

Patient Name : Mrs.A AHIL BRINDHA
Age/Gender : 27 Y 2 M 24 D/F
UHID/MR No : SALW.0000142066
Visit ID : SALWOPV218162
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29853

Collected : 27/Jul/2024 09:02AM
Received : 27/Jul/2024 10:34AM
Reported : 27/Jul/2024 10:59AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

ETHODLOGY: MICROSCOPIC

RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:BED240196696

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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	g/dL	12.5-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,870	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.5	%	40-80	Electrical Impedance
LYMPHOCYTES	32.9	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	3.8	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3375.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1931.23	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	275.89	Cells/cu.mm	20-500	Calculated
MONOCYTES	223.06	Cells/cu.mm	200-1000	Calculated
BASOPHILS	64.57	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.75		0.78- 3.53	Calculated
PLATELET COUNT	281000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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M.D., D.N.B.
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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Age/Gender : 27 Y 2 M 24 D/F	Received : 27/Jul/2024 12:21PM
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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



SIN No:HA07336346

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.A AHIL BRINDHA	Collected : 27/Jul/2024 09:02AM
Age/Gender : 27 Y 2 M 24 D/F	Received : 27/Jul/2024 10:32AM
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Visit ID : SALWOPV218162	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
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLF02194428



Patient Name : Mrs.A AHIL BRINDHA	Collected : 27/Jul/2024 11:45AM
Age/Gender : 27 Y 2 M 24 D/F	Received : 27/Jul/2024 01:24PM
UHID/MR No : SALW.0000142066	Reported : 27/Jul/2024 01:41PM
Visit ID : SALWOPV218162	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29853	

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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	70	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.



Patient Name : Mrs.A AHIL BRINDHA	Collected : 27/Jul/2024 09:02AM
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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				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



Dr. MARQUESS RAJ
M.D, DipRCPATH, D.N.B (PATH)
Consultant Pathologist

SIN No:EDT240081186

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Emp/Auth/TPA ID : 22S29853	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	63	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	38	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	117	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.08		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04793207



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DEPARTMENT OF BIOCHEMISTRY

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

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.5		<1.15	Calculated
ALKALINE PHOSPHATASE	83.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.40	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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:

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04793207



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DEPARTMENT OF BIOCHEMISTRY

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

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. 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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.51	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	21.19	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.40	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	9.00	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	145	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.2	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	99	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.40	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated

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DR. CHIDAMBHARAM C
M.D., D.N.B.
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DEPARTMENT OF BIOCHEMISTRY

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


DR. CHIDAMBHARAM C
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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	10.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


DR. CHIDAMBHARAM C
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.6	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.860	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

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DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24123964

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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DEPARTMENT OF IMMUNOLOGY

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

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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24123964

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Visit ID : SALWOPV218162	Status : Final Report
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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	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2394509



Patient Name : Mrs.A AHIL BRINDHA
Age/Gender : 27 Y 2 M 24 D/F
UHID/MR No : SALW.0000142066
Visit ID : SALWOPV218162
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S29853

Collected : 27/Jul/2024 09:02AM
Received : 27/Jul/2024 12:06PM
Reported : 27/Jul/2024 12:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Microscopy findings are reported as an average of 10 high power fields.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2394509

Page 18 of 19



Patient Name : Mrs.A AHIL BRINDHA	Collected : 27/Jul/2024 09:02AM
Age/Gender : 27 Y 2 M 24 D/F	Received : 27/Jul/2024 12:10PM
UHID/MR No : SALW.0000142066	Reported : 27/Jul/2024 12:42PM
Visit ID : SALWOPV218162	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S29853	

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

*** End Of Report ***

C. Chidambaram
DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UF011953

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Pap-smear report will be upload after 3-4 days

Mail Contacts Calendar Preferences Search Your appointment

- Close
- Reply
- Reply to All
- Forward
- Delete
- Spam
-
- Actions
- View

Your appointment is confirmed

Dear A AHIL BRINDHA,

Greetings from Apollo Clinics,

Your corporate health check appointment on **2024-07-27** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHC
Agreement Name	[ARCOFEMI MEDIWHE AGREEMENT]
Package Name	[ARCOFEMI - MEDIWH CHECK - FEMALE - 2D

"Kindly carry with you relevant document letter and or appointment confirmation and or company ID card and or your company or sponsor."

Note: Video recording or taking photographs is not allowed and would attract

Note: Also once appointment is booked tests will happen, any pending test will

CERTIFICATE OF MEDICAL FITNESS

This _____ clinical examination
of Mrs. A AHIL BRINDHA on 27-07-24
SALW.0000142066 27/F
After that _____ clinical examination it has been found

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	

Dr. RAJMADHANGI .D
 M.D. INTERNAL MEDICINE
 Medical Officer GENERAL PHYSICIAN
 Apollo Spectra Alwarpet APOLLO SPECTRA HOSPITALS
 Alwarpet, REG No: 104481

This certificate is not meant for medico-legal purposes

Patient Name : Mrs. A AIHL BRINDHA Age : 27 Y/F
UHID : SALW.0000142066 OP Visit No : SALWOPV218162
Conducted By: : Conducted Date : 27-07-2024 16:25
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	2.0 CM
LA (es)	2.3 CM
LVID (ed)	3.5 CM
LVID (es)	2.3 CM
IVS (Ed)	0.7 CM
LVPW (Ed)	0.7 CM
EF	61%
%FD	32%

MITRAL VALVE :

AML	GRADE I PROLAPSE+
PML	NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

RIGHT VENTRICLE : NORMAL

INTER ATRIAL SEPTUM : INTACT

INTER VENTRICULAR SEPTUM : INTACT

AORTA : NORMAL

RIGHT ATRIUM : NORMAL

LEFT ATRIUM : NORMAL

Pulmonary Valve : NORMAL

PERICARDIUM : NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES

PWD: A<E AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
0.6m/sec

VELOCITY ACROSS THE AV UPTO 0.9m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-61%)
GRADE I MITRAL VALVE PROLAPSE - AML
TRIVIAL MITRAL REGURGITATION
TRIVIAL TRICUSPID REGURGITATION
NO PULMONARY ARTERY HYPERTENSION
NORMAL RIGHT VENTRICULAR SYSTOLIC FUNCTION
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

DR CECILY MARY MAJELLA MD DM (Cardio)



Dr. **SUNDHARI V**, MBBS., DNB., MNAMS
SENIOR ENT CONSULTANT
Ear Nose Throat Surgeon, Head & Neck Surgeon
Specialist in Endoscopic, Microscopic,
Advanced Skull Base
Phono Surgery & Snoring Surgery
Reg. No. 58764

27/7/24.

Mrs. A AHIL BRINDHA
SALW.0000142066 27/F

Heart chkd.

At's recent Headache / Nausea.

O/R. From: the mucus + BL nose @

Nose: Gross DSL with Bilateral Allergic rhinitis

From: Mucouspathy Grade IV ossiphony
Grade IV Enlarged. Adenoid.

Δ DSL / Chronic formilitis / ~~Adenoid~~

Adv Coblation formilitis JAA.

Plan → Duonore Nasal Spray 2-2-2mly x 1 month.
(Both nostril) Vdh.

Rate: 79 . Sinus rhythm.....normal P axis, V-rate 58- 99
 . Baseline wander in lead(s) II III aVL aVF

PR 158
 QRS 96
 QT 381
 QTcB 436

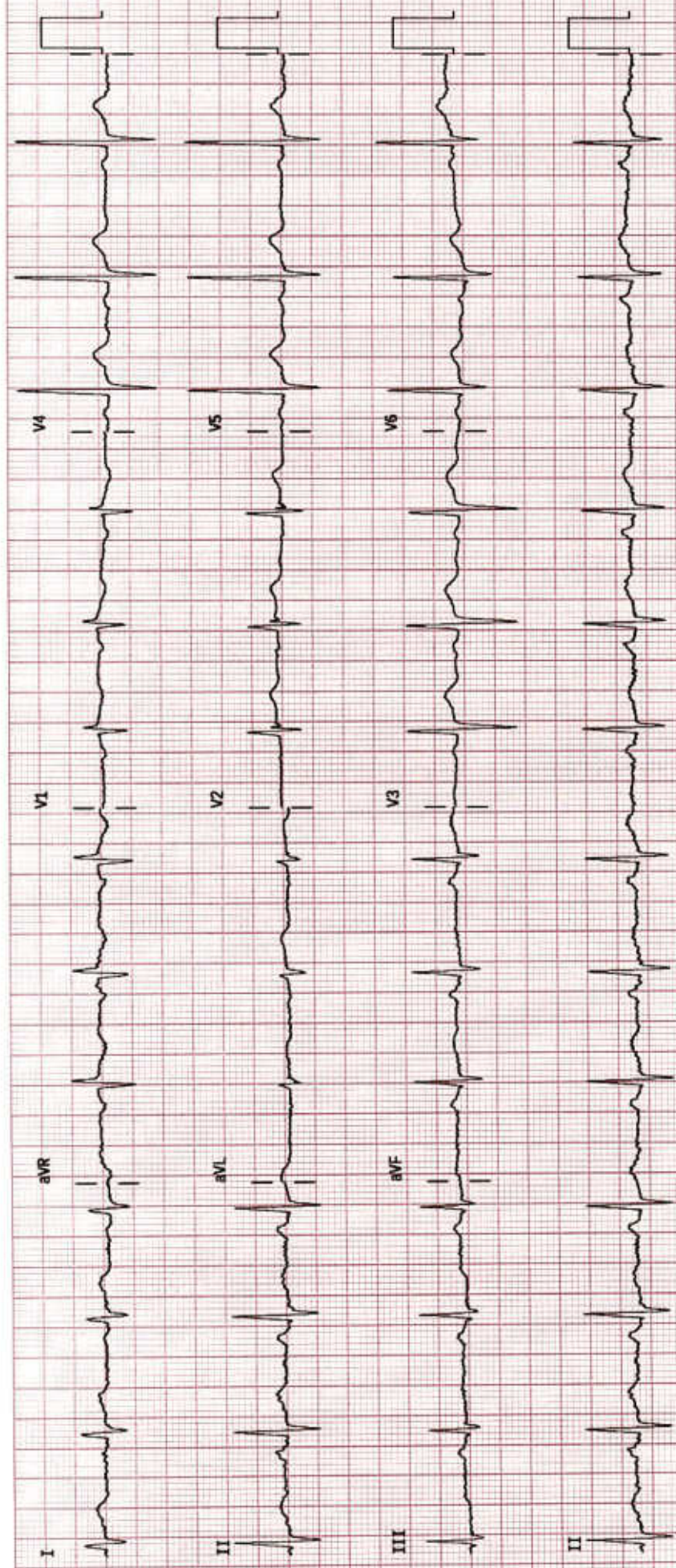
--AXIS--

P 66
 QRS 73
 T 36

12 Leads; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 18.66mm/mv

F 58- 0.15-100 HZ

118C CL

P?

OPHTHALMIC RECORD



NAM/

AGE Mrs. A AHIL BRINDHA
SALW.0000142066 27/F

DATE: 27/7/24

I.D. N

REFERRAL DETAILS :

MHe

ALLERGIES :

NOT aware

OCULAR HISTORY :

OO: No specific ocular h/o.

SYSTEMIC ILLNESS :

Nil

CURRENT MEDICATION :

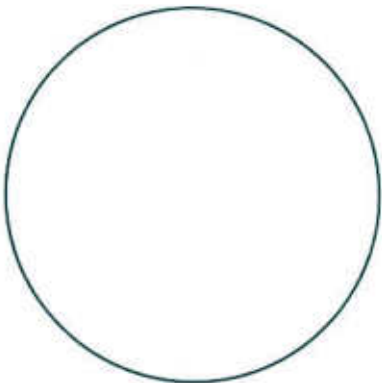
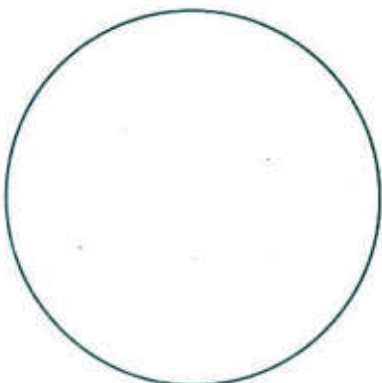
Nil

INVESTIGATIONS :

Nil

MAIN DIAGNOSIS

TREATMENT GIVEN

	RE	LE
PRESENT GLASSES : NV ADD : Cyl (w)	$\overline{5.00} / \overline{0.50} \times 180$	$\overline{5.00} / \overline{0.50} \times 160$
VN. WITH PG :	6/6 NB	6/6 NB
VISION UNAIDED :		
VN WITH PH :		
RETINOSCOPY A_{12} :	$\overline{4.50} / \overline{1.00} \times 180$	$\overline{4.50} / \overline{1.50} \times 160$
SUBJECTIVE :	$\overline{4.50} / \overline{1.00} \times 180$ (6/6) NB	$\overline{5.00} / \overline{1.50} \times 160$ (6/6) NB
ANTERIOR SEGMENT :	same as old A_{12}	
color m: or: normal		
IOP { ① 16mmHg ② 14mmHg		
@ 10:30 AM		
FUNDUS :		

Patient Name	: Mrs. A AHIL BRINDHA	Age/Gender	: 27 Y/F
UHID/MR No.	: SALW.0000142066	OP Visit No	: SALWOPV218162
Sample Collected on	:	Reported on	: 27-07-2024 15:05
LRN#	: RAD2389526	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S29853		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

NORMAL STUDY.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology