

Patient Name : Mrs.FERNANDES MARIA	Collected : 23/Sep/2023 09:30AM
Age/Gender : 33 Y 2 M 14 D/F	Received : 23/Sep/2023 02:05PM
UHID/MR No : CJPN.0000088207	Reported : 23/Sep/2023 04:11PM
Visit ID : CJPNOPV177496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163816	

**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**

<b>HAEMOGLOBIN</b>	12	g/dL	12-15	Spectrophotometer
PCV	36.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	52.1	%	40-80	Electrical Impedance
LYMPHOCYTES	38.5	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3230.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2387	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	62	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	514.6	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.2	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	60	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 normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



SIN No:BED230231145

NABL renewal accreditation under process

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<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230231145

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**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:

House list no. 22, BNR Complex, Sree Rama layout, Opp: RBI layout, JP Nagar, 7th Phase, Kothanur Village, Uttarahalli, Hobli, JP nagar, Bengaluru, Karnataka, India - 560078



Patient Name : Mrs.FERNANDES MARIA	Collected : 23/Sep/2023 09:30AM
Age/Gender : 33 Y 2 M 14 D/F	Received : 23/Sep/2023 02:46PM
UHID/MR No : CJPN.0000088207	Reported : 23/Sep/2023 03:37PM
Visit ID : CJPNOPV177496	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
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

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.



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Age/Gender : 33 Y 2 M 14 D/F	Received : 23/Sep/2023 01:44PM
UHID/MR No : CJPN.000088207	Reported : 23/Sep/2023 03:18PM
Visit ID : CJNOPV177496	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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	90	mg/dL	70-140	HEXOKINASE

**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.

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.6	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	114	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

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2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	58	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>35</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.46		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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SIN No:SE04490280

NABL renewal accreditation under process



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	87.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.89</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.12		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	0.72	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.16	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.36	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.00	U/L	<38	IFCC



SIN No:SE04490280

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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**APOLLO CLINICS NETWORK**

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UHID/MR No : CJPN.0000088207	Reported : 23/Sep/2023 06:39PM
Visit ID : CJPNOPV177496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163816	

**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)	1.06	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.20	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.470	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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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:SPL23135684

NABL renewal accreditation under process

Patient Name : Mrs.FERNANDES MARIA	Collected : 23/Sep/2023 09:30AM
Age/Gender : 33 Y 2 M 14 D/F	Received : 23/Sep/2023 12:29PM
UHID/MR No : CJPN.000088207	Reported : 23/Sep/2023 06:58PM
Visit ID : CJPNOPV177496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**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	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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2189428

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:

House list no. 22, BNR Complex, Sree Rama layout, Opp: RBI layout, JP Nagar, 7th Phase, Kothanur Village, Uttarahalli, Hobli, JP nagar, Bengaluru, Karnataka, India - 560078

Patient Name : Mrs.FERNANDES MARIA	Collected : 23/Sep/2023 09:30AM
Age/Gender : 33 Y 2 M 14 D/F	Received : 23/Sep/2023 12:29PM
UHID/MR No : CJPN.0000088207	Reported : 23/Sep/2023 03:17PM
Visit ID : CJPNOPV177496	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 163816	

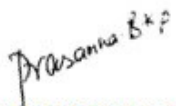
**DEPARTMENT OF CLINICAL PATHOLOGY**


**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

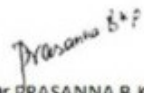
**\*\*\* End Of Report \*\*\***

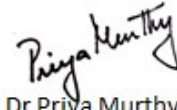
Result/s to Follow:  
PERIPHERAL SMEAR

  
Dr 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





Name : Mrs. FERNANDES MARIA Age: 33 Y

Address : blr

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

UHID:CJPN.0000088207



OP Number:CJPNOPV177496

Bill No :CJPN-OCR-66304

Date : 23.09.2023 09:28

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	EKG	
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)	

