

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. P V ADILAKSHMI USHA
EC NO.	154343
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	VIJAYAWADA,RO VIJAYAWADA
BIRTHDATE	19-07-1965
PROPOSED DATE OF HEALTH CHECKUP	27-08-2022
BOOKING REFERENCE NO.	22S154343100024150E

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 **24-08-2022** 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



Name: P.V. Adilakshmi Usha

Age/Sex: 57yrs /F

Ref. By: Dr. D. Pujitha MD(GEN)

Date: 10.09.2022


ULTRASONOGRAPHY OF ABDOMEN

- LIVER:** 16.3 cm Enlarged in size and increased 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:** 9.6 cm 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:** 11.5 x 4.2 cm Normal in size, position and texture. No focal lesions.
No calculi / hydronephrosis.
- LEFT KIDNEY:** 10.4 x 4.1 cm Normal in size, position and texture. No focal lesions.
No calculi / hydronephrosis.
- URINARY BLADDER:** Distended. Mural thickness is normal. No Calculi.
- UTERUS** : Post hysterectomy.
- OVARIES** : Not seen.
- *No obvious pelvic pathology noted.
*No free fluid noted in peritoneal cavity.

CONCLUSION:

- **Hepatomegaly with Grade I Fatty Liver.**

SUGGEST CLINICAL CORRELATION.


Dr Pavan Kumar Polagani MBBS, DNB
Consultant Radiologist
DR. PAVAN KUMAR POLAGANI
MBBS, DNB
Regd. No: 70809
CONSULTANT RADIOLOGIST



2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient's Name : P.V. ADILAKSHMI USHA , AGE/Sex : 57Y/F , Date: 10.09.2022 OPNO : -4695

M-MODE:

LV: 4.9 X 3.2 cms

EF : 58 %

LA: 2.9 cms

AO: 2.8 cms

IVS: 1.1 cms

PW: 1.0 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 : SCLEROSIS

Tricuspid Valve: ; NORMAL

Pulmonary Valve: ; NORMAL

PERICARDIUM: No PE

Colour Flow: ___ MR: TRIVIAL AR: NO TR: TRIVIAL PAH: NO

DOPPLER:

MV Flow: E<A AV Flow: 1.4 M/s, PV Flow: 1.1 M/s, RVSP: 20 mmHg

IMPRESSION

NO RWMA
NORMAL LV FUNCTION
TRIVIAL MR, TRIVIAL TR , NO PAH
AV SCLEROSIS, NO AR
GRADE I LV DIASTOLIC DYSFUNCTION
NO VEGETATION/PE

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

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

Rate 98 . Sinus rhythm.....normal P axis, V-rate 50-99
 . Right atrial enlargement.....P>0.25mV 2 lds or<-0.24mV aVR/aVL

