

Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 09:20AM
Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 01:27PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 04:08PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

DEPARTMENT OF HAEMATOLOGY

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

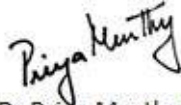
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	35.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.6	%	40-80	Electrical Impedance
LYMPHOCYTES	28.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4060.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1922.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	294.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	415.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.7	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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Consultant Pathologist



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SIN No:BED240018702

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

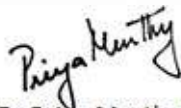
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.



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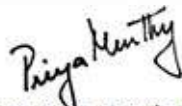
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC



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ESTIMATED AVERAGE GLUCOSE (eAG) 108 mg/dL Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	142	mg/dL	<200	CHO-POD
TRIGLYCERIDES	49	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	98	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.24		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 09:20AM
Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 03:13PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.76	mg/dL	0.51-0.95	Jaffe's, Method
UREA	15.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.34	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04609727



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Karnataka- 560034

 1860 500 7788
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Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 02:11PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

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	14.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04609727



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Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 09:20AM
Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 02:31PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.945	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012221



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Karnataka- 560034



Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 09:20AM
Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 01:39PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 02:31PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24012221



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Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 09:19AM
Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 02:08PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 02:43PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

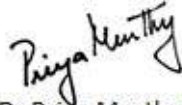
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	5-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2268489

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Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 09:19AM
Age/Gender : 29 Y 9 M 17 D/F	Received : 26/Jan/2024 02:08PM
UHID/MR No : CINR.0000161878	Reported : 26/Jan/2024 02:25PM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

DEPARTMENT OF CLINICAL PATHOLOGY

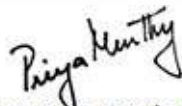
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010304

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Karnataka- 560034

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Patient Name : Mrs.NAVYA K	Collected : 26/Jan/2024 01:38PM
Age/Gender : 29 Y 9 M 17 D/F	Received : 27/Jan/2024 11:46AM
UHID/MR No : CINR.0000161878	Reported : 29/Jan/2024 11:52AM
Visit ID : CINROPV217103	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9515929126	

DEPARTMENT OF CYTOLOGY

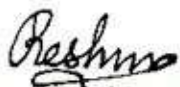
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1555/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
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



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No:CS073462

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

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COLLEGE of AMERICAN PATHOLOGISTS



1860 500 7788
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Name : Mrs. Navya K

Age: 29 Y

UHID: CINR.0000161878

Address : Bangalore

Sex: F



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OF AGREEMENT

OP Number: CINROPV217103

Bill No : CINR-OCR-93216

Date : 26.01.2024 09:10

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO - 9 after 11am	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION ✓ 3 after 11am	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG - 6	
12	LBC PAP TEST - PAPSURE - 3 ✓ after 11am	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION - 1	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE (FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA - 10	
✓19	ENT CONSULTATION	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI) - 6	
24	OPHTHAL BY GENERAL PHYSICIAN - 5 (ophthal)	
25	ULTRASOUND - WHOLE ABDOMEN - 9 after 11am	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

27. Niramai Breast screening - 15

7999

Date : 26-01-2024

Department : GENERAL

MR NO : CINR.0000161878

Doctor :

Name : Mrs. Navya K

Registration No :

Age/ Gender : 29 Y / Female

Qualification :

Consultation Timing: 09:10

Height: 161 cm	Weight: 55.7 kg	BMI: 21.49 kg/m ²	Waist Circum: 77-cm
Temp: 98.6°F	Pulse: 83 bpm	Resp: 18 bpm	B.P: 116/80 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

~~Jan 25/2024~~

29 yrs
LSCS

LUB - 2 yrs, R/lych
loop
Jan 22

Adv

PE

miramini
vit D3

PA
SOP
MHA

LBC
Papdual

Misc heading

body firming cream - (1)

Follow up date:

Doctor Signature

26.01.2024

Mrs. Nanya K

29 yo / F

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Acropiani - Atte.

Ears; NO

Nose; NO

Throat; NO

Follow up date:

Dr. RAVINDRANATH KIDDERI 
M.B.B.S., D.L.O.

