar-2023 12:56
Current Loc :	Reported On : 25-Mar-2023 17:28
Accession No : 23005538	Sample No : 23014276

**ESR**

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
ESR (Erythrocyte Sedimentation Rate)	45	1 - 20	mm/hr

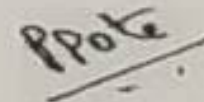
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Accession No : 23005538

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Vch No : 1371745  
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Reported On : 25-Mar-2023 17:28  
Sample No : 23014277

**BLOOD GROUP & RH TYPE**

**TEST DESCRIPTION**

**OBSERVED VALUE**

**REFERENCE RANGE/UNITS**

**BLOOD GROUP & RH TYPE**

ABO Group

"A"

Rh Factor

POSITIVE

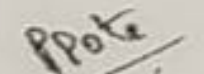
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Class : OPD  
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IP / OP No : 1128531  
Gender : Female Age : 33 Y 6 M 17 D  
Vch No : 1371745  
Received Dt : 25-Mar-2023 12:56  
Reported On : 25-Mar-2023 17:30  
Sample No : 23014281

**RENAL FUNCTION TEST**

**TEST DESCRIPTION**

**OBSERVED VALUE**

**REFERENCE RANGE UNITS**

BUN	12.0	8.0 - 21.0	mg/dl
Uric Acid	4.1	3.5 - 7.2	mg/dl
Sodium [Na+]	139	135 - 155	mmol/L
Potassium [K+]	4.2	3.6 - 5.5	mmol/L
Chloride [Cl-]	100	96 - 108	mmol/L
Calcium	9.5	8.4 - 10.2	mg/dl
Phosphorus	4.0	2.5 - 4.5	mg/dl
Serum Alkaline Phosphates	60.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.4	6.0 - 8.2	gm%
Serum Albumin	4.0	3.0 - 5.0	gm%
Serum Globulin	3.40	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.18	0.90 - 2.00	gm%
Serum Creatinine	0.9	0.5 - 1.5	mg/dl

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Current Loc :  
Accession No : 23005538

IP / OP No : 1128531  
Gender : Female Age : 33 Y 6 M 17 D  
Vch No : 1371745  
Received Dt : 25-Mar-2023 12:56  
Reported On : 25-Mar-2023 17:30  
Sample No : 23014281

### LIVER FUNCTION TEST

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Total Bilirubin	0.5	0.1 - 1.2	mg/dl
Conjugated (Direct) Bilirubin	0.2	0.0 - 0.3	mg/dl
Unconjugated (Indirect) Bilirubin	0.3	0.1 - 1.0	mg/dL
SGOT	24.0	15.0 - 46.0	U/L
SGPT	20.0	13.0 - 69.0	U/L
Serum Alkaline Phosphates	60.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.4	6.0 - 8.2	gm%
Serum Albumin	4.0	3.0 - 5.0	gm%
Serum Globulin	3.40	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.18	0.90 - 2.00	gm%
Serum Creatinine	0.9	0.5 - 1.5	mg/dl
G. G. T. P	26.0	0.0 - 45.0	IU/L

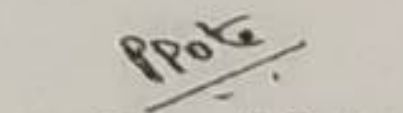
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Referred By : Dr.Mediwheel	Vch No : 1371745
Class : OPD	Received Dt : 25-Mar-2023 12:56
Current Loc :	Reported On : 25-Mar-2023 17:30
Accession No : 23005538	Sample No : 23014281

**LIPID PROFILE**

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Total Cholesterol	<b>133</b>	150 - 250 mg%
Triglycerides	75	35 - 160 mg%
HDL Cholesterol	42	30 - 70 mg%
VLDL Cholesterol	15.00	7.00 - 35.00 mg%
LDL Cholesterol	<b>76.00</b>	108.00 - 145.00 mg%
LDL/HDL Ratio	1.81	1.10 - 3.90
TC/HDL CHOL Ratio	<b>3.17</b>	3.50 - 5.00

\*\* END OF REPORT \*\*

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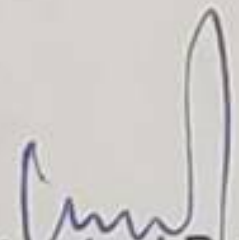
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Ordered Loc : Hospital clinic	Gender : Female Age : 33 Y 6 M 17 D
Referred By : Dr.Mediwheel	Vch No : 1371745
Class : OPD	Received Dt : 25-Mar-2023 12:56
Current Loc :	Reported On : 25-Mar-2023 17:30
Accession No : 23005538	Sample No : 23014281

**BLOOD SUGAR F/PP**

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Blood Sugar Fasting (FBS)	85	70 - 110 mg%
Urine Sugar (Fasting)	Absent	
Urine Ketone (Fasting)	Absent	

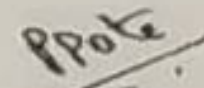
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Referred By : Dr.Mediwheel  
Class : OPD  
Current Loc :  
Accession No : 23005538

IP / OP No : 1128531  
Gender : Female Age : 33 Y 6 M 17 D  
Vch No : 1371745  
Received Dt : 25-Mar-2023 12:56  
Reported On : 25-Mar-2023 17:31  
Sample No : 23014280

**BLOOD SUGAR F/PP**

**TEST DESCRIPTION**

**OBSERVED VALUE**

**REFERENCE RANGE|UNITS**

Blood Sugar Post Prandial (PPBS)	98	70 - 140 mg/dl
Urine Sugar (PP)	Absent	
Urine Ketone (PP)	Absent	
METHOD GLUCOSE OXIDASE PEROXIDASE (GOD /POD)		

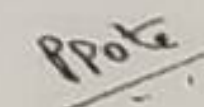
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Ordered Loc : Hospital clinic	Gender : Female Age : 33 Y 6 M 17 D
Referred By : Dr.Mediwheel	Vch No : 1371745
Class : OPD	Received Dt : 25-Mar-2023 12:56
Current Loc :	Reported On : 25-Mar-2023 17:31
Accession No : 23005538	Sample No : 23014275

**URINE ANALYSIS**

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Quantity	20 ml	
Colour	Pale yellow	
Appearance	Clear	
Deposit	Absent	
Reaction [PH]	Acidic	
Specific Gravity	1.015	
<b><u>CHEMICAL EXAMINATION</u></b>		
Urine Albumin	Absent	
Sugar	Absent	
Ketone Bodies	Absent	
Occult Blood	Absent	
Bile Pigment	Absent	
Bile Salt	Absent	
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Red Blood Cells	Absent	00-02
Pus Cells	1 - 2	00-02 / hpf
Epithelial Cells	3 - 4	00-02 / hpf
Casts	Absent	
Crystals	Absent	
Spermatozoa	Absent	
Trichomonas Vaginalis	Absent	
Yeast Cells	Absent	
Amorphous Deposits	Absent	
Bacteria	Absent	

