

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. VICTOR RAJALAKSHMI
EC NO.	75632
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	TUTICORIN,DAMODHARAN NAGAR
BIRTHDATE	20-03-1978
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M75632100092812E

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 **21-02-2024** till **31-03-2024** 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.

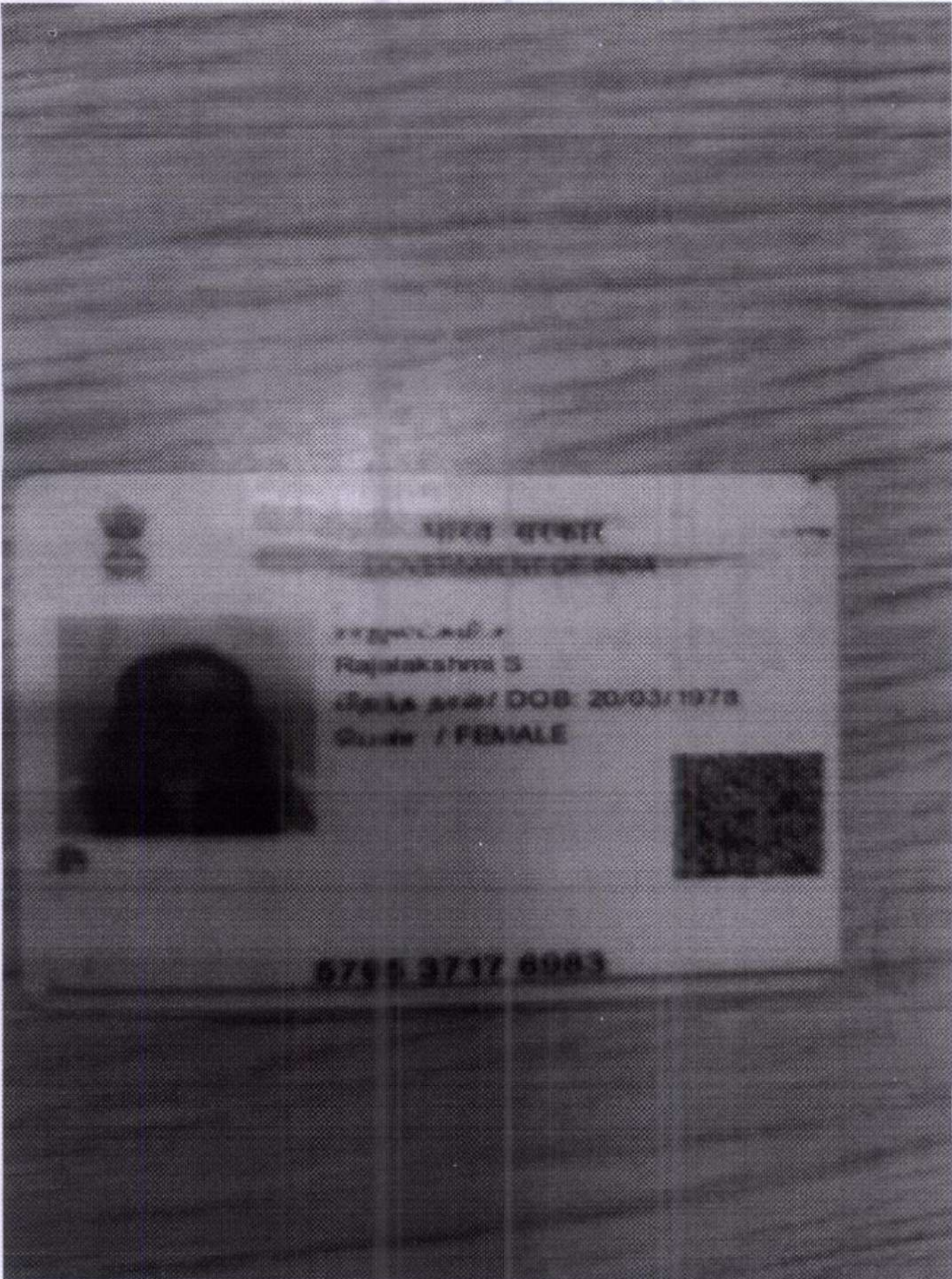
We solicit your co-operation in this regard.

