

Patient Name : Mrs.SHILPI KULSHRESTHA	Collected : 07/Apr/2023 09:46AM
Age/Gender : 38 Y 9 M 8 D/F	Received : 07/Apr/2023 11:26AM
UHID/MR No : CINR.0000150632	Reported : 07/Apr/2023 12:39PM
Visit ID : CINROPV191403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9555848131	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	39.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	98.1	fL	83-101	Calculated
MCH	33.6	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,640	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65.2	%	40-80	Electrical Impedence
LYMPHOCYTES	24.2	%	20-40	Electrical Impedence
EOSINOPHILS	1.7	%	1-6	Electrical Impedence
MONOCYTES	8.5	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4329.28	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1606.88	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	112.88	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	564.4	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	26.56	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	187000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mrs.SHILPI KULSHRESTHA	Collected : 07/Apr/2023 09:46AM
Age/Gender : 38 Y 9 M 8 D/F	Received : 07/Apr/2023 11:26AM
UHID/MR No : CINR.0000150632	Reported : 07/Apr/2023 03:06PM
Visit ID : CINROPV191403	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Visit ID : CINROPV191403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	100	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	106	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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UHID/MR No : CINR.0000150632	Reported : 07/Apr/2023 12:51PM
Visit ID : CINROPV191403	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	42	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	61	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.56		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.11	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	30.00	U/L	30-120	IFCC
PROTEIN, TOTAL	5.87	g/dL	6.6-8.3	Biuret
ALBUMIN	3.77	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.8		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.64	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<38	IFCC



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Visit ID : CINROPV191403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.79	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.96	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.724	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



Patient Name : Mrs.SHILPI KULSHRESTHA	Collected : 07/Apr/2023 09:46AM
Age/Gender : 38 Y 9 M 8 D/F	Received : 07/Apr/2023 02:07PM
UHID/MR No : CINR.0000150632	Reported : 07/Apr/2023 03:45PM
Visit ID : CINROPV191403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9555848131	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Patient Name : Mrs.SHILPI KULSHRESTHA	Collected : 07/Apr/2023 01:28PM
Age/Gender : 38 Y 9 M 8 D/F	Received : 08/Apr/2023 03:50PM
UHID/MR No : CINR.0000150632	Reported : 10/Apr/2023 03:44PM
Visit ID : CINROPV191403	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9555848131	

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP TEST- PAPSURE , LBC FLUID


	CYTOLOGY NO.	6682/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised


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

Result/s to Follow:


PERIPHERAL SMEAR, COMPLETE URINE EXAMINATION, URINE GLUCOSE(FASTING)



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



Dr ANKITA SINGH
M.B.B.S, D.N.B(Pathology)
Consultant Pathologist.



Dr.Anita Shobha Flynn
M.B.B.S,MD(Pathology)
Consultant Pathologist

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DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

SIN No:CS062331

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



Name : Mrs. Shilpi Kulshrestha Address : Bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 38 Y Sex : F	UHID :CINR.0000150632  <small>* CINR . 0000150632 *</small> OP Number :CINROPV191403 Bill No :CINR-OCR-83967 Date : 07.04.2023 09:16
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓ 1	URINE GLUCOSE(FASTING)	
✓ 2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓ 3	HbA1c, GLYCATED HEMOGLOBIN	
✓ 4	2 D ECHO.	
✓ 5	LIVER FUNCTION TEST (LFT)	
✓ 6	X-RAY CHEST PA → 10	
✓ 7	GLUCOSE, FASTING	
✓ 8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION → (3) ✓	
12	DIET CONSULTATION	
✓ 13	COMPLETE URINE EXAMINATION	
✓ 14	URINE GLUCOSE(POST PRANDIAL)	
✓ 15	PERIPHERAL SMEAR	
✓ 16	ECG	
✓ 17	BLOOD GROUP ABO AND RH FACTOR	
✓ 18	LIPID PROFILE	
✓ 19	BODY MASS INDEX (BMI)	
✓ 20	LBC PAP TEST- PAPSURE ✓	
✓ 21	OPHTHAL BY GENERAL PHYSICIAN	
✓ 22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓ 23	ULTRASOUND - WHOLE ABDOMEN → (11) cm ✓	
✓ 24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓ 25	DENTAL CONSULTATION → I	
✓ 26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:25	

breath sound - 18
 dental - 2
 physio - 14
 ear
 eye test

7/1/23
 =

Apollo HOSPITALS
Date : 07-04-2023

MR NO : CINR.0000150632

Department : GENERAL

Doctor :

Name : Mrs. Shilpi Kulshrestha

Registration No :

Age/ Gender : 38 Y / Female

Qualification :

