

Physical Medical Examination Format

| | |
|---------------------------|------------------------------------|
| NAME:- <u>D. Priyanka</u> | DATE:- <u>8/7/23</u> |
| DESIGNATION:- <u>-</u> | AGE:- <u>35 + / F</u> |
| EMP CODE:- <u>-</u> | UNIT/DEPARTMENT:- <u>-</u> |
| BLOOD GROUP:- <u>-</u> | MARTIAL STATUS:- MARRIED/UNMARRIED |

MEDICAL EXAMINATION

| | |
|------------------------------------|---------------|
| Complaints (If any) | <u>Nil</u> |
| Personal /family history | <u>Nil</u> |
| Past Medical /Occupational History | <u>Nil</u> |
| Sensitivty/Allergy (If any) | <u>Nil</u> |
| Heart | <u>Normal</u> |
| Any other Conditions | <u>Nil</u> |

| | | | |
|---------------------|--------------------|------------------|-------------------|
| Height:- <u>149</u> | Weight:- <u>71</u> | BMI <u>32</u> | Pulse <u>70</u> |
| Temp:- <u>98.6</u> | Pulse <u>70</u> | Resp:- <u>18</u> | B.P <u>110/70</u> |

Remarks

Treatment Recommended (If any):

I Hereby Certify that I have examined Mr/Ms.....D. Priyanka.....for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness.

I Certify That Employee Is Medically.....fit.....

Fit

Unfit

Signature Of Employee

Dr.G. INDIRA PRIYADASHINI
Temporarily Unfit
MBBS

Regd.No: 63148
Apollo Family Physician
Signature & Seal Of Medical Examiner With
Apollo Clinic, Ameerpet, Vizag

Registration No:-.....

Dr.D.CHIRANJEEVI M.S, MCH.

=====
Patient Name: D. RAJAWKA Age/sex: 35y/F Date: 08/07/23
=====

ENT CHECKUP

| | RE | LE |
|---------|-----|-----|
| EAM | N | N |
| TH | N | N |
| HEARING | WNL | WNL |

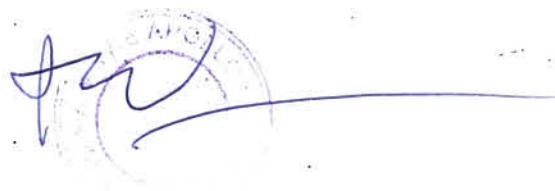
NOSE

Septum - midline
TURBINAEE - Normal

THROAT

Mucosa - Normal

NECK - NO palpable Node



| | | | |
|--------------------|--------------------|-------------|--------------------|
| Patient Name | : Mrs. D Priyanka | Age | : 35 Y F |
| UHID | : CVIS.0000117429 | OP Visit No | : CVISOPV112176 |
| Reported on | : 08-07-2023 15:30 | Printed on | : 08-07-2023 15:32 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 10.6 x 4.2 cm

Left kidney : 11 x 4.8 cm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

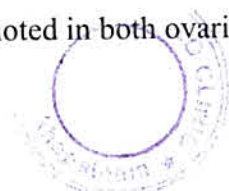
Uterus appears normal in size. It shows normal shape and echo pattern. It measures 7.9 x 4 x 5.4 cm. Endometrial echo-complex appears normal and measures 7.4 mm. No intra/extra uterine gestational sac seen.

Both ovaries

Multiple small follicles arranged peripherally with central echogenic stroma noted in both ovaries.

Right ovary : 3.8 x 2 cm (11 cc)

Left ovary : 4.3 x 2.1 cm (12 cc)



Dr Namratha B
M.B.B.S., DGO
Consultant Gynaecologist

8/7/23

Mrs. D. Priyanka
35yrs.

LMP- 10/6/23

P/L

LCB- 10yrs

MH- irreg/4-5 days

Neck- NO LN palp
breast- NO lumps palpable

O/E- G.C. Fair

ax/RS- NAD

- No Thyroid dys on Ex

P/A- Ref

P/L- fiss/A on Ex

F/L- No significant Pt/P

Pap Smear - Done

P.

Adm
- 08/03 & B12

- Tab AtoZ- 10

AM



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:13AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 12:35PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:24PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:13AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 12:35PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:24PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | 12.1 | g/dL | 12-15 | Spectrophotometer |
| PCV | 36.30 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.16 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 83 | fL | 83-101 | Calculated |
| MCH | 27.9 | pg | 27-32 | Calculated |
| MCHC | 35.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,500 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 57.1 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 35.2 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2.3 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.4 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|--------------------------------------|--------|-------------------------|---------------|----------------------|
| NEUTROPHILS | 3711.5 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2288 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 149.5 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 351 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| PLATELET COUNT | 215000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 20 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:13AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 12:35PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 04:57PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | AB | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 12:35PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:25PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | 104 | mg/dL | 70-100 | GOD - POD |
|-------------------------------|-----|-------|--------|-----------|

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 | 131 | mg/dL | 70-140 | GOD - POD |
|---|-----|-------|--------|-----------|

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

| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 12:35PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:25PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

| 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 | 5.4 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 108 | 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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.
- 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



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 01:10PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:47PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | 112 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 122 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 35 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 77 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 52.6 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 24.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.20 | | 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.



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 01:10PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:47PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | 0.50 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.20 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.30 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 54 | U/L | <35 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 55.0 | U/L | 14-36 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 66.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.30 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 3.90 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.15 | | 0.9-2.0 | Calculated |



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 01:10PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:47PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | 0.60 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 10.10 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 4.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.40 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 9.10 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.60 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 138 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.9 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 100 | mmol/L | 98 - 107 | Direct ISE |



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 01:10PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 02:47PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

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 | 20.00 | U/L | 12-43 | Glycylglycine Nitoranalide |



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 01:20PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 01:44PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

| 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 | Visual |
| pH | 5.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 3-5 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-4 | /hpf | <10 | MICROSCOPY |
| RBC | 0.00 | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



| | |
|-------------------------------|--|
| Patient Name : Mrs.D PRIYANKA | Collected : 08/Jul/2023 09:16AM |
| Age/Gender : 35 Y 1 M 7 D/F | Received : 08/Jul/2023 01:20PM |
| UHID/MR No : CVIS.0000117429 | Reported : 08/Jul/2023 01:41PM |
| Visit ID : CVISOPV112176 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9223163655 | |

| 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(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |
|------------------------|----------|--|----------|----------|

*** End Of Report ***

Result/s to Follow:

THYROID PROFILE TOTAL (T3, T4, TSH), GLUCOSE (POST PRANDIAL) - URINE, LBC PAP TEST (PAPSURE)



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Mon 7/3/2023 3:57 PM

To:wellness@mediwheel.in <wellness@mediwheel.in>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar V <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear D Priyanka .,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **VIZAG clinic** on **2023-07-08** at **08:15-08:20**.

| | |
|----------------|---|
| Corporate Name | ARCOFEMI HEALTHCARE LIMITED |
| Agreement Name | ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT |
| Package Name | [ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324] |

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

As per agreement terms please carry all relevant documents such as Confirmation mail, valid id proof, company ID card etc.

For further assistance please call us on our Help Line #: 1860 500 7788.

Clinic Address: 50-81-1/2, PLOT 5, SHEETHAMMAPETA, VISAKHAPATNAM.

Contact No: (0891) 258 5511 - 2.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Note: Speak Freely. Speak Free! Speak to our Doctor from 8:00 PM to 8:00 AM by calling 1860 500 7788 and press #2 on the IVR. Now get all your Health related queries answered by an expert! Service by Apollo Clinic.

Warm Regards,
Apollo Team



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No : 0000/00771/89040

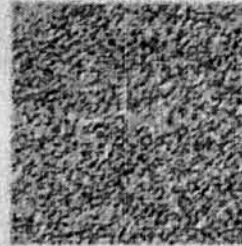
To
Priyanka Dhupam

W/o Dhupam Durga Prasad,
D No 14-609/7 F301 Laxminarsimha Paradise,
Laxminarsimha Nagar,
R T C Depot,
Virat Nagar,
VTC: Visakhapatnam, PO: R R V Puram,
District: Visakhapatnam,
State: Andhra Pradesh, PIN Code: 530029,
Mobile: 9223163855

64243071



KF642430719F1



आपका आधार क्रमांक / Your Aadhaar No. :

3033 0000 6205

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 14/12/2012



Priyanka Dhupam

DOB: 01/06/1988

Female



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड/ऑफलाइन XML/ ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code / Offline XML / Online Authentication.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।
- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