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))



1978 ஏப்ரல்
GOVERNMENT OF INDIA

ராஜலக்ஷ்மி S
Rajalakshmi S
தேயல் பாலி / DOB: 20/03/1978
Gude / FEMALE

6755 3717 6993

Name : Mrs. RAJALAKSMI S

OP Number: MDUMH123509

Bill No: MMH-OCR-155181

Package Information

S.No	Service Type\Service Name	Department
1	MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40YRS	
1	2D-ECHO WITH COLOUR DOPPLER	CARDIOLOGY
2	ALBUMIN - SERUM	BioChemistry
3	ALKALINE PHOSPHATASE - SERUM/PLASMA	BioChemistry
4	ALT(SGPT) - SERUM / PLASMA	BioChemistry
5	AST (SGOT) - SERUM	BioChemistry
6	BILIRUBIN CONJUGATED (DIRECT) - SERUM	BioChemistry
7	BILIRUBIN, TOTAL - SERUM	BioChemistry
8	BREAKFAST	F and B Main Kitchen
9	BUN (BLOOD UREA NITROGEN)	BioChemistry
10	CHOLESTEROL - SERUM / PLASMA	BioChemistry
11	CONSULTATION - DENTAL	Dental
12	CONSULTATION - GYNAECOLOGICAL	OB and Gynaec Ultrasound
13	CONSULTATION - OPHTHALMOLOGY	Ophthalmology
14	CONSULTATION CHARGES	Consultation
15	CREATININE - SERUM / PLASMA	BioChemistry
16	ECG	CARDIOLOGY
17	GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	BioChemistry
18	GLUCOSE - SERUM / PLASMA (FASTING)	BioChemistry
19	GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	BioChemistry
20	GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD	BioChemistry
21	HDL CHOLESTEROL - SERUM / PLASMA	BioChemistry
22	HEMOGRAM	Haematology
23	HISTORY TAKING - AHC	Apollo Health Check
24	LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LDL)	BioChemistry
25	MAMOGRAPHY	X Ray
26	PAP SMEAR /CERVICAL SMEAR	Histopathology

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For enquires, appointments & Telemedicine consultations contact: 1860-500-1066

Email: enquiry@apollohospitals.com

Pay online at: https://pay.apollohospitals.com

Website: www.apollohospitals.com

Name : Mrs. RAJALAKSMI S		OP Number: MDUMH123509	Bill No: MMH-OCR-155181
		General Medicine	
27	PHYSICAL EXAMINATION/CONSULTATION BY INTERNAL MEDICINE SPECIALIST		BioChemistry
28	PROTEIN TOTAL - SERUM / PLASMA		Haematology
29	STOOL ROUTINE		BioChemistry
30	TOTAL T3: TRI IODOTHYRONINE - SERUM		BioChemistry
31	TOTAL T4: THYROXINE - SERUM		BioChemistry
32	TRIGLYCERIDES - SERUM		BioChemistry
33	TSH: THYROID STIMULATING HORMONE - SERUM		BioChemistry
34	ULTRASOUND SCREENING WHOLE ABDOMEN		Ultrasound Radiology
35	UREA - SERUM / PLASMA		BioChemistry
36	URIC ACID - SERUM		BioChemistry
37	URINE ROUTINE (CUE)		Haematology
38	VLDL CHOLESTEROL - SERUM		BioChemistry
39	X-RAY CHEST PA		X Ray

Amount saved on availing Health Check Package INR 17940

Note: Cancellation of individual test will not be refunded.
 Amount saved on availing Health Check Package INR 17940

Name : Mrs. RAJALAKSMI S (45 /F)

Date : 29/03/2024

Address : NO:20/12, THOOTHUKUDI TOWN THOOTHUKUDI, OTHER, THOOTHUKKUDI, TAMIL NADU, INDIA

AHC MEDICAL SUMMARY

ASH - QF - PHC - 14
UHID : ASM1.0000652327

Examined by : Dr .JEYASURIYA

AHC No : MDUMH123509

Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40YRS



CHIEF COMPLAINTS

No specific complaints

- home exercise, level ground walking

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus, Hypertension, Dyslipidemia, Thyroid disorder, Heart disease, Stroke, Asthma, COPD, Cancer, Impaired Glycemia



Family history

Coronary artery disease - father
Cancer - None

PHYSICAL EXAMINATION



General

General appearance - normal
Height - 156
Weight - 73.4
BMI - 30.16
Pallor - No
Oedema - no



Cardiovascular system

Heart rate (Per minute) - 77
Rhythm - Regular
- B.P. Sitting
Systolic(mm of Hg) - 120
Diastolic(mm of Hg) - 70
Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds



Abdomen

Organomegaly - No
Tenderness - No



DRUG ALLERGY

NO KNOWN ALLERGY :27/01/2023



SYSTEMIC REVIEW

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Central nervous system

- Nil Significant

General symptoms

- Nil Significant



Personal history

Diet - Mixed Diet
Alcohol - does not consume alcohol
Smoking - No
Chews tobacco - No
Physical activity - Moderate

Printed By : Sasikala T

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327

Date : 29/03/2024

Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40 YRS

APCS MEDICAL SUMMARY

ASH - QF - PHC - 14

Apollo
HOSPITALS

HEMOGRAM

Test Name	Result	Unit	Level	Range
Hemoglobin	6.5 *	gm%	●	11.5-16.5
Packed cell volume(Calculated)	25 *	%	●	37-47
WBC Count	5.6	10 ⁹ /m ³	●	4-11
Platelet Count	320	10 ⁹ /m ³	●	150-450
ERYTHROCYTE SEDIMENTATION RATE (ESR)	96 *	mm/1st hr	●	0-20
RBC Count	3.6 *	Million/ul	●	3.7-5.6
MCV	70 *	fl	●	75-95
MCH(Calculated)	18 *	pg	●	26-32
MCHC(Calculated)	26 *	g/dl	●	31-36
Reticulocytes(1.5 *	%	●	0.2 - 2.0
Neutrophils	65	%	●	40-80
Lymphocytes	26	%	●	20-40
Eosinophils	04	%	●	01-06
Monocytes	05	%	●	2-10

RBC: MICROCYTIC HYPOCHROMIC WITH ELLIPTOCYTES.

WBC: WITHIN NORMAL LIMITS.

Platelets: ADEQUATE.

Impression: MICROCYTIC HYPOCHROMIC ANEMIA.

Note: KINDLY CORRELATE CLINICALLY.

URINE ROUTINE (CUE)

Test Name	Result	Unit	Level	Range
Specific Gravity	1.020		●	1.001 - 1.035
Colour:	Straw Yellow			Straw Yellow
Transparency:	Slightly Turbid			Clear
pH	6.5		●	4.6-8.00
Protein :	+			NIL
Sugar :-	Nil			NIL
Ketone	Negative			NEGATIVE
Bile Pigments :-	Negative			NEGATIVE

Bile Salts :-	Absent			ABSENT
Urobilinogen	Normal	E.U./d L		Normal
RBC	Nil	/hpf		<2
Pus Cells	6-8	/hpf		Male : 2 - 3 Female : 2 - 5
Epithelial Cells	6-8	/hpf		3 - 5

ALT(SGPT) - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
ALT(SGPT)	26	U/L	●	Adult Female : <34

ALBUMIN - SERUM

Test Name	Result	Unit	Level	Range
Albumin - Serum	4.0	g/dL	●	Adult(20 - 60 Yr): 3.5 - 5.2
Globulin - Serum: (Calculated)	3.6 *	g/dL	●	Adult (2.0 - 3.5)

ALKALINE PHOSPHATASE - SERUM/PLASMA

Test Name	Result	Unit	Level	Range
Alkaline Phosphatase - Serum	50	U/L	●	Adult(Female): < 104

AST (SGOT) - SERUM

Test Name	Result	Unit	Level	Range
AST (SGOT)	22	U/L	●	Adult Female: <31

BILIRUBIN, TOTAL - SERUM

Test Name	Result	Unit	Level	Range
Bilirubin, Total - Serum	1.2 *	mg/dL	●	NORMAL : 0.2 TO 1.1

CHOLESTEROL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Total Cholesterol	168	mg/dL	●	Adult Desirable: <200 Borderline High: 200 - 239 High: >=240

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
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● Within Normal Range ● Borderline High/Low ● Out of Range

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327

Date : 29/03/2024



Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40 YRS MEDICAL SUMMARY

ASH - QF - PHC - 14

Creatinine - Serum 0.5* mg/dL ● Female: 0.6 - 1.1

LDL Cholesterol (Direct LDL) 104 mg/dL ● Optimal: <100
Near/above optimal: 100 - 129
Borderline High: 130 - 159
High: 160 - 189
Very High: >=190

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM

Test Name	Result	Unit	Level	Range
GGTP: Gamma Glutamyl Transpeptidase	8	U/L	●	Female: < 38

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Serum / Plasma (Fasting)	99	mg/dL	●	60-99

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Glucose - Serum / Plasma (Post Prandial)	92	mg/dL	●	< 140 Increase risk of diabetes (Impaired Glucose tolerance): 140-199; Diabetic >=200

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	5.5	%	●	Normal < 5.7% Increased risk for Diabetes 5.7 - 6.4% Diabetes >= 6.5%

HDL CHOLESTEROL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
HDL Cholesterol	32*	mg/dL	●	Low: <40 High: >=60

LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LDL)

Test Name	Result	Unit	Level	Range
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PROTEIN TOTAL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Protein Total - Serum	7.6	g/dL	●	>2 Year: 6.0 - 8.0

TRIGLYCERIDES - SERUM

Test Name	Result	Unit	Level	Range
Triglycerides - Serum	128	mg/dL	●	Normal: <150 High: 150 - 199 Hypertriglyceridemic: 200 - 499 Very High: >=500
Total Cholesterol / HDL Cholesterol Ratio (Calculated)	5.2*		●	< 4.5

UREA - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Urea	11*	mg/dL	●	Adult: 13 - 43

URIC ACID - SERUM

Test Name	Result	Unit	Level	Range
Uric Acid - Serum	2.5*	mg/dL	●	Adult Female: 2.6 - 6.0

VLDL CHOLESTEROL - SERUM

Test Name	Result	Unit	Level	Range
VLDL CHOLESTEROL - SERUM	26		●	Desirable: <30
Triglycerides - Serum	128	mg/dL	●	Normal: <150 High: 150 - 199 Hypertriglyceridemic: 200 - 499 Very High: >=500

BILIRUBIN CONJUGATED (DIRECT) - SERUM

Test Name	Result	Unit	Level	Range
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● Within Normal Range ● Borderline High/Low ● Out of Range

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327

Date : 29/03/2024

Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40 YRS

APC MEDICAL SUMMARY

ASH - QF - PHC - 14



Bilirubin Conjugated - Serum 0.1 mg/dL ● 0.0-0.2

Bilirubin Unconjugated - Serum (Calculated) 1.1 * mg/dL ● 0.0-1.0

X-RAY CHEST PA

NO SIGNIFICANT ABNORMALITY IS DETECTED.

ULTRASOUND SCREENING WHOLE ABDOMEN

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	9.2	mg/dL	●	Adult : 6 - 20

TOTAL T3: TRI IODOTHYRONINE - SERUM

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	120	ng/dL	●	60-180

TOTAL T4: THYROXINE - SERUM

Test Name	Result	Unit	Level	Range
TOTAL T4: THYROXINE - SERUM	7.1	µg/dL	●	3.5 - 12.5

TSH: THYROID STIMULATING HORMONE - SERUM

Test Name	Result	Unit	Level	Range
TSH: Thyroid Stimulating Hormone	2.87	µIU/mL	●	0.35 - 5.50

PAP SMEAR /CERVICAL SMEAR

Ref No:
G 1031/2024

PREVIOUS REPORT: G 142/2023 - Cervical smear.
- Negative for intraepithelial lesion or malignancy.
Reactive cellular changes associated with mild inflammation. Fungal organisms morphologically consistent with candida are seen.

SUGGESTED TO REPEAT AFTER A COURSE OF TREATMENT.

SPECIMEN TYPE:

Cervical smear

SPECIMEN ADEQUACY:

Satisfactory for evaluation with metaplastic squamous cells.

INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy.

*

- Inflammation seen.

● Within Normal Range ● Borderline High/Low ● Out of Range

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327

Date : 29/03/2024



Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40 YRS MEDICAL SUMMARY

ASH - QF - PHC - 14

Liver measures 12.3 cm. Normal size and shows increased echotexture. No focal lesions are seen in the liver. No IHBR dilatation. Portal vein is normal in course, caliber and outline.

Gall Bladder is partially distended.

Pancreas is normal in size, shape and parenchymal echotexture; with no duct dilatation or calcifications. Peripancreatic fat is normal.

Spleen measures 11.1 cm. Normal with no focal lesions.

Right kidney : Measures 10.4 x 3.5 cm, is normal in size. Cortical echoes normal. Corticomedullary differentiation is maintained. Pelvicoliceal system normal. No calculi / hydronephrosis is seen.

Left kidney : Measures 10.9 x 4.6 cm is normal in size. Cortical echoes normal. Corticomedullary differentiation is maintained. Pelvicoliceal system normal. No calculi / hydronephrosis is seen.

Urinary Bladder is normal in distension, caliber and outline. No focal lesions.

Uterus is anteverted, enlarged, measures 10.2 x 4.5 x 3.3 cm. Endometrial thickness measures 5 mm. Intramural myoma is seen, measures 4.2 x 3.4 cm in posterior wall. Distorting uterine arteries.

Ovaries Right ovary measures 3.0 x 2.1 cm. Left ovary measures 3.1 x 2.3 cm. Both ovaries show no focal lesions. POD is free.

