

## Physical Medical Examination Format

NAME:- <u>R. Devi</u>	DATE:- <u>6/7/23</u>
DESIGNATION:-	AGE:- <u>29+1/2</u>
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	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>
Sensitlvity/Allergy (if any)	<u>Nil</u>
Heart	<u>Normal</u>
Any other Conditions	<u>Nil</u>

Height:- <u>164</u>	Weight:- <u>72</u>	BMI <u>26.8</u>	Pulse <u>90</u>
Temp:- <u>98.6</u>	Pulse <u>90</u>	Resp:- <u>18</u>	B.P <u>110/70</u>

Remarks

Treatment Recommended (if any):

I Heraby Certify that I have examined Mr/Ms.....for pre-employment

/periodical medical examination, I have found / not found any disease, illness, contagous illness.

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

Fit

Unfit

Signature Of Employee

Dr. G. INDIRA PRIYADARSHINI  
 MBBS  
 Temporarily Unfit  
 Regd.No. 63148  
 Apollo Family Physician  
 Apollo Clinic, Seethammamet, Vizag  
 Signature & Seal Of Medical Examiner With

Registration No:-.....

Patient Name : Mrs.DEVI RONGALI	Collected : 06/Jul/2023 08:08AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 06/Jul/2023 11:58AM
UHID/MR No : CVIS.0000117389	Reported : 06/Jul/2023 01:31PM
Visit ID : CVISOPV112093	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 120993	

**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



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**DEPARTMENT OF HAEMATOLOGY**

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

HAEMOGLOBIN	13.9	g/dL	12-15	Spectrophotometer
PCV	40.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.80	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	53.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.8	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3511.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2164.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	356.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	561	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.6	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

PLATELET COUNT	284000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**



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Visit ID : CVISOPV112093	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Visit ID : CVISOPV112093	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	129	mg/dL	70-140	GOD - POD
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**Comment:**

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

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

Ref: Marks medical biochemistry and clinical approach



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	120	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



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Visit ID : CVISOPV112093	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	88	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	43	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		0-4.97	Calculated

**Comment:**

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

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

Measurements in the same patient can show physiological and analytical variations.  
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	82.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated





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**DEPARTMENT OF BIOCHEMISTRY**

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

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

CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.90	mg/dL	2.5-6.2	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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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	19.00	U/L	12-43	Glycylglycine Nitoranalide
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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)	1.17	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	78.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	6.390	µIU/mL	0.3-4.5	CLIA

**Comment:**

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

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

**Note:**

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



Patient Name : Mrs.DEVI RONGALI	Collected : 06/Jul/2023 08:08AM
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UHID/MR No : CVIS.0000117389	Reported : 06/Jul/2023 01:29PM
Visit ID : CVISOPV112093	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	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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.DEVI RONGALI	Collected : 06/Jul/2023 08:08AM
Age/Gender : 29 Y 6 M 0 D/F	Received : 06/Jul/2023 12:55PM
UHID/MR No : CVIS.0000117389	Reported : 06/Jul/2023 01:28PM
Visit ID : CVISOPV112093	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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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



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



<b>Name</b> : Mrs. DEVI RONGALI  <b>Address</b> : VIZAG <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 29 Y <b>Sex</b> : F	<b>UHID</b> :CVIS.0000117389  <b>OP Number</b> :CVISOPV112093 <b>Bill No</b> :CVIS-OCR-61516 <b>Date</b> : 06.07.2023 08:04
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNACOLOGY 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)	



Patient Name	: Mrs. DEVI RONGALI	Age	: 29 Y F
UHID	: CVIS.0000117389	OP Visit No	: CVISOPV112093
Reported on	: 06-07-2023 15:13	Printed on	: 06-07-2023 15:27
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** 12.1cm.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.

**Right kidney : Post Nephrectomy Status.**

**Left kidney** : 11.1 x 5.6 cm .appear normal in size, shape and echopattern.

**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 7.4 x 3.4 x 4.9 cm. Endometrial echo-complex appears normal and measures 6.4 mm.No intra/extra uterine gestational sac seen.

#### **Both ovaries**

Right ovary : 3.4 x 2 cm Normal in size, shape and echotexture.

Left ovary : 5 x 3.6 cm measuring cystic lesion with fine internal septations noted in left adnexa.

There is no evidence of ascites/ pleural effusion seen.



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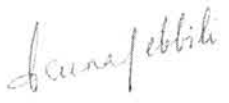
**IMPRESSION:-**

- \*LEFT COMPLEX OVARIAN CYST.
- \*RIGHT POST NEPHRECTOMY STATUS.
- \*FATTY INFILTRATION OF LIVER.

**For clinico-lab correlation / follow - up / further work up.  
This is only a screening test.**

Printed on:06-07-2023 15:13

---End of the Report---

  
**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology





Name: *Leyskart*  
*Mrs. DEVI RONGALI*  
Gender: *F* Age: *29* Years:  
Test Done Date: *6/7/23*

**OPHTHALMOLOGY SCREENING REPORT**

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

DISTANCE : *26* *26*

NEAR VISION :

COLOUR VISION : *← WNL →*

**ANT. SEGMENT:**

Conjunctiva : *← WNL →*

Cornea : *← clear →*

Pupil : *← RHR →*

FUNDUS : *← WNL →*

IMPRESSION : *← WNL →*

*M. Khan*

Signature



Patient Name	: Mrs. DEVI RONGALI	Age	: 29 Y/F
UHID	: CVIS.0000117389	OP Visit No	: CVISOPV112093
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 06-07-2023 12:14
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.9 CM
LVID (ed)	3.9 CM
LVID (es)	2.6 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	0.9 CM
EF	64.00%
%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:0.8m/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:64%

Dr. SHASHANKA  
CHUNDURI



Name: Mrs. DEVI RONGALI  
 Age/Gender: 29 Y/F  
 Address: VIZAG  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_06042023  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000117389  
 Visit ID: CVISOPV112093  
 Visit Date: 06-07-2023 08:04  
 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
06-07-2023 15:14	90 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	164 cms	72 Kgs	%	%	Years	26.77	cms	cms	cms		AHLL07730



Patient Name	: Mrs. DEVI RONGALI	Age	: 29 Y/F
UHID	: CVIS.0000117389	OP Visit No	: CVISOPV112093
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 06-07-2023 15:09
Referred By	: SELF		

**ECG REPORT**

**Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 90 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



Patient Name : Mrs. DEVI RONGALI  
UHID : CVIS.0000117389  
Reported on : 06-07-2023 13:31  
Adm/Consult Doctor :

Age : 29 Y F  
OP Visit No : CVISOPV112093  
Printed on : 06-07-2023 13:32  
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:06-07-2023 13:31

---End of the Report---

  
**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology



Dr.D.CHIRANJEEVI M.S, MCH.

Patient Name: R. Devi

Age/sex: 29 yr / F

Date: 06/07/23

ENT CHECKUP

	<u>RE</u>	<u>LE</u>
<u>EAR</u>	(N)	(N)
<u>TH</u>	(N)	(N)
<u>HEARING</u>	<u>WNL</u>	<u>WNL</u>

NOSE

SEPUM - absent

TURBINAE - normal

THROAT

MUCOSA - normal

NECK

no palpable nodes

fu



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

Ms. Devi. Bongali  
Mys.

6/7/23

wt-72kg

LMP-

2 April/15/23

O/E - G/C Lare

us/bs - NAD

P/A - soft.

Neck - No LMP  
Breast - No lump  
pale

PH - No tend dis  
Flu - Nothing diff.

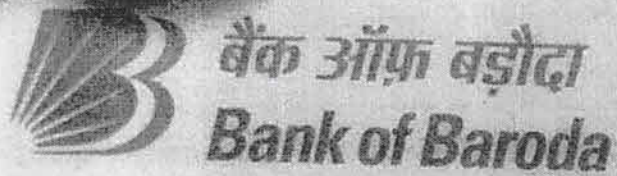
Pap Smear - Pt not willing

E.

- Tab Ato Z - 10.10






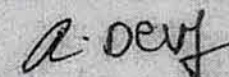


नाम RONGALI DEVI  
Name

कर्मचारी कूट क्र 120993  
E.C. No.



  
जारीकर्ता प्राधिकारी  
Issuing Authority

  
धारक का हस्ताक्षर  
Signature of Holder

roda  
all the facility of  
DETAILS  
ONGALI  
3  
OPERATOR A  
1, GAJUWAKA  
994

04-07-2023

23S120993100063242E

... is valid if submitted...  
... approval is valid from 04-07-2023 till 31-03-2024...  
... provided in the annexure to this letter. please no...  
... facility as per our leave arrangement. We requ...  
... requirement of our employees and record your top prio...  
... The F.C. Member and the Branch reference number as g...  
... mentioning...

7389

06-07-2023 09:00:13

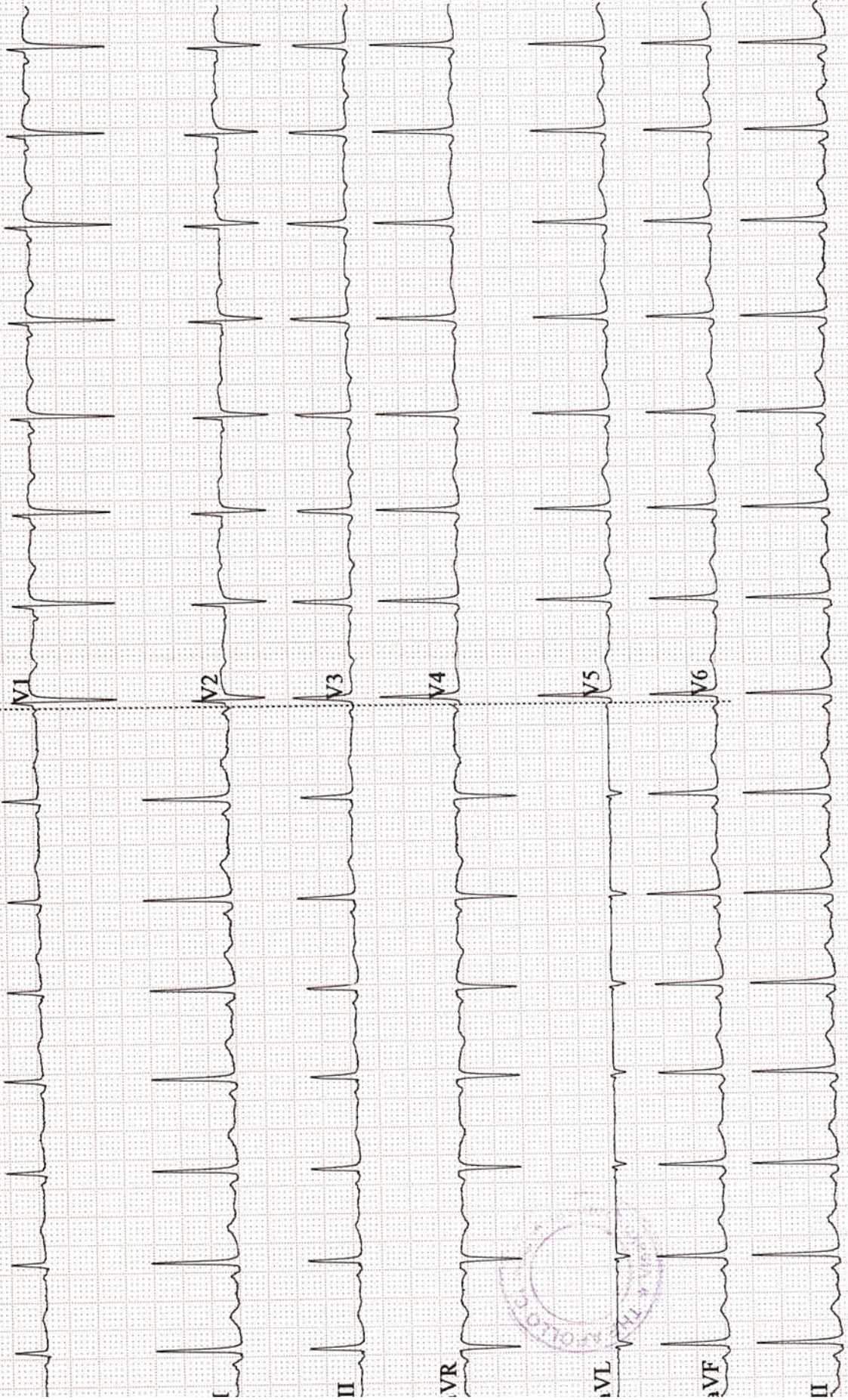
Asapw CE

Diagnosis Information:

Sinus rhythm  
 Borderline prolonged QT interval  
 Anterior T wave abnormality is borderline for age and gender  
 Borderline ECG

HR : 90 bpm  
 P : 96 ms  
 PR : 112 ms  
 QRS : 84 ms  
 QT/QTcBz : 376/461 ms  
 P/QRS/T : 61/66/58 °  
 KV/SV1 : 1.509/1.446 mV

Report Confirmed by:





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. DEVI RONGALI
EC NO.	120993
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	VISAKHAPATNAM,GAJUWAKA
BIRTHDATE	25-08-1994
PROPOSED DATE OF HEALTH CHECKUP	04-07-2023
BOOKING REFERENCE NO.	23S120993100063242E

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 **04-07-2023** 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))

**Exception Letter for CAP**

Date: 6/7/2023

Client Name: Devi. R

Gender - female

UHID: 117389

We are Not delivered service due to pain after test and discomfort which may cause after test

SERVICE Pap Smear

So that we are unable to close all reports, once client visited again will close.

Regards,

EMP Name: Lalitha

Apollo clinic,

Vizag.

Client Name: R. DEVI

Signature: a Devi

Ph no: 8125682036