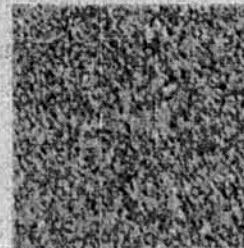


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 30/08/2021

Address: W/o Dhupam Durga Prasad, D No
14-609/7 F301 Laxminarsimha Paradise,
Laxminarsimha Nagar, R T O Depot, Virat
Nagar, Visakhapatnam, Andhra Pradesh,
530029



0000 0000 0000

117429

08-07-2023 11:02:20

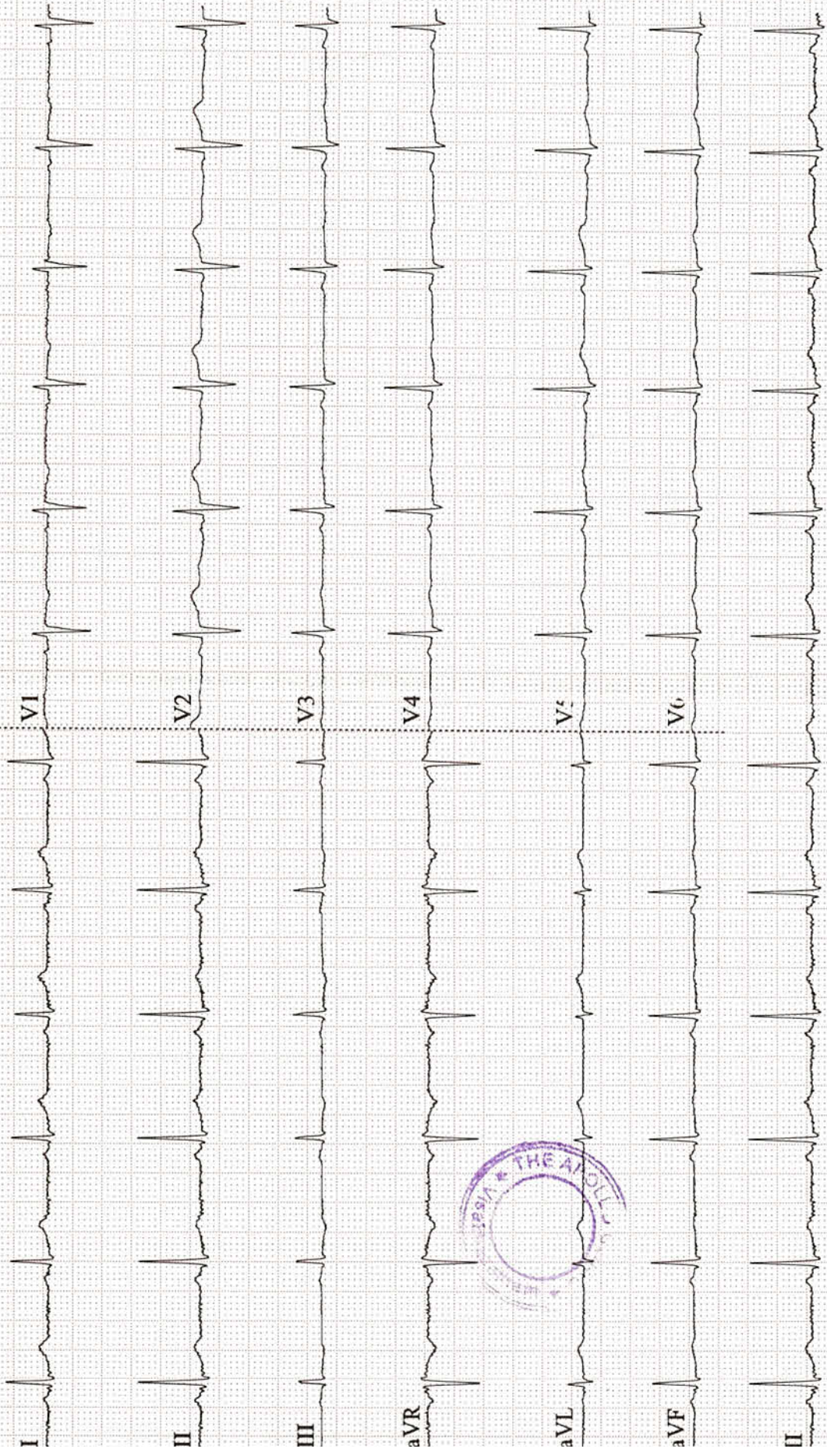
Aradw CE


riyanka
ale 35Years
No. :

HR : 70 bpm
P : 106 ms
PR : 134 ms
QRS : 92 ms
QT/QTcBz : 386/417 ms
P/QRS/T : 49/56/12 °
KV5/SV1 : 0.902/0.683 mV

Diagnosis Information:
Sinus rhythm
Anterior T wave abnormality is borderline for age and gender
Borderline ECG

Report Confirmed by:



| | | |
|--|---|---|
| Name : Mrs. D Priyanka Address : vskp Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 35 Y Sex : F | UHID :CVIS.0000117429  <small>* CVIS - 0000117429 *</small> OP Number :CVISOPV112176 Bill No :CVIS-OCR-61543 Date : 08.07.2023 09:03 |
|--|---|---|

| 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 | |
| 7 | GLUCOSE, FASTING | |
| 8 | HEMOGRAM + PERIPHERAL SMEAR | |
| 9 | ENT CONSULTATION | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| 11 | GYNAECOLOGY CONSULTATION | |
| 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 | |
| 24 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 25 | DENTAL CONSULTATION | |
| 26 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |

BANK of BARODA

Name: **MS. D. PREYANKA** Gender: **F** Age: **35** Years:
Test Done Date: **8/7/23**

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6

DISTANCE :

NEAR VISION : NB NB

COLOUR VISION : WNL -

ANT. SEGMENT:

Conjunctiva : ~~Clear~~
Cornea : ~~Clear~~
Pupil : ~~R/R/R~~

FUNDUS : WNL

IMPRESSION :

M. Kar
Signature

| | | | |
|--------------|--------------------------|----------------|--------------------|
| Patient Name | : Mrs. D Priyanka | Age | : 35 Y/F |
| UHID | : CVIS.0000117429 | OP Visit No | : CVISOPV112176 |
| Reported By: | : Dr. SHASHANKA CHUNDURI | Conducted Date | : 08-07-2023 14:47 |
| Referred By | : SELF | | |

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 70 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen .

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. SHASHANKA CHUNDURI

Name: Mrs. D Priyanka
 Age/Gender: 35 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000117429
 Visit ID: CVISOPV112176
 Visit Date: 08-07-2023 09:02
 Discharge Date:
 Referred By: SELF

Vitals:

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|----------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 08-07-2023 15:20 | 70 Beats/min | 110/70 mmHg | 18 Rate/min | 98.6 F | 149 cms | 71 Kgs | % | % | Years | 31.98 | cms | cms | cms | | AHLL06520 |

| | | | |
|--------------------|--------------------|-------------|--------------------|
| Patient Name | : Mrs. D Priyanka | Age | : 35 Y F |
| UHID | : CVIS.0000117429 | OP Visit No | : CVISOPV112176 |
| Reported on | : 08-07-2023 15:42 | Printed on | : 08-07-2023 15:43 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

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 .

Printed on:08-07-2023 15:42

---End of the Report---



Dr. ARUNA PEBBILI
DMRD Radiology
Radiology

| | | | |
|---------------|--------------------------|----------------|--------------------|
| Patient Name | : Mrs. D Priyanka | Age | : 35 Y/F |
| UHID | : CVIS.0000117429 | OP Visit No | : CVISOPV112176 |
| Conducted By: | : Dr. SHASHANKA CHUNDURI | Conducted Date | : 08-07-2023 13:00 |
| Referred By | : SELF | | |

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

| | |
|-----------|--------|
| Ao (ed) | 2.6 CM |
| LA (es) | 3.0 CM |
| LVID (ed) | 4.1 CM |
| LVID (es) | 2.8 CM |
| IVS (Ed) | 1.0 CM |
| LVPW (Ed) | 0.9 CM |
| EF | 60.00% |
| %FD | 33.00% |

MITRAL VALVE : NORMAL

AML NORMAL

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 :

PF: 1.0m/sec.

MF: E>A

AF: 0.9m/sec.

IMPRESSION :
NORMAL CARDIAC SIZE.
NO RWMA.
GOOD LV/ RV FUNCTION.
TRIVIALMR/NO AR/NO TR/NO PAH. NO CLOT.
NO PERICARDIAL EFFUSION.
LVEF:60%.

Dr. SHASHANKA
CHUNDURI