



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. SRAVANI BANDI
EC NO.	172896
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GANNAVARAM
BIRTHDATE	18-06-1990
PROPOSED DATE OF HEALTH CHECKUP	22-10-2022
BOOKING REFERENCE NO.	22D172896100027670E

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 **12-10-2022** 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.

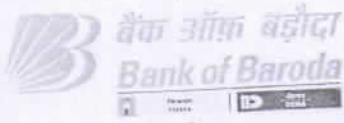
We solicit your co-operation in this regard.

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))



बैंक ऑफ बड़ोदा  
Bank of Baroda

कूट क्र.  
E.C. No.: 172896

नाम | बंडी श्रावणी  
Name: Bandi Sravani  
धारक के हस्ताक्षर | Signature of Holder

B. Sravani



सहकारी कार्यालय

धारक पर होने, चोरी या खराब होने पर धारक  
इसके लिए जिम्मेदार होगा.

Holder will be held responsible against  
loss, theft or damage.

धारक पर होने की सूचना तुरंत पुलिस एवं  
पुनः कार्यालय या बैंक की नजदीकी शाखा को दें.

Loss must be reported immediately to  
police and parent/nearest bank office.

मिलने पर - निम्नलिखित को लौटाएं  
आंशिक सुरक्षा अधिकारी  
बैंक ऑफ बड़ोदा, आंशिक कार्यालय  
जे. नं. 3-6-329, करमन मंजिल, हैदराबाद,  
हैदराबाद - 500 029.

If found please return to :  
Zonal Security Officer  
Bank of Baroda - Zonal Office  
Door No 3-6-329, Karman Manzil, Hyderguda,  
Hyderabad - 500 029.

रक्त समूह | Blood Group : B +ve

सम्पर्क टेलिफोन नं.  
Phone: 040-23287213. (0)

Identification Marks : A Mole On The Left Hand Right Finger  
A Mole on the Left Cheek

నమోదు సంఖ్య/ Enrollment No. : 2017/01203/07370

11/01/2012

To  
Bandl Sravani  
బండి శ్రావణి  
D/O Anjaneyulu  
514M  
KALTEX ROAD  
RAILWAY COLONY  
RAILWAY STATION ROAD  
Vijayawada (Urban)  
Vijayawada, Krishna  
Andhra Pradesh - 520001  
9052465653



UF003874232IN

387423



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**8858 1848 5524**

**ఆధార్ - సామాన్యుని హక్కు**



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



బండి శ్రావణి  
Bandl Sravani

పుట్టిన సంవత్సరం/Year of Birth : 1990

స్త్రీ / Female

**8858 1848 5524**



CS

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CamScanner

**ఆధార్ - సామాన్యుని హక్కు**

Scanned by CamScanner



#3-20/14, Main Road, Enikepadu, Vijayawada - 521108.  
Ph: 0866 - 2843133, 2843733, E-mail: info@anuhospitals.com  
www.anuneuroandcardiac.com

Name : Mrs. SRAVANI BANDI OP MR 68758  
Visit No. : V200012079  
Age/Gender : 32 Y/Female  
Referred by : Dr DR SOUMYA MEDARAMETLA  
External Visit ID :

Patient No. : P100009619  
Registered On : 22/10/2022 10:30  
Collected On : 22/10/2022 10:29  
Reported On : 22/10/2022 13:07

**Final Report**

Test Name / Method	Results	Units	Reference Range	Sample Type
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**HAEMATOLOGY**

**ERYTHROCYTE SEDIMENTATION  
RATE-ESR**

*Manual-Modified Westergren*

10 mm/hr

0 - 20

Whole Blood

**BLOOD GROUP & RH TYPING**

*method : Slide Agglutination/Reverse And Forward*

" B "  
POSITIVE

**Interpretation Notes :**

\*Suggested Gel card method for confirmation.

NOTE : ABO group should be reconfirmed after 6 months of age in newborn, as the ABO antibodies are weak or absent in sera until 3-6 months of age.

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

PROCESSED BY : MOGHAL HAJAVALI

VERIFIED BY : G SURESH

Dr.MUSTHAQ AHMED  
M.Sc, PHD

MEERJA RAFI  
M.Sc,M.Phil,DCR

SREE VANI BADDIPUTI  
MBBS, MD.  
Reg.No : 66636



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<b>HAEMATOLOGY</b>				
<b>Complete Blood Count</b>				
<b>HAEMOGLOBIN</b> <i>Photometry- SLS Method</i>	12.4	gms/dl	12.0- 15.0	Whole Blood
<b>TOTAL COUNT/WBC</b> <i>Automated -Electrical Impedance/Manual</i>	9700	cells/cumm	4000- 11000	
<b>DIFFERENTIAL COUNT (DC)</b> <i>Automated -Flow Cytometry/Manual</i>				
<b>DIFFERENTIAL COUNT (DC)</b>				
NEUTROPHILS	69	%	40-75	
LYMPHOCYTES	24	%	20-40	
EOSINOPHILS	03	%	0-6	
MONOCYTES	04	%	1-10	
BASOPHILS	00	%	0-1	
<b>RED BLOOD COUNT - RBC</b> <i>method :Electrical Impedance</i>	4.88	million/cumm	4- 5.5	
<b>PACKED CELL VOLUME- PCV</b> <i>method : Calculated</i>	39.8	%	34- 48	
<b>MEAN CORPUSCULAR VOLUME-MCV</b> <i>method : Calculated</i>	81.6	fL	80- 96	
<b>MEAN CORPUSCULAR HAEMGLOBIN- MCH</b> <i>method : Calculated</i>	25.5	pg	27- 32	
<b>MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATIONMCHC</b> <i>method : Calculated</i>	31.2	gm/dl	30- 35	
<b>RDW</b> <i>Automated-Electrical Impedance</i>	12.7	%	11.0 - 16.0	
<b>PLATELET COUNT</b> <i>Automated -Electrical Impedance</i>	2.20	Lakhs/cmm	1.5 - 4.1	

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

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**ANU** Institute of  
**Neuro & Cardiac  
Sciences**

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MEDGENOME



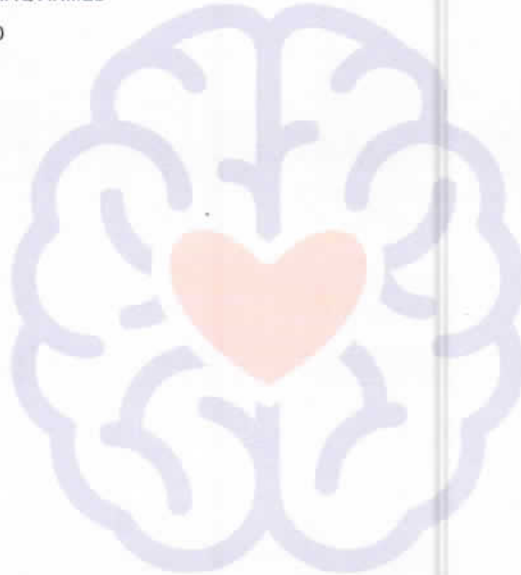
TRIDENT DIAGNOSTICS\*

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<b>CLINICAL BIOCHEMISTRY</b>				
<b>FASTING BLOOD SUGAR</b> <i>method : Hexokinase</i>	99	mg/dl	Normal: 70 - 99 Pre-Diabetic : 100 - 125 Diabetic : >126	FLOURIDE PLASMA
<b>FASTING URINE SUGAR</b> <i>method : Reagent Strip</i>	NIL	%	Nil	URINE
<b>POST PRANDIAL BLOOD SUGAR</b> <i>method : Hexokinase</i>	-	mg/dl	80-140	FLOURIDE PLASMA
<b>POST PRANDIAL URINE SUGAR</b> <i>method : Reagent Strip</i>	-	%	Nil	URINE
<b>GLYCOSYLATED HEMOGLOBIN (HbA1c)</b> <i>*method : Turbidimetric Inhibition Immunoassay</i>				Whole Blood
GLYCOSYLATED HEMOGLOBIN (HbA1c)	4.9	%	<= 5.6 % - Normal 5.7 - 6.4 % -Prediabetes >= 6.5 % - Diabetes	
Estimated Average Glucose(eAG)	94	mg/dl		
<b>Interpretation Notes :</b>				
<ul style="list-style-type: none"> <li>Estimated average Glucose (eAG) is calculated as per Diabetic Control &amp; Complication Trial (DCCT) guidelines.</li> <li>HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.</li> <li>HbA1c may be falsely low in diabetics with haemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.</li> <li>Abnormal hemoglobins might affect the RBC or glycation rates. In these cases even analytically correct results do not reflect the same level of glycemic control.</li> <li>Trends in HbA1c are a better indicator of diabetic control than a solitary test.</li> <li>Values have to be correlated with the clinical findings.</li> </ul>				
<b>BLOOD UREA NITROGEN-BUN</b> <i>method : Derived</i>	-	mg/dl	6 - 20	SERUM
<b>BUN/Creatinine Ratio</b> <i>method : Calculated</i>	-	%		





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**SERUM CREATININE**

0.76 mg/dl 0.5 - 1.2

SERUM

method : Jaffe Kinetic

**Interpretation Notes :**

- Creatinine is a waste product largely from muscle breakdown. High values, especially with high BUN levels, may indicate problems with the kidneys. Increased levels observed in Acute or chronic renal failure; urinary tract obstruction, nephrotoxic drugs.
- creatinine is widely used as a test of renal (Kidney) function both as a general screen, along with urine protein, for renal disease, and as a test for monitoring of renal function in patients with renal disorder.  
Decreased creatinine are seen in reduced muscle mass, possible drug effect.
- Values have to be correlated with the clinical findings.

**URIC ACID**

3.0 mg/dl 2.4 - 5.7

Method: Uricase-POD

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

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**CLINICAL BIOCHEMISTRY**

**Lipid Profile**

**CHOLESTEROL TOTAL**  
Method : CHOD-POD

168 mg/dl

200-239: Borderline  
>240: Elevated  
<200: Normal

SERUM

**TRIGLYCERIDES**  
Method : GPO/POD

82 mg/dl

<150: Normal  
151-200: Borderline  
201-499: High  
>500: Very High

**HDL CHOLESTEROL**  
Direct Method

37 mg/dl

>55 NoRisk  
35-55 Moderate Risk  
<35 High Risk

**LDL CHOLESTEROL**  
Direct Method

119 mg/dl

<100: Optimal  
101-129: Near/Above  
Optimal  
130-159: Borderline  
160-189: High  
>190: Very High

**VLDL CHOLESTEROL**  
method : Calculated

12 mg/dl

7.0-40.0

**CHOL/HDL RATIO**  
method : Calculated

4.5

0.0-4.5

**LDL/HDL RATIO**  
method : Calculated

3.2

0.0-3.5

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

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**CLINICAL BIOCHEMISTRY**

**THYROID PROFILE**

**TRIiodo THYRONINE-T3 TOTAL**  
Method : ECLIA

1.16 ng/ml 0.80 - 2.0

SERUM

**THYROXINE -T4 TOTAL**  
Method : ECLIA

12.28 ug/dl 5.1 - 14.1

**THYROID STIMULATING HORMONE -  
TSH (Ultra Sensitive)**  
Method : ECLIA

2.39 mIU/ml 0.40 - 4.20  
First Trimester:0.1-2.5\*  
Second & Third  
Trimester:0.2-3.0\*  
\*American Thyroid  
Association  
trimesterspecific

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

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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Liver Function Test</b>				
<b>TOTAL BILIRUBIN</b> <i>method : Diazonium</i>	0.9	mg/dl	0.0-1.2	SERUM
<b>BILIRUBIN DIRECT</b> <i>method : Diazonium</i>	0.32	mg/dl	0 - 0.3	
<b>BILIRUBIN INDIRECT</b> <i>method : Calculated</i>	0.58	mg/dl	0.0-1.0	
<b>SGOT(AST)</b> <i>Without P5p</i>	17	U/L	Upto 32	
<b>SGPT(ALT)</b> <i>Without P5p</i>	15	U/L	Upto 33	
<b>ALKALINE PHOSPHATASE</b> <i>Method : PNPP</i>	62	IU/L	35 - 140	
<b>GAMMA GT</b> <i>Szasz Method</i>	11	U/L	5 - 36	
<b>TOTAL PROTEIN</b> <i>method : Biuret</i>	7.5	g/dl	6.4 - 8.7	
<b>ALBUMIN</b> <i>Method : BCG</i>	4.4	g/dl	3.5-5.2	
<b>GLOBULIN</b> <i>method : Derived</i>	3.1	gm/dl	2.5-3.8	
<b>A/G RATIO</b> <i>method : Calculated</i>	1.4		1.0-2.1	

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

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**CLINICAL PATHOLOGY**

**STOOL ROUTINE**

method : Manual

STOOL

COLOUR Method:Macroscopic Examination	-		Brownish
CONSISTENCY Method:Macroscopic Examination	-		Semi Solid
MUCUS Method:Macroscopic Examination	-		Absent
REACTION Method:Macroscopic Examination	-		Alkaline
PUS CELLS Method:Microscopic Examination	-	Cells/hpf	0 - 5
RBCs Method:Microscopic Examination	-	Cells/hpf	Nil
EPITHELIAL CELLS Method:Microscopic Examination	-	Cells/hpf	Absent
OVA Method:Microscopic Examination	-		Absent
CYSTS Method:Microscopic Examination	-		Absent
OTHER FINDING Method:Microscopic Examination	-		

**URINE ROUTINE/ANALYSIS**

method : Macroscopic Examination

URINE

**PHYSICAL EXAMINATION**

COLOUR Method: Macroscopic examination	PALE YELLOW		Pale Yellow/Clear
VOLUME Method: Macroscopic examination	20	ml	-
APPEARANCE Method: Macroscopic examination	SEMI TURBID		Clear
SPECIFIC GRAVITY Method: Reagent Strip Method (Ion exchange)	1.020		1.005-1.030
<b>CHEMICAL EXAMINATION</b>			
pH Method: Reagent Strip Method (Double Indicator)	6.0		4.6-8.0
PROTEIN Method:Reagent Strip Method (Protein Error of indicator/SSA Test)	TRACE		Negative
GLUCOSE Method:Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)	NIL	%	Negative
KETONES Method:Reagent Strip Method (Sodium Nitroprusside Test)	NEGATIVE		Negative



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LEUCOCYTE ESTERASE	NEGATIVE	Negative
UROBILINOGEN	NIL	<1.0 mg/dL
Method:Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)		
BILIRUBIN	NEGATIVE	Negative
Method:Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)		
BLOOD	NEGATIVE	Negative
Method:Reagent Strip Method (Peroxidase - Like Activity)		
NITRITES	NEGATIVE	Negative
Method:Reagent Strip Method (Diazonium Method)		
<b>MICROSCOPIC EXAMINATION</b>		
RBCs	NIL /HPF	0 - 2
Method:Microscopic Examination		
EPITHELIAL CELLS	6-8 /HPF	0 - 5
Method:Microscopic Examination		
PUS CELLS	1-2 /HPF	0-3
Method:Microscopic Examination		
BACTERIA	NOT SEEN	Not Seen
Method:Microscopic Examination		
CRYSTALS	NOT SEEN	Not Seen
Method:Microscopic Examination		
CASTS	NOT SEEN	Not Seen
Method:Microscopic Examination		
OTHERS	--	-

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

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#### TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor and can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by doctor's advice for your specific care.
- Test requested might not be performed for the following reasons:
  - a) Specimen quality insufficient (inadequate collections/spillage in transit)
  - b) Specimen quality unacceptable (haemolysed/clotted/lipemic etc.)
  - c) Incorrect specimen type.
  - d) Test cancelled either on request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purpose only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a 'PRELIMINARY' status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a "FINAL" culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL" status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get it rectified immediately. If the collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (forums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.

