

Patient Name : Mrs.ASMA H	Collected : 26/Sep/2023 09:14AM
Age/Gender : 49 Y 7 M 28 D/F	Received : 26/Sep/2023 11:42AM
UHID/MR No : CKOR.0000246084	Reported : 26/Sep/2023 02:10PM
Visit ID : CKOROPV381406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : NAA	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	38.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.4	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,110	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	39.6	%	40-80	Electrical Impedence
LYMPHOCYTES	44.9	%	20-40	Electrical Impedence
EOSINOPHILS	7.6	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2815.56	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3192.39	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	540.36	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	533.25	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	28.44	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	297000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	28	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate, normal morphology.

HEMOPARASITES: negative

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.

Kindly correlate clinically.



SIN No:BED230233818

NABL renewal accreditation under process

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.ASMA H	Collected : 26/Sep/2023 09:14AM
Age/Gender : 49 Y 7 M 28 D/F	Received : 26/Sep/2023 11:45AM
UHID/MR No : CKOR.0000246084	Reported : 26/Sep/2023 03:50PM
Visit ID : CKOROPV381406	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	mg/dL	70-140	HEXOKINASE
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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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	137	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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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	152	mg/dL	<200	CHO-POD
TRIGLYCERIDES	154	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04493054

NABL renewal accreditation under process

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.38	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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 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.

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3. Synthetic function impairment:

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



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

CREATININE	1.42	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	68.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	31.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	9.87	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.80	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	5.17	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



SIN No:SE04493054

NABL renewal accreditation under process

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) **Uttar Pradesh:** Ghaziabad (Indrapuram) **Gujarat:** Ahmedabad (Satellite) **Punjab:** Amritsar (Court Road) **Haryana:** Faridabad (Railway Station Road)

Address:

The Apollo Medical Centre, 51, Jyoti Nivas College Road, 5th Block, Koramangala, Bengaluru, Karnataka, India - 560095

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<38	IFCC



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Age/Gender : 49 Y 7 M 28 D/F	Received : 26/Sep/2023 12:25PM
UHID/MR No : CKOR.0000246084	Reported : 26/Sep/2023 02:04PM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.26	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.010	µIU/mL	0.35-4.94	CMIA

Comment:

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

1. 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.
2. 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.
3. 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.
4. 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

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DEPARTMENT OF IMMUNOLOGY

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Test Name				Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



SIN No:SPL23137143

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		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	NEGATIVE		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	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2190963

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Age/Gender : 49 Y 7 M 28 D/F	Received : 26/Sep/2023 01:42PM
UHID/MR No : CKOR.0000246084	Reported : 26/Sep/2023 04:38PM
Visit ID : CKOROPV381406	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

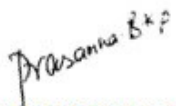
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324


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


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

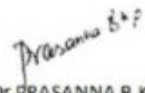
Result/s to Follow:

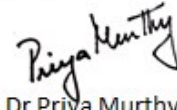
PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)


Dr PRASANNA B.K.P
Md.Path.Pathologist


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


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


Dr PRASANNA B.K.P
Md.Path.Pathologist


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



9632666984



Mediwheel
...Your wellness partner



011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear Asma H,

Please find the confirmation for following request.

Booking Date : 19-09-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus Check Advanced Female
2D ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Medical Centre - Koramangala

Address of Diagnostic/Hospital : Plot 51, 5th Block, Opp. Jyothi Nivas College, Koramangala - 560095

Contact Details : (080) 2563 3833 - 24 - 23/9972044580

City : Bangalore

State : Karnataka

Pincode : 560095

Appointment Date : 26-09-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME 9:00AM

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.



