

Name : Mr. Ramesh K

Age: 38 Y

Sex: M

Address : ECITY

 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

UHID:CELE.0000127445



OP Number:CELEOPV333780

Bill No :CELE-OCR-54379

Date : 26.01.2024 11:45

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

WT - 84 kg.  
 Ht. 174 cm  
 BMI - 27.7  
 BP - 150/89 mm/Hg  
 W ulsa - 85 b/w

Patient Name	: Mr. Ramesh K	Age	: 38 Y M
UHID	: CELE.0000127445	OP Visit No	: CELEOPV333780
Reported on	: 26-01-2024 16:09	Printed on	: 26-01-2024 16:09
Adm/Consult Doctor	:	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---



for **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**

Personal Details  
UHID: 00XHE1PU6S80ZKB  
PatientID: 127445  
Name: mr remesh k  
Age: 38  
Gender: Male  
Mobile: 9840678173

Pre-Existing Medical-  
Conditions

Vitals

Measurements

HR : 76 BPM  
PR : 133 ms  
PD : 106 ms  
QRS : 95 ms  
QRS Axis : 39 deg  
QT/QTc : 357/402 ms

Report ID: AHLLP\_00XHE1PU6S80ZKB\_V6S80ZL4

Interpretation  
Sinus Rhythm Regular  
Normal Axis

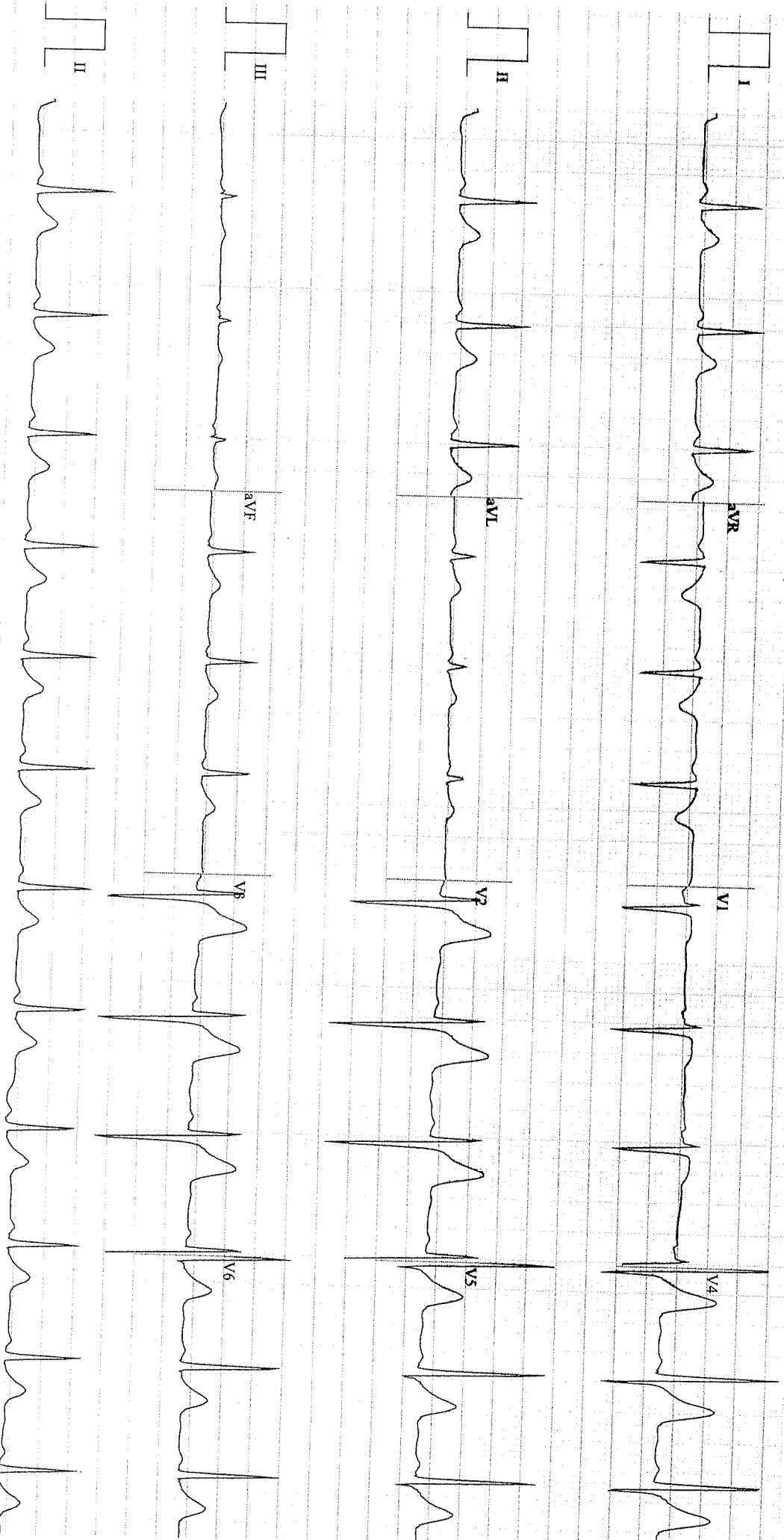
Apollis

Author:

*[Signature]*

Dr. Yogesh  
MD, DNB,  
Reg No- K

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



Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.

