

GOVERNMENT OF INDIA

| विनीता टेलर Vimeeta Tailor जन्म लिपि / DOB: 04/09/1988 महिना / FEMALE



6335 9902 3078

FERT AR SINK NO



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	VINEETA TAILOR
DATE OF BIRTH	04-09-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-06-2023
BOOKING REFERENCE NO.	23J104294100061752S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. TAYLOR ASHISH
EMPLOYEE EC NO.	104294
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	JAIPUR,BAIS GODAM
EMPLOYEE BIRTHDATE	16-01-1988

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 12-06-2023 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))

CONSULTATION SUMMARY



Patient MRN

:15010000464273

Patient Name

: Ms Vineeta Tailor

Gender/Age/Dob : Female, 34 Years, 04/09/88

Patient Phone No: 9785990385

Patient Address

: Jaipur, Jaipur, Rajasthan, India,

-302018

Consultation Date :13/06/2023 11:29 AM

Consultant

: Dr. Anil Goyal

(OPHTHALMOLOGY)

Consultation Type : OP , NEW VISIT

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

EYE STRAIN

PAST MEDICAL HISTORY

No significant past medical history

SYSTEMIC EXAMINATION

Eyes

: VN RE 6/9 LE 6/9 N6 BE S/L NAD BE

MEDICATION ORDER

DRUG NAME

FLURBIPROFEN+GATIFLOXACIN-DROPS-5ML-ISOGATE FB

CARBOXYMETHYLCELLULOSE-DROPS-0.5% 10ML-TEAR DROP

PATIENT INSTRUCTION

Twice Daily (1 - 0 - 1 - 0) Drops For 15 Days | Qty: 1 | Start Date: Jun 13, 2023 | End Date: Jun 27, 2023

Thrice Daily (1-1-1-0) For 1 Month | Qty: 1 | Start Date: Jun 13, 2023 | End Date: Jul 12, 2023

PROCEDURE HISTORY

No known surgical history

ALLERGY

No known allergies

FAMILY HISTORY

No significant family history

SOCIAL HISTORY

No significant social history

CONSULTANT DETAILS

Dr. ANIL GOYAL M.B.B.S., M.D. (Ophthalmology) Registration No. (RMC-17444) Narayana Multispeciality Hospital, JAIPUR

Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099 Hospital Address: Sector-28, Kumbha Marg, Pratap Nagar, Jaipur 302033

Tel: +91 141 7122 233 | Email: info.jpr@narayanahealth.org | www.narayanahealth.org GST No. 08AABCN1685J1Z8



Appointments

1800-309-0309 (Toll Free)

Emergencies 99837-32222



Dr. ANIL GOYAL M.B.B.S., M.O. (C. "halmology) tion No. (RMC-17444)

CONSULTANT DETAILS

Dr. Anil Goyal , VISITING CONSULTANT , OPHTHALMOLOGY

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Anil Goyal | Printed On: 13.06.2023 11:35

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Appointments



MRN No: PATIENT'S

15010000464273 MS. VINEETA TAILOR

Date Age/Sex:

13/06/2023 34 Yrs./F

DR. NAME:

DR. DEEPAK GARG

ULTRASOUND STUDY OF ABDOMEN & PELVIS

Liver: - Normal in size, shape & echotexture. No evidence of any mass lesion is seen. Bilobar Intrahepatic biliary radicals are not dilated.

Gall Bladder: - Is distended. Lumen is clear. Wall thickness is normal.

<u>CBD</u>: - Normal in calibre. No calculus is seen in visualized part of CBD.

Portal Vein: - Normal in calibre.

Pancreas: - Normal in size & echotexture. No focal lesion is seen. MPD is not dilated.

Spleen: - Normal in size & echotexture. No focal lesion is seen.

Right Kidney: - Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. There is no evidence of calculus or hydronephrosis.

Left Kidney: - Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. There is no evidence of calculus or hydronephrosis.

Urinary Bladder: - is distended. No calculus or mass lesion is seen. Wall thickness is normal.

Uterus:- Normal in size, shape & position.