PR 146
 QRS 93
 QT 355
 QTc 454

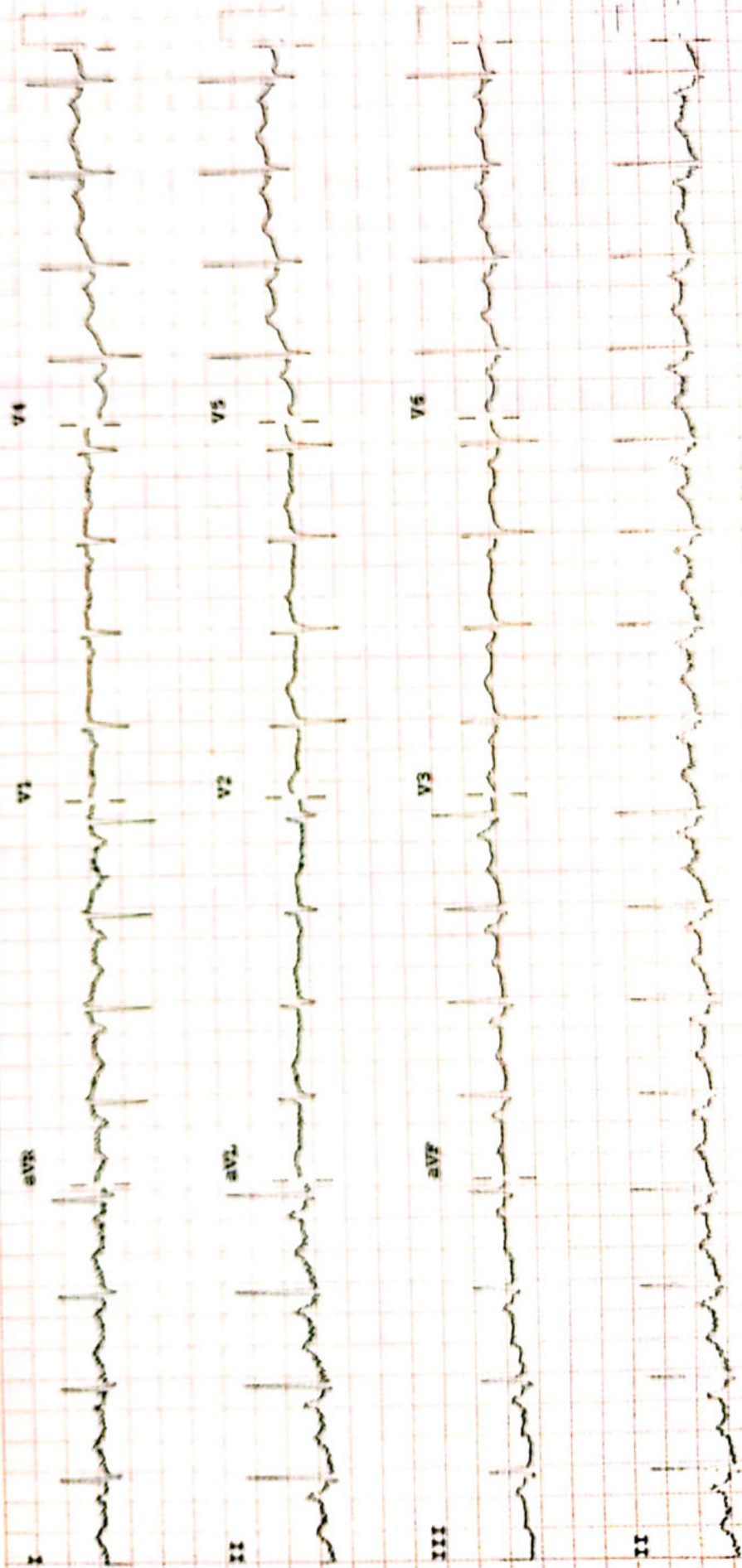
--AXIS--

P 66
 QRS 57
 T 33

12 Lead: Standard Placement

- ABNORMAL ECG -

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?

PHILIPS



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

Name : Mrs. P V ADILAKSHMI USHA MR NO 66338
Visit No. : V200007394
Age/Gender : 57 Y/Female
Referred by : Dr DR PUJITHA DUGGIRALA

Patient No. : P100007082
Registered On : 10/09/2022 09:59
Collected On : 10/09/2022 09:58
Reported On : 10/09/2022 13:03

Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
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HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE-ESR <i>Manual-Modified Westergren</i>	10	mm/hr	0 - 20	Whole Blood
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BLOOD GROUP & RH TYPING <i>method : Slide Agglutination/Reverse And Forward</i>	" O " POSITIVE
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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

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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HAEMATOLOGY

Complete Blood Count

HAEMOGLOBIN 12.0 gms/dl 12.0- 15.0 Whole Blood
Photometry- SLS Method

TOTAL COUNT/WBC 6200 cells/cumm 4000- 11000
Automated -Electrical Impedance/Manual

DIFFERENTIAL COUNT (DC)
Automated -Flow Cytometry/Manual

DIFFERENTIAL COUNT (DC)

