



Metro Hospital & Heart Institute, Haridwar

Health Check-up Certificate

COMPANY... Mediwheel / Bank of Baroda (Roorkee)

EMPLOYEE NO..... DEPTT..... DATE 25-02-23
 NAME Mrs. Sarita Devi AGE/SEX 38y/F DOB 1-02-1985
 DESIGNATION.....x..... MOBILE NO 8433030207
 CHEST (INSP).....x.....cm. CHEST (EXP).....x.....cm. CHEST EXPANSION.....x.....cm
 HEIGHT 1.56..... cm. WEIGHT 6.5.....Kg. BMI.....x
 P/R 84.....per mt. BP 110/70.....mmHg SIGN OF EMP Sarkar

EXAMINATION/INVESTIGATIONS

No	Investigations	Room No	Result
✓ 1	LAB INVESTIGATIONS / CBC / BSR	Path Lab	Hb <u>9.7 gm/l.</u> TLC <u>5260</u> / DLC <u>64/20/15/1</u>
	BLOOD SUGAR F/PP/RANDOM	Path Lab	FBS / PP <u>91.0</u> / RBS <u>ABAC 52.9</u> /
✓	BLOOD GROUP / AB O RhE	Path Lab	<u>B+</u>
✓ 2	URINE	Path Lab	Alb <u>NIL</u> / Sugar <u>NIL</u>
✓ 3	STOOL	Path Lab	<u>GNR</u>
✓ 4	X RAY CHEST PA	Radiology	<u>NAD</u>
✓ 5	ULTRASONOGRAPHY (Whole Abd)	Radiology	<u>Normal study</u>
✓ 6	ECG	Health check up	<u>Normal</u>
✓ 7	ECHO	Radiology	<u>Normal study.</u>
8	TMT	Radiology	
9	PFT	Health check up	
10	AUDIOMETRY	25	
11	ENT EXAM	25	
✓ 12	DENTAL EXAMINATION	24	<u>status good / Hygiene Avg.</u>
✓ 13	ACUITY OF VISION/COLOUR VISION	13	<u>6/6</u> <u>6/6</u> <u>NVC</u> <u>NS</u> <u>EW</u> (⊙)
✓ 14	EXAMINATION BY PHYSICIAN	23	<u>NAD.</u>
15	ITFT / LFT		<u>NAD</u> <u>NAD</u> <u>NAD</u>

Observations - KFT
LFT
PAID smear - Negative for Malignancy

- H/O HTN in Mother / MF
Adv to consult physician.

Dr. ANIL SINGH, MBBS, AFM, DM
 Occupational Health Specialist

8



METRO HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Ltd.), CIN No. U33201DL2006PTC156918

Reg. Off : 21, Community Centre, Preet Vihar, Delhi - 92

GST No.: 05AAKCS5409G1ZD

Plot No. F-1, Sector-6A, SIDCUL, Ranipur, Haridwar (UK) - 249403, www.metrohospitals.com

Phone No.: 01334-239040, 239042, 239053

BILL OF SUPPLY (OUTPATIENT CREDIT BILL)

Bill No	: MHWOP/202228212	Date/Time	: 25/02/2023 10:42
Name	: Mrs. Sarita Devi	UHID	: MHWID/2023003273
Age/Sex	: 38 Y /Female	Category	: CASH
Address	: Mediwheel, Haridwar Uttarakhand India	Req. Dr.	: Dr. ANIL SINGH
Tel	: 8433030207		
Comp Name	: MEDIWHEEL#ARCOFEMI HEALTH LTD. (MEDIWHEEL_HARIDWAR)		