Consultation Timing: 09:15

Height : 150 cm	Weight : 60 kg	BMI : 26.60	Waist Circum :
Temp : 98.4	Pulse : 90 bpm	Resp : 18 bpm	B.P : 90/60

General Examination / Allergies
History

Appt 11/2023

Clinical Diagnosis & Management Plan

3 syn Polycystic Ovary Syndrome, Comp - March 2015
 Adv long term oral contraceptives
 Pap smear ✓
 Adv ocp. → cut loop ✓
 P.E
 PA - sup ✓
 Ps - ex ✓

Sus

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME: Shilpi Kulkarni

DATE: 7/4/23

UHID NO: 150632

AGE: 38y

OPTOMETRIST NAME: Mr. Mohd Sazzad *Consultant*

GENDER: F

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	-1.25	-0.25	10	6/6	-1.50	-0.50	60	6/6
Add	-1.50	0		N6				N6

PD - RE: 30.5 LE: 31.0

Colour Vision: Normal

Remarks:

Apollo clinic Indiranagar

Mrs shilpi kulsrestha
ID: 150632

29.06.1984
38 Years

Female

QRS : 68 ms
QT / QTcBaz : 352 / 425 ms
PR : 122 ms
P : 96 ms
RR / PP : 678 / 681 ms
P / QRS / T : 77 / 83 / 40 degrees

No v m a

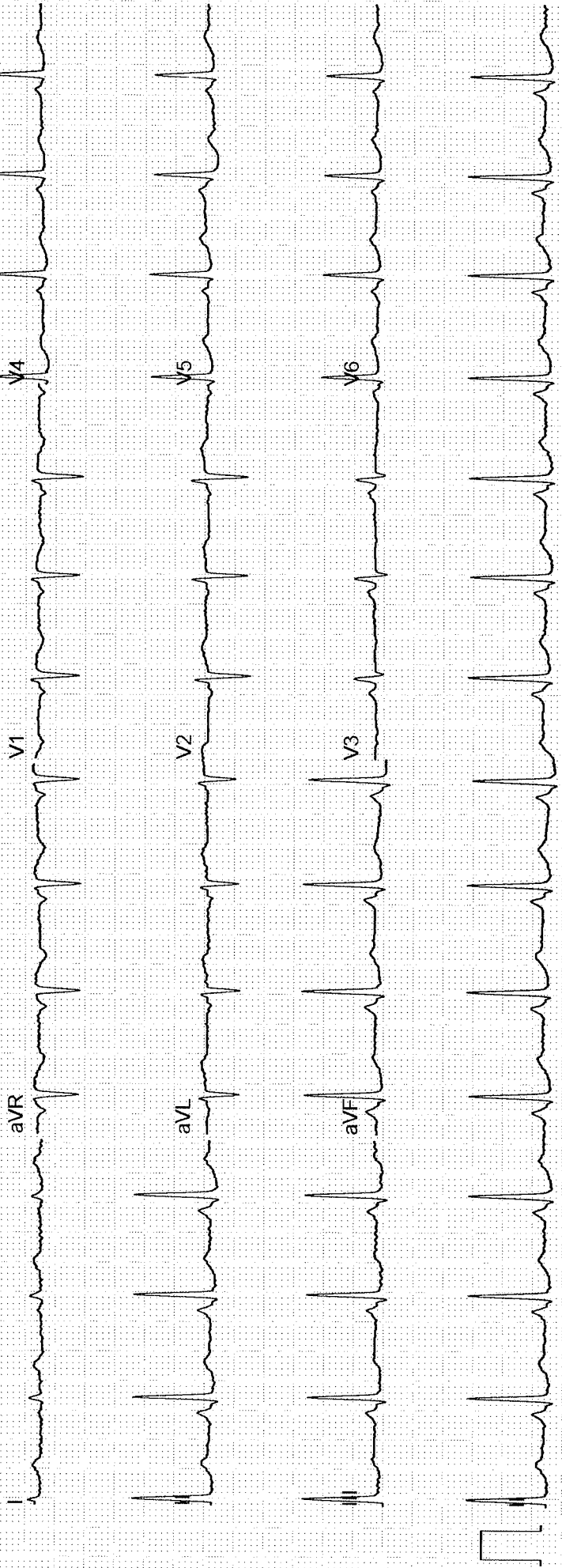
HL

07.04.2023 11:11:42
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

88 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



NAME: MRS SHILPI	AGE/SEX: 38Y/F	OP NUMBER: 150632
Ref By : SELF	DATE: 07-04-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 1.4	IVS(D):0.4	MV: E Vel: 1.1	A Vel : 0.4
LA:1.7	LVIDD(D):3.5	AV Peak: 1.2	
	LVPW(D):0.5	PV Peak: 0.8	
	IVS(S):0.7		
	LVID(S): 2.4		
	LVPW(S): 0.5		
	LVEF: 60%		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal, Trivial MR
Aortic Valve:	Normal
Pulmonary Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---
TRICUSPID VALVE	Normal, Trivial TR RVSP 20 mmHg