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

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Toll Number : 1860 500 7788

Website : www.apolloclinic.com

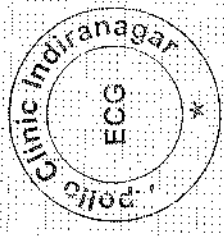
Navya
ID: 161878

09.04.1994
29 Years

Female

QT / QTcBaz 408 / 459 ms
 PR 156 ms
 P 102 ms
 RR / PP 792 / 789 ms
 P / QRS / T 59 / 54 / 32 degrees

26.01.2024 10:45:13
 APOLLO CLINIC
 INDIRANAGAR
 BANGALORE

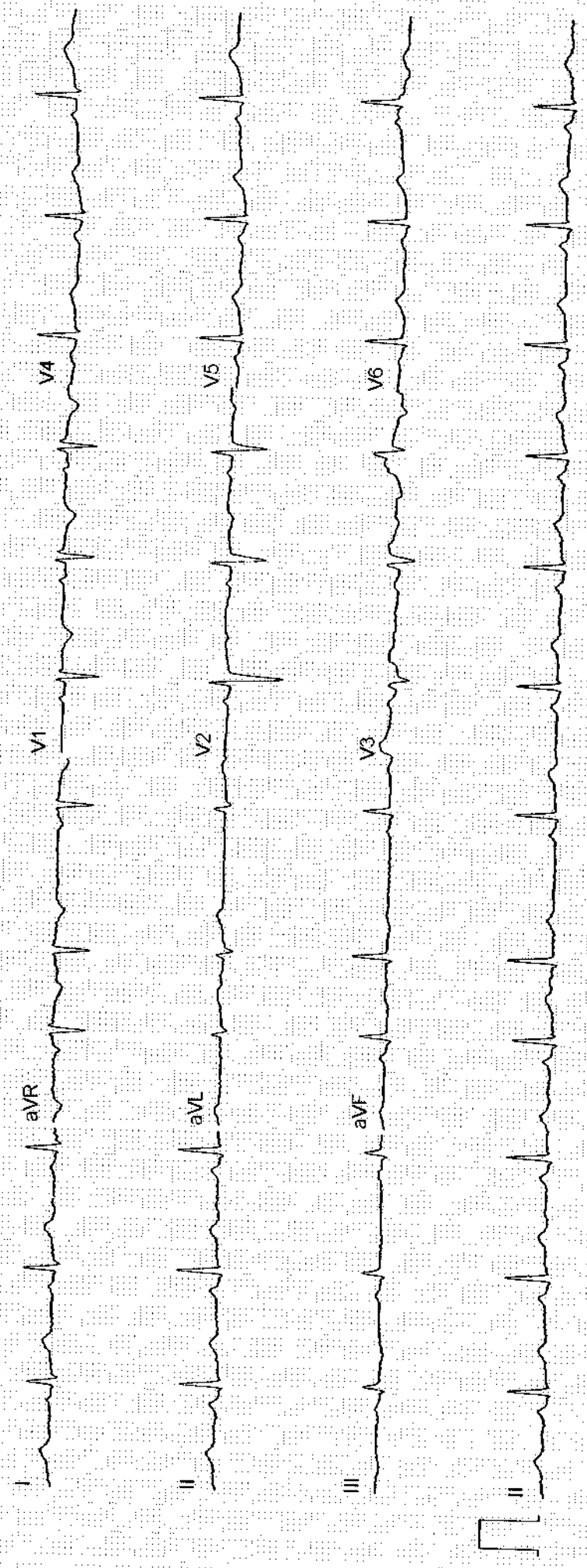


Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

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

