

भारत सरकार
Government of India

रुखमणी भारती
Rukhmani Bharati

जन्म तिथि / DOB: 22/04/1988
महिला / Female

6308 1755 2703

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: अर्धमिनी, खैमलात भारती,
ग्राम-खोला, पी.ओ.-धम्मना, ब्लॉक-
पाटन, खोला, दुर्ग, धम्मना,
छत्तीसगढ़, 491223

Address: W/O: Khemlat Bharati,
Village-Khola, P.O.-Dhamna, Block-Patan,
Khola, Durg, Dhamna., Chhattisgarh,
491223

6308 1755 2703

1947

help@uidai.gov.in

www.uidai.gov.in

Rup

Shailendra Ruprela
Dr. Shailendra Ruprela
M.D. Medicine
Reg. No.: CG MC-511/2008



To,

The Coordinator,
MediBuddy (M/s. Phasorz Technologies Pvt. Ltd.)

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	RUKHMANI BHARATI
DATE OF BIRTH	22-04-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-08-2024
BOOKING REFERENCE NO.	24S75239100110120S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BHARATI KHEMLAL
EMPLOYEE EC NO.	75239
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	KHORPA
EMPLOYEE BIRTHDATE	20-03-1983

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 **06-08-2024** till **31-03-2025**. 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.

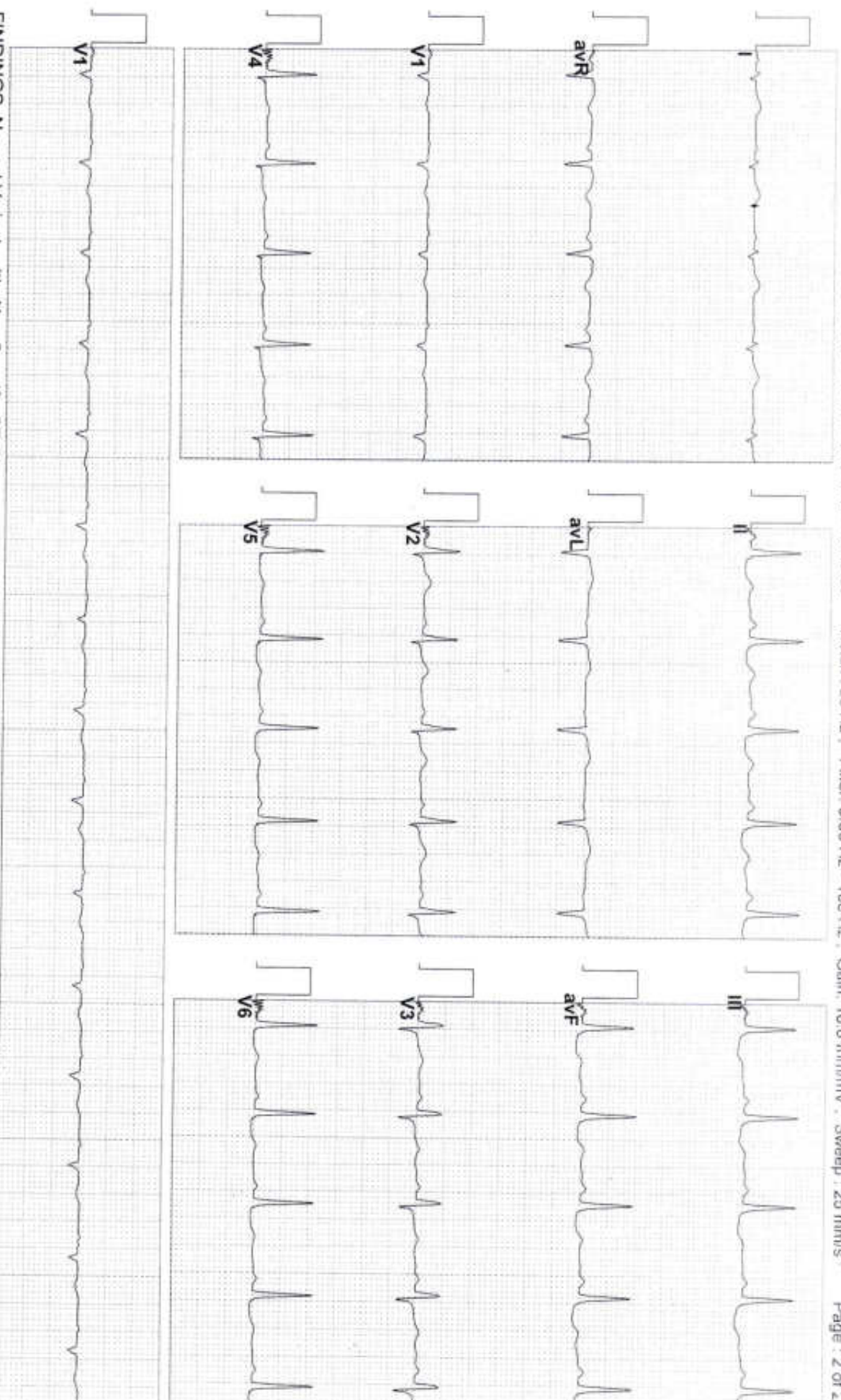
Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