IMPRESSION :

Normal cardiac Valves and chambers

No Regional wall motion abnormality

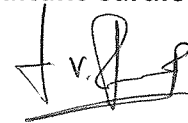
Good Biventricular function, LVEF 60%

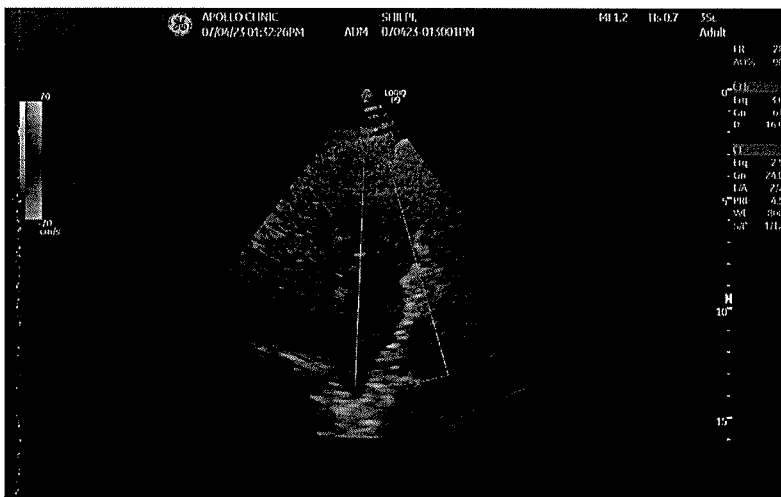
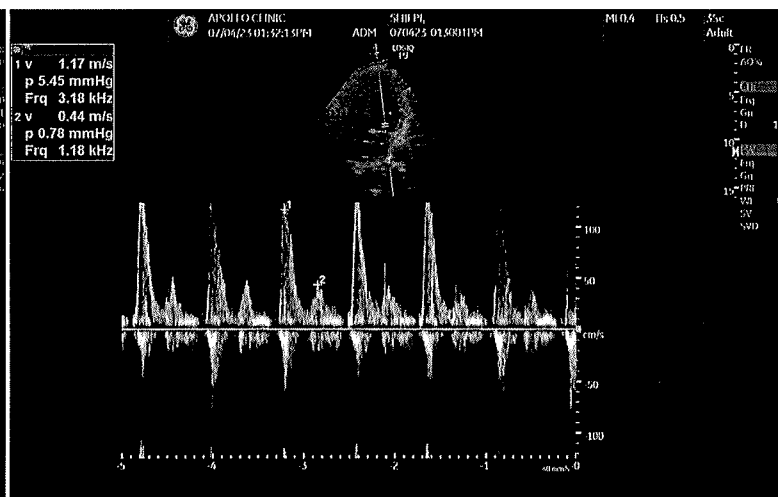
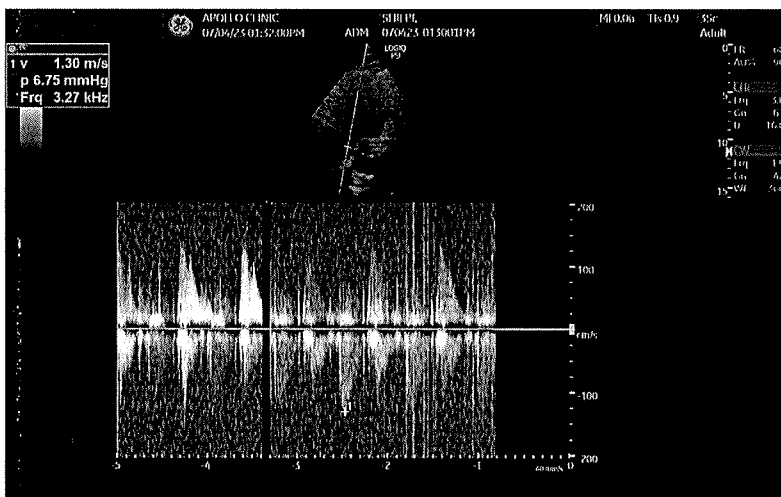
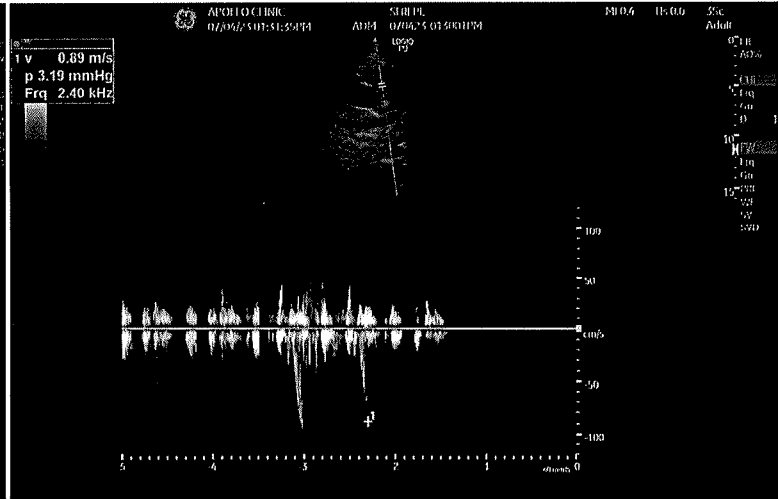
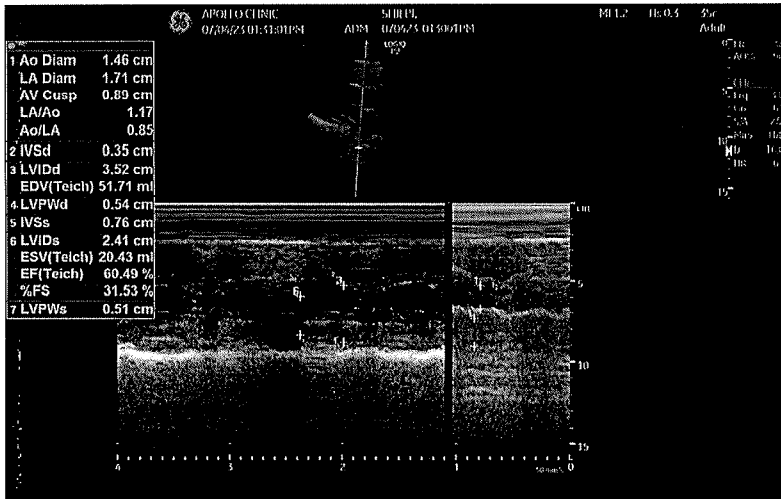
Normal Diastolic function

No clot/vegetation/pericardial effusion

Dr. Anupama S Kakade

Consultant Cardiologist





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	MRS. KULSHRESTHA SHILPI
EC NO.	176001
DESIGNATION	CREDIT
PLACE OF WORK	BANGALORE, SME BRANCH
BIRTHDATE	29-06-1984
PROPOSED DATE OF HEALTH CHECKUP	31-03-2023
BOOKING REFERENCE NO.	22M176001100056950E

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 **31-03-2023** 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))

Health Check up Booking Request(bobE37188),Package Code(PKG10000317),Beneficiary Code(74812)

Mediwheel <wellness@mediwheel.in>

Fri 31-03-2023 17:01

To: Shilpi <SHILPI2@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

011-41195959

Email:wellness@mediwheel.in

Dear MRS. KULSHRESTHA SHILPI,

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up " Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate 'Permission Letter'

Booking Date : 31-03-2023
Health Check up Name : Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)
Health Check Code : PKG10000317
Name of Diagnostic/Hospital : Apollo ClinicBangalore
Address of Diagnostic/Hospital- : Plot 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
Appointment Date : 07-04-2023
Preferred Time : 08:15:AM

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MRS. KULSHRESTHA SHILPI	36	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

AKB3457611



ಮತದಾರರ ಹೆಸರು : ಶಿಲ್ಪಿ ಕುಲಕರ್ಣಿ

Elector's Name : Shilpi Kulkarni

ಗಂಡನ ಹೆಸರು : ವರುಣ್ ಕುಮಾರ್

Husband's Name: Varun Kumar

ಲಿಂಗ / Sex : ಮಹಿಳೆ / Female

ಜನ್ಮದಿನಾಂಕ / Date of Birth : 29/08/1984

Patient Name : Mrs. Shilpi Kulshrestha

Age/Gender : 38 Y/F

UHID/MR No. : CINR.0000150632

OP Visit No : CINROPV191403

Sample Collected on :

Reported on : 07-04-2023 14:00

LRN# : RAD1970770

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9555848131

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

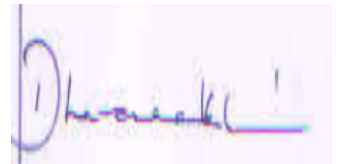
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Shilpi Kulshrestha

Age/Gender : 38 Y/F

UHID/MR No. : CINR.0000150632

OP Visit No : CINROPV191403

Sample Collected on :

Reported on : 07-04-2023 12:05

LRN# : RAD1970770

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9555848131

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.


UTERUS: **Retroverted** and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology