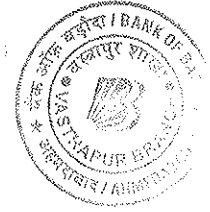




To,
The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959



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	UMA RAKESHRATHOD
DATE OF BIRTH	23-10-1964
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-10-2022
BOOKING REFERENCE NO.	22D52137100026240S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RATHOD RAKESH KARTALSINGH
EMPLOYEE EC NO.	52137
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	AHMEDABAD, VASTRAPUR
EMPLOYEE BIRTHDATE	14-08-1964

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 **20-09-2022** 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.

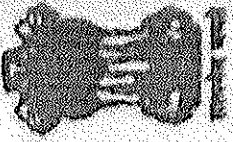
Yours faithfully,

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))



ભારત સરકાર

Government of India

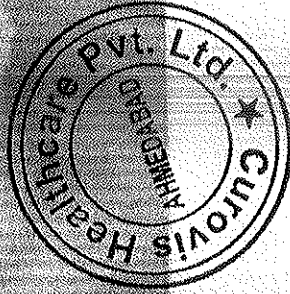
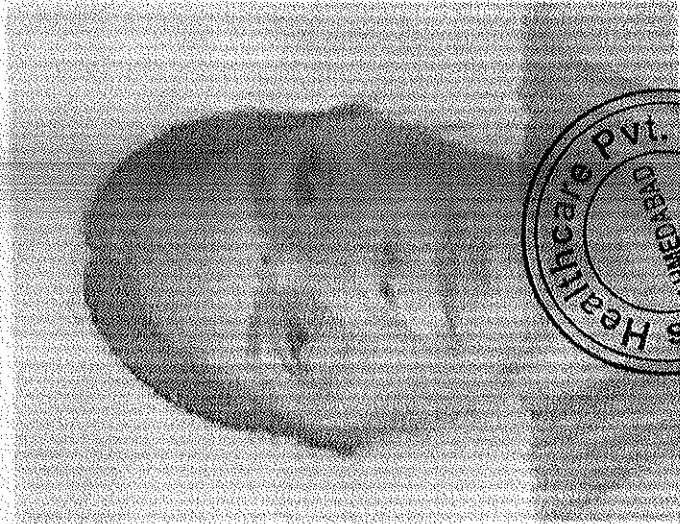
ઉમા રાઠોડ

Uma Rathod

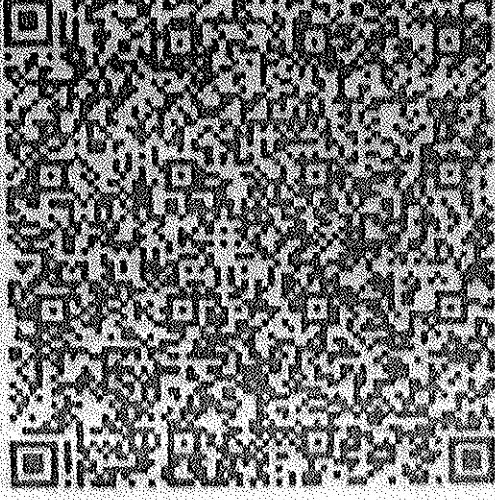
જન્મનું વર્ષ / Year of Birth : 1964

સ્ત્રી / Female

૨૩-૧૦-૧૯૬૪



Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899



4822 4994 0800

અધિકાર - સામાન્ય માણસનો અધિકાર

Uma Rathod

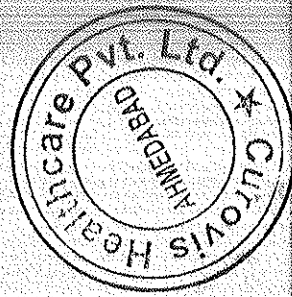


ભારતીય વિશિષ્ટ ઓળખાણ પ્રધિકારણ

Unique Identification Authority of India

સરનામું: W/O: રકેશભાઈ રાઠોડ, 54, Address: W/O: Rakeshbhai Rathod, 54,
મહાલયા બંગ્લોઝ, ફન પોઈન્ટ ક્લબ સામે, ગુજ Mahalaya Bungalows, Opp Fun Point Club,
હાઇ કોર્ટ પાસે, સોલા, અહમદાબાદ શહેર, Near Guj High Court, Sola, Ahmadabad
અમદાવાદ, સોલા હ બ ચ, ગુજરાત, 380063 City, Ahmedabad, Sola H B C, Gujarat,
380063

Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899



4822 4994 0800



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



LABORATORY REPORT

Name : Mrs. Uma Rakesh Rathod	Reg. No : 210100377
Sex/Age : Female/57 Years	Reg. Date : 08-Oct-2022 10:15 AM
Ref. By :	Collected On : 08-Oct-2022 10:15 AM
Client Name : Mediwheel	Report Date : 08-Oct-2022 03:36 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :162

Weight (kgs) :72.5

Blood Pressure : 128/80mmHg

Pulse 74: /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

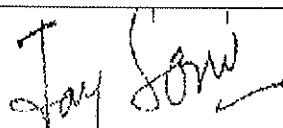
Respiratory system - AEBE

Central Nervous System - No FND

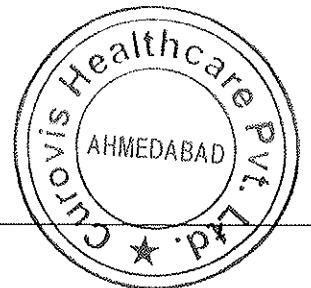
Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE




TEST REPORT

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
-----------	---------	------	--------------------------

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin	13.2	g/dL	12.5 - 16.0
Hematocrit (Calculated)	39.40	%	37 - 47
RBC Count	4.71	million/cmm	4.2 - 5.4
MCV	83.6	fL	78 - 100
MCH (Calculated)	28.1	Pg	27 - 31
MCHC (Calculated)	33.6	%	31 - 35
RDW (Calculated)	13.6	%	11.5 - 14.0
WBC Count	7750	/cmm	4000 - 10500
MPV (Calculated)	8.3	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	57.20	%	42.02 - 75.2	4433 /cmm	2000 - 7000
Lymphocytes (%)	33.70	%	20 - 45	2612 /cmm	1000 - 3000
Eosinophils (%)	3.20	%	0 - 6	434 /cmm	200 - 1000
Monocytes (%)	5.60	%	2 - 10	248 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	23 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 386000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

This is an electronically authenticated report.
 * This test has been out sourced.


Approved By : Dr. Dhvani Bhatt
 MD (Pathology)

Generated On : 10-Oct-2022 10:07 AM

Approved On : 08-Oct-2022 04:42 PM

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat

**TEST REPORT**

Reg. No	: 210100377	Ref Id	: 52137	Collected On	: 08-Oct-2022 10:15 AM
Name	: Mrs. Uma Rakesh Rathod	Reg. Date	: 08-Oct-2022 10:15 AM	Tele No.	: 9428170303
Age/Sex	: 57 Years / Female	Pass. No.	:	Dispatch At	:
Ref. By	:	Sample Type	: EDTA Whole Blood		
Location	: CHPL				

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

HEMATOLOGY**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR (After 1 hour) <i>Infra red measurement</i>	09	mm/hr	ESR AT 1 hour : 3-12 ESR AT 2 hour : 13-20
---	----	-------	---

ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Dr. Dhvani Bhatt
MD (Pathology)

Generated On : 10-Oct-2022 10:07 AM

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Page 2 of 14**CUROVIS HEALTHCARE PVT. LTD.**

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TEST REPORT

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	113.00	mg/dL	70 - 110
--	---------------	-------	----------

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.


*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	122.3	mg/dL	70 - 140
---	-------	-------	----------

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* This test has been out sourced.

Approved By : 
 Dr. Dhvani Bhatt
 MD (Pathology)

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TEST REPORT

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	280.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	151.40	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	39.40	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	210.32	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	30.28	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	5.34		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	7.11		0 - 5.0
<i>Calculated</i>			

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* This test has been out sourced.

Approved By : 
 Dr. Dhvani Bhatt
 MD (Pathology)

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Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------


BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	7.53	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	5.04	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	2.49	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.02		0.8 - 2.0
SGOT <i>UV without P5P</i>	15.80	U/L	0 - 40
SGPT <i>UV without P5P</i>	15.80	U/L	0 - 40
Alkaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	325.9	U/L	25 - 240
Total Bilirubin <i>Vanadate Oxidation</i>	0.52	mg/dL	0 - 1.2
Conjugated Bilirubin	0.13	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.39	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	41.00	mg/dL	15 - 73

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 Dr. Dhvani Bhatt
 MD (Pathology)

 Approved On : 08-Oct-2022 04:42 PM
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CUROVIS HEALTHCARE PVT. LTD.

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Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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Dr. Dhvani Bhatt
MD (Pathology)

Approved On : 08-Oct-2022 04:42 PM
Page 6 of 14

CUROVIS HEALTHCARE PVT. LTD.

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TEST REPORT


Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
------------------	---------------	-------------	---------------------------------

BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	5.78	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.56	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN <i>UV Method</i>	13.50	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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Approved By : Dr.Dhwani Bhatt
MD (Pathology)

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TEST REPORT

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	4.5	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	82.45	mg/dL
--------------------	-------	-------

Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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* This test has been outsourced.

Approved By : Dr. Keyur V Patel
MB, DCP

Generated On : 10-Oct-2022 10:07 AM

Approved On : 08-Oct-2022 08:55 PM

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**TEST REPORT**

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	2 - 5/hpf	/hpf
Crystals	Absent	
Casts	Absent	
Amorphous Material	Absent	
Bacteria	Absent	
Remarks	-	

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* This test has been out sourced.

Approved By : 
Dr. Dhvani Bhatt
MD (Pathology)

Generated On : 10-Oct-2022 10:07 AM

Approved On : 08-Oct-2022 04:42 PM
Page 9 of 14**CUROVIS HEALTHCARE PVT. LTD.**

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat


TEST REPORT

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY
THYROID FUNCTION TEST

*T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.16	ng/mL	0.6 - 1.81
--	------	-------	------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

*T4 (Thyroxine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	12.30	ng/mL	3.2 - 12.6
---	-------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
 Dr. Dhvani Bhatt
 MD (Pathology)

Generated On : 10-Oct-2022 10:07 AM

Approved On : 08-Oct-2022 04:42 PM
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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



TEST REPORT

Reg. No : 210100377	Ref Id : 52137	Collected On : 08-Oct-2022 10:15 AM
Name : Mrs. Uma Rakesh Rathod		Reg. Date : 08-Oct-2022 10:15 AM
Age/Sex : 57 Years / Female	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

***TSH** 2.231 μ IU/ml 0.55 - 4.78
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL

Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr.Dhwani Bhatt
MD (Pathology)

Generated On : 10-Oct-2022 10:07 AM

Approved On : 08-Oct-2022 04:42 PM
Page 13 of 1

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



LABORATORY REPORT

Name : Mrs. Uma Rakesh Rathod
Sex/Age : Female/57 Years
Ref. By :
Client Name : Mediwheel

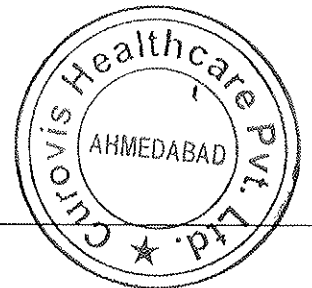
Reg. No : 210100377
Reg. Date : 08-Oct-2022 10:15 AM
Collected On : 08-Oct-2022 10:15 AM
Report Date : 08-Oct-2022 02:44 PM

Electrocardiogram

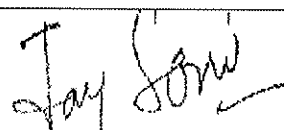
Findings

Normal Sinus Rhythm.

Within Normal Limit.

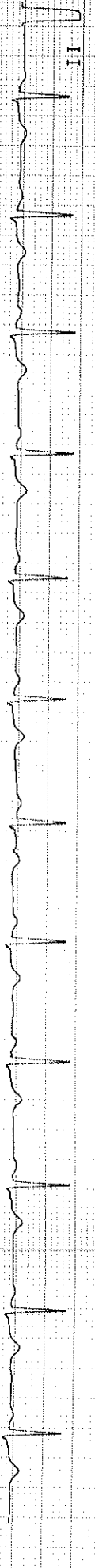
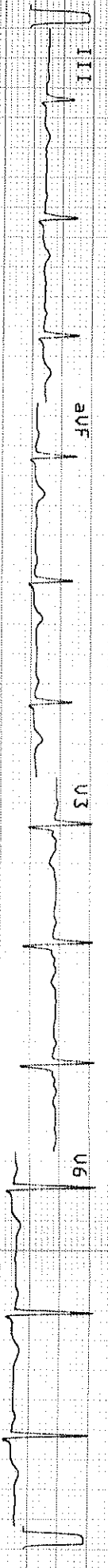
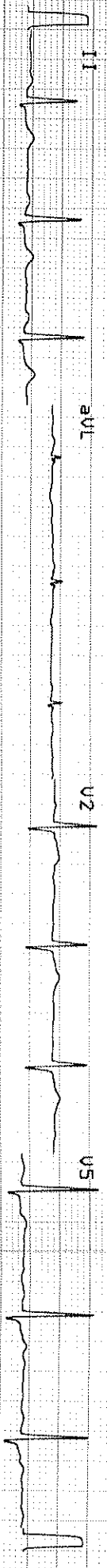
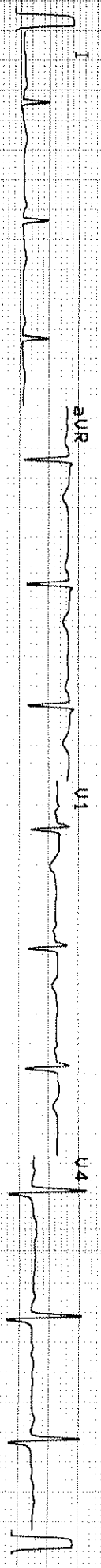


This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

Uma HR 74/min Axis: 39°
 Rathod P 38°
 38 Intervals: QR5 48°
 Female RR 81 ms T 67°
 57 years P 102 ms
 162 cm / 72 kg PR 136 ms P (II) 0.07 mV
 OR5 74 ms S (U1) -0.66 mV
 QT 372 ms R (U5) 1.55 mV
 QTc 413 ms Sokol. 2.38 mV
 (Bazett)
 10 mm/mV



10 mm/mV

10 mm/mV
25 mm/s

SCHILLER 0.05-25 Hz FSQ SSF SBS 08.10.2022 12:12:14

CURIOUS HEALTHCARE

Handwritten signature

AT-102plus 1.24 C



LABORATORY REPORT

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2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

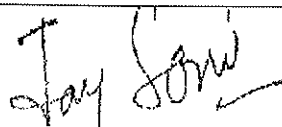
1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 55-60%.
5. Stage I diastolic dysfunction.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 40 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

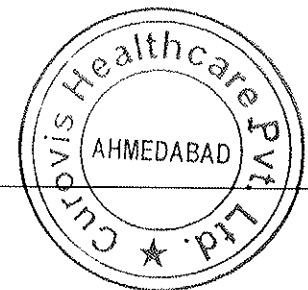
1. Normal LV size with Good LV systolic function.
2. Concentric LVH . Stage I diastolic dysfunction
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE





LABORATORY REPORT

Name :	Mrs. Uma Rakesh Rathod	Reg. No :	210100377
Sex/Age :	Female/57 Years	Reg. Date :	08-Oct-2022 10:15 AM
Ref. By :		Collected On :	08-Oct-2022 10:15 AM
Client Name :	Mediwheel	Report Date :	08-Oct-2022 04:26 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

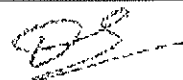
Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

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LABORATORY REPORT

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Sex/Age :	Female/57 Years	Reg. Date :	08-Oct-2022 10:15 AM
Ref. By :		Collected On :	08-Oct-2022 10:15 AM
Client Name :	Mediwheel	Report Date :	08-Oct-2022 04:26 PM

USG ABDOMEN

Liver appears normal in size & increased echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

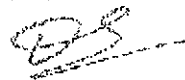
No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

Grade I fatty liver.