NEUTROPHILS 54 % 40-75

LYMPHOCYTES 37 % 20-40

EOSINOPHILS 04 % 0-6

MONOCYTES 05 % 1-10

BASOPHILS 00 % 0-1

RED BLOOD COUNT - RBC 3.96 million/cumm 4- 5.5
method :Electrical Impedance

PACKED CELL VOLUME- PCV 37.3 % 34- 48
method : Calculated

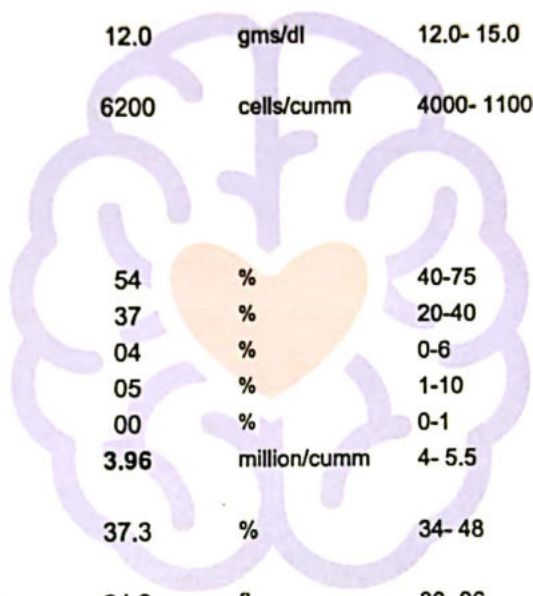
MEAN CORPUSCULAR VOLUME-MCV 94.3 fL 80- 96
method : Calculated

MEAN CORPUSCULAR HAEMGLOBIN- MCH 30.2 pg 27- 32
method : Calculated

MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATIONMCHC 32.1 gm/dl 30- 35
method : Calculated

RDW 12.6 % 11.0 - 16.0
Automated-Electrical Impedance

PLATELET COUNT 2.63 Lakhs/cmm 1.5 - 4.1
Automated -Electrical Impedance



*** End Of Report ***

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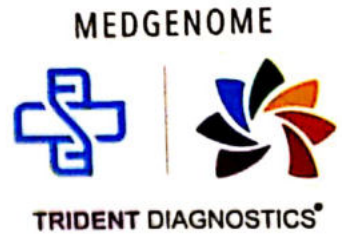
MEERJA RAFI
M.Sc,M.Phil,DCR

All Investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically.
*Lab Managed by Trident Diagnostics - A MedGenome subsidiary



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CLINICAL BIOCHEMISTRY

FASTING BLOOD SUGAR <i>method : Hexokinase</i>	101	mg/dl	Normal: 70 - 99 Pre-Diabetic : 100 - 125 Diabetic : >126	FLOURIDE PLASMA
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POST PRANDIAL BLOOD SUGAR <i>method : Hexokinase</i>	151	mg/dl	80-140	
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GLYCOSYLATED HEMOGLOBIN (HbA1c) <i>*method : Turbidimetric Inhibition Immunoassay</i>				Whole Blood
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GLYCOSYLATED HEMOGLOBIN (HbA1c)	6.9	%	<= 5.6 % - Normal 5.7 - 6.4 % -Prediabetes >= 6.5 % - Diabetes	
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Estimated Average Glucose(eAG)	151	mg/dl		
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Interpretation Notes :

- Estimated average Glucose (eAG) is calculated as per Diabetic Control & Complication Trial (DCCT) guidelines.
- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- 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.
- 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.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Values have to be correlated with the clinical findings.

LIPID PROFILE	192			SERUM
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BLOOD UREA NITROGEN-BUN <i>method : Derived</i>	28	mg/dl	6 - 20	
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SERUM CREATININE <i>method : Jaffe Kinetic</i>	0.7	mg/dl	0.5 - 1.2	
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Interpretation Notes :

All Investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically.



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- 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.

*** End Of Report ***

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CLINICAL BIOCHEMISTRY				
Lipid Profile				
CHOLESTEROL TOTAL <i>Method : CHOD-POD</i>	192	mg/dl	200-239: Borderline >240: Elevated <200: Normal	SERUM
TRIGLYCERIDES <i>Method : GPO/PAP</i>	73	mg/dl	<150: Normal 151-200: Borderline 201-499: High >500: Very High	
HDL CHOLESTEROL <i>method : Direct</i>	60	mg/dl	>55 NoRisk 35-55 Moderate Risk <35 High Risk	
LDL CHOLESTEROL <i>method : Direct</i>	130	mg/dl	<100: Optimal 101-129: Near/Above Optimal 130-159: Borderline 160-189: High >190: Very High	
VLDL CHOLESTEROL <i>method : Calculated</i>	14	mg/dl	7.0-40.0	
CHOL/HDL RATIO <i>method : Calculated</i>	3.2		0.0-4.5	
LDL/HDL RATIO <i>method : Calculated</i>	2.1		0.0-3.5	

