

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	MS. VEENITA
EC NO.	159527
DESIGNATION	CREDIT
PLACE OF WORK	RAIPUR,AVANTI VIHAR
BIRTHDATE	15-09-1981
PROPOSED DATE OF HEALTH	18-06-2022
CHECKUP	
BOOKING REFERENCE NO.	22J159527100020340E

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 **15-06-2022** 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 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/-

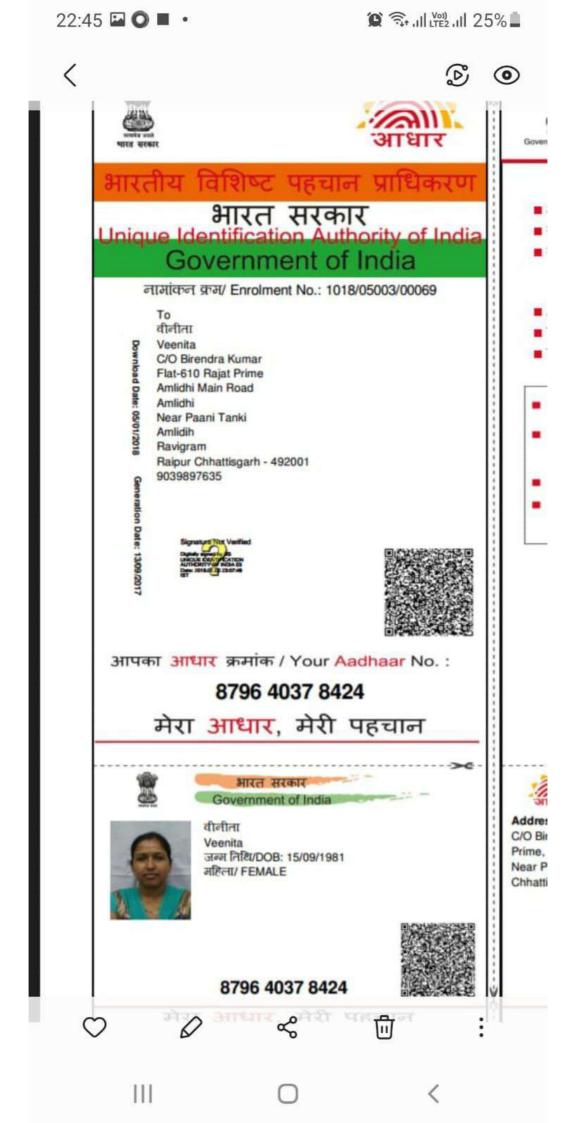
Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE		
CBC	CBC		
ESR	ESR		
Blood Group & RH Factor	Blood Group & RH Factor		
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting		
Blood and Urine Sugar PP	Blood and Urine Sugar PP		
Stool Routine	Stool Routine		
Lipid Profile	Lipid Profile		
Total Cholesterol	Total Cholesterol		
HDL	HDL		
LDL	LDL		
VLDL	VLDL		
Triglycerides	Triglycerides		
HDL / LDL ratio	HDL / LDL ratio		
Liver Profile	Liver Profile		
AST	AST		
ALT	ALT		
GGT	GGT		
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)		
ALP	ALP		
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)		
Kidney Profile	Kidney Profile		
Serum creatinine	Serum creatinine		
Blood Urea Nitrogen	Blood Urea Nitrogen		
Uric Acid	Uric Acid		
HBA1C	HBA1C		
Routine urine analysis	Routine urine analysis		
USG Whole Abdomen	USG Whole Abdomen		
General Tests	General Tests		
X Ray Chest	X Ray Chest		
ECG	ECG		
2D/3D ECHO / TMT	2D/3D ECHO / TMT		
Stress Test	Thyroid Profile (T3, T4, TSH)		
PSA Male (above 40 years)	Mammography (above 40 years)		
	and Pap Smear (above 30 years).		
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation		
Dental Check-up consultation	Physician Consultation		
Physician Consultation	Eye Check-up consultation		
Eye Check-up consultation	Skin/ENT consultation		
Skin/ENT consultation	Gynaec Consultation		





A Unit of Parth Sheel Health Care Pvt. Ltd.