भारत सरकार
Government of India



आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

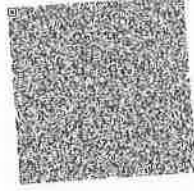
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0000/00384/07013

To
Asma H
ಅಸ್ಮ ಹೆಚ್
W/O Hameed S,
No 632, Arvind Nivas ground floor 1st F cross,
Adugodi main road,
Near pearl clinic,
Koramangala 8th block,
VTC: Bangalore South, PO: Koramangala VI Block,
District: Bengaluru,
State: Karnataka, PIN Code: 560095.
Mobile: 9900728307

96908029



KF969080294FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5288 8425 5746

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಆಧಾರ್


Issue Date: 20/10/2011



ಅಸ್ಮ ಹೆಚ್
Asma H
ಜನ್ಮ ದಿನಾಂಕ / DOB: 29/01/1974
ಸ್ತ್ರೀ / Female

5288 8425 5746

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Name : Mrs. Asma II Address : kml Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 49 Y Sex : F	UHID :CKOR.0000246084  OP Number :CKOROPV381406 Bill No :CKOR-OCR-77856 Date : 26.09.2023 09:05
---	---	---

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

24 Physio
 L Ophthalm

10.15
 19.00

Height:- 152 cms.
 weight:- 61 kgs
 Bp - 107/70 mm of Hg
 pulse - 81

Patient Name : Mrs Asma H

Age : 49 Years

Referring Doctor : H/C

Patient ID : 246084

Sex : Female

Date : 26.09.23

SONOMAMMOGRAPHY

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION:

NORMAL SONOMAMMOGRAPHY STUDY.

SUGGESTED X-RAY MAMMOGRAPHY FOR FURTHER CORRELATION


DR. APURVA A J
RADIOLOGIST

NAME: MRS. ASMA H

AGE: 49Y

SEX: FEMALE

DATE: 26/09/2023

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO -28 (20 – 35)mm	LIVD d - 37(36-52)mm	IVS - 09 (06 - 11)mm
LA -27 (19- 40)mm	LVID s - 25(23- 39)mm	PWD - 10(06- 11)mm
EF - 60% (>50%)	RVID-22	

VALVES

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : Normal
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E < A
Aortic : Normal
Tricuspid : Normal
Pulmonary : Normal

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

**NORMAL CHAMBERS AND VALVES
NORMAL BIVENTRICULAR FUNCTION
NO RWMA AT REST, LV EF -60%
GRADE I DIASTOLIC DYSFUNCTION**



**DR. MOHAN MURALI
CONSULTANT
CARDIOLOGIST**

Patient Name	: Mrs. Asma H	Age	: 49 Y F
UHID	: CKOR.0000246084	OP Visit No	: CKOROPV381406
Reported on	: 26-09-2023 10:22	Printed on	: 26-09-2023 10:24
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

DR APURVA A J
RADIOLOGIST

Printed on: 26-09-2023 10:22

---End of the Report---

Date : 26/9/23
MRNO :
Name : *Dr. Jyothi Rajesh*
Age/Gender: 49M

Ute
Department : OBSTETRICS & GYNAECOLOGY
Consultant : DR JYOTHI RAJESH
KMC NO-42823
Qualification : DGO(DNB)
Consultation Timings: 9.30pm to 12.00pm
PHONE NO: 9972044580

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

General Examination / Allergies History

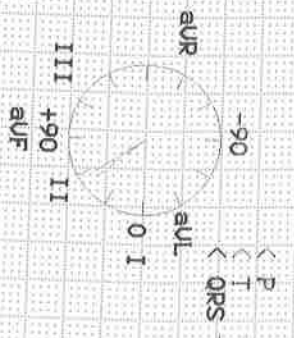
Clinical Diagnosis & Management Plan

*No gynae complaints
Menopause 3 yrs
OBG - P2L2 H1D0
Past H - NOS
Family H - NOS
O/E - P/A - S.O.
P/S - Cx
Vagina 1 @ VBC taken
Plu - clear*

Follow up date: *2 months*

J
Doctor Signature

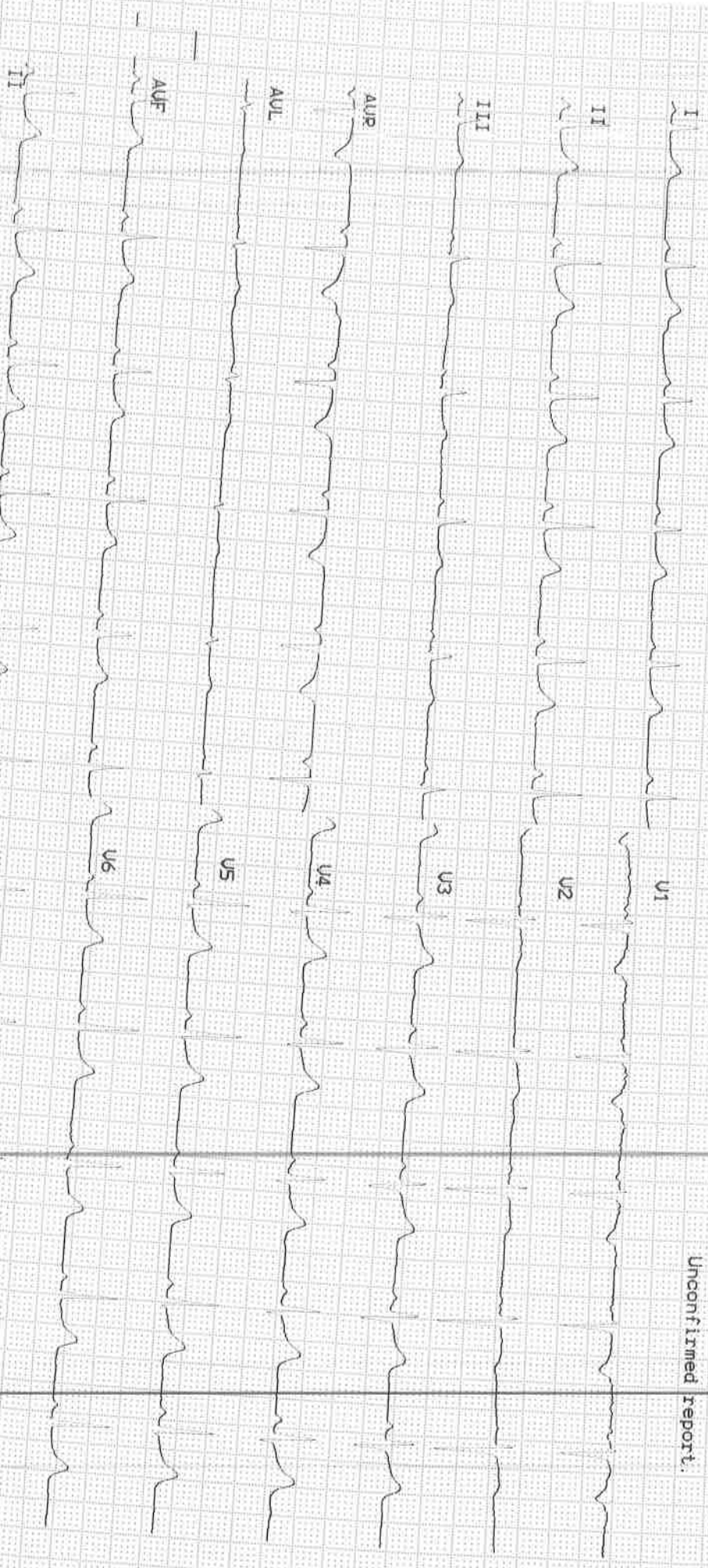
AGE: 45
 Measurement Results:
 QT/QTcB : 438 / 459 ms
 PR : 136 ms
 P : 104 ms
 RR/pp : 910 / 900 ms
 P/ORS/T : 55 / 55 / 50 degrees
 QTd/QTcBd : 32 / 34 ms
 Sokolow : 1.7 mV
 NK : 9



Interpretation:

SR A

Unconfirmed report.



26.03.2020 11:29:50 2500 1000 100 100 100 100 100 100 100 100 100 100

Patient Name
UHID
Reported By:
Referred By

: Mrs. Asma H
: CKOR.0000246084
: Dr. MOHAN MURALI
: SELF

Age
OP Visit No
Conducted Date

: 49 Y/F
: CKOROPV381406
: 26-09-2023 13:00

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 66 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.

Dr. MOHAN MURALI
CARDIOLOGIST

NOTE:KINDLY TAKE A PHOTOCOPY OF THE GRAPH
FOR FUTURE REFERENCE IF NEEDED.

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad, Telangana - 500 038 | Email ID: enquiry@apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (Kalidasa Road)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

OPHTHAL REPORT

NAME : Asma N AGE : 49 GENDER : MALE/FEMALE ✓

RIGHT EYE

	SPH	CYL	AXIS
DV	+1.25	—	6/6
NV	+2.00	—	N6

LEFT EYE

	SPH	CYL	AXIS
DV	+1.25	—	6/6
NV	+2.00	—	N6

REMARKS : praye

DATE : 26/09/23

OPHTHALMIC SURGEON

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT



Patient Name : Mrs Asma H

Patient ID : 246084

Age : 49 Year(s)

Sex : Female

Referring Doctor : H/C

Date : 26.09.23

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows increased echo pattern. No dilatation. No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder Minimally distended

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern. corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus: Post menopausal status. Endometrial echoes are normal

Endometrium: measures 2 mm.

Both ovaries not visualized atrophic

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- **FATTY LIVER GRADE-I**

DR. APURVA A J
RADIOLOGIST

Patient Name	: Mrs. Asma H	Age/Gender	: 49 Y/F
UHID/MR No.	: CKOR.0000246084	OP Visit No	: CKOROPV381406
Sample Collected on	:	Reported on	: 26-09-2023 11:58
LRN#	: RAD2109001	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: NAA		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver is normal in size and shows increased echo pattern. No dilatation .No focal lesion
Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder Minimally distended

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus: Post menopausal status .Endometrial echoes are normal

Endometrium: measures 2 mm.

Both ovaries not visualized atrophic

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- **FATTY LIVER GRADE-I**

DR. APURVA A J
RADIOLOGIST

Patient Name	: Mrs. Asma H	Age/Gender	: 49 Y/F
UHID/MR No.	: CKOR.0000246084	OP Visit No	: CKOROPV381406
Sample Collected on	:	Reported on	: 26-09-2023 11:56
LRN#	: RAD2109001	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: NAA		

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

Both breast shows normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

There is no evidence of focal solid, cystic lesions or calcifications seen.

The nipple and areolar region show no abnormality.

The bilateral axillary region shows no abnormality and there is no evidence of enlarge lymph nodes.

IMPRESSION:

NORMAL SONOMAMMOGRAPHY STUDY.

SUGGESTED X-RAY MAMMOGRAPHY FOR FURTHER CORRELATION

DR. APURVA A J
RADIOLOGIST

Dr. SESHADRI B M
MD-RADIOLOGY
Radiology

Patient Name	: Mrs. Asma H	Age/Gender	: 49 Y/F
UHID/MR No.	: CKOR.0000246084	OP Visit No	: CKOROPV381406
Sample Collected on	:	Reported on	: 26-09-2023 10:22
LRN#	: RAD2109001	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: NAA		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

DR. APURVA A J
RADIOLOGIST

Name: Mrs. Asma H
Age/Gender: 49 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. JYOTHI RAJESH

MR No: CKOR.0000246084
Visit ID: CKOROPV381406
Visit Date: 26-09-2023 09:04
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Asma H
Age/Gender: 49 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000246084
Visit ID: CKOROPV381406
Visit Date: 26-09-2023 09:04
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Asma H
Age/Gender: 49 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000246084
Visit ID: CKOROPV381406
Visit Date: 26-09-2023 09:04
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

Cancer: **no,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

Name: Mrs. Asma H
Age/Gender: 49 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000246084
Visit ID: CKOROPV381406
Visit Date: 26-09-2023 09:04
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Asma H
Age/Gender: 49 Y/F
Address: kml
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. TOBY ABRAHAM THOMAS

MR No: CKOR.0000246084
Visit ID: CKOROPV381406
Visit Date: 26-09-2023 09:04
Discharge Date:
Referred By: SELF

Signs and Symptoms of Hypertension

Epistaxis : **No**,

Blood Pressure Recording

Blood Pressure Recording: **120/80**,

Lab Investigations

Urinalysis, Urinary albumin: creatinine ratio: **No**,

IMPRESSION

Doctor's Signature

Patient Name	: Mrs. Asma H	Age	: 49 Y/F
UHID	: CKOR.0000246084	OP Visit No	: CKOROPV381406
Conducted By:	:	Conducted Date	: 26-09-2023 11:42
Referred By	: SELF		