DR. RUPRELAS NMS DIAGNOSTICS AND IMAGING FAFADIH BILASPUR ROAD RAIPUR

5476551316: MRS RUKHMANI BHARATI: Female: 36 Yrs 00 Mths HI : 164 Cms: WT: 64 Kgs : BP : 118/78 HR : 89 bpm
Ref. ARCOFEMI HEALTH CARE LTD.: Date : 10-08-2024: Time : 12:45:20 Noich : 50 Hz : Filter: 0.05 Hz - 100 Hz : Gain: 10.0 mm/mV : Sweep : 25 mm/s



FINDINGS: Normal Variant with Non Specific ST Changes
Vent Rate : 89 bpm PR Interval : 128 ms QRS Duration: 118 ms QT/QTc Int : 313/382

Dr. Shaifendra Ruprela

M.D. Medicine

Reg. No.: CG MC-511/2006



NAME: MRS. RUKHAMANI BHARATI
REF.BY: ARCOFEMI

AGE/SEX : 36 Y/F
DATE: 10.08.2024

ECHO – CARDIOGRAPHY

M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)	
Aortic Root	2.8	2.0-3.7	
Left Atrial Dimension	3.1	1.9-4.0	
Left Ventricular ED	3.9	3.7-5.6	
Left Ventricular ES	3.7	2.2-4.0	
Interventricular Septal	ED : 0.9	ES : 1.0	0.6-1.2
LEFT VENT PW	ED : 0.9	ES : 1.0	0.6-1.2

2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVARALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES



DR AJAY HALWAI
MBBS,MD,PGDCC

TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. RUKHAMANI BHARATI AGE 36 Y/F HAS UNDERGONE DENTAL EXAMINATION ON 10.08.2024.

DURING HER INTRAORAL EXAMINATION NO HARD AND SOFT TISSUE ABNORMALITIES WERE DETECTED.

NO CAVITIES DETECTED.

CALCULUS +

STAINS +

HER EXTRAORAL EXAMINATION REVEALS NO ABNORMALITY.

ADVISE: ORAL PROPHYLAXIS,

MAINTAIN GOOD ORAL HYGIENE,

FOLLOW UP,

BRUSH TWICE DAILY.

Ruprela
Dr. Poonam Ruprela
Consultant Dental Surgeon
CGDC/15/G/2169

TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. RUKHAMANI BHARATI AGE-36/F SHE UNDERGONE ENT EXAMINATION ON 10/08/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP

Anoop
Dr. Anoop Rekha Mudgal
MS, ENT
Reg. No.: CGMC- 5083/2014



Dr. Ruprela's
NMS Diagnostics & Imaging
"अधुक्त निदान" स्वस्थ जीवन की ओर...

THIS IS TO DECLARE THAT MRS. RUKHMANI BHARATI AGE 36 YEAR/FEMALE HAS UNDERGONE GYNAECOLOGICAL EXAMINATION ON 10.08.2024 DURING HER EXAMINATION NO ABNORMALITIES WERE DETECTED.

HEIGHT: 164 cms,

WEIGHT: 64 kg,

BP: 118/78 mmhg,

NO MENSTRUATION IRRREGULARITIES.

NO DISCHARGE / ITCHING PER VAGINA.

