





PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Name1	:MrKUMAR RAJESH .	Reg. No.	:UHID145299	IPD/OPD Status	:OPD
Relative	:S/O.	Accession No.	:20240312062	Catagory	:med/wheel
Age/Sex	:49 Y/Male	Consultant	Dr. SELF	Location/Bed.No	;

Collected at:12/03/2024 2:43:00 PM

Report Gen at: 12/03/2024 3:21:13 PM



Accession No

BIOCHEMISTRY



Registration No

SAMPLE TYPE : EDTA BLOOD

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
HbA1C (GLYCOSYLATED Hb)	6.1	%	-

INTERPRITATION:

Non-diabetic: < 5.7

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

ADA Target: 7.0

Action suggested: > 8.0

PLEASE CORRELATE CLINICALLY.

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks. Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells. Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these

Medical lab.Technician

Dr.Sonu Yadav
MBBS,MD(path)
Consultant Pathologist

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Name: Mr KUMAR RAJESH .	Reg. No. : UHID145299	IPD/OPD Status : OPD
Relative : S/O.	Accession No. : 20240312062	Category : mediwheel
Age/Sex : 49 Y/Male	Consultant : Dr. SELF	Location/Bed.No : .

Collected at: 12/03/2024 2:43:00 PM

Report Gen at: 12/03/2024 3:22:24 PM



BIOCHEMISTRY

Registration No

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
SAMPLE TYPE : SERUM			
BLOOD SUGAR (FASTING)	92.78	mg/dl	80-100
BLOOD SUGAR PP	104.57	mg/dl	100-140
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN	8	mg/dl	5-25
BLOOD UREA	16.50	mg/dl	10.0-40.0
SERUM CREATININE	0.80	mg/dl	0.6-1.10
SODIUM	136	meq/l	135-155
POTASSIUM	4.0	meq/l	3.5-5.5
URIC ACID	3.78	mg/dl	4.00-7.20
LIVER FUNCTION TEST (LFT)			
Bilirubin Total	1.30	mg/dl	0.30-1.20
Bilirubin Direct	0.50	mg/dl	0.10-0.30
Bilirubin Indirect	0.80	mg/dl	0.20-0.80
SGOT (AST)	21.33	U/L	10-35
SGPT (ALT)	39.3	U/L	0.00-45.0
ALKALINE PHOSPHATASE	73.14	U/L	25.0-140.0
TOTAL PROTEIN	6.52	g/dL	6.3-8.2
ALBUMIN	4.15	g/dl	3.5-5.0
GLOBULIN	2.37	g/dl	2.8-3.2
A/G RATIO	1.75		1.25-1.56:1
LIPID .PROFILE			
TOTAL CHOLESTROL	142.72	mg/dl	0.00-200.0
TRIGLYCERIDES	158.89	mg/dl	40-160
HDL CHOLESTROL	45.82	mg/dl	35.3-79.5

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Relative	:S/O.	Accession No.	:20240312062	Category	:medlwheel
Age/Sex	:49 Y/Male	Consultant	Dr. SELF	Location/Bed.No	:

Collected at:12/03/2024 2:43:00 PM

Report Gen at: 12/03/2024 3:25:52 PM

Accession No

HAEMATOLOGY REPORT



Registration No

SAMPLE TYPE : EDTA BLOOD.

HAEMATOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
ABO GROUPING	"B"	-	-
RH -TYPING	POSITIVE	-	-

(ABO-Rh)Methodology:Antigen Antibody Reaction; EDTA Blood, Tube Test Method.**Interpretation:**Human red blood cells possessing A and/ or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D, reagents indicates the present or absent of the corresponding antigen.
(ABO-Rh)Methodology:Antigen Antibody Reaction; EDTA Blood, Tube Test Method.**Interpretation:**Human red blood cells possessing A and/ or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D, reagents indicates the present or absent of the corresponding antigen.

*** End of Report ***

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Relative :S/O.	Accession No. :20240312062	Catagory :med/wheel
Age/Sex :49 Y/Male	Consultant Dr. SELF	Location/Bed.No :

Collected at:12/03/2024 2:43:00 PM

Report Gen at: 12/03/2024 3:06:47 PM



HAEMATOLOGY REPORT



Registration No

Accession No

SAMPLE TYPE : EDTA BLOOD

HAEMATOLOGY REPORT

Investigations	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT			
Hemoglobin (Hb%)	14.1	g/dL	12.0-18.0
WBC	4.21	10 ³ /uL	4.0-11.0
Neutrophils	72.8	%	40.0-70.0
Lymphocytes	18.7	%	20.0-40.0
Eosinophils	2.2	%	1.0-6.0
Monocytes	6.1	%	2.0-10.0
Basophils	0.2	%	0.0-1.0
Red Cell Count (TRBC)	4.66	million/cumm	4.5-6.5
Haematocrit(HCT)	43.6	%	36.0-54.0
MCV	93.5	fL	76.0-96.0
MCH	30.3	pg	27.0-32.0
MCHC	32.3	g/dL	31.5-34.5
Platelet Count	121	10 ³ /uL	150-400
ESR	08	mm/1hr	0.0-8.0

(ESR)Methodology :WESTERGREN with Trisodium citrate whole blood

*** End of Report ***

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Relative : S/O.	Accession No. : 20240312062	Catagory : med/wheel
Age/Sex : 49 Y/Male	Consultant : Dr. SELF	Location/Bed.No : ,

Report Gen at: 12/03/2024 3:23:06 PM

Collected at: 12/03/2024 2:43:00 PM



Accession No

IMMUNOLOGY REPORT



Registration No

SAMPLE TYPE : SERUM

IMMUNOLOGY REPORT

Investigations	Result	Unit	Biological Reference Interval
*PSA	2.364	ng/ml	0.00 - 4.00
*T3	0.96	ng/mL	0.79 - 1.58
*T4	4.90	ug/dL	4.9 - 11.0
*TSH	1.565	μIU/ml	0.38 - 4.31

COMMENT:

Serum testing for PSA is a very important tool to screen for PROSTATE CANCER and to monitor therapy of this disease. PSA is PROSTATE - SPECIFIC but not CANCER - SPECIFIC and apart from Prostate Cancer increased level may be found in BENIGN PROSTATE HYPERTROPHY, PROSTATITIS, INCREASING AGE, ACUTE RETENTION OF URINE, INFECTION, CATHETERISATION AND PROSTATE BIOPSY. PSA is rarely raised in healthy man and is absent in normal women. There is no PSA present in any other normal tissue obtained from men or in patient with other CANCERS OF THE BREAST, LUNG, COLON, RECTUM, STOMACH, PANCREAS OR THYROID.

T3 & T4 : Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 & T4. Disease in any portion of the thyroid - pituitary - hypothalamus system may influence the level of T3 & T4. T4 levels are sensitive and superior indicator of hypothyroidism. T3 levels better define hyperthyroidism, is an excellent indicator of the ability of thyroid to respond to both stimulatory and suppressive tests.

Circulating TSH levels are important in evaluating thyroid function. TSH is used in differential diagnosis of primary (thyroid) from secondary (Pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are lower. In primary hyperthyroidism, T3 & T4 levels are elevated and low or undetectable TSH. TSH value between 5.6 to 10.0 indicate subclinical / mild hypothyroidism. These patient are to be treated, if thyroid antibodies ATG / TPO is positive. In negative thyroid antibodies cases TSH levels are monitored 6 monthly.

*** End of Report ***

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Age/Sex	:49 Y/Male	consultant	:SELF	Location/Bed.No	:

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Accession No

Report Gen at: 12/03/2024 3:23:35 PM



Registration No

CLINICAL PATHOLOGY

Urine Routine Examination Report

Physical Examination

Investigation

Result .

Biochemical Examination

Microscopic Examination

Volume	30
colour	pale yellow
Appearance	clear
Deposit	Nil
Specific gravity	1.025
Reaction (PH)	6.0
Albumin	nil
Sugar	nil
PUS Cells	2-3
RBC	NIL
Epithelial	2-3
Casts	NIL
Crystals	NIL
Bacteria	NIL

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प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	SUSHILA KUMARI
जन्म की तारीख	07-03-1976
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	11-03-2024
बुकिंग संदर्भ सं.	23M104258100096294S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. KUMAR RAJESH
कर्मचारी की क.कू.संख्या	104258
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	NEEMRANA
कर्मचारी के जन्म की तारीख	12-10-1974

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 04-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



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Ref No.	PDC/USG/OPH/UHID145299	Date	11-03-2024
Patient's Name	Mr. Rajesh Kumar	Age & Sex	49Y/M
Referred By	Dr. Sonu Yadav	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and shows **grade I fatty infiltration**. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. **Portal vein** is normal. **The CBD** is not dilated.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.

Prostate is normal in size and echo-texture with no e/o any focal lesion.

No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION : Grade I fatty liver.

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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<u>Measurement</u>	<u>Normal Values</u>	<u>Measurement</u>	<u>Normal Values</u>
Aorta 2.8cm	(2.0-3.7cm)	LA es 2.7cm	(1.9-4.0cm)
LV es 3.1cm	(2.2-4.0cm)	LV ed 4.0cm	(3.7-5.6cm)
IVS ed 1.0cm	(0.6-1.1cm)	PW(ed) 0.9cm	(0.6-1.1cm)
RV ed cm	(0.7-2.6cm)	RV anterior wall	(up to 5mm)
LVVD (ml)		IVS motion	Normal /Jerky
EF - 55%	(54%-76%)		/paradoxical

CHAMBERS:-

LV	Normal / Enlarged/ Clear/Thrombus/Hypertrophy Contraction Normal /Reduced
LA	Normal /Enlarged/Clear/Thrombus
RA	Normal /Enlarged/Clear/Thrombus
RV	Normal /Enlarged/Clear/Thrombus
Pericardium	Normal /Thickening/Calcification/Effusions

COMMENTS AND SUMMARY

- No regional wall motion abnormality with LVEF- 55%
- All cardiac chambers dimension normal
- No MR/TR/AR/PR
- Normal diastolic function
- Inter atrial septum & inter ventricular septum intact.
- No Intra cardiac clot /vegetation /Pericardial effusion

Sen 4/18
Dr. Shivam. Uppal
MD, DM CARDIOLOGY





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2D ECHOCARDIOGRAPHY REPORT

.....
Patient Name: **Rajesh Kumar**

UHID OPD : **145299**

Report Date: **11/03/2024**

Age/Sex : **50 Yrs /M**

Ref By : **Company**

StudyBy : **Dr. Shivam Uppal**

.....
MITRAL VALVE

Morphology : AML – **Normal** / Thickening/ Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Doming
PML - **Normal** / Thickening/Calcification/ Mild Prolaps Paradoxical motion/ fixed .
Subvalvular deformity Present/ **Absent**

Score: Doppler **Normal** /Abnormal, E – m/sec, A- m/sec , E>A
Mitral Stenosis : **Present**/ Absent

RR interval m/sec EDG mmHg MDG mmHg

Mitral Regurgitation : **Absent**/ Trace/ Mild/ Moderate/ Severe

TRICUSPID VALVE

Morphology – **Normal** / Thickening/ Calcification/ Prolapse/ Vegetation/ Doming
Normal/ Abnormal
Tricuspid Stenosis : Present/ **Absent**

RR interval EDG mmHg MDG mmHg

Tricuspid Regurgitation: : **Absent**/ Trace/ Mild/ Moderate/ Severe

Velocity: **1.0 m/sec**



पति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR RAJESH
क.कू.संख्या	104258
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	NEEMRANA
जन्म की तारीख	12-10-1974
स्वास्थ्य जांच की प्रस्तावित तारीख	11-03-2024
बुकिंग संदर्भ सं.	23M104258100096292E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 04-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

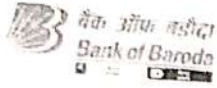
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR RAJESH
EC NO.	104258
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	NEEMRANA
BIRTHDATE	12-10-1974
PROPOSED DATE OF HEALTH CHECKUP	11-03-2024
BOOKING REFERENCE NO.	23M104258100096292E

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 **04-03-2024** 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 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))



ID Card:

Name: KUMAR RAJESH

Age: 49

Weight(Kg):

Gender: Male

Height(cm):