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Class : OPD	Received Dt : 25-Mar-2023 12:56
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Accession No : 23005538	Sample No : 23014275

**URINE ANALYSIS**

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u> UNITS
-------------------------	-----------------------	------------------------------

**PHYSICAL EXAMINATION**

Quantity	20 ml
Colour	Pale yellow
Appearance	Clear
Deposit	Absent
Reaction [PH]	Acidic
Specific Gravity	1.015

**CHEMICAL EXAMINATION**

Urine Albumin	Absent
Sugar	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Pigment	Absent
Bile Salt	Absent

**MICROSCOPIC EXAMINATION**

Red Blood Cells	Absent	00-02
Pus Cells	1 - 2	00-02 / hpf
Epithelial Cells	3 - 4	00-02 / hpf
Casts	Absent	
Crystals	Absent	
Spermatozoa	Absent	
Trichomonas Vaginalis	Absent	
Yeast Cells	Absent	
Amorphous Deposits	Absent	
Bacteria	Absent	

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**Laboratory Test Report**

Name of Patient	: Mrs. NISHTHA UPADHYAYA	Test Request ID	: 35742303250009
Age/Gender	: 33 Yrs/Female	Specimen Drawn ON	: 25-Mar-2023 12:52PM
Collected AT	: SURANASETHIA HOSPITAL AND RESE	Specimen Received ON	: 25-Mar-2023 02:35PM
Referred BY	: Dr. MEDIWHEEL	Report DATE	: 25-Mar-2023 04:01PM
Sample Type	: Serum - A3880945		
Ref Customer	:		

**IMMUNOASSAY**

Test Description	Observed Value	Biological Reference Range	Method
<b>THYROID PROFILE</b>			
Triiodothyronine Total (T3)	1.32	0.70-2.04 ng/mL	Electrochemiluminescence immunoassay (ECLIA)
Thyroxine Total (T4)	8.6	4.6-10.5 ug/dL	Electrochemiluminescence immunoassay (ECLIA)
TSH (4th Generation)	2.280	0.40-4.20 uIU/mL	Electrochemiluminescence immunoassay (ECLIA)

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

**INTERPRETATION-**

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis ( problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism . rarely they can result from TSH secreting pituitary tumours ( secondary hyperthyroidism )

\*TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY\*

**COMMENTS:**

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

**Disclaimer-**

TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. TSH levels are subject to circadian variation, reaching peak levels between 2-4AM and minimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result. Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.

Nabl Scope.

\*\*\* End Of Report \*\*\*



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QR CODE

ABL CERTIFICATE

Satellite Labs :

**CRL DIAGNOSTICS PVT. LTD.**

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Head Office : Plot No. 10, Avtar Enclave, Opposite Metro Pillar No. 227, Paschim Vihar, Rohtak Road, New Delhi-110063

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PEH-2018-0537



**SURANA SETHIA HOSPITAL  
AND RESEARCH CENTRE  
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME : NISHTHA UPADHYAYA (33Y/F)  
REF. BY : SELF  
TEST ASKED : HbA1c

SAMPLE COLLECTED AT :  
(4000711424), SURANA SETHIA HOSPITAL, SION -  
TROMBAY ROAD, SUMAN NAGAR, CHEMBUR,  
MUMBAI, MAHARASHTRA 400071, 400071

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.3	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal  
5.7% - 6.4% : Prediabetic  
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control  
6.5% - 7% : Fair Control  
7.0% - 8% : Unsatisfactory Control  
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	105	mg/dl
-----------------------------	------------	-----	-------

Reference Range :

90 - 120 mg/dl : Good Control  
121 - 150 mg/dl : Fair Control  
151 - 180 mg/dl : Unsatisfactory Control  
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

~~ End of report ~~

Sample Collected on (SCT) : 25 Mar 2023 08:30

Sample Received on (SRT) : 25 Mar 2023 16:21

Sample Received on (RRT) : 25 Mar 2023 16:46

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Email: info@suranasethiahospital.in Web. : www.suranasethiahospital.com

Dr Mecha S MD.DNB (Path)

Dr Sumanta Basak, DPB





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AND RESEARCH CENTRE  
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME	: MRS. NISHTHA UPADHYAYA	SEX	: FEMALE
AGE	: 33 YRS	ID NO.	: 1128531
REF BY	: C/O. MEDIWHEEL	DATE	: 25/03/2023

### X-RAY CHEST PA VIEW

#### Protocol :

Computerised radiography of chest PA reveals:

#### Observation:

- Lung fields appear clear.
- Cardiac silhouette is within normal limits.
- Bilateral costophrenic angles are clear.
- Visualised bones are unremarkable.

#### Impression:

- No significant abnormality detected.

**DR. KETAN KALASKAR**  
M.D.  
Consultant Radiologist  
RG

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### ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

#### LIVER

Liver is normal in size, shape and contour. It shows homogeneous echotexture. No abnormal parenchymal mass lesion is seen. Intra hepatic biliary radicles and portal radicles are normal.

#### PORTAL VEIN AND C.B.D

Portal vein and C.B.D are normal in course and caliber.

#### GALL BLADDER

Gall bladder is physiologically distended. Wall thickness is normal. No evidence of calculus or sludge or pericholecystic collection is seen.

#### SPLEEN

Spleen shows normal size, shape, contour and echogenicity. No abnormal parenchymal mass / lesion. Splenic vein is normal.

#### PANCREAS

Pancreas is normal in size, shape and position. It shows normal echogenicity. No focal mass lesion or calcification is seen. Pancreatic duct is not dilated.

#### KIDNEYS

Both kidneys are normal in size, shape, position and contour. Parenchymal echogenicity is normal. Cortico-medullary difference is well maintained. No abnormal mass lesion is seen. No evidence of calculus and hydronephrosis in both kidneys.

Right kidney measures 10.4 x 4.1 cm.

Left kidney measures 9.4 x 5.0 cm.

Contd 2/..

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NAME	: MRS. NISHTHA UPADHYAYA	SEX	: FEMALE
AGE	: 33 YRS	ID NO.	: 1128531
REF BY	: C/O. MEDIWHEEL	DATE	: 25/03/2023

:2:

**AORTA AND RETROPERITONEUM**

Visualized aorta and retroperitoneal vessels are normal in course and caliber. No evidence of significant lymphadenopathy or free fluid.

**URINARY BLADDER**

Urinary bladder is well distended. It shows smooth wall and mucosal thickening is normal. No obvious mass lesion or calculus is seen.

**UTERUS**

Uterus is anteverted, normal in size. Myometrial echopattern is normal. No obvious focal mass lesion is seen.

Endometrium is central, 6 mm in thickness.