76 bpm
 -- / -- mmHg

Normal ECG



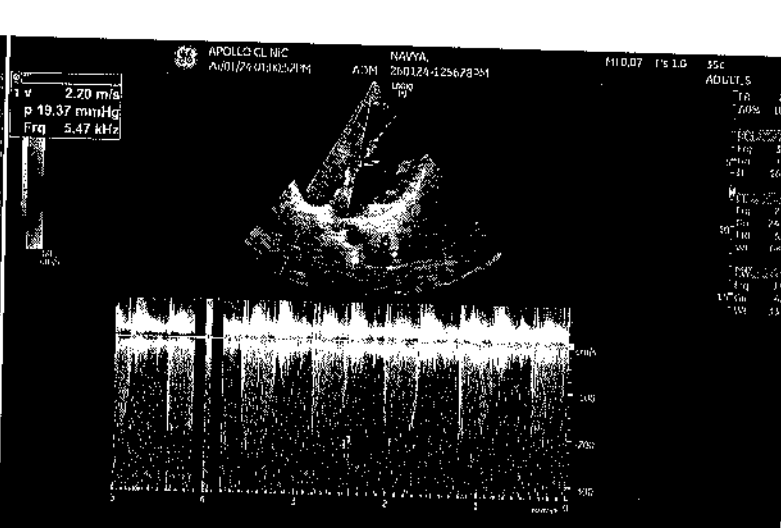
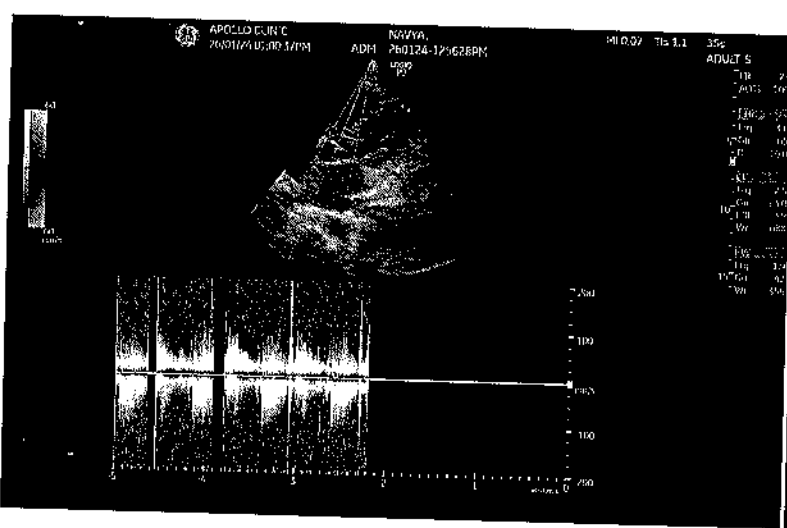
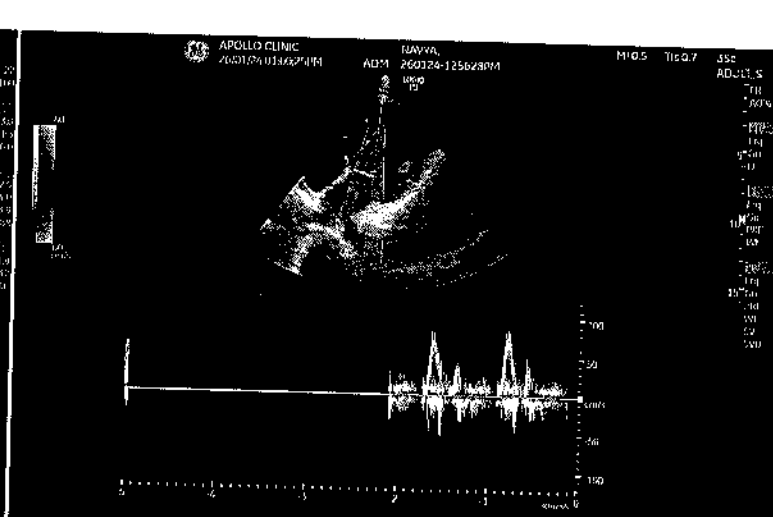
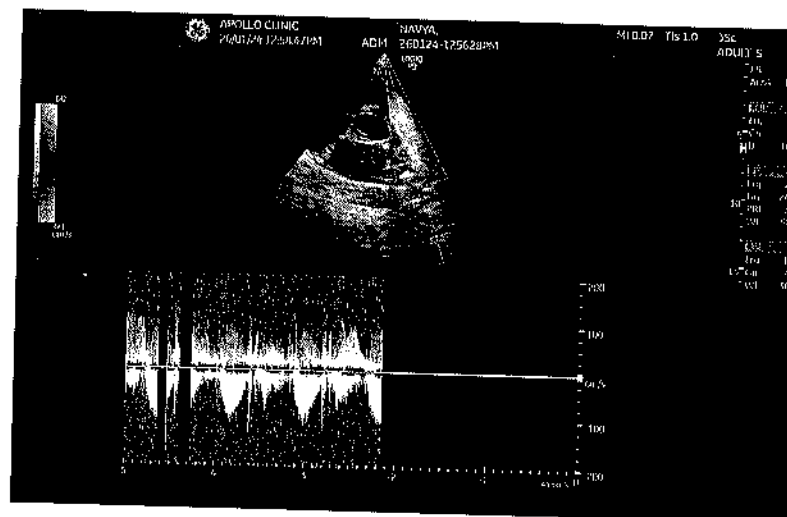
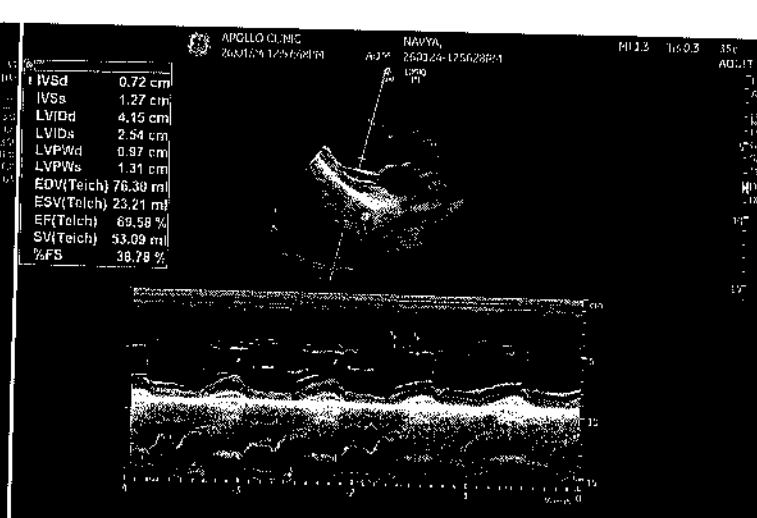
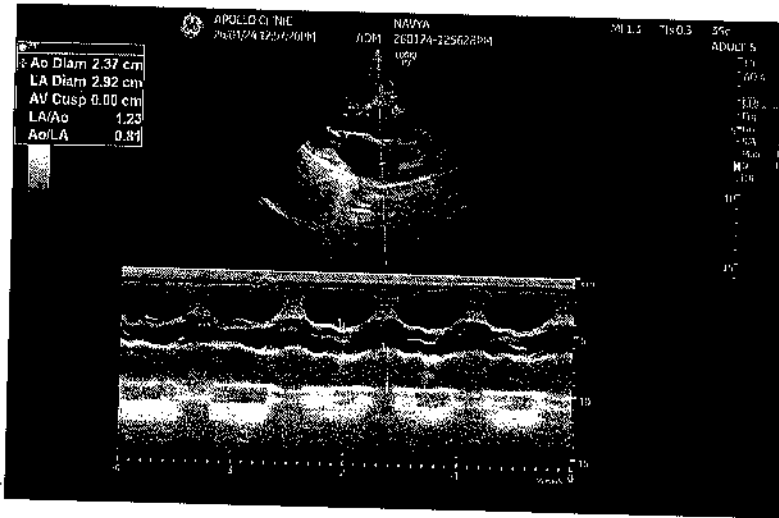
NAME: MRS NAVYA	AGE/SEX: 29Y	OP NUMBER: 161878
Ref By : SELF	DATE: 26-01-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.3	IVS(D): 0.7	MV: E Vel: 0.7	A Vel : 0.4
LA: 2.9	LVIDD(D): 4.1	AV Peak: 0.9	
	LVPW(D):0.9	PV peak:0.6	
	IVS(S): 1.2		
	LVID(S):2.5		
	LVEF: 60%		
	LVPW(S): 1.3		