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Age/Sex :39 :Dr. consultant STH.	PARTH APAK/ DIOLOGY	5	:2022061 No. :2022061 :,22B-000 ne at:18/06/2022 10:03 PATHOLOGY	8006 1743 3:37 AM	IPD/OPD Status Catagory Location/Bed.No Report Gen at: 18	:OPD :PRIVATE :, /06/2022 11:34:25 AM Registeration No
SAMPLE TYPE : EDTA BLOO	D					
		PATHOL	OGY ANALYSIS	REPORT		
Investigations	S	Status	Result	Unit	Biologica	al Reference Interval
COMPLETE BLOOD C	OUNT				1	
HAEMOGLOBIN			13.5	g/dl		11.5-16.5
PCV			41.7	%		35-55
RBC	,		4.95	million/cur	mm	4.0 - 6.20
MCV			82.2	fl		80 - 100
мсн			27.4	pg		26 -34
MCHC			32.5	%		31.5 - 34.5
RDW			12.7	%		10 - 20
PLATELET COUNT			2.93	lacs/cum	m	1.5 - 4.5
TOTAL LEUCOCYTES	COUNT	н	12600	housand/cun		000 - 11000
DLC	x.					

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Checked By:

Neutrophils

Lymphocytes

Monocytes

Eosinophils

Basophils

AKASH DILAWAR

Dr. Privanka Sahay Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandbas Raiput.(G,G.) Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com



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Name Age/Sex consultant	MRS. VEENITA 139 Y/ 101. PARTH STHAPAK/ GARDIOLOGY	Reg. No. Accession No. IPO78/II No	-2022081800 -2022061800 -228-000743	s Cat	1090 Status adoty atton/Bed.No	:OPD :PRNATE	
Accession No SAMPLE TYPE : 1	et: 18/06/2022 10:05:37 ***	Access Time at 1806/2022 10:03:37 AM			Report Gen at: 18/08/2022 11:33:43 AM		
		+12.5M2T	OLOGY REPOR	27			
Investigation	is	Status	Result	Unit	Biologic	al Reference Interval	
Blood Group			B		_		
Rh Typing		I	POSITIVE				

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Checked By:

AKASH DILAMAR

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SHRI ANANT SAI HOSPITAL

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Name	MRS. VEENITA	Reg. No.	.20220640				
Age/Sex	:39 Y/	Reg. No.	:20220618	0001	IPD/OPD Status	:OPD	
	:Dr. PARTH	Accession No.	:20220618	006	Catagory	:PRIVATE	
consultant	STHAPAK/ CARDIOLOGY	IPD/Bill No	:,22B-0007	'43	Location/Bed.No	:,	
Sample Collected at: :18/06/2022 10:03:37 AM		Accept Time at:18/06/2022 10:03:37 AM HAEMATOLOGY			Report Gen at: 18/	06/2022 11:33:32 AM	
SAMPLE TYPE : E	DTA BLOOD					Registeration No	
HAEMATOLOGY REPORT							
Investigation	S	Status	Result	Unit	Biologica	al Reference Interval	

*** End of Report ***

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AKASH DILAWAR

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Sample Collected at: :18/06/2022 10:03:37 AM		Accept Time at:18/06/2022 10:03:37 AM BIOCHEMISTRY		Report Gen at: 18/06/2022 4:09:25 PM	
consultant	STHAPAK/ CARDIOLOGY	IPD/Bill No	:,22B-000743	Location/Bed.No	:,
	:Dr. PARTH	Accession No.	:20220618006	Catagory	:PRIVATE
Age/Sex	:39 Y/	Reg. No.	:202206180001	IPD/OPD Status	:OPD
Name Age/Sex	MRS. VEENITA	Reg. No.	:202206180001	IPD/OPD Status	:OPD

SAMPLE TYPE : SERUM

BIOCHEMISTRY ANALYSIS REPORT							
Investigations	Status	Result	Unit	Biological Reference Interval			
BLOOD SUGAR FASTING		100.2	mg/di	60-110			
BLOOD SUGAR PP		125.3	mg/dl	70-160			
SERUM CREATININE		1.02	mg/dl	0.60-1.40			
URIC ACID		5.5	mg/dl	2.6-6.0			
BLOOD UREA		30.0	mg/dl	17-43			

*** End of Report ***

Checked By:

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Name	MRS. VEENITA				
Age/Sex	:39 Y/ :Dr. PARTH	Reg. No. Accession No.	:202206180001	IPD/OPD Status	:OPD
consultant	STHAPAK/ CARDIOLOGY	IPD/Bill No	:20220618006 :,22B-000743	Catagory Location/Bed.No	PRIVATE
Sample Collected at: 18/06/2022 10:03:37 AM		Accept Time at:18/06/2022 10:03:37 AM BIOCHEMISTRY			;, 06/2022 11:33:10 AM
SAMPLE TYPE : S	SERUM				Registeration No
Investigation		LIVER F	UNCTION TEST		