Endometrial thickness is ~ 4 mm.

Both ovaries:- Bilateral ovaries are normal in size & shape.

Others: - No free fluid is seen in abdomen.

Impression: USG findings are suggestive of: -

No sonographic abnormality is seen.

Correlate clinically & with other related investigations.

Dr. Swati Jain Consultant Radiologist

Dr. Vijay Kumar Sharma **Consultant Radiologist**

Dr. Sunny Maharwal **Consultant Radiologist** This is a preventive health checkup sonography report with no available clinical details and previous records.

Narayana Multispeciality Hospital

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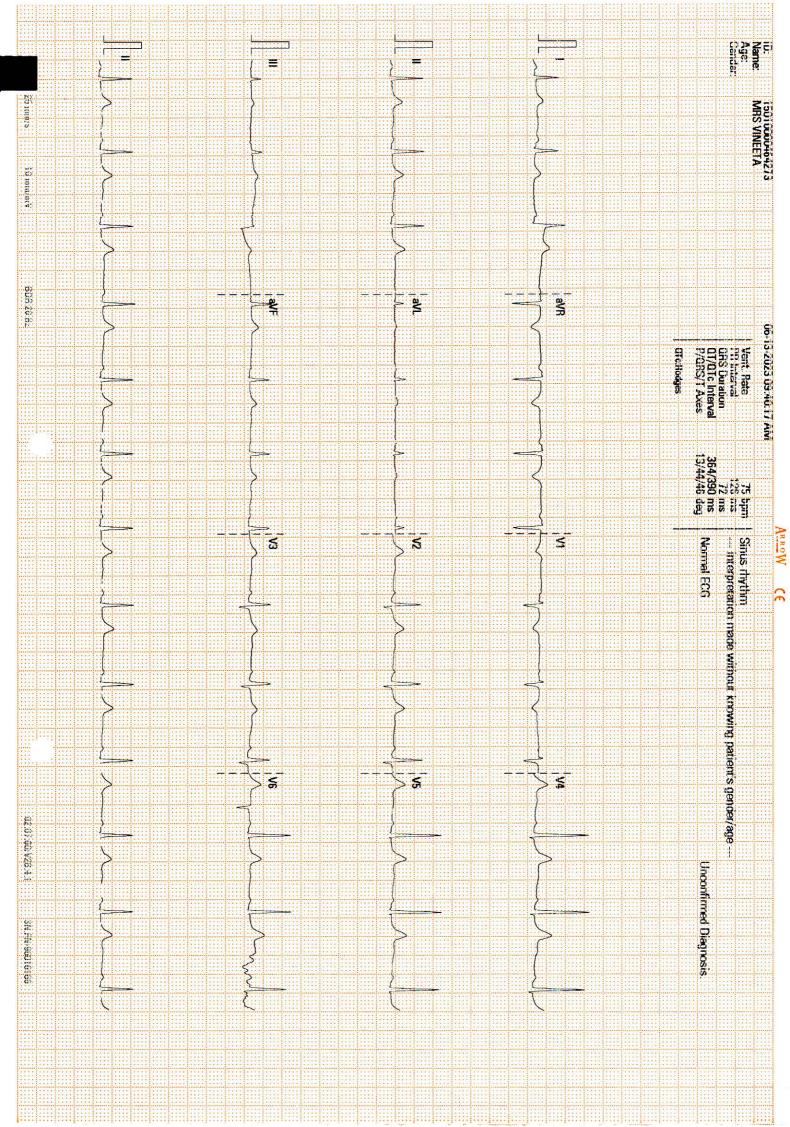
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Appointments 1800-309-0309 (Toll Free)

Emergencies

99837-32222





Patient Name	Vineeta Tailor	Requested By	Dr.^Deepak^Garg
MRN	15010000464273	Procedure DateTime	2023-06-13 09:18:06
Age/Sex	34Y 9M / Female	Hospital	NḤ JAIPUR

X-RAY CHEST P.A. VIEW

Clinical profile not known.

Both lung fields are clear. No parenchymal lesion noted.