## 2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MR RAMESH K

DATE : 26/01/2024


AGE/SEX:38Y / M

REF ; ARCOFEMI MEDIWHEEL

UHID: 127445

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

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 ).MILD CONCENTRIC LVH
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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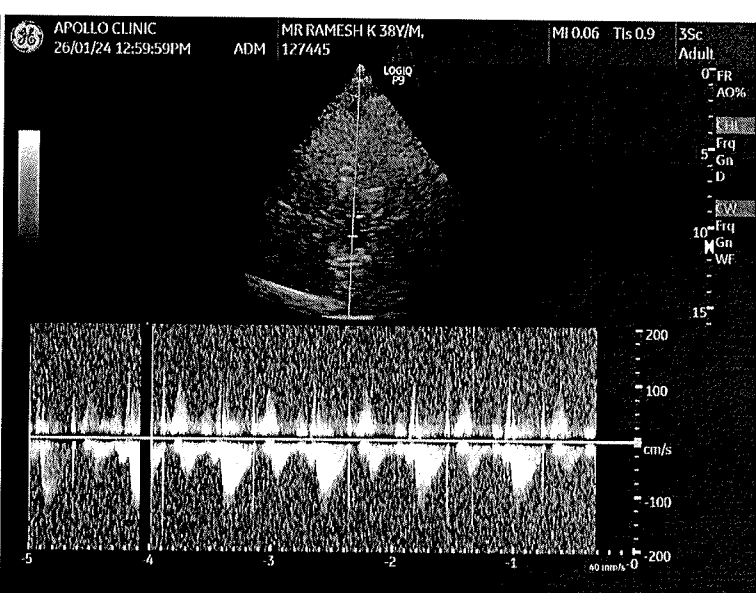
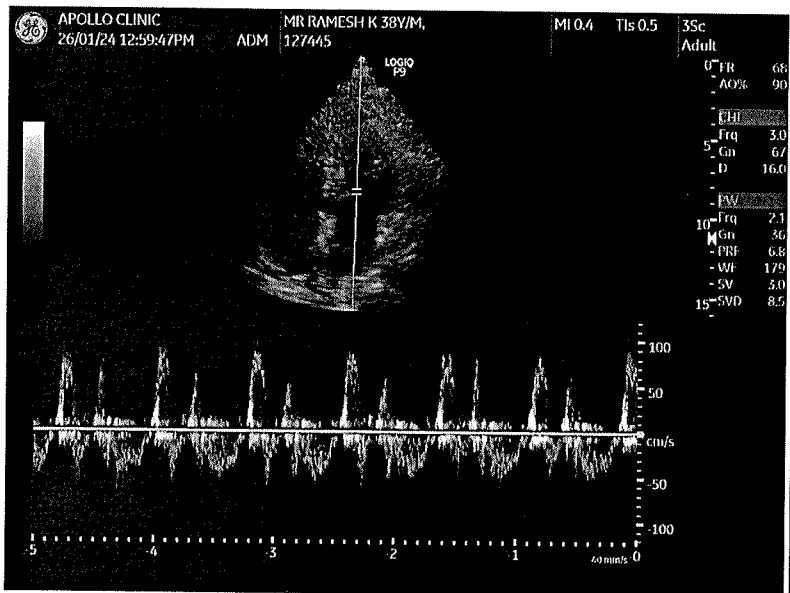
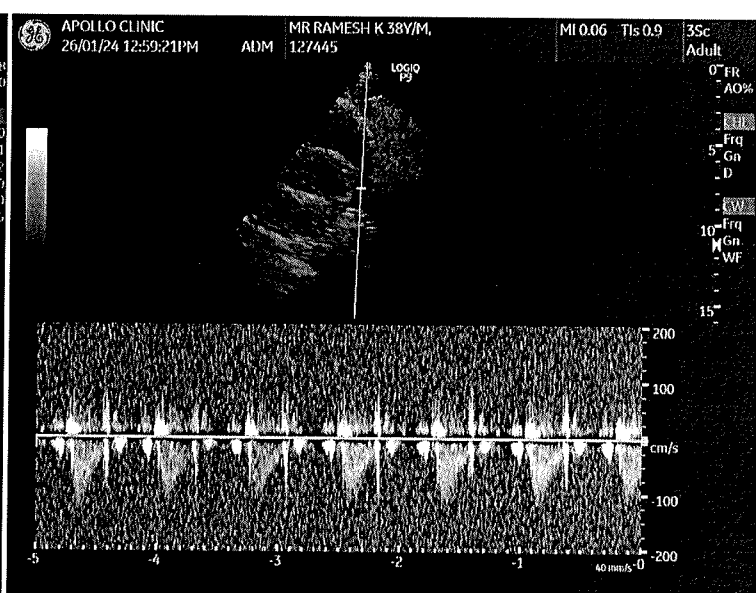
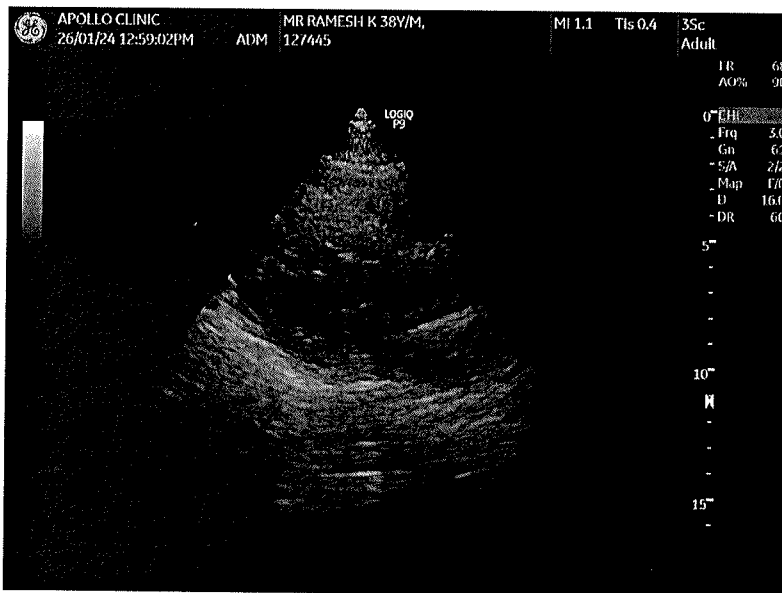
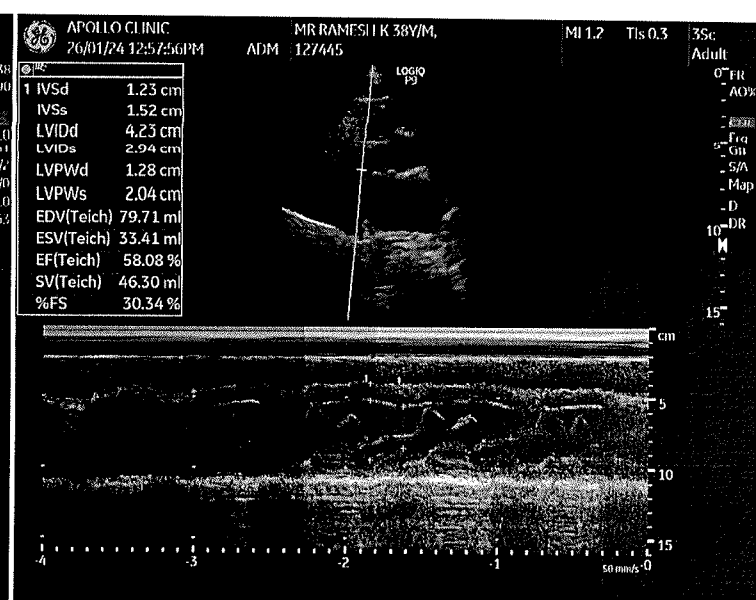
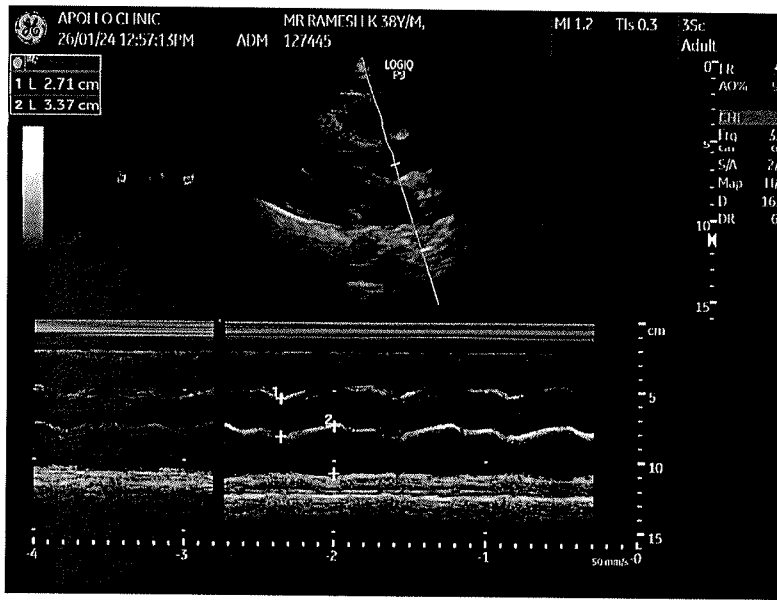
**APOLLO CLINICS NETWORK KARNATAKA**

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





APOLLO CLINIC  
26/01/24 01:00:09PM

MR RAMESH K 38Y/M,  
ADM 127445

Ml 1.1 TIs 0.4 3Sc

Adult

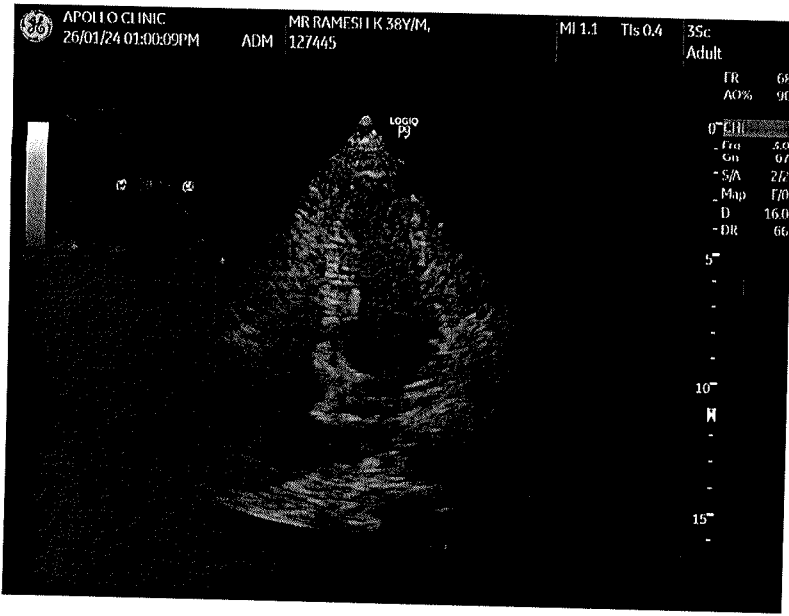
FR 68  
AO% 90

07:11  
- Pre 3.0  
- Sm 0.1  
- S/A 2.2  
- Map F/0  
- D 16.0  
- DR 66

5"

10"

15"





Government of India



Download Date: 02/02/2021



ரமேஷ் கே.  
Ramesh K  
பிறந்த நாள்/DOB: 08/08/1985  
ஆண்/ MALE

Issue Date: 29/01/2021

7577 2488 1480

VID : 9120 3155 2386-8283

எனது ஆதார். எனது அடையாளம்



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	RAMESH K
DATE OF BIRTH	08-08-1985
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-01-2024
BOOKING REFERENCE NO.	23M106163100085788S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. AV SREETHU
EMPLOYEE EC NO.	106163
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	KUNDARAPALI
EMPLOYEE BIRTHDATE	16-05-1991

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'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))





# Apollo Clinic

## CONSENT FORM

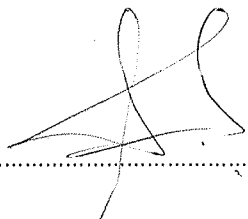
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Patient Name: Mr. Ramesh K Age: 38 y/m  
UHID Number: 127945 Company Name: arcopri medical

I Mr/Mrs/Ms Ramesh K Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting FBS, wine fasting

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: 26/1/26