Investigations				
Investigations	Status	Result	Unit	Biological Reference Interval
Bilirubin Total		0.43		
Bilirubin Direct			mg/dl	0.00 - 2.0
Bilirubin Indirect		0.29	mg/dl	0.00-0.40
		0.14	mg/dl	0.0 - 1.0
SGOT (AST)	н	44.7	U/L	15-40
SGPT (ALT)		35.0	U/L	10-40
ALKALINE PHOSPHATASE		86	U/L	
TOTAL PROTEIN		7.0		30-120
ALBUMIN			g/dl	6.6-8.3
		4.17	g/dl	3.5 - 5.2
GLOBULIN		2.83	g/dl	1.9 - 3.5
A-G Ratio		1.47		1.0 - 2.2

*** End of Report ***

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Sample Collected at: 18/06/2022 10:03:37 AM		Accept Time at:18/0	6/2022 10:03:37 AM	Report Gen at: 18/06	2022 11:36:28 AM
consultant	STHAPAK/ CARDIOLOGY	Accession No. IPD/Bill No	:20220618006 :,22B-000743	Catagory Location/Bed.No	:PRIVATE :.
Age/Sex	:39 Y/	Reg. No.	:202206180001	IPD/OPD Status	:OPD
Name	MRS. VEENITA				
	Age/Sex consultant ample Collected at: 18/	Age/Sex :39 Y/ :Dr. PARTH consultant STHAPAK/ CARDIOLOGY ample Collected at: 18/06/2022 10:03:37 AM	Age/Sex :39 Y/ Reg. No. :Dr. PARTH Accession No. iDr. PARTH IPD/Bill No CARDIOLOGY Accession No.	Age/Sex :39 Y/ Reg. No. :202206180001 .:Dr. PARTH Accession No. :20220618006 consultant STHAPAK/ IPD/Bill No :,22B-000743 cample Collected at: 18/06/2022 10:03:37 AM Access the second	Age/Sex :39 Y/ Reg. No. :202206180001 IPD/OPD Status :Dr. PARTH Accession No. :20220618006 Catagory consultant STHAPAK/ IPD/Bill No :,22B-000743 Location/Bed.No CARDIOLOGY Access Times 4 60/00/2022 10:03:37 AM

CLINICAL BIOCHEMISTRY

Registeration No

SAMPLE TYPE : SERUM

Accession No

CLINICAL BIOCHEMISRTY						
Investigations	Status	Result	Unit	Biological Reference Interval		
TOTAL CHOLESTROL		157	mg/dl	<200		
TRIGLYCERIDES	НН	180.2	mg/dl	30-150		
HDL CHOLESTROL		45.0	mg/dl	30-60		
LDL CHOLESTROL		75.96	mg/dl	50-140		
VLDL CHOLESTROL	н	36.04	mg/dl	<35		
TC/HDLC RATIO		3.49	•	Up To 5		
LDLC/HDLC Ratio	L	1.69		2.5 - 3.5		
NON HDL CHOLESTROL		112.00	mg/dl	0-120		

*** End of Report ***

Lipid Profile should performed on 12 hr fasting state.

When the Triglyceride values are more than 400 mg/dl, the assumptions to calculate LDLC & VLDLC are invalid.

Checked By:

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A Unit of Parth Sheel Health Care Pvt. Ltd.

Name	:MRS. VEENITA				
Age/Sex	:39 Y/Female	Reg. No.	:202206180001	IPD/OPD Status	:OPD
	:Dr. PARTH	Accession No.	:20220618006	Catagory	:PRIVATE
consultant	STHAPAK/ CARDIOLOGY	IPD/Bill No	:,22B-000743	Location/Bed.No	:,
Sample Coll. at: 18/0	06/2022 10:03:37 AM	ACCEPT TIME AT: 18/06/2022 10	03 37 AM	ReportGen at:18/06/202	22 11:34:39 AM
		PATHOLOGY			
Accession No					Registeration No
		Glycosylated	Hb (Hba1c)		
TEST	Result	·	Units	Ref.Rai	nge
				4-5.9 (r	non diabetics)
			A /	6-7 (con	trolled diabetics)
Glycosylated Hb	6.31		%		ontrolled
				diabetic	s)
Method: Dual syster	n of nephelomerty a	nd turbidimetric.			
INTRPRETATION:					
Slycosylated Hb(%)	Mean Plasma Glu	icose (mg/dl)			
) 6	135				
) 7	170				
) 8	205				
9	240				
10	275				

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Dr. Priyanka Sahay Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandhas ها المنابية (Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com