BP(mmHg): /

P-R:ms 143

Q-R-S:ms 116

QT/QTc:ms 410/416

P/QRS/T AXES:deg 60/-5/60

RV5/SV1:mV 1.35/0.53

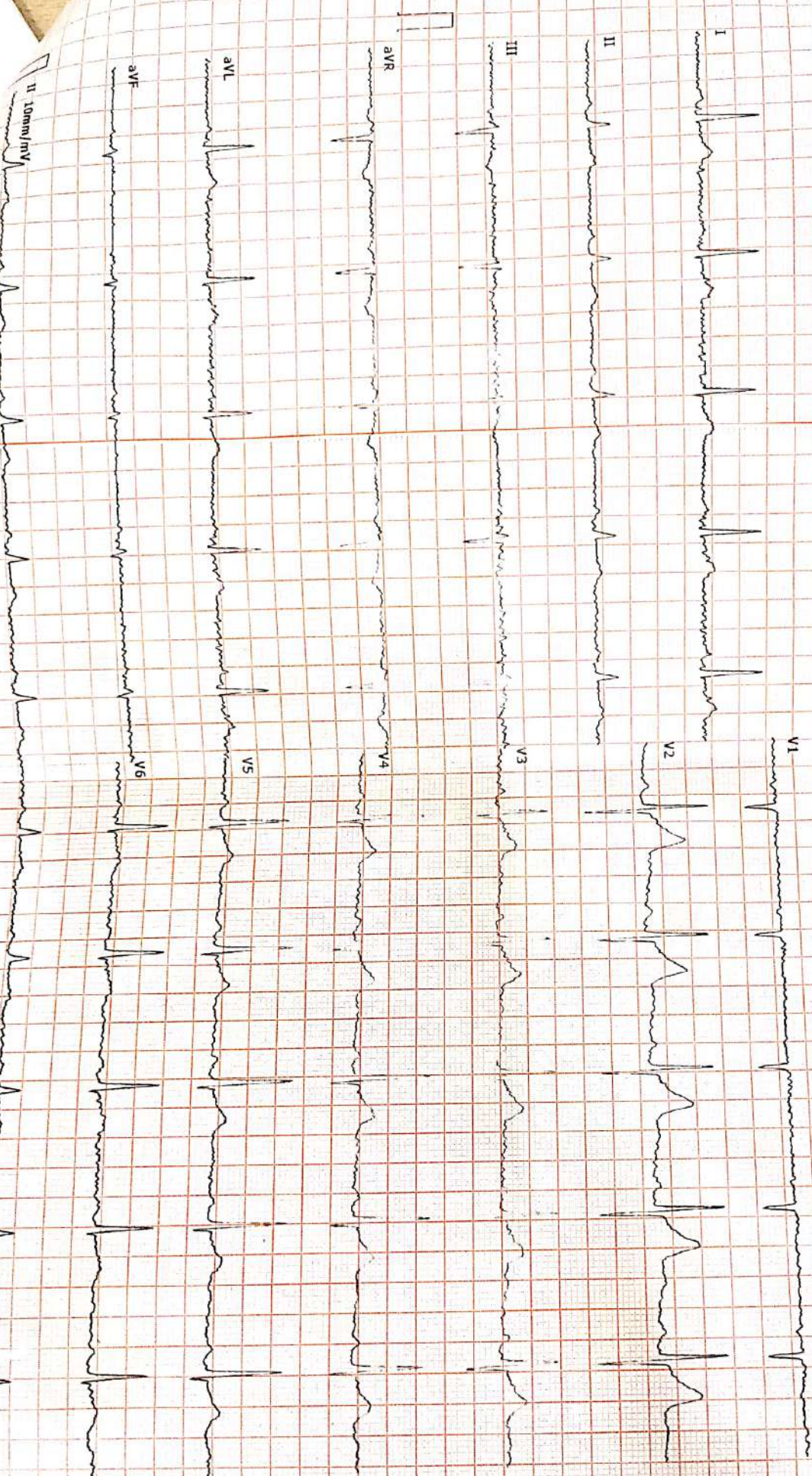
RV5+SV1:mV 1.88

*The result must be confirmed by doctor!

202 Mild Left Axis Deviation
** SUSPECTED ABNORMAL ECG **



Signature



AUTO
ECG ON 0.05-35HZ

EMR

10mm/mV



PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Ref No.	PDC/X-RAY/UHID145299	Date	11-03-2024
Patient's Name	Mr. Rajesh	Age & Sex	49Y/M
Referred By	Dr. Sonu Yadav	Test Done	X-RAY

X-RAY CHEST PA VIEW

B/L lung fields are clear.

Cardiac size is normal.

B/L hilar region is normal.

Both dome and CP angle are normal.

Soft Tissue and bony cage under view appears normal.

IMPRESSION: No obvious abnormality detected.

Adv: clinical correlation.



Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation
Doppler **Normal**/ Abnormal

Pulmonary Stenosis : Absent

Level Valvular and Subvalvular PSG mmHg Pulmonary annulus mm

Pulmonary Regurgitation

Early diastolic gradient mmHg, End Diastolic Gradient

AORTIC VALVE

Morphology **Normal**/ Thickening/ Calcification/ Restricted Opening/ Flutter vegetation
No. of cusps .1/2/3/4

Doppler **Normal**/ Abnormal
Aortic Stenosis : Present/ Absent

Level PSG mmHg Aortic Annulus mm

Aortic Regurgitation: Absent/ Trivial/ Mild/ Moderate/ Severe

Velocity- 1.0 m/sec