**OVARIES**

Bilateral ovaries are normal in size and echopattern. Few small follicles are seen.

Bilateral adnexae are clear.

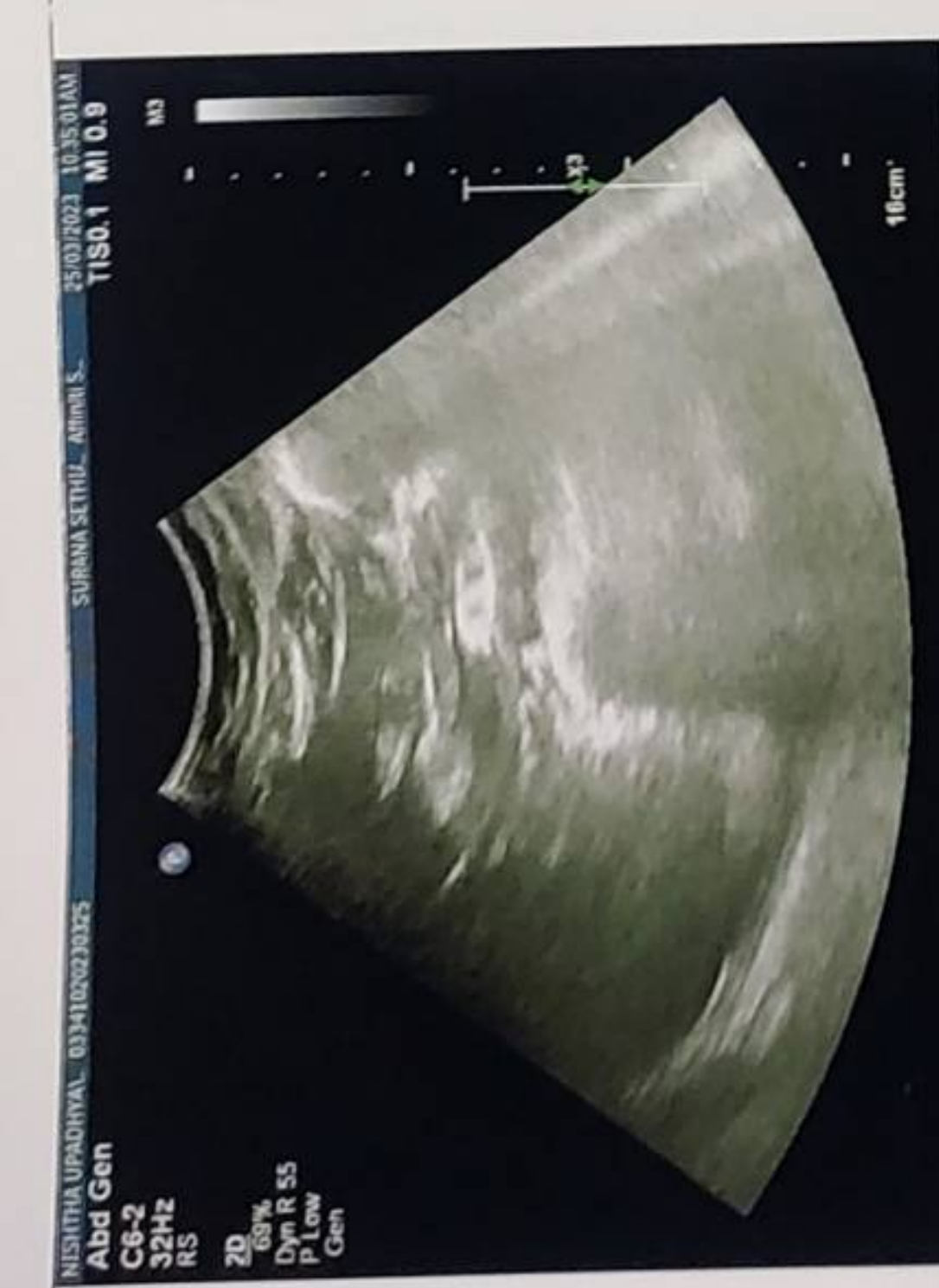
No free fluid is seen in Pouch of Douglas.

**IMPRESSION:**

- No significant abnormality is detected in abdomen and pelvis.

  
DR. KETAN KALASKAR  
M.D.  
Consultant Radiologist  
RG









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AGE	: 33 YRS	ID NO.	: 1128531
REF BY	: C/O. MEDIWHEEL	DATE	: 25/03/2023

**EXAMINATION: 2D ECHOCARDIOGRAPHY**

**Conclusion:**

1. All chambers normal sized.
2. Good LV function with LVEF = 60 %
3. All valves structurally & functionally normal.
4. No regional wall motion abnormality.
5. IAS / IVS intact.
6. No clot / vegetation / effusion.

**Doppler Study:**

- No diastolic dysfunction
- No TR. No PH.
- No other valvular regurgitation.
- No signs of high LVEDP.

**Impression:**

- Normal study.

**Dr. Dinesh Rajpal**  
MD, Physician  
Reg. No.82808.

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### Doppler Study:

- Diastolic dysfunction: Normal
- RVOT = Normal mm of Hg.
- LVOT = Normal mm of Hg.
- AR: NO                      MR: NO                      PR: NO                      TR: NO
- Peak / Mean across MV= Normal mm of Hg.
- Peak / mean across AV = 4 mm of Hg.
- MV PHT = Normal
- MVA by PHT = Normal square cm.
- AR PHT = Normal millisecond
- CWD across TV = Normal mm of Hg.
- PASP by TR jet = 27 mm of Hg.

### Measurements:

	Measurement	Unit
Aorta		
LA	30	mm
AO	28	mm
ACS	10	mm
Mitral Valve		
Study		
Excursion D-E		mm
EF slop		mm/s
EPSS		mm

	Measurement	Unit
LV study		
IVsd	10	mm
LVIDd	46	mm
LVPWD	11	mm
IVSs		mm
LVIDs	32	mm
LVPWa	12	mm
EF %	60	%
% FS		%