Both CP angles are clear.

Cardiac shadow is within normal limits.

1y thorax & soft tissue appears normal.

Domes of diaphragm are normally placed.

Correlate clinically & with other related investigations.

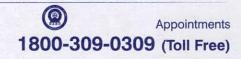
Dr.Jainendra Jain

Senior Consultant(Radiology)

This is a digitally signed valid document. Reported Date/Time: 2023-06-13 12:24:06

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GST No. 08AABCN1685J1Z8



ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME GENDER/AGE : Ms Vineeta Tailor : Female, 34 Years

LOCATION

PATIENT MRN

PROCEDURE DATE

: 15010000464273 : 13/06/2023 10:07 AM

REQUESTED BY : Dr. Deepa

: Dr. Deepak Garg



IMPRESSION

CLINICAL PROFILE :-CARDIAC EVALUATION

MILD MR

MILD TR, NO PAH

ALL CARDIAC CHAMBERS ARE NORMAL

IAS/IVS INTACT

NO RWMA, LVEF=60% (VISUALLY ESTIMATED)

NORMAL LV SYSTOLIC FUNCTION.
NORMAL LV DIASTOLIC FUNCTION.

NO CLOT/VEGETATION/MASS/PERICARDIAL EFFUSION.

PLEASE CORRELATE CLINICALLY AND WITH OTHER INVESTIGATIONS.

FINDINGS

CHAMBERS

LEFT ATRIUM : AP DIAMETER(MM): 32

LEFT VENTRICLE : LVIDD(MM) · 47

LVIDD(MM) : 47 IVSD(MM) : 11 EDV(ML) : 103 LVIDS(MM) : 30 LVPWD(MM) : 11 ESV(ML) : 37 E/A RATIO : E/E'(AVERAGE) : LVEF(%) : 60

VALVES

MITRAL : MILD MR

AORTIC : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION

TRICUSPID : MILD TR, NO PAH

PULMONARY : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION

Su

DR. SITARAM GUPTA JUNIOR CONSULTANT

13/06/2023 10:07 AM

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Appointments



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Vineeta Tailor MRN: 15010000464273 Gender/Age: FEMALE, 34y (04/09/1988)

Collected On: 13/06/2023 08:52 AM Received On: 13/06/2023 08:53 AM Reported On: 13/06/2023 10:21 AM

Barcode: 402306130074 Specimen: Serum Consultant: Dr. Deepak Garg(NON INVASIVE DIAGNOSTIC SERVICES)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9785990385

	BIOCHEN	MISTRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine	0.72	mg/dL	0.52-1.04
eGFR	92.8	mL/min/1.73m ²	Both: <60 indicative of renal impairment Both: Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18
Blood Urea Nitrogen (BUN) (Colorimetric (Urease UV))	13.75	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	3.47	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Enzymatic Method (cholesterol Oxidase, Esterase, Peroxidase))	210.0 H	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides (Enzymatic Method (lipase, Kinase, Oxidase And Peroxidase))	156.2 H	mg/dL	Both: Normal: < 150 Both: Borderline High: 150-199 Both: High: 200-499 Both: Very High: => 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	45.5	mg/dL	Low: < 40 High: => 60
Non-HDL Cholesterol	164.5		
LDL Cholesterol (Friedewald Formula)	133.3 Н	mg/dL	Both: Desirable: < 100 Both: Optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190
VLDL Cholesterol (Friedewald Formula)	31.24	mg/dL	10.0-50.0
Cholesterol /HDL Ratio	4.7		0.0-5.0

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Appointments



Patient Name: Ms Vineeta Tailor MRN: 15010000	464273	Gender/Age : FEMALE , 34y (04/0	9/1988)
Total Protein (Biuret (alkaline Cupric Sulfate))	8.05	gm/dL	6.3-8.2
SGOT (AST) (Enzymatic Colorimetric)	31	U/L	14.0-36.0
SGPT (ALT) (UV With P5P -IFCC)	39 H	U/L	<35.0
Alkaline Phosphatase (ALP)	92	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic Method) THYROID PROFILE (T3, T4, TSH)	24	U/L	12.0-43.0
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.39	ng/ml	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.88	ug/dl	4.3-12.5
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	2.37	uIU/ml	0.35-5.5