TESTING WITH CAR

Central Lab

Address : 1st Floor, Above Dr. Sahay Clinic, Nandi Chowk, Tikrapara, Řaipur (C.G.) Mo. : +91-9340998022, 8888693987 8850121947. 9827912379 Email-swastikpathologylab.spl@gmail.com 24 X 7 HOME COLLECTION

AGE/SEX:39/F

DATE:18/06/2022

LAB NO.281

NAME: Mr/Mrs/Miss VEENITA

REF.BY : DR. P. STHAPAK (DM CARDIO)

TEST	RESULT	UNIT	NORMAL RANGE
Total T3 (Triiodothyronine)	0.99	ng/ml	0.79 – 1.58
Total T4 (Thyroxine)	8.8	mcg/dl	4.5 - 12.0
TSH (Thyroid Stimulating Hormone)	2.63	mIU/ml	0.3 - 6.0

Interpretation

Serum Triodothyronine (T3), Thyroxine (T4), Thyrod stimulating hormone (TSH) form the three components of thyroid screeningpanel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied bydepressed serum T3 and T4 values and elevated serum THS levels. Although elevated TSH levels are nearly always indicative of primary Hypothyroidism, rarely they confirm TSH secreting pituitary tumors (Secondary hyperthyroidism To confirm diagnosis - evaluate FT3 and FT4.

-Triodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy. Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.

- The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease cause hyperthyroidism but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.

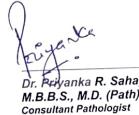
- Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.

- Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which he body uses energy and are regulated by a feedback system Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).

*Thyroid hormone status during pregnancy:

Pregnancy stage	TSH(mIUml)	T3 (ng/ml)	T4 (ug/dL)
First trimester	0.33 - 4.59	1.05 - 2.3	7.33 - 14.8
Second trimester	0.35 – 4.1	1.29 – 2.62	7.93 - 16.1
Third trimester	0.21 - 3.15	1.35 - 2.62	6.95 - 15.7

Kindly correlate with clinical condition of the patient.





Test results released pertain to the specimen submitted Lab investigations are only a tool to facilitate in arriving at a diagnosis & should be correlated clinicallyTest results may show interlaboratory variations (Test results are not valid for Medico-Legal purposesTest results are dependent on quality of sample & assay technology.



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REG. No.	202206180001	IPD No.	
Acc. No	20220618006	Date	18-06-2022
	MRS. VEENITA	Ref. By	Dr. SELF
	39 Y/Female	Consultant	Dr. PARTH STHAPAK

X-RAY CHEST (PA VIEW)

<u>Clinical information:</u> Health check, for evaluation. <u>Clinical indication:</u> To rule out cardiopulmonary pathology. <u>Limitation:</u> No.

NDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

OPINION -

No acute cardiopulmonary pathology detected.

DR. VIJENDRA M RUPRELA MBBS, DMRD, DNB (RADIODIAGNOSIS) MNAMS CGMC/1413/ 2008 CONSULTING RADIOLOGIST & SONOLOGIST GOLD MEDALIST

Disclaimer: Impression is a professional opinion and not a diagnosis. The science of radiological diagnosis is based on the interpretation of various shadows and is neither complete nor accurate. All modern machines/procedures have their limitations. Further pathological and radiological investigations with childcal correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/other discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.

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REG. No.	202206180001	IPD No.	
Acc. No	20220618006	Date	18-06-2022
Name	MRS. VEENITA	Ref. By	Dr. SELF
Age/ Sex	39 Y/Female	Consultant	Dr. PARTH STHAPAK

ULTRA SOUND SCAN – ABDOMEN AND PELVIS

Clinical Information: Health check, for evaluation.

Clinical indication: To rule out intra-abdominal pathology.

Limitations: Suboptimal examination of the bowel signature.