10/22/2022 10:40:11 AM

B. SRAVANI  
Female

32 Years

Rate 101 . Sinus tachycardia.....rate> 99

PR 139  
QRSD 100  
QT 319  
QTc 414

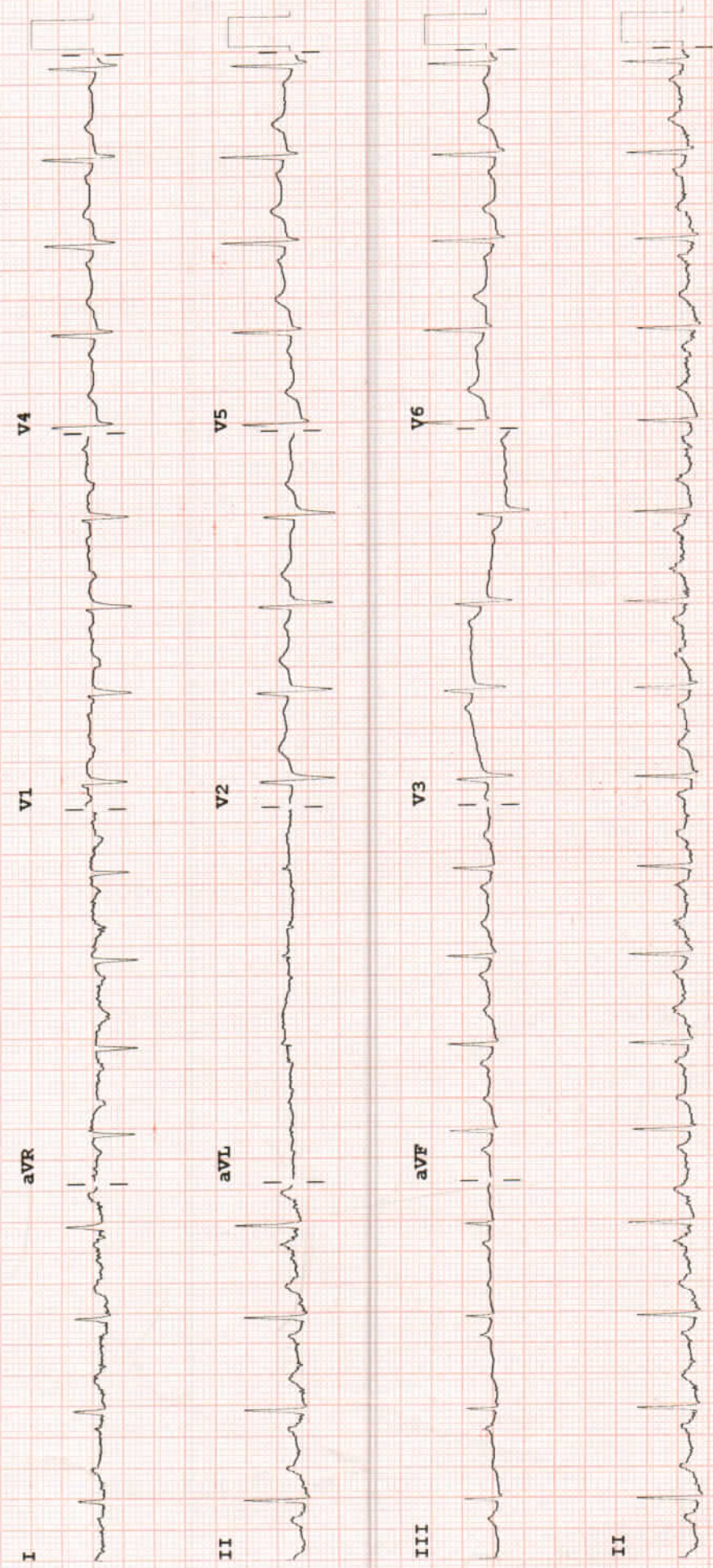
--AXIS--

P 71  
QRS 50  
T 34

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?





