





Patient Name	: Mrs.SWETHA PAMULA	Collected	: 25/Mar/2023 10:27AM
Age/Gender	: 34 Y 6 M 0 D/F	Received	: 25/Mar/2023 04:03PM
UHID/MR No	: CUPP.0000078426	Reported	: 25/Mar/2023 05:55PM
Visit ID	: CUPPOPV115794	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 115660		

#### 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	

HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	35.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	63.1	%	40-80	Electrical Impedance
LYMPHOCYTES	27.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4928.11	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2147.75	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	249.92	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	445.17	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	39.05	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	281000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergre
ERIPHERAL SMEAR				

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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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)

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Visit ID	: CUPPOPV115794	Status	: Final Report	
UHID/MR No	: CUPP.0000078426	Reported	: 25/Mar/2023 08:25PM	
Age/Gender	: 34 Y 6 M 0 D/F	Received	: 25/Mar/2023 04:03PM	
Patient Name	: Mrs.SWETHA PAMULA	Collected	: 25/Mar/2023 10:27AM	

# 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	0			Microplate technology	
Rh TYPE	Positive			Microplate technology	

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Emp/Auth/TPA ID : 115660					
DEPARTMENT OF BIOCHEMISTRY					

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324Test NameResultUnitBio. Ref. RangeMethod

GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE

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	79	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

#### **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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL	Calculated

#### **Comment:**

APOLLO CLINICS NETWORK

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7

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AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	$\geq 6.5$
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.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. 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.
- 3. 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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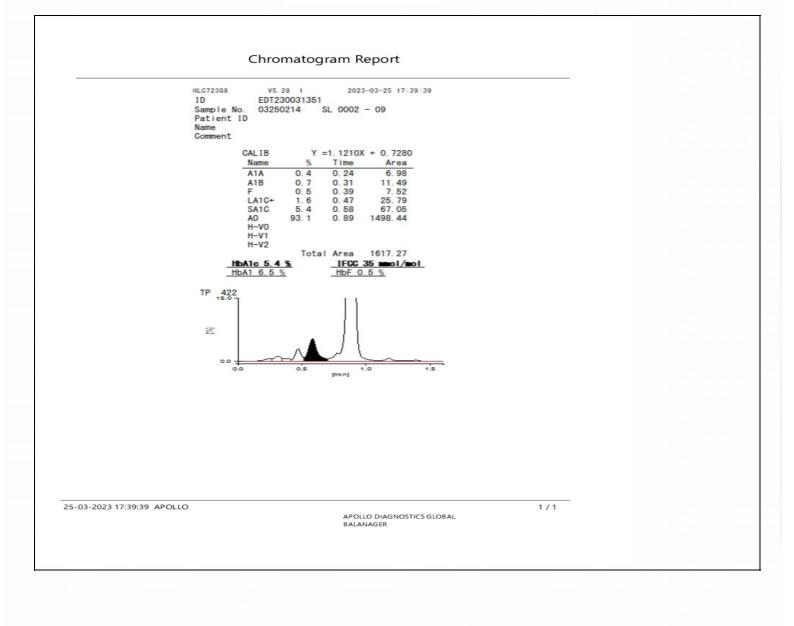






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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		



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SIN No:PLF01950064,PLP1315703,EDT230031351 This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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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		

#### LIPID PROFILE, SERUM

En ib i kon iee, dekom				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	111	mg/dL	<130	Calculated
LDL CHOLESTEROL	96.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		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	$\geq$ 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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Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.82	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.96	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated

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RENAL PROFILE/RENAL FUNCTION T	E <b>ST (RFT/KFT)</b> , SERU	Μ		
CREATININE	0.72	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.19	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.37	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)

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GAMMA GLUTAMYL TRANSPEPTIDASE	19.00	U/L	<38	IFCC	
(GGT), SERUM					

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Patient Name	: Mrs.SWETHA PAMULA	Collected	: 25/Mar/2023 10:27AM
Age/Gender	: 34 Y 6 M 0 D/F	Received	: 25/Mar/2023 04:13PM
UHID/MR No	: CUPP.0000078426	Reported	: 25/Mar/2023 05:37PM
Visit ID	: CUPPOPV115794	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 115660		

