

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	ANURADHA GIRISH JADHAV
DATE OF BIRTH	07-12-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-12-2021
BOOKING REFERENCE NO.	21D175231100007626S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. JADHAV GIRISH GANGADHAR
EMPLOYEE EC NO.	175231
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	MEDAD
EMPLOYEE BIRTHDATE	05-08-1987

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 **04-12-2021** 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'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.

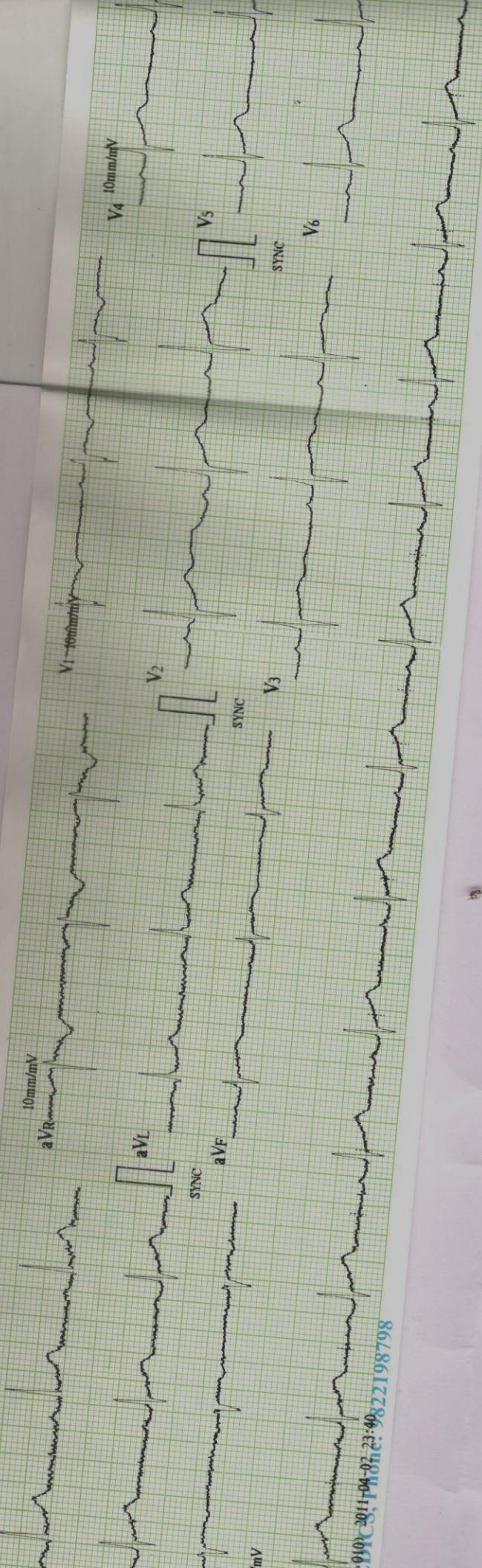
Yours faithfully,

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))

150Hz-AC  
1mm/mV



910 2011-04-03 23:40:22 198798



**2D ECHO / COLOUR DOPPLER**

**NAME : MRS. ANURADHA JADHAV**  
**REF BY : DR. HOSPITAL PATIENT**

**29Yrs/F**

**OPD**  
**10-Dec-21**

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	20	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	24	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	42	PG (mmHg)	6
LVID - S (mm)	27	MITRAL E VEL (m/sec)	0.7
IVS - D (mm)	11	A VEL (m/ sec)	0.4
LVPW -D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness,  
No regional wall motion abnormality  
Normal LV systolic function, LVEF 60%  
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.  
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.


Normal Tricuspid & pulmonary valve  
Trivial tricuspid regurgitation,  
PA pressure = 18 mmHg - normal

Intact IAS & IVS  
No PDA, coarctation of aorta.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

Normal echo study.  
No regional wall motion abnormality.  
Normal LV systolic & diastolic function, LVEF 60%  
Normal PA pressure.

**DR SHIRISH (M S) HIREMATH**  
**CARDIOLOGIST**

  
**DR. RAJDATTA DEORE**  
**CARDIOLOGIST**  
MMC 2005/03/1520

*(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)*

**JADHAV, ANURADHA**  
 Patient ID 73894  
 10/12/2021 Female  
 29yrs Indian  
 12:44:31pm Meds:

Tabular Summary

BRUCE: Total Exercise Time 06:35  
 Max HR: 134 bpm 70% of max predicted 191 bpm HR at rest: 70  
 Max BP: 130/85 mmHg BP at rest: 120/75 Max RPP: 16380 mmHg\*bpm  
 Maximum Workload: 8.80 METS

Test Reason: Screening for CAD  
 Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test  
 Comment:

Max. ST: -3.40 mm, 0.00 mV/s in II; EXERCISE STAGE 2 03:29  
 Arrhythmia: A:74, VBIG:4, PVC:33, PSVC:13, ASYSTO:3, RUN:3, CPLT:3  
 ST/HR index: 0.43  $\mu$ V/bpm

Reasons for Termination: Fatigue

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

MAX HR ACHIEVED

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. SHIRISH (M.S) HIREMATH DR. RAJ DATT DEORE  
 SR CARDIOLOGIST CARDIOLOGIST

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	1.0	65	120/75	7800	0	0.85	
	STANDING	00:20	0.00	0.00	1.0	62			0	0.80	
	HYPERV.	01:01	0.00	0.00	1.0	90	120/75	10800	1	0.70	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	115	120/75	13800	0	-10.50	
	STAGE 2	03:00	2.50	12.00	7.0	125	130/85	16250	2	-0.05	
	STAGE 3	00:36	3.40	14.00	8.8	134	130/85	17420	1	0.10	
RECOVERY		02:23	0.00	0.00	1.0	69	130/85	8970	0	0.20	

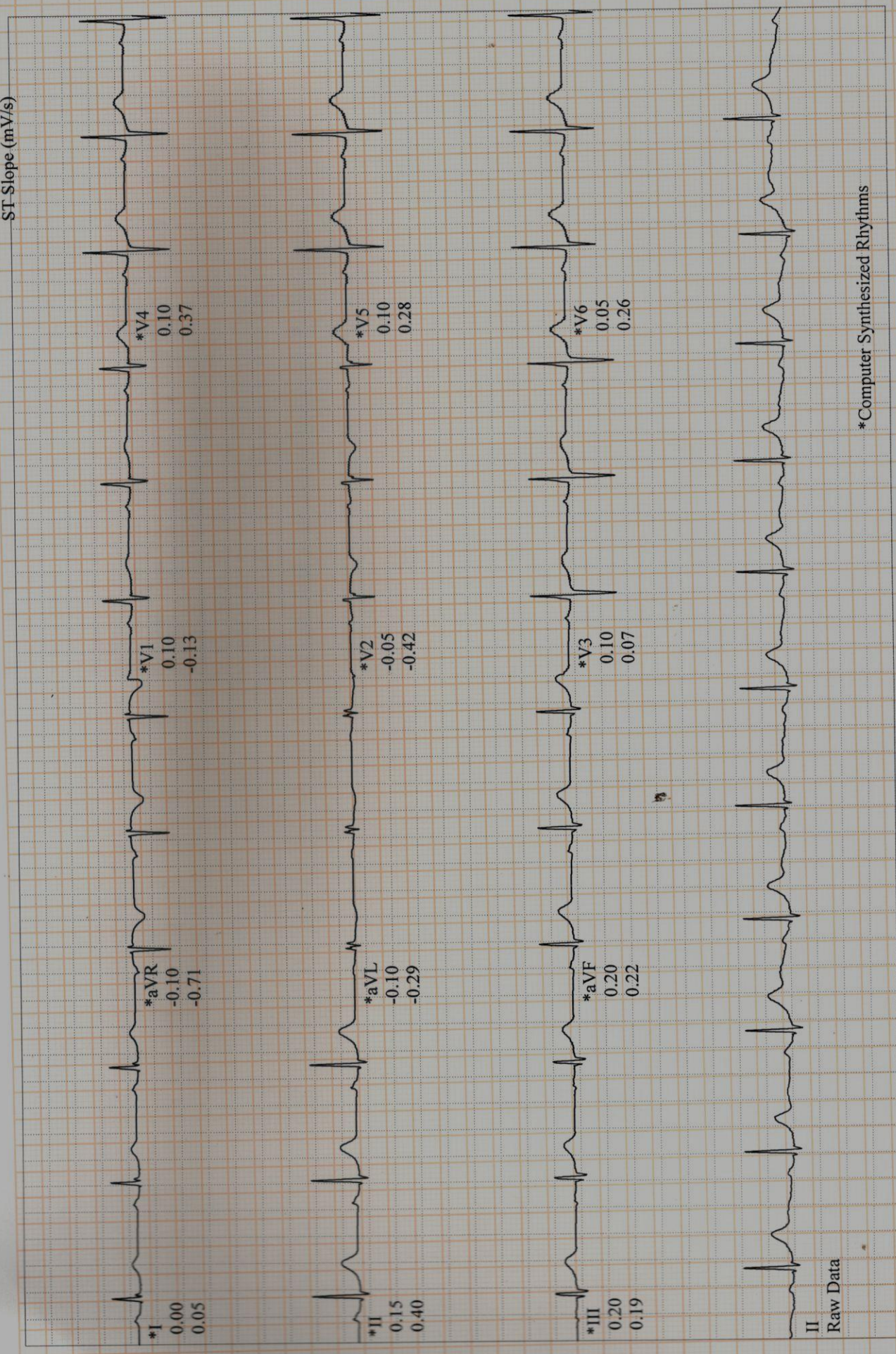
Linked Medians  
RECOVERY  
#1  
02:12

ANURADHA  
D 73894  
021  
55pm

BRUCE  
0.0 mph  
0.0 %

68 bpm  
130/85 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms



**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 10-DEC-2021                      REP. DATE : 10-DEC-2021  
NAME : MRS. JADHAV ANURADHA GIRISH  
PATIENT CODE : 103801                      AGE/SEX : 29 YR(S) / FEMALE  
REFERRAL BY : HOSPITAL PATIENT

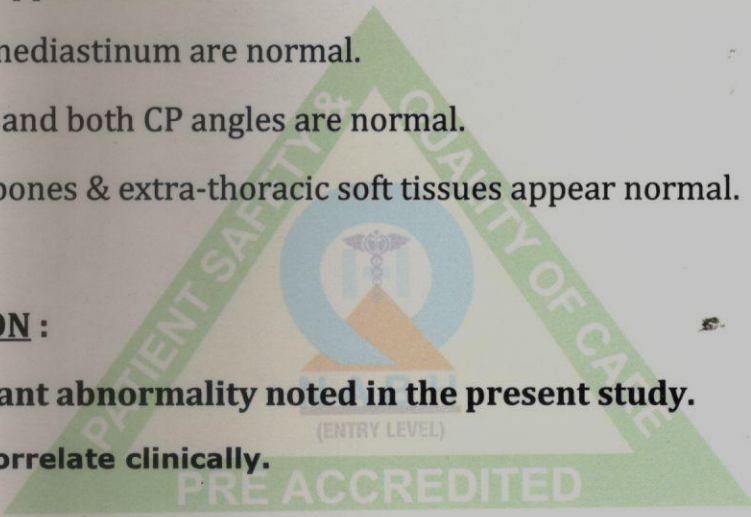
**CHEST X-RAY PA VIEW**

**OBSERVATION :**

Both lungs appear clear.  
Heart and mediastinum are normal.  
Diaphragm and both CP angles are normal.  
Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**No significant abnormality noted in the present study.**  
**-Kindly correlate clinically.**



**Dr. PIYUSH YEOLE**  
**(MBBS, DMRE)**  
**CONSULTANT RADIOLOGIST**



## Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 10-DEC-2021      REP. DATE : 10-DEC-2021  
NAME : MRS. JADHAV ANURADHA GIRISH  
PATIENT CODE : 103801      AGE/SEX : 29 YR(S) / FEMALE  
REFERRAL BY : HOSPITAL PATIENT

### BILATERAL SONOMAMMOGRAPHY

#### OBSERVATION :

##### RT. BREAST.

Fibro-glandular tissues appear normal.

Skin and subcutaneous tissue appear normal.

Nipple shows normal features.

No significant axillary adenopathy.

##### LT. BREAST.

Fibro-glandular tissue appear normal.

Skin and subcutaneous tissue appear normal.

Nipple appear normal.

No e/o axillary lymphadenopathy.

#### IMPRESSION :

**No sonologically demonstrable focal breast lesion in the present study.**

- Kindly correlate clinically.

Dr. PIYUSH YEOLE  
(MBBS, DMRE)  
CONSULTANT RADIOLOGIST



## Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 10-DEC-2021      REP. DATE : 10-DEC-2021  
NAME : MRS. JADHAV ANURADHA GIRISH  
PATIENT CODE : 103801      AGE/SEX : 29 YR(S) / FEMALE  
REFERRAL BY : HOSPITAL PATIENT

### USG ABDOMEN AND PELVIS (TAS+TVS)

#### OBSERVATION :

**Liver** : Is mildly enlarged in size (16.0 cms), normal in shape & echotexture.  
No focal lesion / IHBR dilatation.

**CBD / PV** : Normal.      **G.B.** : Moderately distended, normal.

**Spleen** : Is normal in size (9.5 cms), shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained.  
No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.9 x 4.1 cm. Left kidney measures : 10.8 x 4.6 cm.

**Urinary bladder** : Partially distended, normal.

**Uterus** : Anteverted, normal in size (7.1 x 3.4 x 3.6 cms), shape, echotexture.  
No fibroid. Endometrium show normal appearance. ET = 1 cms.

**There is e/o mildly increased peri-uterine vascularity on colour flow imaging.**

**Minimal free fluid is noted in the pouch of Douglas.**

**Both ovaries** : show normal features. Adnexa clear.

**Right ovary** : 3.2 x 1.8 cms.

**Left ovary** : 3.1 x 1.9 cms. **Complex cyst of 1.3 x 0.8 cms sized is noted in the left ovary.**

**Few small follicular cysts are noted in both ovaries.**

**Few small nabothian cysts are noted in the cervix.**

Loaded fecal matter is noted in the large bowel loops.

No obvious demonstrable small bowel / RIF pathology.

Normal Aorta, IVC, adrenals and other retroperitoneal structures.

No ascites / lymphadenopathy / pleural effusion.

#### IMPRESSION :

1. Mild hepatomegaly.
2. E/O mildly increased peri-uterine vascularity on colour flow imaging which may related to pelvic inflammatory disease.
3. Small left ovarian complex cyst.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE  
(MBBS, DMRE)

CONSULTANT RADIOLOGIST