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CLINICAL BIOCHEMISTRY

THYROID PROFILE

TRIODO THYRONINE-T3 TOTAL

Method : ECLIA

1.22 ng/ml 0.80 - 2.0

SERUM

THYROXINE -T4 TOTAL

Method : ECLIA

9.28 ug/dl 5.1 - 14.1

**THYROID STIMULATING HORMONE -
TSH (Ultra Sensitive)**

Method : ECLIA

2.43 mIU/ml 0.50 - 8.90 (Ref. Tietz
Clinical chemistry &
Molecular Diagnostics,
5th edition)

*** End Of Report ***

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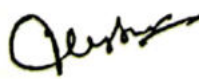
CLINICAL BIOCHEMISTRY

Liver Function Test


TOTAL BILIRUBIN <i>method : Diazonium</i>	0.80	mg/dl	0.0-1.2	SERUM
BILIRUBIN DIRECT <i>method : Diazonium</i>	0.30	mg/dl	0 - 0.3	
BILIRUBIN INDIRECT <i>method : Calculated</i>	0.50	mg/dl	0.0-1.0	
SGOT(AST) <i>Without P5p</i>	22	U/L	Upto 32	
SGPT(ALT) <i>Without P5p</i>	16	U/L	Upto 33	
ALKALINE PHOSPHATASE <i>Method : AMP</i>	92	IU/L	35 - 140	
GAMMA GT <i>Method : Glupa C</i>	00	U/L	5 - 36	
TOTAL PROTEIN <i>method : Biuret</i>	7.3	g/dl	6.4 - 8.7	
ALBUMIN <i>Method : BCG</i>	4.3	g/dl	3.5-5.2	
GLOBULIN <i>method : Derived</i>	3.0	gm/dl	2.5-3.8	
A/G RATIO <i>method : Calculated</i>	1.4		1.0-2.1	

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CLINICAL PATHOLOGY

URINE ROUTINE/ANALYSIS
method : Macroscopic Examination

URINE

PHYSICAL EXAMINATION

COLOUR
Method: Macroscopic examination

yellow Pale Yellow/Clear

VOLUME
Method: Macroscopic examination

5 ml ml -

APPEARANCE
Method: Macroscopic examination

semi turbid Clear

CHEMICAL EXAMINATION

pH Method: Reagent Strip Method (Double Indicator)

6.0 4.6-8.0

SPECIFIC GRAVITY
Method: Reagent Strip Method (Ion exchange)

1.030 1.005-1.030

PROTEIN
Method: Reagent Strip Method (Protien Error of indicator/SSA Test)

nil Nil

GLUCOSE
Method: Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)

nil % Nil

KETONES
Method: Reagent Strip Method (Nitroprusside reaction/Dumn and Shipleys Reaction)

nil Negative

LEUCOCYTE ESTERASE

nil Absent

UROBILINOGEN
Method: Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)

nil Normal

BILIRUBIN
Method: Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)

nil Negative

MICROSCOPIC EXAMINATION

RBCs
Method: Microscopic Examination

nil /HPF Nil

EPITHELIAL CELLS
Method: Microscopic Examination

2 - 4 /HPF 1-2/HPF

BLOOD
Method: Reagent Strip Method (Diazonium Method)

nil Negative

PUS CELLS
Method: Microscopic Examination

1 - 2 /HPF Nil



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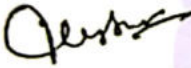
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NITRITES Method:Reagent Strip Method (Diazonium Method)	nil	Negative
BACTERIA Method:Microscopic Examination	nil	Not Seen
CRYSTALS Method:Microscopic Examination	nil	Not Seen
CASTS Method:Microscopic Examination	nil	Not Seen
OTHERS	-

*** End Of Report ***

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बैंक ऑफ बड़ौदा
Bank of Baroda

नाम वी.ए.डी.एल. उषा प्रसन्ना
Name V.A.D.L. Usha Prasanna
EC No. 154343



जर्मिकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder



భారత ప్రభుత్వం
Government of India



విష్ణు మోలకాల ఆదిలక్ష్మి ఉషా ప్రసన్న
Vishnu Molakala Adilakshmi Usha Prasanna
జన్మ తేదీ/DOB: 19/07/1965
లింగం/FEMALE



6043 8173 4134
VID : 9102 7833 7797 5422

నా ఆధార్, నా గుర్తింపు