## 2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient's Name – B.SRAVANI , Age/Sex :- 32Y/F Date: 22-10-2022 OP No: 68758

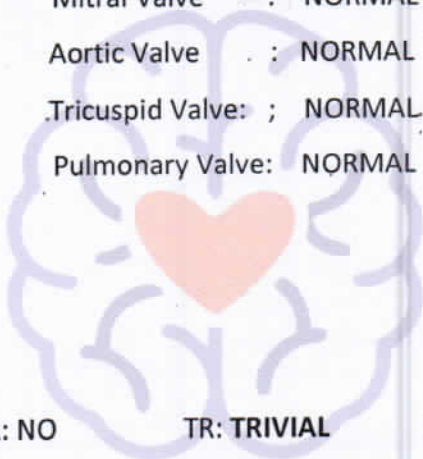
### M-MODE:

LV: 4.4 X 2.9 cms EF : 62 % FS : 31 %  
LA: 2.7 cms  
AO: 2.6 cms  
IVS: 1.0 cms  
PW: 0.9 cms

### B-MODE:

LV: NO RWMA  
LA: NORMAL  
RA: NORMAL  
RV: NORMAL  
AO: NORMAL  
PA: NORMAL  
IAS: Intact  
IVS: Intact

Mitral Valve : NORMAL  
Aortic Valve : NORMAL  
Tricuspid Valve: ; NORMAL  
Pulmonary Valve: NORMAL



### PERICARDIUM: NO PE

Colour Flow: \_\_\_ MR : TRIVIAL AR: NO TR: TRIVIAL PAH: NO

### DOPPLER:

MV Flow: A<E AV Flow: 1.2 M/s, PV Flow: 0.9M/s, RVSP: 18 mmHg

### IMPRESSION

NO RWMA  
NORMAL LV FUNCTION  
TRIVIAL MR, TRIVIAL TR , NO PAH  
NO VEGETATION/CLOT/PE

DR. S. Viswanatha Kartik MD, DM,  
Dept. of Cardiology  
Consultant Interventional Cardiologist.

Dr. N. Anil Kumar MD., DM, FESC. FSCAI  
Dept. of Cardiology  
Consultant Interventional Cardiologist.



Name: B. Sravani

Age/Sex: 32yrs /F

Ref. By: Dr. Dr. N. BHANU PRAVEEN NAIDU MRCP (UK)

Date: 22.10.2022

**ULTRASONOGRAPHY OF ABDOMEN**

**LIVER:** Normal in size and texture.  
No focal lesions noted. No intra-hepatic biliary dilatation.

**PORTAL VEIN:** Normal in calibre.

**GALLBLADDER:** Distended. Wall thickness is normal.  
No calculi / peri cholecystic fluid collection.

**CBD:** Normal in calibre.

**PANCREAS:** Normal in size and texture.  
No focal lesions / ductal dilatation / calcifications.

**SPLEEN:** Normal in size and echotexture. No focal lesions.

**RETROPERITONEUM:** Aorta & IVC are normal in calibre.  
No pre/para aortic lymphadenopathy.  
No obvious mass lesions at adrenal region.

**RIGHT KIDNEY:** Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.

**LEFT KIDNEY:** Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.

**URINARY BLADDER:** Minimally Distended.

**UTERUS** : Suboptimal.

**OVARIES** : Suboptimal.

\*No free fluid noted in peritoneal cavity.

**CONCLUSION:**

- ***NO ABNORMALITY NOTED TO THE VISUALLY NOTED.***

Advised review scan with full bladder if clinically indicated / Needed to Review pelvic pathology

  
Dr. M. BHAVANI SHANKAR

MBBS, MD, DNB (Radio Diagnosis), FRCR

Consultant, Endovascular and Interventional Radiology

MBBS, MD, DNB(Radio Diagnosis), FRCR

Regd.No: 91805

Consultant Endovascular and