

Patient Name : Mrs.AANIMUTHYAM B	Collected : 23/Sep/2023 09:30AM
Age/Gender : 28 Y 5 M 11 D/F	Received : 23/Sep/2023 01:40PM
UHID/MR No : CUPP.0000081578	Reported : 23/Sep/2023 03:37PM
Visit ID : CUPPOPV121488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 98069/894995356000	

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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.8	g/dL	12-15	Spectrophotometer
PCV	32.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.5	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	71.6	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,590	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	50.3	%	40-80	Electrical Impedence
LYMPHOCYTES	37.1	%	20-40	Electrical Impedence
EOSINOPHILS	5.6	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3817.77	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2815.89	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	425.04	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	516.12	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	15.18	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	291000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBC- MICROCYTIC HYPOCHROMIC.MILD DEGREE OF ANISOPOIKILOCYTOSIS WITH TEAR DROP CELLS,ELLIPTOCYTES AND OVALOCYTES SEEN.

WBC WITHIN NORMAL LIMITS

PLATELETS ARE ADEQUATE ON SMEAR

NO HEMOPARASITES SEEN

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

KINDLY CORRELATE WITH IRON STUDIES.

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Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230231142

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

APOLLO CLINICS NETWORK

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UHID/MR No : CUPP.0000081578	Reported : 23/Sep/2023 05:04PM
Visit ID : CUPPOPV121488	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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Age/Gender : 28 Y 5 M 11 D/F	Received : 23/Sep/2023 01:49PM
UHID/MR No : CUPP.0000081578	Reported : 23/Sep/2023 03:07PM
Visit ID : CUPPOPV121488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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	87	mg/dL	70-100	GOD - POD
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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:

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

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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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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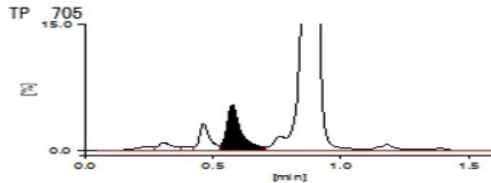
Chromatogram Report

1 V5.28 1 2023-09-23 14:34:29
 ID EDT230087474
 Sample No. 09230135 SL 0009 - 03
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.24	8.16
A1B	0.8	0.31	12.83
F	0.3	0.39	4.61
LA1C+	1.9	0.46	29.34
SA1C	5.5	0.58	68.74
AO	92.5	0.88	1462.51
H-V0			
H-V1			
H-V2			

Total Area 1586.19

HbA1c 5.5 % **IFCC 37 mmol/mol**
 HbA1 6.8 % HbF 0.3 %



SIN No:PLF02031582,PLP1371716,EDT230087474

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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	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	62	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.56		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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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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SIN No:SE04490278

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.71	g/dL	6.6-8.3	Biuret
ALBUMIN	3.88	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.37		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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.78	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.95	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.98	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)

Result is rechecked. Kindly correlate clinically



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<38	IFCC



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UHID/MR No : CUPP.0000081578	Reported : 23/Sep/2023 02:57PM
Visit ID : CUPPOPV121488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.30	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.828	µIU/mL	0.38-5.33	CLIA

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

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

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N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23135681

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

Patient Name : Mrs.AANIMUTHYAM B	Collected : 23/Sep/2023 09:30AM
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UHID/MR No : CUPP.0000081578	Reported : 23/Sep/2023 03:02PM
Visit ID : CUPPOPV121488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 98069/894995356000	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/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:UR2189426

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

Patient Name : Mrs.AANIMUTHYAM B	Collected : 23/Sep/2023 09:30AM
Age/Gender : 28 Y 5 M 11 D/F	Received : 23/Sep/2023 01:45PM
UHID/MR No : CUPP.0000081578	Reported : 23/Sep/2023 03:00PM
Visit ID : CUPPOPV121488	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 98069/894995356000	


DEPARTMENT OF CLINICAL PATHOLOGY

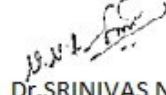
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


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


*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


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


Dr. SRINIVAS N.S. NORI
M.B.B.S, M.D(Pathology)
CONSULTANT PATHOLOGY


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


Dr. E. Maruthi Prasad
Msc, PhD(Biochemistry)
Consultant Biochemist





The Apollo Clinic

Apollo

PHYSICAL EXAMINATION FORM

Date

23/9/23

Age

28yft

Name

Mrs. Aanimuthyan B

UHD:

81578

Height

166 Cms

BMI

26.9

Weight

74 Kgs

BP

110/20

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

28 years

aahimuthyam b
Female

23/01/2010 00:46:47

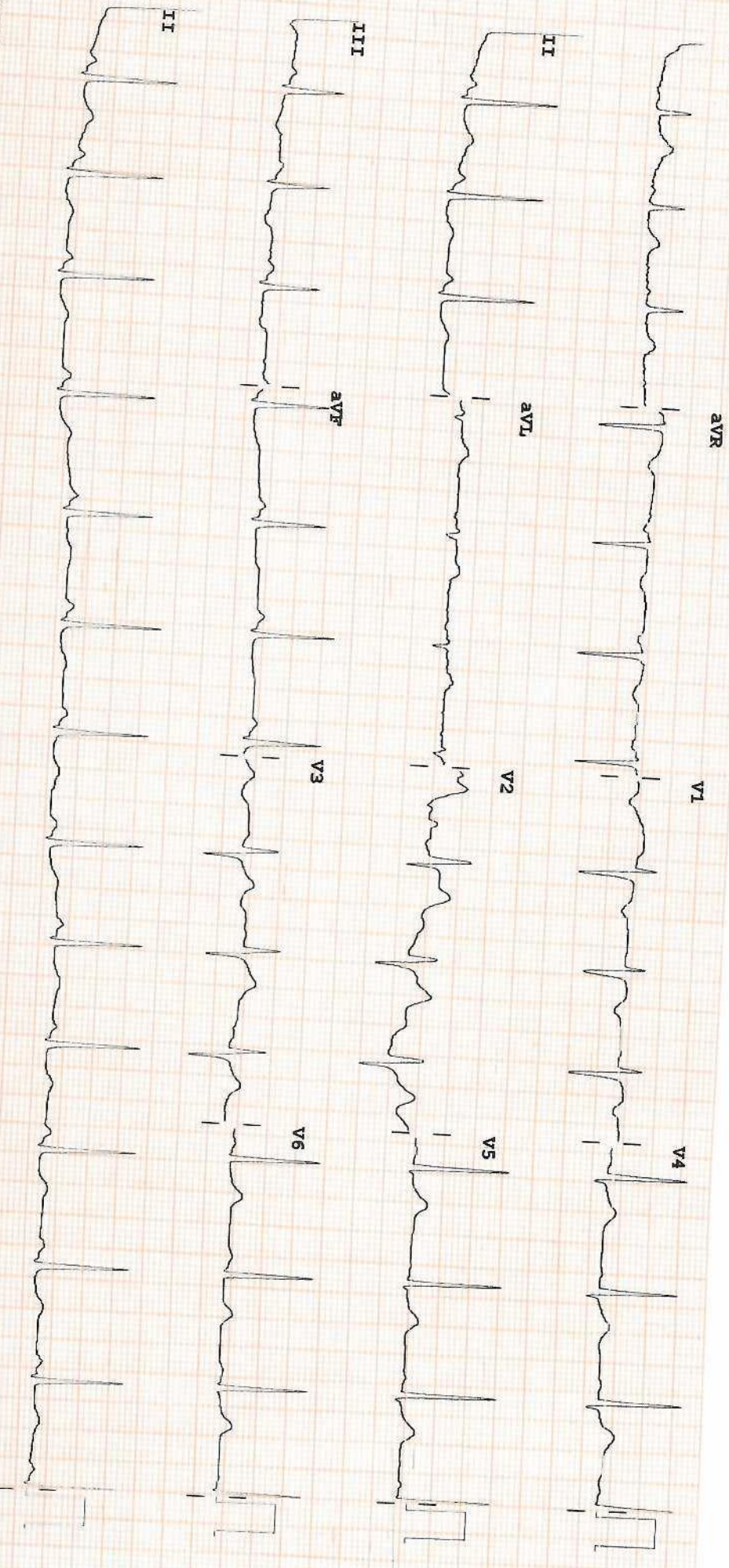
Apollo Clinic A S Rao Nagar

Rate	83	• Sinus rhythm
RR	723	• Baseline wander in lead(s) II, aVR, aVF, V2, V4, V5
PR	131	
QRSD	90	
QT	379	
QTcB	446	
QTcF	422	
--AXIS--		
P	71	
QRS	62	
T	2	

12 Lead; standard Placement

Unconfirmed Diagnosis

Normal



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

F 50 ~ 0.15 - 40 HZ

PH100B CL

P?

RECORDED IN MUMBAI

POWER PRESCRIPTION

NAME: *Aanimothy G. B*

GENDER: *M/F*

DATE: *23/9/23*

AGE: *28*

UHID: *81578*

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>—————</i>			<i>6/6</i>
NEAR	<i>—————</i>			<i>20</i>

	SPH	CYL	AXIS	VISION
DISTANCE	<i>—————</i>			<i>6/6</i>
NEAR	<i>—————</i>			<i>20</i>

COLOUR VISION : *Be: normal*

DIAGNOSIS : *3211*

OTHER FINDINGS :

INSTRUCTIONS :

APOLLO CLINIC
UPPER MEERPET, HYD.
040-49503373
49503374
9701195522
[Signature]
SIGNATURE

Patient Name : Mrs. AANIMUTHYAM B

Age/Gender : 28 Y/F

UHID/MR No. : CUPP.0000081578

OP Visit No : CUPPOPV121488

Sample Collected on :

Reported on : 23-09-2023 12:12

LRN# : RAD2106492

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 98069/894995356000

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

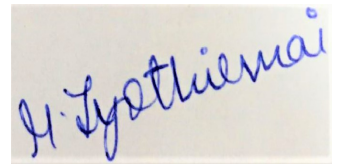
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MATTA JYOTHIRMAI
MBBS, MDRD
Radiology

Name: Mrs. AANIMUTHYAM B
Age/Gender: 28 Y/F
Address: hyd
Location: HYDERABAD, TELANGANA
Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KOPPULA TRIVENI

MR No: CUPP.0000081578
Visit ID: CUPPOPV121488
Visit Date: 23-09-2023 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

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Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SOWMYA REDDY

MR No: CUPP.0000081578
Visit ID: CUPPOPV121488
Visit Date: 23-09-2023 09:01
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

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Doctor:
Department: GENERAL
Rate Plan: UPPAL_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

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MR No: CUPP.0000081578
Visit ID: CUPPOPV121488
Visit Date: 23-09-2023 09:01
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

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
26-09-2023 20:25	83 Beats/min	110/70 mmHg	20 Rate/min	98.6 F	166 cms	74 Kgs	%	%	Years	26.85	cms	cms	cms		AHLL06629

Established Patient: No

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
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Government of India



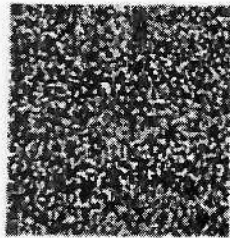
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/Enrolment No.: 0648/03292/86251

Download Date: 13/07/2021

To
బొక్కినాల అనిమథ్యం
Bokkinala Animuthyam
C/O: Bokkinala Vijay Amruth Raj
8-2-269/19/448/A,
Indira Nagar
Road No 2
Khairatabad
Banjara Hills
Hyderabad Telangana - 500034
9502511175

Signature valid



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

8949 9535 6000

VID : 9197 4890 6542 0506

నా ఆధార్, నా గుర్తింపు

Download Date: 13/07/2021



బొక్కినాల అనిమథ్యం
Bokkinala Animuthyam
పుట్టిన తేదీ/DOB: 12/04/1995
సెక్స్/SEX: FEMALE

Issue Date: 08/07/2021

8949 9535 6000

VID : 9197 4890 6542 0506

నా ఆధార్, నా గుర్తింపు



Government of India



AADHAAR

సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పొరసత్వం కాదు
- నిరక్షరమైన బ్యాలెన్ కోడ్ / ఆన్లైన్ ఎక్స్ ఎం ఎల్ / ఆన్లైన్ ఫ్రామార్డంను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్స్ పద్ధతిలో స్రావణమైన లేఖ.

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- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి.
- ఎమ్ ఆధార్ అప్ ఉపయోగించండి. మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

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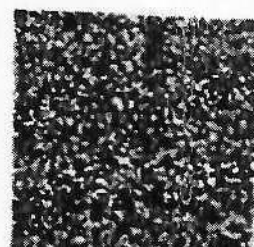


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Government of India



దిరువనామా:
సంబంధితము: బొక్కినాల విజయ అమృత్ రాజ్, 8-2-269/19/448/A, ఇందిరా నగర్, మల్కాపురం నో 2, ఖైరతాబాద్, హైదరాబాద్, తెలంగాణ - 500034

Address:
C/O: Bokkinala Vijay Amruth Raj, 8-2-269/19/448/A, Indira Nagar, Road No 2, Khairatabad, Hyderabad, Telangana - 500034



8949 9535 6000

VID : 9197 4890 6542 0506

Patient Name	: Mrs. AANIMUTHYAM B	Age	: 28 Y/F
UHID	: CUPP.0000081578	OP Visit No	: CUPPOPV121488
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 23-09-2023 16:34
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 83 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 see

Impression:

NORMAL ECG

CORRELATE CLINICALLY.

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



Dr. CH VENKATESHAM