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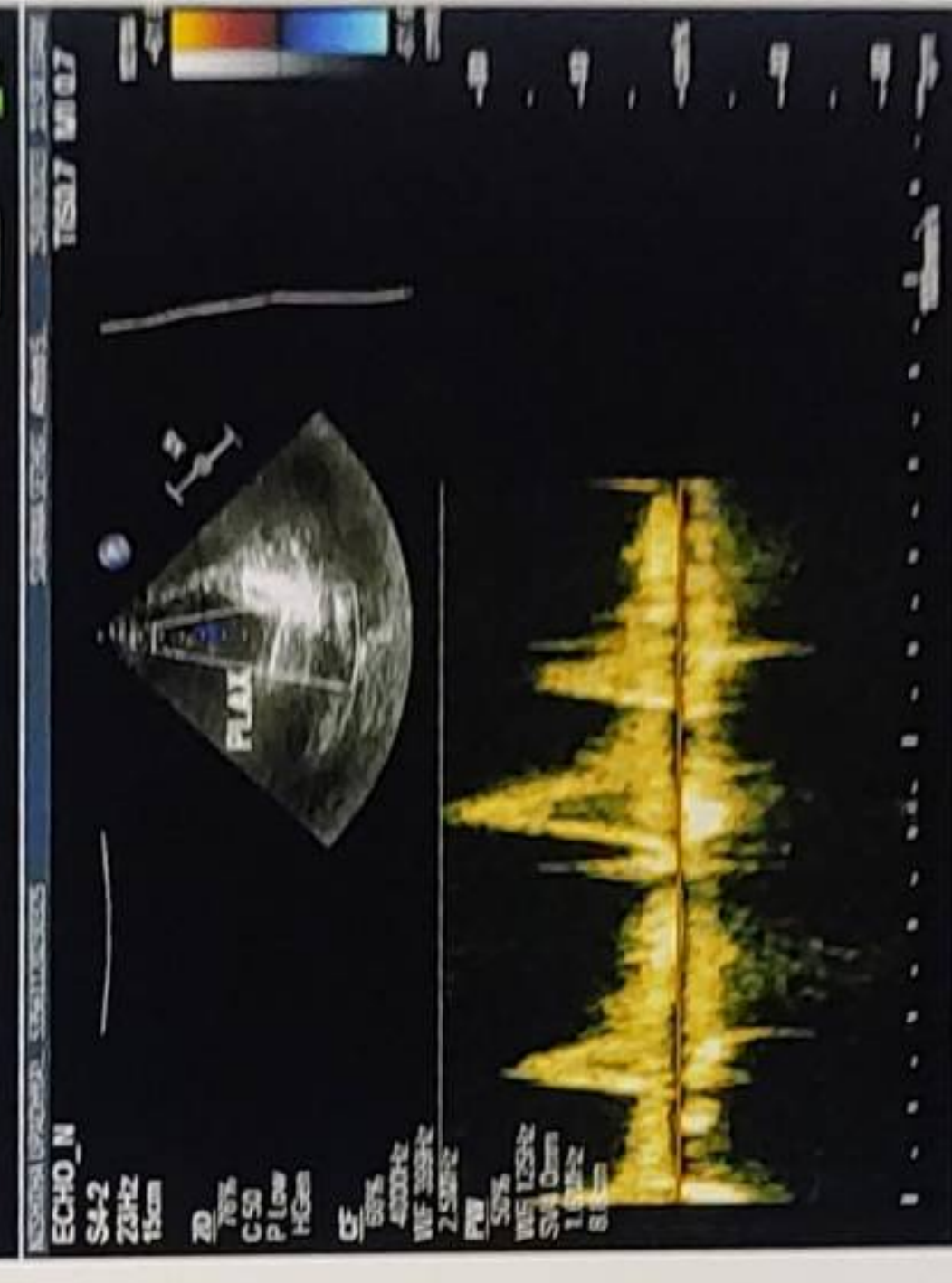
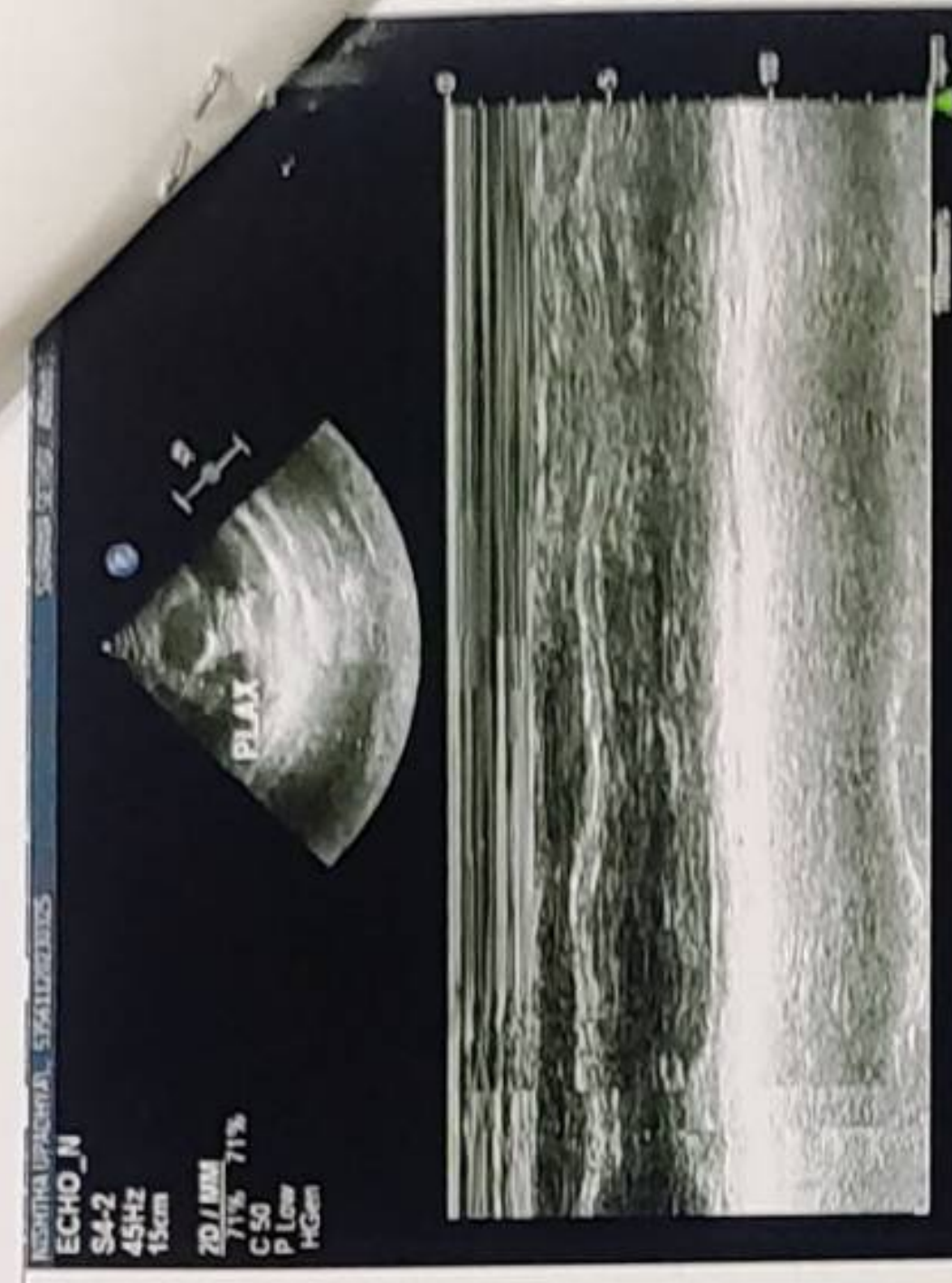
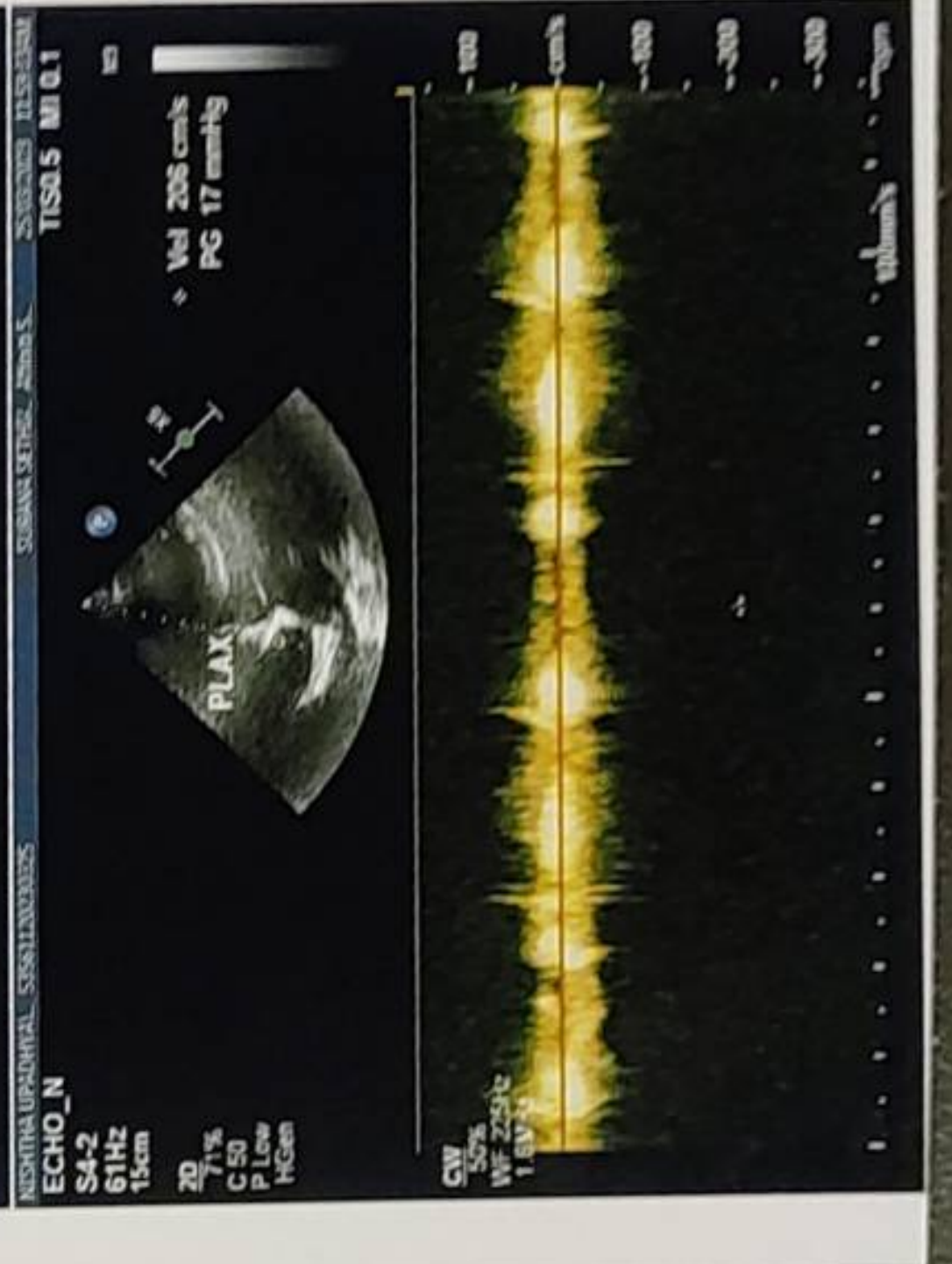
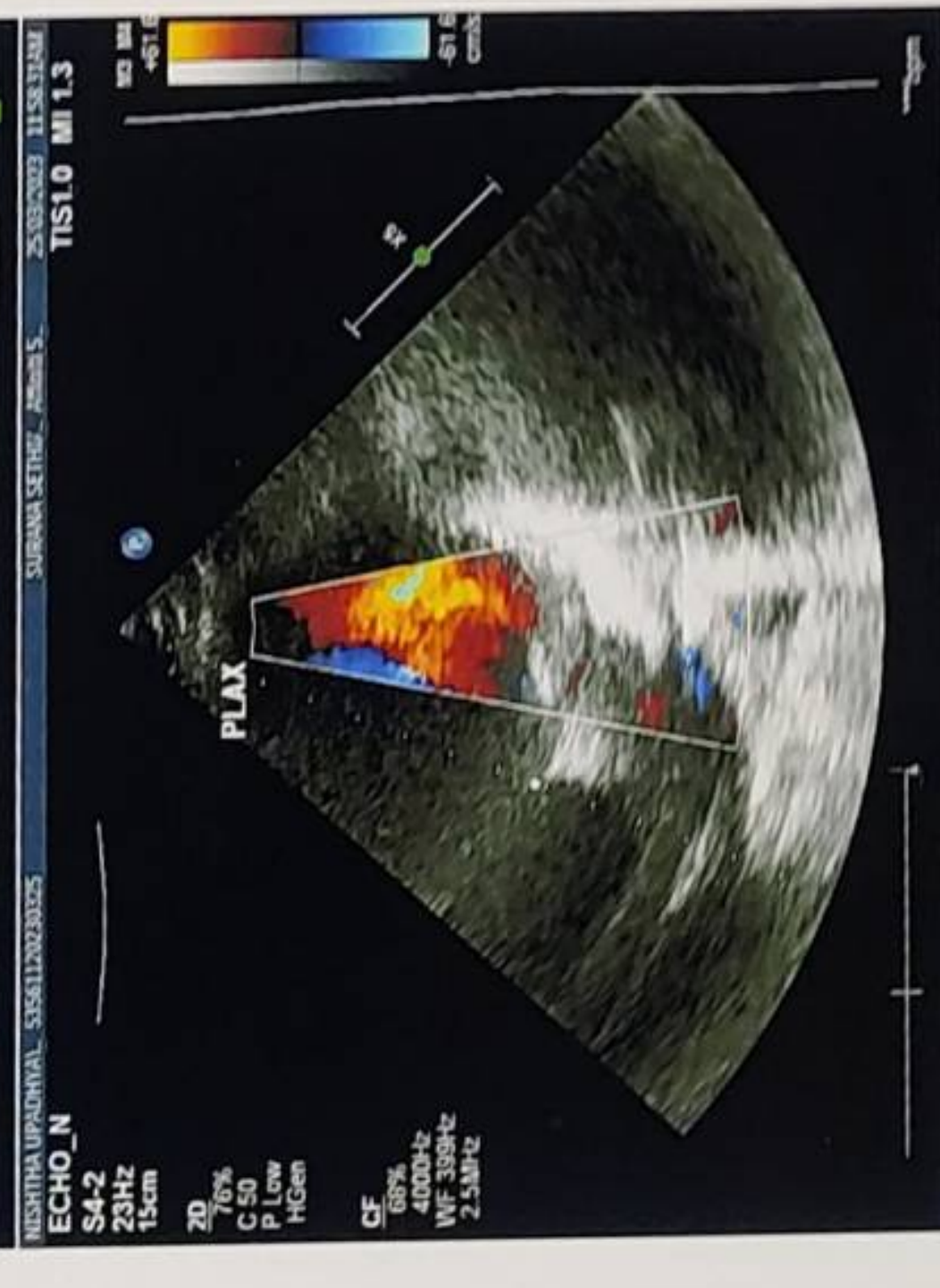