#### DEPARTMENT OF IMMUNOLOGY

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324Test NameResultUnitBio. Ref. RangeMethod

#### THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM TRI-IODOTHYRONINE (T3, TOTAL) 0.89 ng/mL 0.7-2.04 CLIA THYROXINE (T4, TOTAL) 9.22 6.09-12.23 CLIA µg/dL THYROID STIMULATING HORMONE 0.34-5.60 CLIA 2.146 µIU/mL (TSH)

#### **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 hypothyroidism,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





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hayat, Boduppa







Emp/Auth/TPA ID	: 115660		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CUPPOPV115794	Status	: Final Report
UHID/MR No	: CUPP.0000078426	Reported	: 25/Mar/2023 06:09PM
Age/Gender	: 34 Y 6 M 0 D/F	Received	: 25/Mar/2023 04:24PM
Patient Name	: Mrs.SWETHA PAMULA	Collected	: 25/Mar/2023 10:27AM

#### 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, U	IRINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	TRACE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MC	OUNT AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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DEPARTMENT OF CLINICAL PATHOLOGY				
Emp/Auth/TPA ID	: 115660			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CUPPOPV115794	Status	: Final Report	
UHID/MR No	: CUPP.0000078426	Reported	: 26/Mar/2023 11:03AM	
Age/Gender	: 34 Y 6 M 0 D/F	Received	: 26/Mar/2023 08:57AM	
Patient Name	: Mrs.SWETHA PAMULA	Collected	: 25/Mar/2023 10:27AM	

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

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Patient Name	: Mrs.SWETHA PAMULA		Collected	: 25/Mar/2023 10:27AM		
Age/Gender	: 34 Y 6 M 0 D/F		Received	: 25/Mar/2023 04:25PM		
UHID/MR No	: CUPP.0000078426		Reported	: 25/Mar/2023 08:31PM		
Visit ID	: CUPPOPV115794		Status	: Final Report		
Ref Doctor	: Dr.SELF		Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		
Emp/Auth/TPA ID	: 115660					
	DI	EPARTMENT OF CL	INICAL PATHOL	OGY		
ARCOFEMI - MI	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Те	Test Name Result			Bio. Ref. Range	Method	

URINE GLUCOSE(FASTING)

NEGATIVE

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

NEGATIVE Dipstick

Result/s to Follow: PERIPHERAL SMEAR

DR, SHALINI SINGH

M.B.B.S, MD Consultant Pathologist

Dr Sowjanya MBBS, MD(Pathology) **Consultant** Pathologist

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

APOI

Dr. RAJESH BATTINA PhD. (Biochemistry) Consultant Biochemist

UNI M.B.B.S. M.D(Pathology)

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

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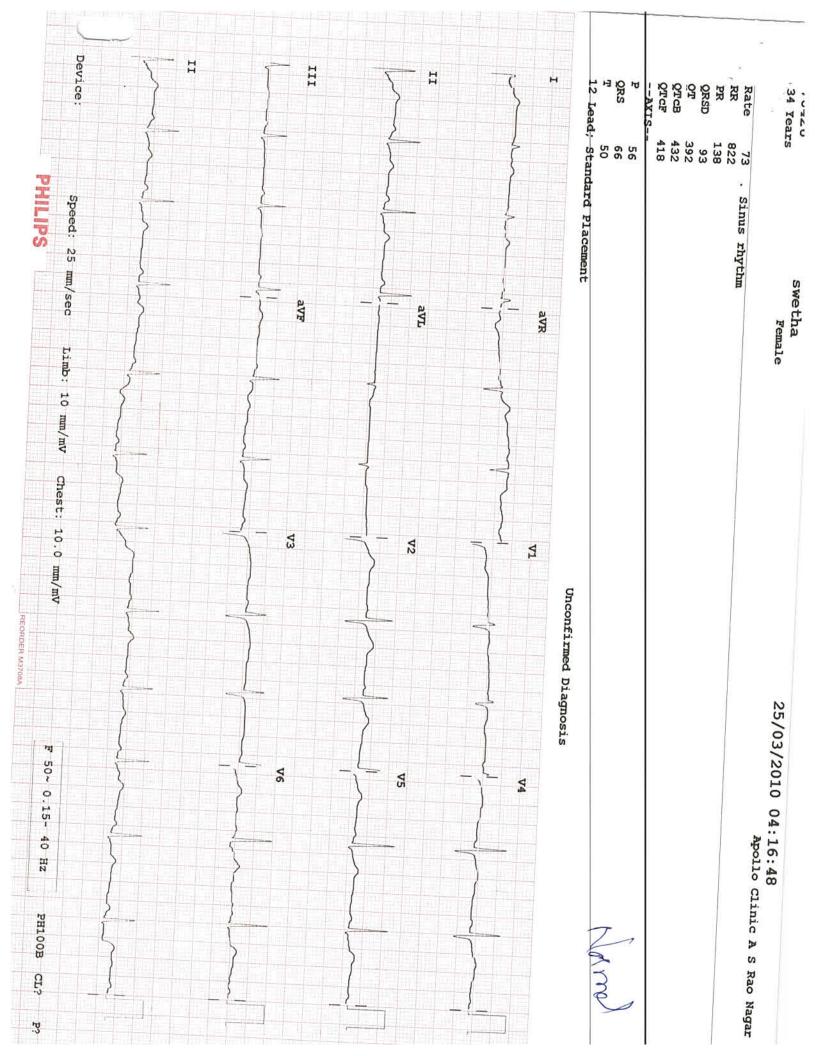
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Ø.	The Apollo	Clinic ION FORM	Apollo	$51^{-5}$
Date 2	3/23 "	Age _3	SYME	
Name H	s-swetha.p	UHID:	78426	
Height	Cms	BMI	25.2	
Weight	61-4 Kgs	BP	1)\$60	
Apollo Clinic COTTONS,BOD	, H NO.6-48/3, PEERZADIO DUPPAL,R RDISTRCT, HY	GUDA, BES	DE RAMRAJ	

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Patient Name	: Mrs. Swetha Pamula	Age/Gender	: 34 Y/F
UHID/MR No.	: CUPP.0000078426	OP Visit No	: CUPPOPV115794
Sample Collected on	:	<b>Reported on</b>	: 26-03-2023 08:56
LRN#	: RAD1959405	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 115660		

#### DEPARTMENT OF RADIOLOGY

#### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size 121 mm and **increased 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 in size 91 mm.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 :** 97 x 44 mm appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen.**Evidence of lower pole calculi 3 mm.** 

**Left kidney :** 85 x 48 mm appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen.

**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 73 x 55 x 34 mm. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 12 mm.

**Both ovaries** appear normal in size, shape and echotexture. **Right ovary :** 25 mm. **Left ovary :** 26 mm.

No evidence of any adnexal pathology noted.

# IMPRESSION:-\* MILD FATTY LIVER. \* NON OBSTRUCTIVE RIGHT RENAL CALCULI. Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Patient Name

: Mrs. Swetha Pamula

Age/Gender

: 34 Y/F

Wonaperally

Dr. K BHAGHEERATHI MBBS,DNB Radiodiagnosis

Consultant Radiologist



Patient Name	: Mrs. Swetha Pamula	Age/Gender	: 34 Y/F
UHID/MR No.	: CUPP.0000078426	<b>OP</b> Visit No	: CUPPOPV115794
Sample Collected on	:	Reported on	: 26-03-2023 08:52
LRN#	: RAD1959405	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 115660		

### 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

Mapenall

Dr. K BHAGHEERATHI MBBS,DNB Radiodiagnosis Consultant Radiologist

Name:Mrs. Swetha PamulaAge/Gender:34 Y/FAddress:hydLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL\_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Jr. KOPPULA TRIVENI

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078426 CUPPOPV115794 25-03-2023 10:13

SELF

#### HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

#### **HT-HISTORY**

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

Name: Mrs. Swetha Pamula 34 Y/F Age/Gender: Address: hyd HYDERABAD, TELANGANA Location: Doctor: Department: GENERAL UPPAL\_03122022 Rate Plan: ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078426 CUPPOPV115794 25-03-2023 10:13

SELF

Name:Mrs. Swetha PamulaAge/Gender:34 Y/FAddress:hydLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL\_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor:SOWMYA REDDY

#### MR No: Visit ID: Visit Date: Discharge Date: Referred By:

CUPP.0000078426 CUPPOPV115794 25-03-2023 10:13

SELF

#### HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

#### **HT-HISTORY**

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

Name:Mrs. Swetha PamulaAge/Gender:34 Y/FAddress:hydLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL\_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Jr. KOPPULA TRIVENI

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078426 CUPPOPV115794 25-03-2023 10:13

SELF

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#### PHYSICAL EXAMINATION

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#### IMPRESSION

#### RECOMMENDATION

Name:Mrs. Swetha PamulaAge/Gender:34 Y/FAddress:hydLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL\_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Jr. KOPPULA TRIVENI

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078426 CUPPOPV115794 25-03-2023 10:13

SELF

#### HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### SYSTEMIC REVIEW

#### **HT-HISTORY**

#### PHYSICAL EXAMINATION

#### SYSTEMIC EXAMINATION

#### IMPRESSION

#### RECOMMENDATION

Date	Pulse (Beats/min)	B.P (mmHg)	-		0	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist	Waist & Hip Ratio	User
26-03-2023 09:08		110/60 mmHg	22 Rate/min	-	156 cms	61 Kgs	%	%	Years	25.07	cms	cms	cms		AHLL06629

Date	Pulse (Beats/min)	B.P (mmHg)	-		0	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist	Waist & Hip Ratio	User
26-03-2023 09:08		110/60 mmHg	22 Rate/min	-	156 cms	61 Kgs	%	%	Years	25.07	cms	cms	cms		AHLL06629

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26-03-2023 09:08		110/60 mmHg	22 Rate/min	-	156 cms	61 Kgs	%	%	Years	25.07	cms	cms	cms		AHLL06629



Patient Name	: Mrs. Swetha Pamula	Age	: 34 Y/F
UHID	: CUPP.0000078426	OP Visit No	: CUPPOPV115794
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 25-03-2023 16:42
Referred By	: SELF		

### CARDIOLOGY

#### **CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:		
NO		
Previous MI:		
NO		
PTCA:		
NO		
CABG:		
NO		
NO		
HTN:		
NO		
NO		
DM:		
NO		
Smalring.		
Smoking:		
NO		
Obesity:		
NO		
Lipidemia:		
NO		
NO		
Resting ECG Supine:		
89 BPM		
Standing:		
86 BPM		
Protocol Used:		
BRUCE		
Monitoring Leads:		
12 LEADS		

Patient Name	: Mrs. Swetha Pamula	Age	: 34 Y/F
UHID	: CUPP.0000078426	OP Visit No	: CUPPOPV115794
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 25-03-2023 16:42
Referred By	: SELF		

Grade Achieved: 82%

% HR / METS: 148 BPM / 7.0 METS

Reason for Terminating Test: MAX HR ATTAINED.

Total Exercise Time: 5:02

Symptoms and ECG Changes during Exercise: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts: NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

#### **INTERPRETATION:**

Rhythm: NORMAL

Patient Name	: Mrs. Swetha Pamula	Age	: 34 Y/F
UHID	: CUPP.0000078426	OP Visit No	: CUPPOPV115794
Conducted By:	: Dr. CH VENKATESHAM	Conducted Date	: 25-03-2023 16:42
Referred By	: SELF		

S.T. Segment : NORMAL

III Blood Pressure Response : NORMAL

IV Fitness Response : GOOD

Impression:

TMT I NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

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



Patient Name	: Mrs. Swetha Pamula	Age	: 34 Y/F
UHID	: CUPP.0000078426	OP Visit No	: CUPPOPV115794
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 25-03-2023 17:07
Referred By	: SELF		

### ECG REPORT

### **Observation :-**

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 73beats 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