Descriptive findings:

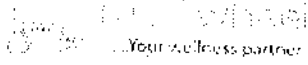
Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	AML(A2) MILDLY PROLAPSED
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal



Health Check up Booking Request(bobS4789), Beneficiary Code-164102

Mediwheel <wellness@mediwheel.in>
To: dnagakiran@gmail.com
Cc: customercare@mediwheel.in

Tue, 9 Jan, 2024 at 15:16



011-41195959

Dear Nagakiran D,

We have received your booking request for the following health checkup, please upload HIRM Letter as soon as possible.



Booking Date : 09-01-2024
User Package Name : Mediwheel Full Body Health Checkup Female Below 40
Hospital Package Name : Mediwheel Full Body Health Annual Plus Check
Health Check Code : PKG10000377
Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar
Address of Diagnostic/Hospital : 2012, 1st floor, Above vision+ express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
Appointment Date : 26-01-2024
Preferred Time : 8:00am-6:00pm

Member Information		
Booked Member Name	Age	Gender
Navya	30 year	Female

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

Tests included in this Package :

- Bmi Check
- Pap Smear
- Ent Consultation
- Dietician Consultation
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECG
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Gynac Consultation
- Urine analysis
- CBC



భారత ప్రభుత్వం
Government of India



కాకరమూడి నావిక
Kakaramudi Navya

పుట్టిన తేదీ/DOB 09/09/1994
స్త్రీ / Female



7836 9170 9736

ఆధార్ - సామాన్యుని హక్కు

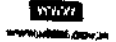


Unique Identification Authority of India

వెబ్సైటు: D/O తలారాపు, 3A-4-14
దోలవారి రోడ్, పల్నాడు నగరం
పార్ట్-2B, పాలకోట, పాతకోట
పశ్చిమ గోదావరి, ఆంధ్ర ప్రదేశ్
514260

Address (D/O) Talaram,
3A-4-14, Dolta varu thola,
Palkotah nagar, ward-2B,
Palacole, Palakol, West
Godavari, Andhra Pradesh,
514260

7836 9170 9736



Patient Name	: Mrs. Navya K	Age/Gender	: 29 Y/F
UHID/MR No.	: CINR.0000161878	OP Visit No	: CINROPV217103
Sample Collected on	:	Reported on	: 26-01-2024 15:18
LRN#	: RAD2217059	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9515929126		

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. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mrs. Navya K	Age/Gender	: 29 Y/F
UHID/MR No.	: CINR.0000161878	OP Visit No	: CINROPV217103
Sample Collected on	:	Reported on	: 26-01-2024 14:30
LRN#	: RAD2217059	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9515929126		

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: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. AKSHAY A RESHMI
MBBS, MD (Radiology)
Radiology