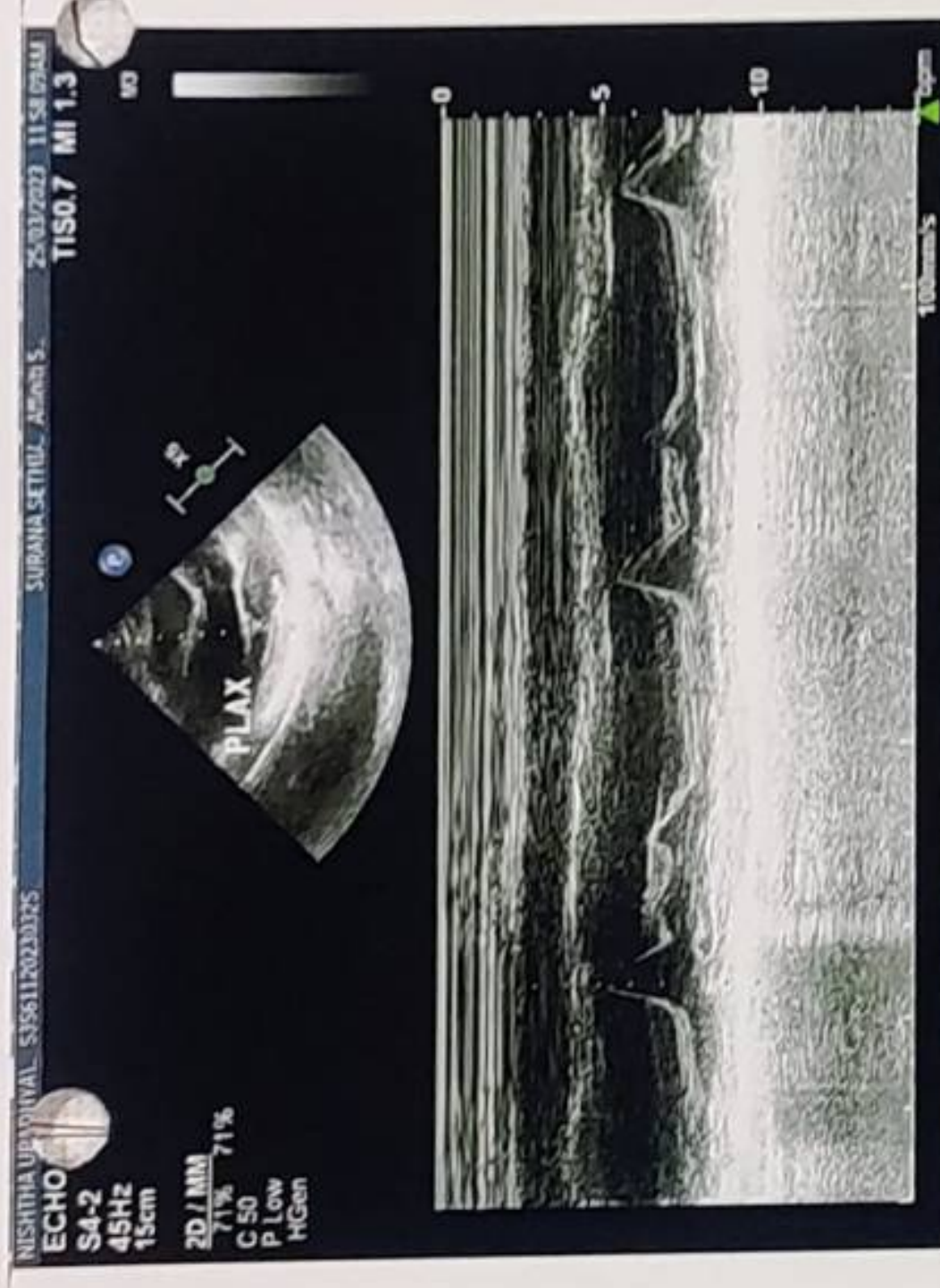
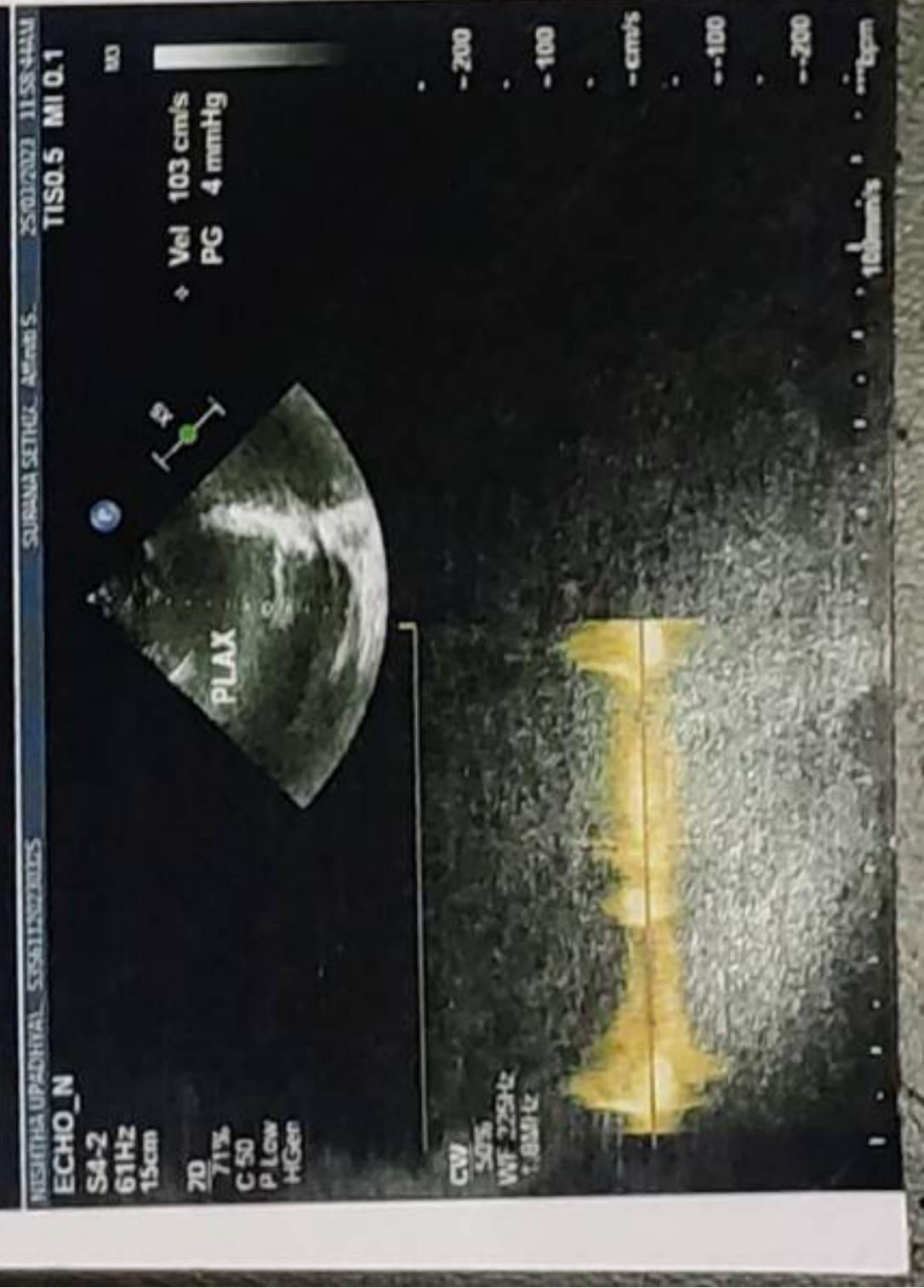
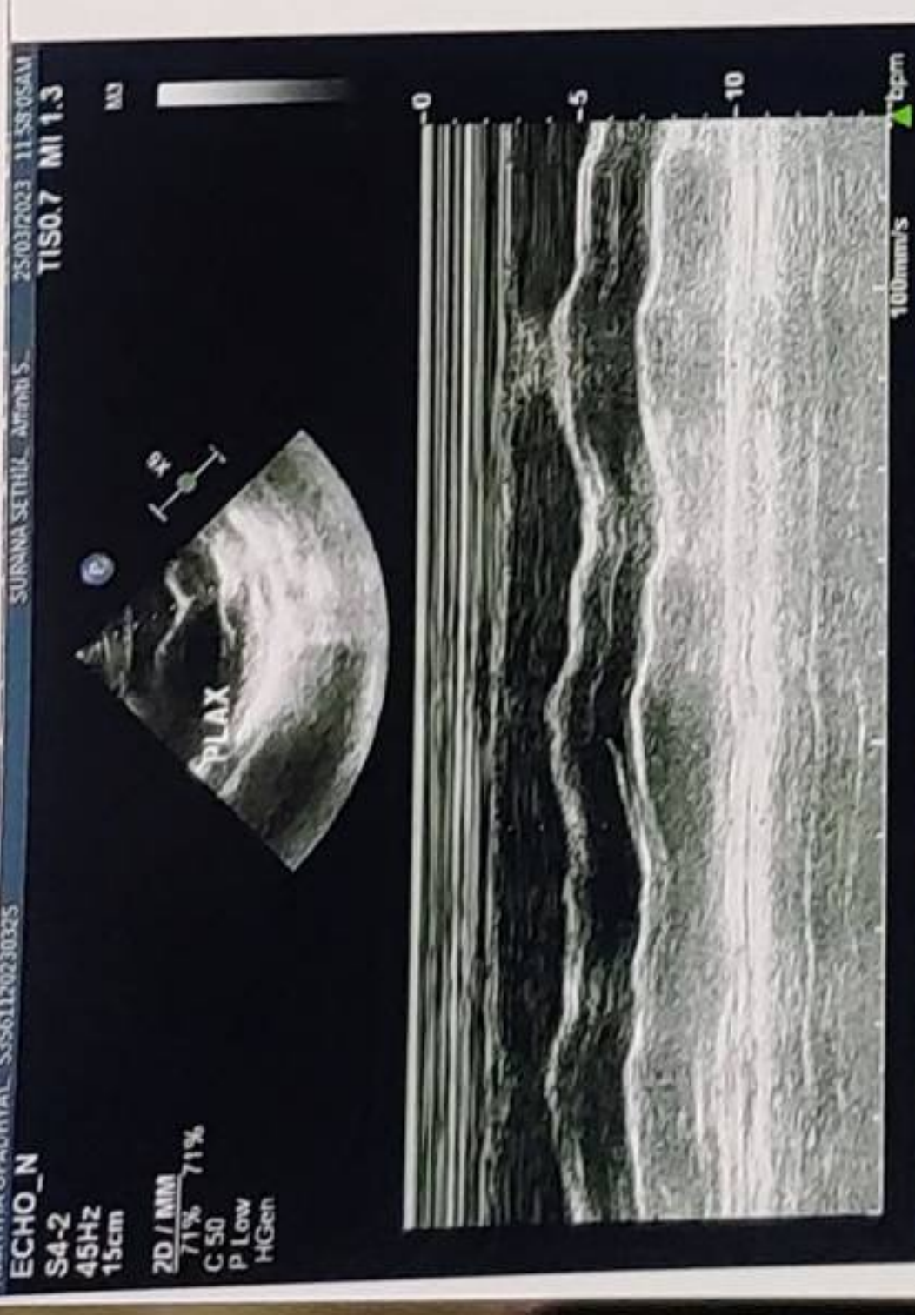
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ID: nishtha

25.03.2023 8:13:23  
SURANA HOSPITAL  
CHEMBUR  
MUMBAI

1989 Nishtha Upadhyaya 71 bpm

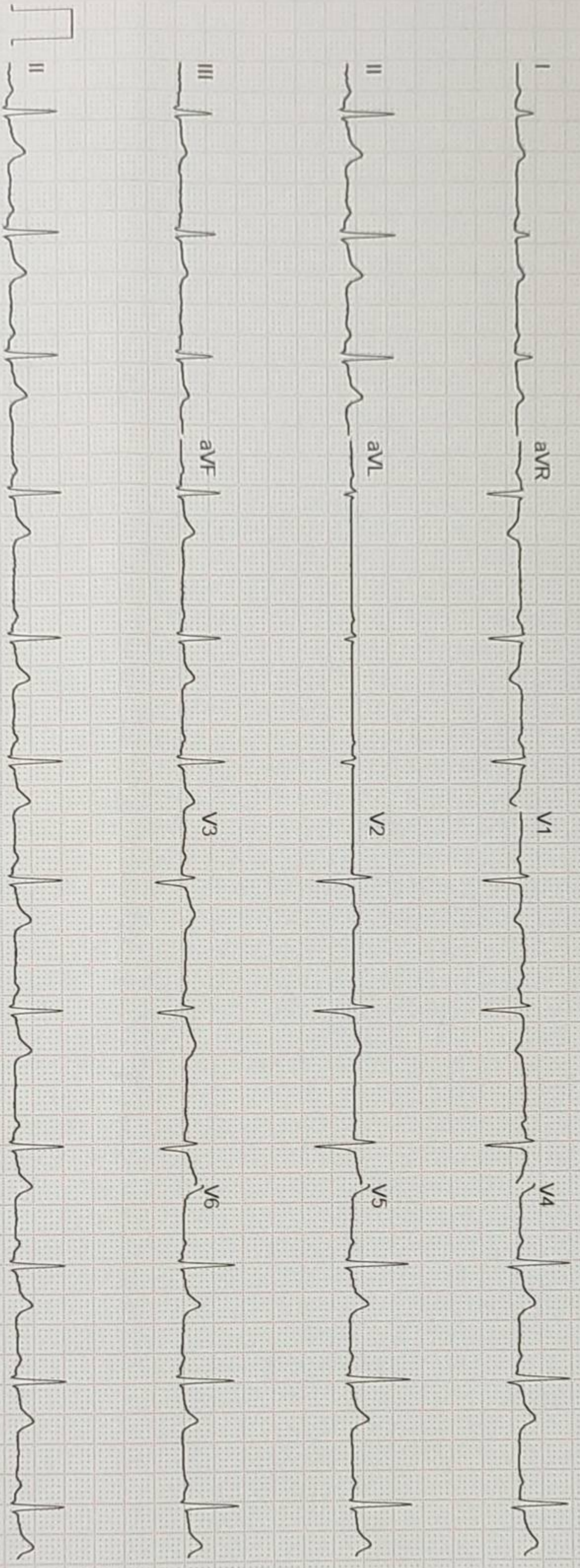
Age: 33 yrs.

Bp - 120/70 mmHg

P. 70/min

QRS :	78 ms
QT / QTcBaz :	392 / 425 ms
PR :	154 ms
P :	94 ms
RR / PP :	846 / 845 ms
P / QRS / T :	30 / 71 / 61 degrees

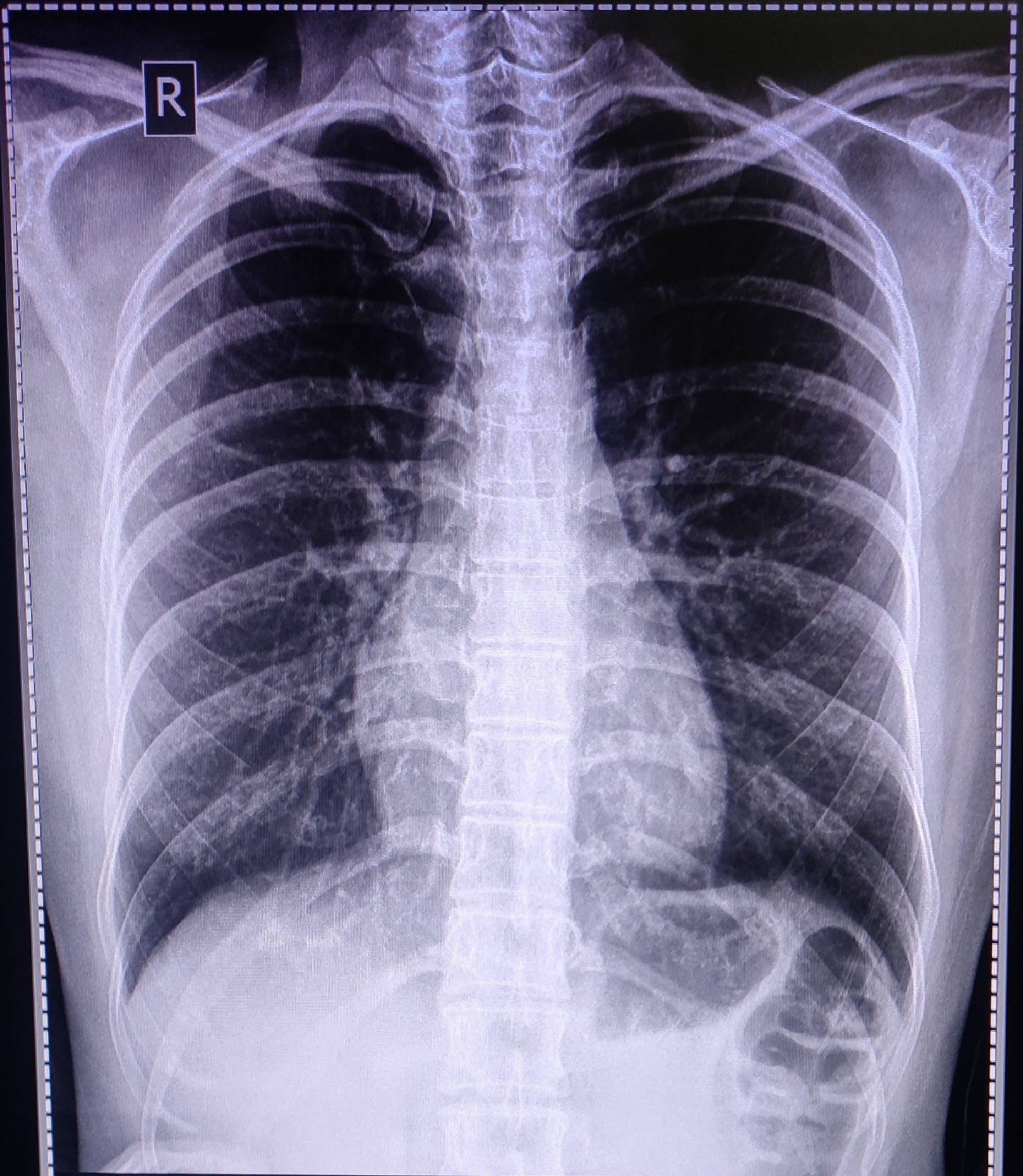
Normal sinus rhythm with sinus arrhythmia  
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1 1/1

Unconfirmed





MRS. UPADHYAYA NISHTHA Female / 33 YRS 66.7 % Chest PA  
Pat. ID. : OPD/1128531 Ref.Dr. C/O MEDIWHEEL 25/03/2023 09:57:50 AM  
SURANA SETHIA HOSPITAL, CHEMBUR, MUMBAI - 71.