Svor:	Normal in size, shape and echotexture. IHBR/ CBD – not dilated. Hepatic and portal veins branching appear normal. No focal / diffuse lesions, Main portal vein – Normal.			
Gall bladder:	Normal in distension, caliber and outline. No echogenic focus seen in the body.			
Pancreas:	Appears normal in size and shape with normal parenchymal echotexture. Pancreatic duct is not dilated.			
Spleen:	Normal in size (9.7 cm) with normal shape and position with normal echotexture.			
Aorta & Para Aortic region: Normal.				
<u>Right Kidney:</u>	Normal in size, shape and parenchymal echotexture. It measures 10.7 cms in length and 1.4 cms parenchymal thickness. Corticomedullary differentiation is normal. No pelvicalyceal system dilatation. No calculi.			
<u>Left Kidney:</u>	Normal in size, shape and parenchymal echotexture. It measures 11.6 cms in length and 1.4 cms parenchymal thickness. Corticomedullary differentiation is normal. No pelvicalyceal system dilatation. No calculi.			
	No free fluid noted in the abdomen / pleural space.			
Urinary bladder:	Normal in distension, caliber and outline. No evidence of calculi or mass lesion.			
Uterus:	Normal in size (8.5 x 4.9 x 4.3 cms), No evidence of diffuse focal mass lesion.			
Adometrium	Appears normal. Endometrial cavity empty. Measuring 6 mm.			
Both ovaries:	Are normal. Right ovary measures: 3.4 x 1.7 cms. Left ovary measures 3.5 x 2.4 cms.			
Visualized bowel	oops appear normal. No definite evidence of wall thickening or mass lesions.			

OPINION:

1. No significant abnormality detected in abdomen and pelvis.

DR. VIJENDRA M RUPRELA MBBS, DMRD, DNB (RADIODIAGNOSIS) MNAMS CGMC/1413/ 2008 CONSULTING RADIOLOGIST & SONOLOGIST GOLD MEDALIST

Disclaimer: impression is a professional opinion and not a diagnosis. The science of radiological diagnosis is based on the interpretation of various shadows and is no

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A Unit of Parth Sheel Health Care Pvt. Ltd.

<u>Department of</u> <u>Non-Invasive Cardiology</u> <u>Report of Echocardiography/ Colour Doppler Studies</u>

Name: Mrs. Veenita

Age/Sex: 39 Yrs/F

Date: 18.06.2022

MRD No: 180001

IPD/OPD: OPD

Ref. by Dr.: Dr. Parth Sthapak MD, DM (Cardiology)

Indication: R/O CAD, ACS.

M-Mode (All Measurements in cms)					
Aortic Root	2.5	(2.0 - 3.5)	LV end-diastolic diameter	4.5	(3.6 - 5.2)
Left Atrium	3.3	(1.9 - 3.9)	LV end-systolic diameter	2.6	(2.3 - 3.9)
IVS (D)	1.0	(0.6 – 1.1)	IVS (S)	1.2	(0.4 - 1.4)
PW (D)	0.9	(0.6 - 1.1)	PW (S)	1.1	(0.5 - 1.5)

2D Echo & Colour Flow Assessment

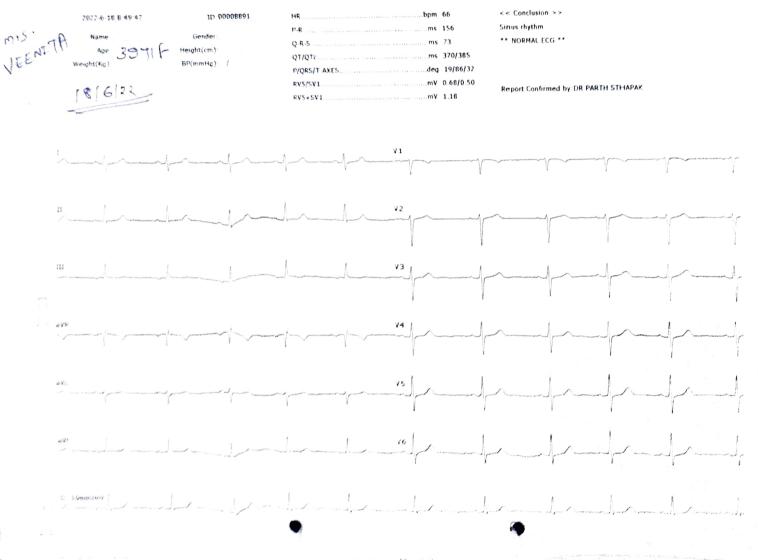
Mitral Valve: Aortic Valve:	Normal Normal	Tricuspid Valve: Pulmonic Valve:	Normal Normal
Chambers:			
LA:	Normal	RA:	Normal
LV:	Normal	RV:	Normal
Septae:			
IAS:	Intact	IVS:	Intact
Doppler Study:			
LV EJECTION FRA	ACTION:	60%	(Normal Value: 60%)
WALL MOTION A	BNORMALITY:	No RWMA at rest	

Enal Impression:

Grade I LV Diastolic Dysfunction No AR/MR/TR/PR Normal Biventricular Systolic Function No I/C Clot /PE /Vegetation

Dr. Parth Sthapak (Director & Chief) MD (Medicine), DM (Cardiology) Sr. Consultant Interventional Cardiologist

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