There is no ascites / pleural effusion.

IMPRESSION:

CLINICAL INDICATION: MASTER HEALTH CHECK UP.

ULTRASOUND SCREENING WHOLE ABDOMEN STUDY DONE ON 29.03.2024 SHOWS,

Grade I fatty liver.

Enlarged anteverted uterus with myoma, distorting uterine arteries.

REPORTED BY,
DR. RAJAPRIYA., MBBS., DMRD.,
CONSULTANT RADIOLOGIST.

2D-ECHO WITH COLOUR DOPPLER

NORMAL CHAMBERS DIMENSIONS.
STRUCTURALLY NORMAL VALVES.
NO REGIONAL WALL MOTION ABNORMALITY.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL LV DIASTOLIC FUNCTION.
NO PERICARDIAL EFFUSION/ CLOT.
LVEF:65%

INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE (LAB, RADIOLOGY & CARDIOLOGY)

Haematology

STOOL ROUTINE

X Ray

MAMOGRAPHY

CARDIOLOGY

ECG

● Within Normal Range ● Borderline High/Low ● Out of Range

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327



Date : 29/03/2024

Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40YRS AHC No: M00MH123509




ASH - QF - PHC - 14

Executive Summary


 Physical Examination and routine Investigation in AHC Package reveals the following:
 -IRON DEFICECNY ANEMIA

Wellness Prescription

Advice On Diet :-

 -IRON RICH FOOD

Advice On Physical Activity :-

 -REGULAR WALKING

Medications

- T.SOCRIL 1-0-1 A/F FOR 60 DAYS
- ADVISED INJ MALTOSE MONTHLY ONCE
- TO COLLECT USG REPORT.

Printed By : Sasikala T


Dr.JEYASURIYA

AHC Physician / Consultant Internal Medicine



Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327

Date : 29/03/2024



Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40 YRS AHC No MDUMH123509

ASH - QF - PHC - 14

Medications

- T.SOCRIL 1-0-1 A/F FOR 60 DAYS
- ADVISED INJ MALTOSE MONTHLY ONCE
- TO COLLECT USG REPORT.

Dr.JEYASURIYA

AHC Physician / Consultant Internal Medicine

Name : Mrs. RAJALAKSMI S (45 /F)

UHID : ASM1.0000652327

Date : 29/03/2024



Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40 YRS MEDICAL SUMMARY

ASH - QF - PHC - 14

AICVD RISK SCORE REPORT

RISK STATUS

YOUR SCORE

ACCEPTABLE SCORE

Low Risk

4

4

Your cardiovascular disease risk in the next 10 years is within the Normal limits for your age and gender

The AICVD risk score developed by Apollo Hospitals is a novel artificial intelligence-based risk scoring system that predicts your risk of having Coronary Artery Disease (CAD) related events in the next ten years. This scoring system uses Indian data and has been validated by multiple national and international institutions. This risk score is more than 92% accurate and has been compiled based on your physical parameters, heart health attributes, lifestyle and medical history. **Note:** The risk category is determined through the ratio between guest score and acceptable score at multiple decimal points. The outputs are shown in whole numbers.

Based on your AICVD risk score you are advised the following:

- Follow the guidance and education on **lifestyle and dietary management provided through the ProHealth program. Maintain a healthy BMI (<25). Avoid tobacco in any form and if you are a smoker, stop smoking.**
- Continue with **medications** for high blood pressure, diabetes, or dyslipidemia, if advised by your physician. Maintain HbA1c <7% (<53mmol/mol), blood pressure <140/90mmHg.
- Follow your physician's advice regarding **follow up tests, consults and annual health assessment**

DISCLAIMER

1. This is not a diagnostic tool and it does not guarantee accuracy of the result and cannot be acted upon independently.
2. This risk score and clinical algorithm is a general guideline for physicians. Any additional laboratory investigations, diagnostic imaging, treatment or patient education related to lifestyle management is under the physician's or cardiologist's discretion.
3. To ensure the information in the report is up to date, accurate and correct, doctor shall be consulted for interpretation of the report.
4. Apollo Hospitals and its staff does not offer any assurance on the information made available or be liable for any loss or damage as the said report is based on the AICVD risk score without any intervention from their side.
5. By usage of the AICVD risk score, it is deemed that the beneficiary of this service has agreed to get the same done at his own risk and further agrees with this disclaimer without any limitation or any clauses or sub-clauses.

The Clinical AI Models and APIs used at Apollo Hospitals are certified by ISO 13485 : 2016 vide certificate no. MD 763515