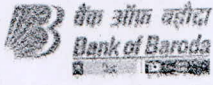
HEALTH CARE SERVICES	Req. No.	AMOUNT(Rs.)
Package - MediWheel Full Body Health Checkup Female Below 40(Rs.1900)Feb2022		1900.00
<input checked="" type="checkbox"/> CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)	10341197	
<input checked="" type="checkbox"/> ESR	10341197	
<input checked="" type="checkbox"/> URINE ROUTINE ANALYSIS	10341197	
<input checked="" type="checkbox"/> STOOL ROUTINE EXAMINATION	10341197	
<input checked="" type="checkbox"/> BLOOD GROUP	10341197	
<input checked="" type="checkbox"/> BLOOD SUGAR -FASTING	10341197	
<input checked="" type="checkbox"/> URINE SUGAR	10341197	
<input checked="" type="checkbox"/> BLOOD SUGAR -PP	10341197	
<input checked="" type="checkbox"/> HBIAC	10341197	
<input checked="" type="checkbox"/> THYROID PROFILE	10341197	
<input checked="" type="checkbox"/> LIPID PROFILE	10341197	
<input checked="" type="checkbox"/> KFT (KIDNEY FUNCTION TEST)	10341197	
<input checked="" type="checkbox"/> LFT (LIVER FUNCTION TEST)	10341197	
<input checked="" type="checkbox"/> ECG	80100154	
<input checked="" type="checkbox"/> TMT/ECHO	80100154	
<input checked="" type="checkbox"/> X-RAY CHEST PA View	70221190	
<input checked="" type="checkbox"/> USG WHOLE ABDOMEN	70221190	
<input checked="" type="checkbox"/> PAP SMEAR	10341197	
Dr. Physician Consultation {Second Visit}	Patient No 6	
Dr. Eye Consultation {Second Visit}	Patient No 4	

Bill Amount: 1900.00
Net Bill Amt Credit: 1900.00

Credit Bill Towards **MEDIWHEEL#ARCOFEMI HEALTH LTD.** an Amount of Rupees One Thousand Nine Hundred Only

Signature of Patient/Attendant.....
Relation with patient-
Contact No-
Run Date : 25/02/2023 10:42





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	SARITA DEVI
DATE OF BIRTH	01-02-1985
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-02-2023
BOOKING REFERENCE NO.	22M123269100042832S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. VERMA ASHOK
EMPLOYEE EC NO.	123269
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	ROORKEE
EMPLOYEE BIRTHDATE	02-07-1980

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 **17-02-2023** 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))

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

Mrs. Savita Devi
38 y/f
25-2-23

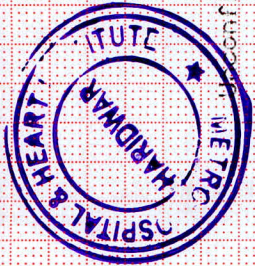
HR 66 bpm

Measurement Results:

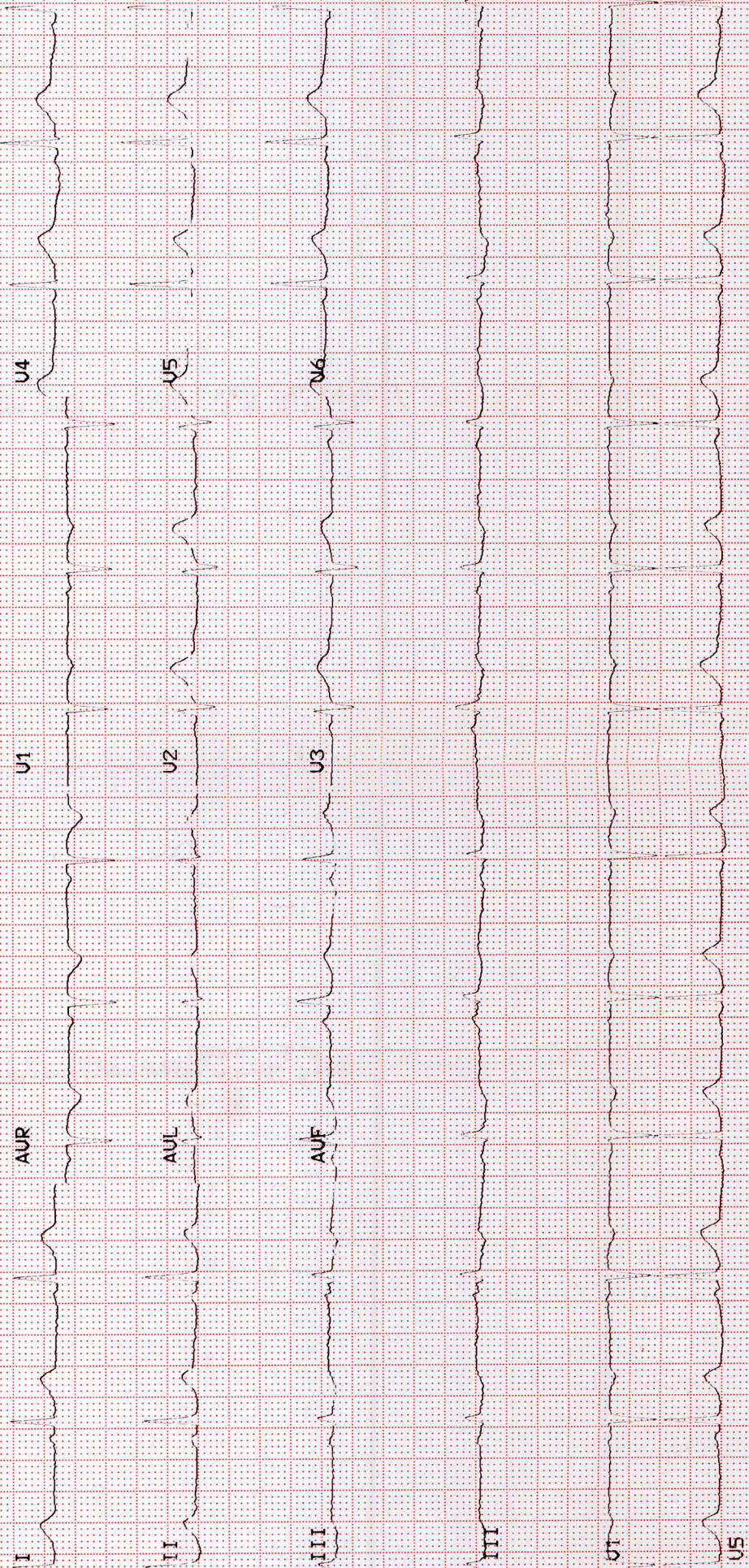
QRS : 88 ms
 QT/QTcB : 416 / 438 ms
 PR : 136 ms
 P : 106 ms
 RR/PP : 904 / 900 ms
 P/QRS/T : 65/ 40/ 25 degrees
 QTd/QTcBD : 26 / 27 ms
 Sokolow : 1.7 mV
 NK : 9

Interpretation:

normal ECG



Unconfirmed report





we treat...HE CURES

Metro Hospital & Heart Institute

(A unit of Sunhill Hospital Private Limited)

OPD CONSULTATION

Patient Name Mr. Sarita Devi Age/Sex 38Y / F Reg. No.

Doctor's Name Dr. Sushil Kumar

Date 25-2-23

Time 11:05

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/6

Lt 6/6

NEAR VISION-

Rt N/6

Lt N/6

COLOUR VISION

Normal

EYE EXAMINATION

Cornea

Ant Chamber

Pupil

Fundus Examination

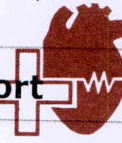
Normal

ADVICE-



Signature

Pathology Report



METRO PATH LABS

Age/Sex : 38 Y/F
 A unit of Sunhill Hospitals Private Limited)
 UHID : 2023003273
 (ISO & NABL Certified)

Request No. CIN No: 033201927006PTC156918

Sample Time : 12:25

Reporting Time: 21:27

Name : Mrs. Sarita Devi
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202228212
 Sample Date : 25/02/2023
 Reporting Date: 25/02/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
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Biochemistry

LIPID PROFILE

TOTAL CHOLESTEROL	179.0	mg/dl	00-250.0	
HDL-CHOLESTEROL	40.0	mg/dl	00-50.0	
LDL	116.0	mg/dl	00-150.0	
TRIGLYCERIDES	114.0	md/dl	30-150	
VLDL	22.8	mg/dl	0-50	
CHOL/HDL Ratio	4.4		<4.5	

LFT (LIVER FUNCTION TEST)

BILIRUBIN INDIRECT	0.30	mg/dl	0.2-0.8	
SGOT	24.0	U/L	10-42	
SGPT	22.0	U/L	10-42	
BILIRUBIN TOTAL	0.60	mg/dl	0.2-1.0	
ALKALINE PHOSPHATASE	73.0	IU/L	28-111	
BILIRUBIN DIRECT	0.30	mg/dl	0.1-0.4	
TOTAL PROTEIN	6.3	gm/dl	6.4-8.2	
ALBUMIN	3.3	g/dl	3.5-5.0	
GLOBULIN	3.0	gm/dl	2.0-4.0	
AG RATIO	1.1		-	

KFT (KIDNEY FUNCTION TEST)

UREA	19.0	mg/dl	15-45	
SODIUM	142.0	mmol/L	135-155	
CREATININE	0.65	mg/dl	0.6-1.3	
URIC ACID	3.72	mg/dl	3.0-7.6	
BUN	9.0	mg/dl	05-20	
POTTASSIUM	4.2	mmol/L	3.5-5.5	
CALCIUM	8.7	mg/dl	8.5-10.5	

Serology & Immunology

THYROID PROFILE

T3	1.99	nmol/L	1.70-3.10	
T4	6.75	µg/dl	5.95-15.4	
TSH	1.40	µIU/L	0.46-4.68	

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)



Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA)

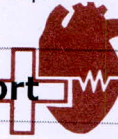
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E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com



Pathology Report



METRO PATH LABS

Name : Mrs. Sarita Devi
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202228212
 Sample Date : 25/02/2023
 Reporting Date: 25/02/2023

Age/Sex : 38 Y/F
 Unit of Sunhill Hospitals Private Limited)
 UHD : 20230327 (ISO 15189 Certified)
 Request No. CIN No.: 03220107006PTC156918
 Sample Time : 12:25
 Reporting Time: 21:27

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
HBIAC	5.9	%	4.5-6.3	
BLOOD SUGAR -FASTING	83.0	mg/dl	70.0-110.0	
BLOOD SUGAR -PP	91.0	mg/dl	70.0-140.0	
Hematology				
BLOOD GROUP				
ABO	B	-	-	
Rh	POSITIVE	-	-	
ESR	17	mm/hr	20	

*** End of Reports ***

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Pathology Report



METRO PATH LABS

Name : Mrs. Sarita Devi
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202228212
 Sample Date : 25/02/2023
 Reporting Date: 25/02/2023

Age/Sex : 38 Y/F
 (A Unit of Sunhill Hospitals Private Limited)
 UHID : 2023003273
 (ISO 15189 Certified)
 Request No. : 033201027
 CIN No: 033201027006PTC156918
 Sample Time : 12:25
 Reporting Time: 21:27

Test	Result	Unit	Bio. Ref. Inter.	Test Method
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Urine Examination

URINE ROUTINE ANALYSIS

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW	-	-	-
TRANSPARENCY	CLEAR	-	-	-
S. GRAVITY	1.025	-	-	-

CHEMICAL EXAMINATION

ALBUMIN	NIL	-	-	-
SUGAR	NIL	-	-	-
pH	6.0	-	-	-
BLOOD	NIL	-	-	-
KETONE	NIL	-	-	-

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	-	-	-
EPITHELIAL CELLS	2-3	-	-	-
RBC	NIL	-	-	-
CRYSTALS	NIL	-	-	-
CAST	NIL	-	-	-
BACTERIA	NIL	-	-	-
AMORPHOUS PHOSPHATE	NIL	-	-	-
AMORPHOUS URATES	NIL	-	-	-

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)



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HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Radiology Investigation Report

Name : Mrs. Sarita Devi
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202228212
Date : 25/02/2023

Age/Sex : 38 Y/F
UHID NO : 2023003273
Request No : 70221190

X-RAY CHEST PA View

Trachea is central.

Bilateral hila are normal in size & density.

Cardiac silhouette is normal.

Bilateral lung fields are clear.

Bilateral Costophrenic angles are normal.

Bilateral domes of diaphragm are normal in position & contour.

Bones and soft tissues are normal.

IMPRESSION : Normal skiagram



DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

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Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

27-Feb-23 11:33 AM

MHHI/CL/0115/Rev. No. 01



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HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Radiology Investigation Report

Name : Mrs. Sarita Devi
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202228212
Date : 25/02/2023

Age/Sex : 38 Y/F
UHID NO : 2023003273
Request No : 70221190

USG WHOLE ABDOMEN

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in shape, outline & echotexture. No focal lesion of abnormal ecogenecity is seen. Intrahepat biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is well distended, its outlines are smooth & its wall are not thick. No calculus /mass lesion is see in its lumen. Common bile duct is normal in course & caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is norma Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesic calculus is seen in bladder. Ureterovesical junctions appear normal.

Uterus is normal in size shape, outline & echotexture. Myometrial & endometrial echoes are normal. No uterin mass is seen. Both the ovaries appear normal. There is no free fluid seen in cul de sac.

IMPRESSION : NORMAL STUDY



DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

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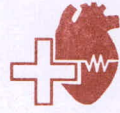
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27-Feb-23 11:33 AM

MHHI/CL/0115/Rev. No. 01



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HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

2D ECHOCARDIOGRAPHY

Name:	Mrs. Sarita Devi	UHID No:	2023003273
Age/Sex:	38Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	25/02/2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	0.9	(0.6 – 1.1 cm)
LVPW (ED)	0.9	(0.6 – 1.1 cm)
LVID (ED)	4.0	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.6	(2.0 – 3.7 cm)
LA dimension	3.0	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Mild	E – 122, A – 70, E/A>1	
Aortic	Nil	Vel – 160	
Tricuspid	Mild	Vel – 276	PASP – 35
Pulmonary	Trace	Vel – 97	

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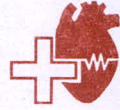
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HOSPITAL & HEART INSTITUTE

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(NABH & ISO 9001: 2008 Certified)

FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Mild MR, Mild TR, Trace PR, PASP 35 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883



Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

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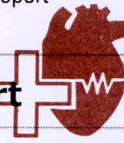
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Pathology Report



METRO PATH LABS

Name : Mrs. Sarita Devi
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202228212
 Sample Date : 25/02/2023
 Reporting Date: 25/02/2023

Age/Sex : 38 Y/F
 (A unit of Sunhill Hospitals Private Limited)
 UHID : 2023003273
 ISO 9001:2015 NABH Certified
 Request No. : CIN: No. 0311072006PTC156918
 Sample Time : 12:25
 Reporting Time: 21:27

Test	Result	Unit	Bio. Ref. Inter. Test Method
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Hematology

CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)

HB	9.7	gm/dl	F - 11.5-15
TLC	5260	/cumm	4000-11000
DLC (WBC DIFFERENTIAL)			
NEUTROPHILS	64	%	45-75
LYMPHOCYTES	27	%	25-45
EOSINOPHILS	05	%	1-6
MONOCYTES	04	%	2-8
BASOPHILS	00	%	--<2
RBC	3.93	million	3.5-5.5
PCV	32.6	%	36-52
MCV	83.1	fL	80-100
MCH	24.6	PG	27-32
MCHC	29.8	gm/dl	31-37
PLATELET COUNT	1.50	lakh/cumm	1.5-4.5
RDW	14.9	%	11.5-15

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)



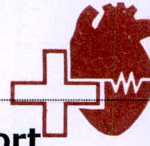
Note:

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

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E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com



METRO PATH LABS

Pathology Report

(A unit of Sunhill Hospitals Private Limited)

Name : Mrs. Sarita Devi
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202228212
Sample Date : 25/02/2023
Reporting Date: 25/02/2023

Age/Sex : 38 Y/F (ISO & NABH Certified)
UHID : 2023003273
Request No. : 10341197
Sample Time : 12:25
Reporting Time: 21:27

Test	Result	Unit	Bio. Ref. Inter.	Test Method
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Cytology

PAP SMEAR

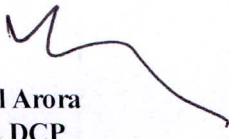
Smear are cellular and predominantly shows superficial and intermediate squamous epithelial cells and few parabasal cell.

Background shows RBC and few polymorphonuclear inflammatory cells.

No fungus, parasite, granuloma or atypical cell seen.

Imp:-PAP smear are negative for intraepithelial cell lesion or malignancy.

*** End of Reports ***


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Note:

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