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Consultant Radiologist
MB,DMRE
Reg No:0494

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BILATERAL MAMMOGRAM:-

(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)

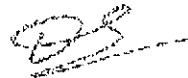
- Inhomogenously dense fibro glandular breast parenchyma noted on either side.
- No evidence of clustered microcalcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

COMMENT :

- Dense breast parenchyma on either side on mammogram.
BI-RADS- I
- No direct or indirect sign of malignancy on present study.
- **BIRADS Categories :**
 - 0 Need imaging evaluation.
 - I Negative
 - II Benign finding
 - III probably benign finding.
 - IV Suspicious abnormality.
 - V Highly suggestive of malignancy.
 - *The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.*

----- End Of Report -----

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

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LABORATORY REPORT

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Sex/Age : Female/57 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100377
Reg. Date : 08-Oct-2022 10:15 AM
Collected On : 08-Oct-2022 10:15 AM
Report Date : 08-Oct-2022 02:30 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:+1.25

CY: -0.50

AX: 29

LEFT EYE

SP : +1.50

CY : +0.00

AX :00

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

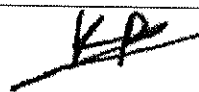
Fundus Examination - Within Normal Limits.

Color Vision : Normal

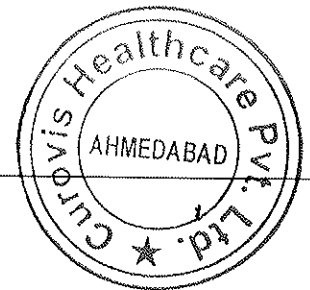
Comments: Normal

----- End Of Report -----

This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)



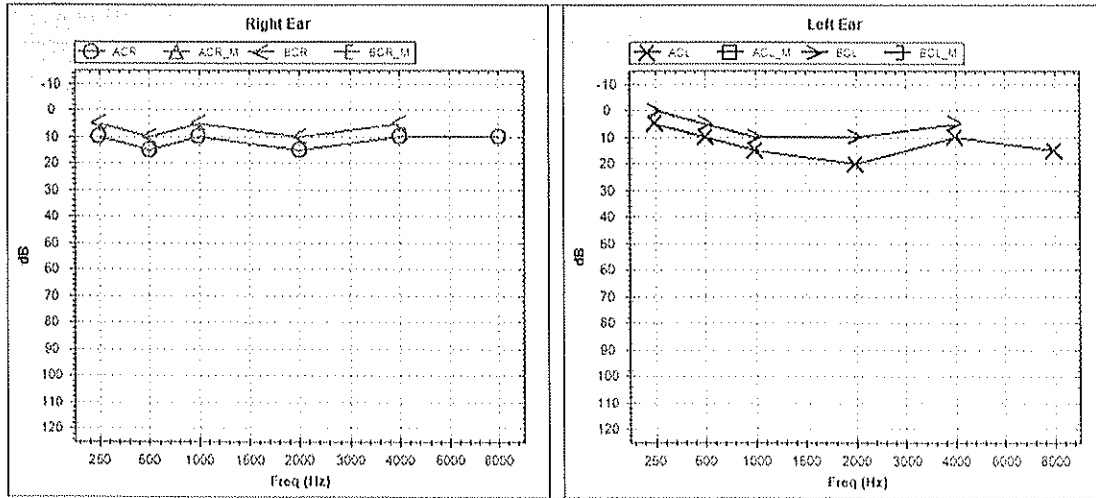
NAME:- UMABEN RATHOD.

ID NO :-

AGE:- 57Y/ M

Date:- 08/10/2022

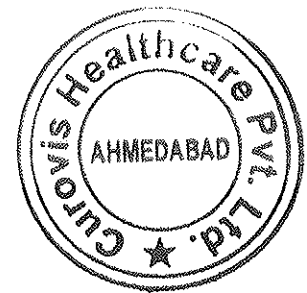
AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		□	×	□	>	Blue	AIR CONDUCTION	11.5	12
RIGHT		△	○	□	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.



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