SHE APPEARS TO BE HEALTHY.

Priyanka

DR. PRIYANKA JAIN

MD(OBS. & GYNAE.)



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)

Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com



Dr. Ruprela's
NMS Diagnostics & Imaging
"अचूक निदान" स्वस्थ जीवन की ओर...

MRS. RUKHMANI BHARATI

DATE : 10.08.2024

AGE : 36

SEX : FEMALE

HEIGHT : 164 cms

WEIGHT : 64 kgs

BMI : 23.8

BLOOD PRESSURE : 118/78 mmhg

MEDICAL HISTORY : NOT SIGNIFICANT

ADVICE :

1. DRINK MINIMUM 10 GLASSES OF WATER.
2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
5. AVOID SPICY AND DEEP FRIED FOOD.
6. AVOID ALCOHOL, SMOKING, NICOTINE.
7. AVOID STRESS
8. RELAX AND BE HAPPY.




DR. RASHI SALUJA
CONSULTANT DIETICIAN

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)
Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com



Dr. Ruprela's

NMS Diagnostics & Imaging

"अच्छे निदान" स्वस्थ जीवन की ओर...

NAME : MRS. RUKHMANI BHARATI
AGE/SEX : 36 Y/ F
REFERRED BY : ARCOFEMI
DATE : 10.08.2024


PERIPHERAL SMEAR EXAMINATION

RBC : Macrocytic normochromic .

WBC: Total counts within normal range. No toxic granulation seen.
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.


Dr. Avishesh Kumar Singh
MD (Pathologist)

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)
Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com



NAME : MRS. RUKHMANI BHARATI
REF. BY: ARCOFEMI

AGE : 36 Y/F
DATE : 10.08.2024

X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION** : No evidence of pulmonary, pleural or cardiac pathology is noted.
Radiograph of chest is within normal limits.





NAME : MRS. RUKHMANI BHARATI
REF. BY: ARCOFEMI

AGE : 36 Y/F
DATE : 10.08.2024

SONOGRAPHY OF WHOLE ABDOMEN

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER :The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic , has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT :The common bile duct is normal in caliber.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS :The kidneys are normal in size and have smooth renal margins.
Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended. No calculi/mass

SPLEEN : The spleen is normal in size and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PELVIS : The uterus is antetverted, & appears normal.

The uterine margins is smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

The ovaries on the either side show normal echotexture.

The endometrial echo is in the midline.

No adnexal mass is seen.

No fluid is noted in the cul-de-sac.

IMPRESSION :

The sonography of abdomen and pelvis within normal limits.

Thanks for reference with regards.

Kindly Note

- ✓ **Please Intimate us for any typing mistakes and send the report for correction within 7 days.**
- ✓ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis .

The report and films are not valid for medico – legal purpose



TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. RUKHMANI BHARATI AGE 36 YEAR/FEMALE HAS UNDERGONE MEDICAL EXAMINATION ON 10.08.2024 DURING HER GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

SHE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HER VITALS PARAMETERS ARE HEIGHT: 164cms, WEIGHT: 64kg, BP: 118/78mmhg, HR: 82 bpm, BMI: 23.8

HER BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

NO ABNORMALITIES WERE DETECTED DURING IN SKIN EXAMINATION.

SHE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

SHE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HER ALL THE BEST.



Dr. Shailendra Ruprela
M.D. Medicine
Reg. No.: CG MC-511/2008



NAME : MRS. RUKHAMANI BHARATI

AGE : 36 Y/SEX/F

Ref. By : ARCOFEMI

DATE : 10.08.2024

Complain Of: No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

Drug Allergy (If Any): Not Aware

DISTANCE VISION:

RE 6/6 LE 6/6

(With / without PGP)

NEAR VISION:

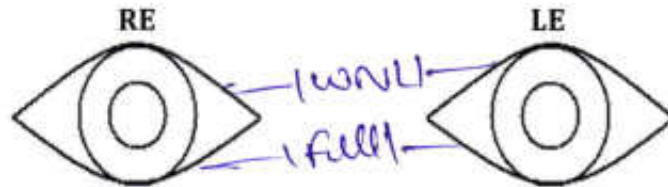
RE N/6 LE N/6

(With / without PGP)