April

Dr. Anil Sharma MBBS , MD (Microbiology) Senior Consultant

	HAEMA	TOLOGY	
Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	29 H	mm/hr	0.0-12.0
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.0 L	g/dL	12.0-16.0
Red Blood Cell Count (Electrical Impedance)	4.64	millions/ μL	3.8-5.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	33.3 L	%	36.0-48.0

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Patient Name: Ms Vineeta Tailor MRN: 150100 MCV (Mean Corpuscular Volume) (Derived)			
	72 L	fL	78.0-100.0
MCH (Mean Corpuscular Haemoglobin) Calculated)	21.7 L	pg	32.0-35.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	30.1	g/L	25.0-32.0
Red Cell Distribution Width (RDW)	20.8 H	%	12.0-18.0
atelet Count (Electrical Impedance Plus croscopy)	317	Thousand / μL	150.0-400.0
al Leucocyte Count(WBC) (Electrical edance / Flow Cytometric)	7.9	Thous/cumm	4.0-10.0
FERENTIAL COUNT (DC)			
trophils	67.2	%	40.0-75.0
phocytes	27.0	%	15.0-45.0
nocytes	2.3 L	%	4.0-13.0
nophils	3.5	%	0.5-7.0
pphils	0.0	%	0.0-2.0
lute Neutrophil Count	5.31	Thousand / μL	1.5-7.0
olute Lympocyte Count	2.14	Thousand / µL	1.0-4.0
lute Monocyte Count	0.19 L	Thousand / μL	0.2-0.8
ute Eosinophil Count	0.28 H	Thousand / μL	0.0-0.2



Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

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Appointments



Patient Name: Ms Vineeta Tailor MRN: 15010000464273 Gender/Age: FEMALE, 34y (04/09/1988)

hand

Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Vineeta Tailor MRN: 15010000464273 Gender/Age: FEMALE, 34y (04/09/1988)

Collected On: 13/06/2023 08:52 AM Received On: 13/06/2023 08:53 AM Reported On: 13/06/2023 10:33 AM

Barcode: 402306130075 Specimen: Whole Blood Consultant: Dr. Deepak Garg(NON INVASIVE DIAGNOSTIC SERVICES)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9785990385

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric (Glucose Oxidase Hydrogen Peroxidase))	91	mg/dL	65.0-110.0
HBA1C			
HbA1c	5.9 H	%	<= 5.7%-NORMAL 5.7-6.4% - PREDIABETES >=6.5% - DIABETES
Estimated Average Glucose	122.63	mg/dL	<140.0

Interpretation:

^{3.} Any sample with >15% should be suspected of having a haemoglobin variant.

Bilirubin Total (Dyphylline, Diazonium Salt)	0.33	mg/dL	0.2-1.3	
Albumin To Globulin (A/G)Ratio	1.11		1.0-2.1	

Dr. Anil Sharma

MBBS, MD (Microbiology)

Senior Consultant

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) NEGATIVE

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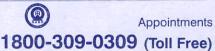
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^{1.} HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

^{2.} HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.



	CLINICAL PAT	HOLOGY	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	25 H	ml	0.0-0.0
Colour	Pale Yellow		0-0
Appearance	Clear		0-36500
CHEMICAL EXAMINATION			
pH(Reaction)	6.0		4.5-9.0
Sp. Gravity	1.015		1.002-1.03
Protein	Negative		0-0
Jrine Glucose	Negative		0-0
MICROSCOPIC EXAMINATION			
Pus Cells	1-2	/hpf	
RBC	Nil	/hpf	
pithelial Cells	1-2	/hpf	
Crystals	Nil		
Casts	Nil		

-- End of Report-

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Patient Name: Ms Vineeta Tailor MRN: 15010000464273 Gender/Age: FEMALE, 34y (04/09/1988)

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