

Patient Name : Mr.RUKHSAD MANSURI	Collected : 10/Jun/2023 08:49AM
Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 07:17PM
UHID/MR No : CIND.0000160709	Reported : 11/Jun/2023 12:26PM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 168207	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

RBCs: Count is raised. RBCs are predominantly microcytic hypochromic with ovalocytes, elliptocytes. No immature cells / haemolysis seen.

WBCs: TLC and DLC are within normal limits. No immature / atypical cells seen.

Platelets: Count is within normal limits. Morphology is within normal limits.

Impression: Mild microcytic hypochromic anaemia with erythrocytosis.

Advice: Serum iron studies & clinical correlation.



SIN No:BED230133601

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED-VIKAS MARG NEW DELHI

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

<b>HAEMOGLOBIN</b>	<b>12.1</b>	g/dL	13-17	Spectrophotometer
PCV	<b>37.60</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>6.07</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>62</b>	fL	83-101	Calculated
MCH	<b>19.9</b>	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	<b>20.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,220	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	67.4	%	40-80	Electrical Impedence
LYMPHOCYTES	23.2	%	20-40	Electrical Impedence
EOSINOPHILS	2.4	%	1-6	Electrical Impedence
MONOCYTES	6.5	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4192.28	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1443.04	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	149.28	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	404.3	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	18.66	Cells/cu.mm	0-100	Electrical Impedence

<b>PLATELET COUNT</b>	218000	cells/cu.mm	150000-410000	Electrical impedence
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<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>25</b>	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Advice: Serum iron studies & clinical correlation.



Patient Name : Mr.RUKHSAD MANSURI	Collected : 10/Jun/2023 08:49AM
Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 07:17PM
UHID/MR No : CIND.0000160709	Reported : 11/Jun/2023 01:10PM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 168207	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA**

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230133601

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Patient Name : Mr.RUKHSAD MANSURI	Collected : 10/Jun/2023 08:50AM
Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 07:16PM
UHID/MR No : CIND.0000160709	Reported : 10/Jun/2023 11:05PM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 168207	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	97	mg/dL	70-100	GOD - POD
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**Comment:**

**As per American Diabetes Guidelines**

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA</b>	66	mg/dL	70-140	GOD - POD
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Kindly correlate clinically. Kindly repeat with fresh sample if clinically indicated.

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> WHOLE BLOOD-EDTA	5.8	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> WHOLE BLOOD-EDTA	120	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.RUKHSAD MANSURI	Collected : 10/Jun/2023 08:50AM
Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 06:46PM
UHID/MR No : CIND.0000160709	Reported : 10/Jun/2023 07:34PM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	160	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	120	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04392265

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Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 06:46PM
UHID/MR No : CIND.0000160709	Reported : 10/Jun/2023 08:14PM
Visit ID : CINDOPV150598	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	<b>0.40</b>	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>16</b>	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	62.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.80	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	36.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	16.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>8.00</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.00	U/L	15-73	Glycylglycine Nitoranalide



SIN No:SE04392265

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Patient Name : Mr.RUKHSAD MANSURI	Collected : 10/Jun/2023 08:50AM
Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 06:44PM
UHID/MR No : CIND.0000160709	Reported : 10/Jun/2023 07:57PM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 168207	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	7.97	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.170	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

**Note:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0



SIN No:SPL23084892

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED-VIKAS MARG NEW DELHI

**APOLLO CLINICS NETWORK**

Patient Name : Mr.RUKHSAD MANSURI	Collected : 10/Jun/2023 08:50AM
Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 09:27PM
UHID/MR No : CIND.0000160709	Reported : 10/Jun/2023 11:07PM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : EMP ID - 168207	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	POSITIVE (TRACE)		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2126008

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED-VIKAS MARG NEW DELHI



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Age/Gender : 34 Y 6 M 0 D/M	Received : 10/Jun/2023 09:27PM
UHID/MR No : CIND.0000160709	Reported : 11/Jun/2023 06:01AM
Visit ID : CINDOPV150598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

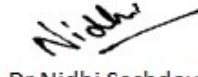
\*\*\* End Of Report \*\*\*



Dr. Tanish Mandal  
MBBS,MD(Pathology)  
Consultant Pathologist



Dr Manju Kumari  
M.B.B.S. MD(Pathology)  
Consultant Pathologist.



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



MER- MEDICAL EXAMINATION REPORT

Date of Examination			
NAME:	Rukshad Mansoori		
UHID:	160709	202-964	
AGE/ Gender	34y/M	BMI:	25.6 kg/m <sup>2</sup>
HEIGHT(cm)	174cm	WEIGHT (kg)	77.5 kg
TEMP:	(N)	PULSE:	85/min
B.P:	110/80 mmHg	RESP:	20/min
ECG:			
X Ray:	None		
Vision Checkup	0 glasses	None Attached Report	
Present Ailments	NO		
Details of Past ailments (If Any)	NO		
Comments / Advice : She /He is Physically Fit	BT		
Pathology Finding			

Dr. R.K. KACKER  
M.D. (Medicine)  
Physician  
Regn. No. P-17413



Signature with Stamp of Medical Examiner

For Appointments & Doorstep Sample Collection



10/6/83

HR 78 bpm

22

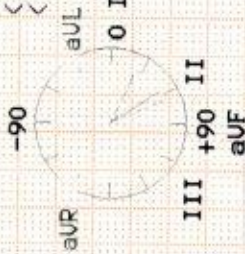
Measurement Results:

PR : 100 ms  
 QRS : 364 / 416 ms  
 QTcB : 138 ms  
 P : 764 / 110 ms  
 S/T : 65 / 55 / 25 degrees  
 QTcBD : 54 / 62 ms  
 low : 1.4 mV  
 : 11

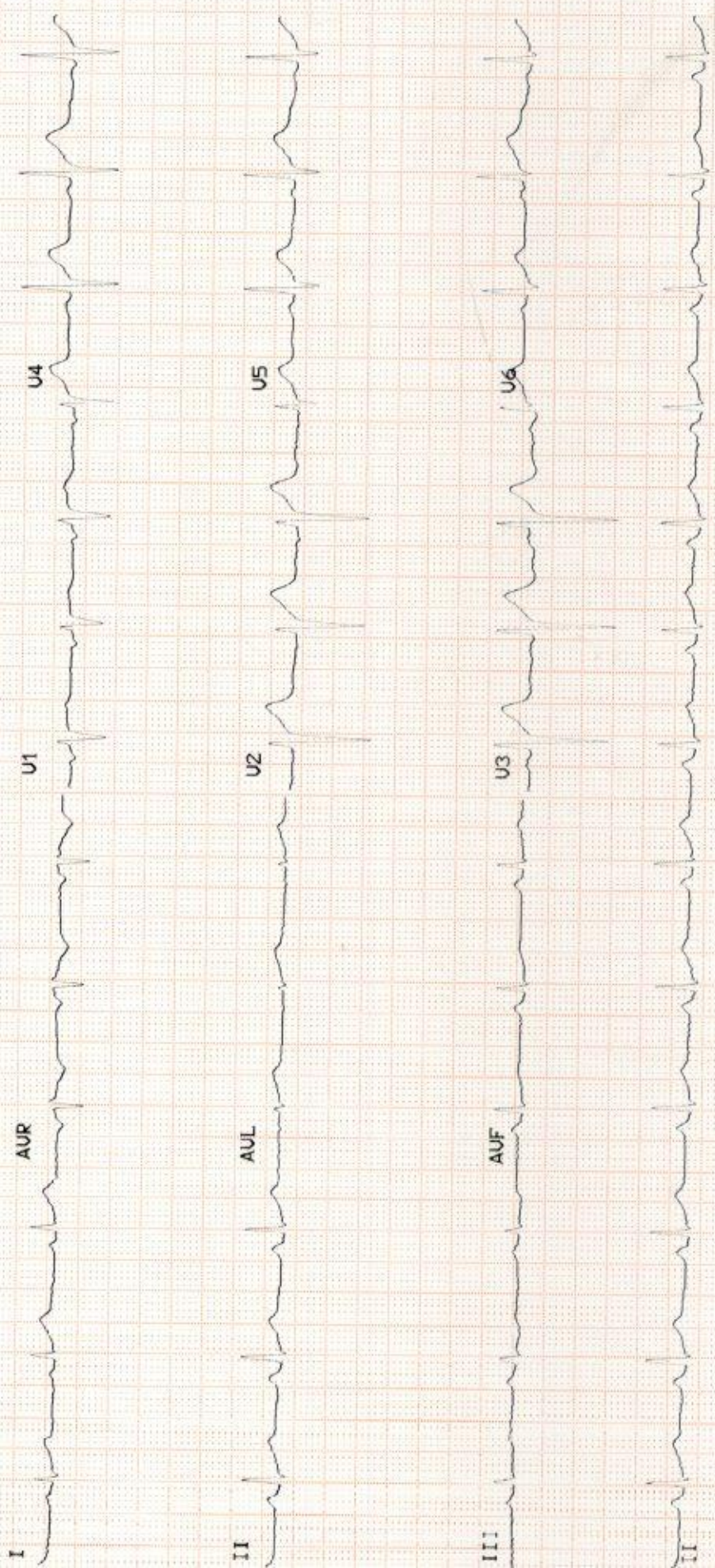
Interpretation:

normal ECG

< P  
 < T  
 < QRS



AST 2  
 Unconfirmed report.





Mr. Rukshad Mansuri

Age - 34y 1M

D  $\left\{ \begin{array}{l} R \quad 6/6 \\ L \quad 6/6 \end{array} \right.$

N  $\left\{ \begin{array}{l} N/C \\ N/C \end{array} \right.$

ENT

No Dry Lays  
off 2a.

Sensitive to cold  
drinks

Colour vision Normal

Both ears normal hearing  
Nose & throat normal Except  
Allergic Rhinitis

Adv

Take Allergic to 100%  
stay in SOLVIM 1 Box  
Doxycycline for my  
1/2 Box

Alex Rogayn / Alex Syn  
2788 607

Branch: "Apollo Clinic"





# Apollo Clinic

## CONSENT FORM

Patient Name: Rukhad Mansuri Age: 34  
UHID Number: CIND 000016 0709 Company Name: Bank of Baroda

I Mr/Mrs/Ms ..... Employee of .....  
(Company) Want to inform you that I am not interested in getting ..... dentaf .....  
Tests done which is a part of my routine health check package.  
And I claim the above statement in my full consciousness.

Patient Signature:  Date: 10.06.2023

# APOLLO CLINIC - INDRAPURAM

## DIET CHART

NAME: *Rukshad*

DATE: *12/6/23*

AGE:

NOTE:

*Iron rich diet, green veg*

### DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snacks such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3 - 4

small snacks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

### FOOD TO BE AVOIDED

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pickles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

**Patient Name** : Mr. RUKHSAD MANSURI

**Age/Gender** : 34 Y/M

**UHID/MR No.** : CIND.0000160709

**OP Visit No** : CINDOPV150598

**Sample Collected on** :

**Reported on** : 10-06-2023 14:10

**LRN#** : RAD2018500

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : EMP ID - 168207

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

Cardiac size appears within normal limits.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SATYAVEER SINGH**  
Radiology

<b>Patient Name</b>	: Mr. RUKHSAD MANSURI	<b>Age/Gender</b>	: 34 Y/M
<b>UHID/MR No.</b>	: CIND.0000160709	<b>OP Visit No</b>	: CINDOPV150598
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-06-2023 13:43
<b>LRN#</b>	: RAD2018500	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: EMP ID - 168207		

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : The liver is normal in size and the parenchymal echo texture. There is no obvious focal mass lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal and hepatic veins are normal in course and calibre.

**GALL BLADDER** : Gall bladder lumen appears echo free with normal wall thickness. The common bile duct is not dilated.

**PANCREAS** : The pancreas appears normal in size and echogenicity. No focal mass lesion is seen.

**SPLEEN** : Spleen is normal in size, shape, outline and echo pattern. No focal lesion seen. Hilum is normal.

**KIDNEYS** : Both the kidneys are normal in size, shape, outline, position and echotexture. Cortical thickness and echogenicity is preserved. The cortico-medullary differentiation of both kidneys appears maintained. Central sinus echoes are compact.

The visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

There is no significant free fluid detected in the peritoneal cavity.

**URINARY BLADDER** : Urinary bladder is normal in wall thickness with clear contents. There is no obvious intra luminal mass lesion or calculus visualised.

**PROSTATE** : The prostate appears normal in size, shape, volume and echotexture with intact capsule.

**IMPRESSION: Normal Study**

SUGGEST CLINICAL CORRELATION.



**Patient Name** : Mr. RUKHSAD MANSURI

**Age/Gender** : 34 Y/M

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**Consultant Radiologist**

*The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable. It is only a professional opinion. Not valid for medico legal purpose.*



**Dr. SATYAVEER SINGH**  
Radiology



बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम: रुखसाद मंसुरी  
Name: Rukhsad Mansuri  
कर्मचारी कूट सं.  
EC No: 168207

  
आधिकारित अधिकारी  
Authorized Signatory

  
आधिकारित अधिकारी  
Authorized Signatory

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. MANSURI RUKHSAD
EC NO.	168207
DESIGNATION	ADC
PLACE OF WORK	NEW DELHI, RO NORTH DELHI
BIRTHDATE	10-07-1988
PROPOSED DATE OF HEALTH CHECKUP	10-06-2023
BOOKING REFERENCE NO.	23J168207100061502E

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 **08-06-2023** 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 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))



## Health Check up Booking Request(bobE40513), Beneficiary Code-71527

Mediwheel &lt;wellness@mediwheel.in&gt;

Thu 6/8/2023 2:50 PM

To:Rukhsad Mansuri &lt;RUKHSAD.MANSURI@bankofbaroda.com&gt;

Cc:customercare@mediwheel.in &lt;customercare@mediwheel.in&gt;

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

इह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर दि  
 : THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CL

011-41195959

Email:wellness@mediwheel.in

Dear **MR. MANSURI RUKHSAD,**

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up â€” Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

**Booking Date** : 08-06-2023

**Health Check up Name** : Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)

**Name of Diagnostic/Hospital** : Apollo Clinic - Indirapuram

**Address of Diagnostic/Hospital** : Apollo Clinic, 11, First Floor, Gaur Gravity Mall, Vaibhav Khand, Near Kalapatthar Road, Indirapuram -201014

**Appointment Date** : 10-06-2023

**Preferred Time** : 8:00am-8:30am

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. MANSURI RUKHSAD	32	Male	Cashless



Patient Name : Mr. RUKHSAD MANSURI Age : 34 Y/M  
UHID : CIND.0000160709 OP Visit No : CINDOPV150598  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 10-06-2023 09:56  
Referred By : SELF

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### **2D-ECHO WITH COLOUR DOPPLER**

#### Dimensions:

Ao (ed)	3.03 CM
LA (es)	3.32 CM
LVID (ed)	4.53 CM
LVID (es)	2.99 CM
IVS (Ed)	1.25 CM
LVPW (Ed)	1.30 CM
EF	63.00%
%FD	32.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. RUKHSAD MANSURI	Age	: 34 Y/M
UHID	: CIND.0000160709	OP Visit No	: CINDOPV150598
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 10-06-2023 09:56
Referred By	: SELF		

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NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

VELOCITY ACROSS THE AV NORMAL

**IMPRESSION:**

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.

Dr. SANJIV  
KUMAR  
GUPTA