REFRACTION:

EYE	SPH	CYL	AXIS	ADD	VISION
RE	_____	PLAIN	_____	6/6	N/6
LE	_____	PLAIN	_____	6/6	N/6

EXTERNAL EYE EXAMINATION:



EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness): ABSENT


Dr. Vaibhav Sharma
Ophthalmologist
Reg. No. MCI/1932782



Patient's Name: Mrs. RUKHMANI BHARTI

Age/Sex: 38/Female

Referred by. : ARCOFEMI

Date: 10.08.2024

PAP SMEAR

Conventional cervical smears are satisfactory and adequate for opinion. Smears show superficial and intermediate cells, fair number of polymorphs and bacteria in the background. No endocervical cells are sampled.
Negative for Intraepithelial lesion or malignancy.

END OF REPORT

Dr Avishesh Kumar Singh
MD (Pathologist)



VID :- E/14370
PID No. :- 202410817129636
Name :- Mrs RUKHMANI BHARTI
Age/Sex :- 38 Y / F
Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :
10/08/2024 10:47AM

Reported on/at
10/08/2024 1:48PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT Szasz method	22.4	U/L	11 - 34
BLOOD SUGAR F			
Glucose Fasting	85	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	89	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total) (Serum, Diazo)	0.69	mg/dL	<1.0
Bilirubin (Direct) (Serum, Diazo)	0.23	mg/dL	0 - 0.3
Bilirubin (Indirect) (Serum, Calculated)	0.46	mg/dL	UPTO 1.0
SGOT (AST) (Serum, Enzymatic)	31	U/L	5 - 31
SGPT (ALT) (Serum, Enzymatic)	45	U/L	10 - 40
Alkaline Phosphatase (Serum, pNPP)	210	U/L	80 - 290
Total Proteins (Serum, Biuret)	7.00	g/dL	6.4 - 8.3
Albumin	4.18	g/dL	3.7 - 5.6
Globulin (Serum)	2.82	g/dL	1.8 - 3.6
A/G Ratio (Serum)	1.48	g/dl	1.1 - 2.2
Gamma GT Szasz method	22.4	U/L	11 - 34

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)

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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	170	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	77	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	48	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	106.60	mg/dL	
VLDL Cholesterol	15.40	mg/dL	6-38
LDL/HDL RATIO	2.22		2.5-3.5
CHOL/HDL RATIO	3.54		3.5 - 5

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

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea (Serum)	22.8	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.74	mg/dL	0.57 - 1.4
Sodium	141	mmol/L	135 - 145
Potassium	4.33	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	4.15	mg/dL	2.6 - 6
Chlorides	101	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

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



Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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HBA1C

HbA1c Value	5.07	%	4-6=Normal Control Control 8-10=Unsatisfactory Control >10%=Poor Control	6-7=Good 7-8=Fair
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Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.020		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
Glucose	NIL		NIL
<u>Microscopic Examination</u>			
PUS CELLS	1-2	/hpf	0-5
Epithelial Cells	2-4	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
<u>Chemical Examination</u>			
Protein	NIL		NIL

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	10.8	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.61	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	38.2	%	36 - 47
MCV (Mean Corpuscular Volume)	83	fl	78 - 95
MCH (Mean Corpuscular Hb)	23.4	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	28.3	g/dL	32 - 36
RDW (Red Cell Distribution Width)	14.2	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	6400	cells/cu.mm	4000 - 11000
Neutrophils	60	%	40 - 75
Lymphocytes.	35	%	20 - 40
Monocytes	03	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	162	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	8.1	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.132	%	0.15 - 500
PDW (Platelet Distribution Width)	16.8	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



VID :- E/14370
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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"B"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	30	mm at 1hr	0 - 20
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Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
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Thyroid Panel 1 (T3, T4, TSH)

T3	1.35	ng/dl	0.6-1.8
----	------	-------	---------

Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills,Phenytoin),Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4	6.11	ug/dl	4.5-12.6
----	------	-------	----------

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH	4.87	uIU/ml	0.25 - 5.5
-----	------	--------	------------

Remarks : 1.4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2.TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc

3.Drugs that decrease TSH values e.g:L-dopa,Glucocorticoids Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)