Audio = 21

Weight = 69.8 kgs

Height = 165 cm

Waist = 80 cm

Hip = 99 cm

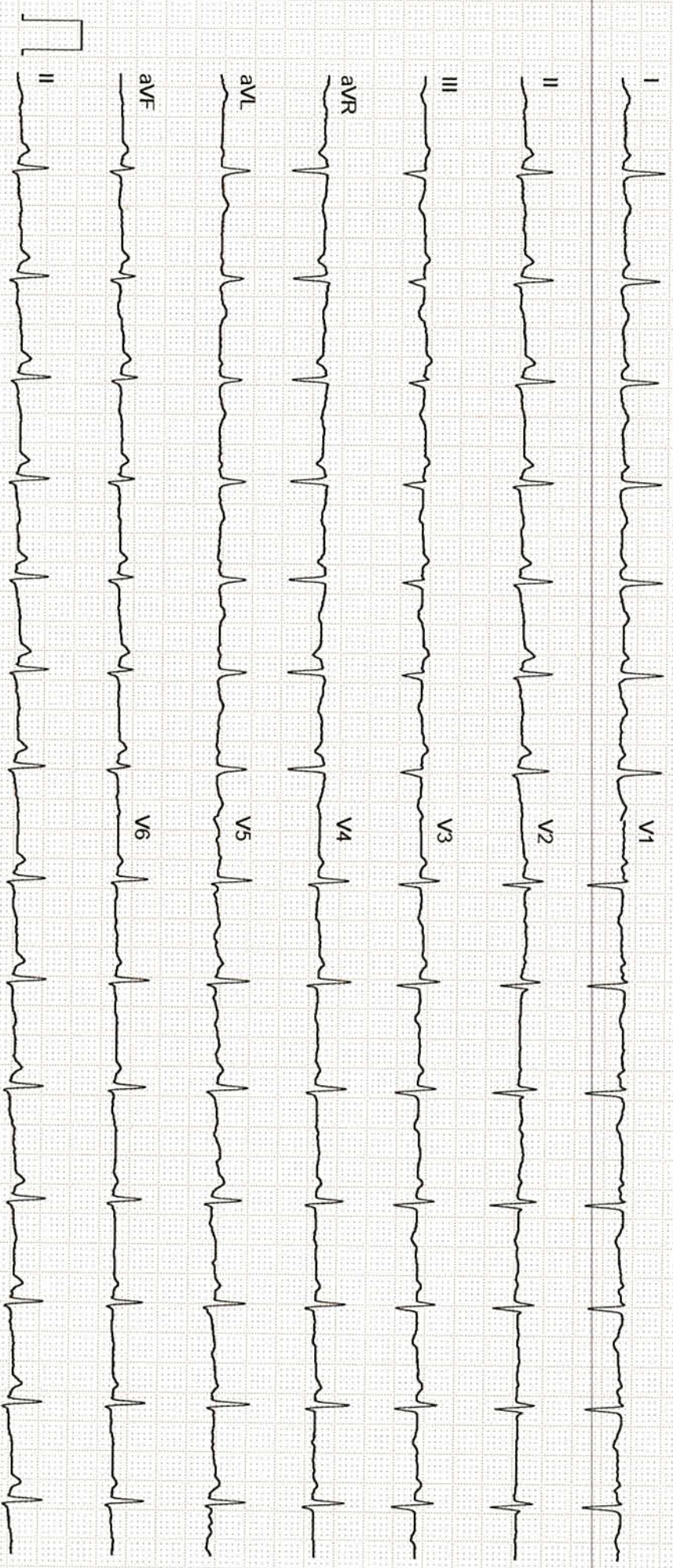
BP = 113/93 mmHg

33 Years 165 cm Female  
69.0 kg

QRS : 72 ms  
QT / QTcBaz : 348 / 418 ms  
PR : 158 ms  
P : 112 ms  
RR / PP : 690 / 689 ms  
P / QRS / T : 57 / 13 / -7 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

*Handwritten signature*



# DENTAL SCRIPT



Date: 23/7/23

Patient ID: CSPD - 0000088207 MHC

Patient Name: Fernandes Maira Age: 33 Sex: Male  Female

Main Complaint: regular check up.

Medical History:

Drug Allergy:

Medication currently taken by the Guest:

Initial Screenign Findings:

Dental Caries: (DCC) 7

Impacted Teeth: (DC) -

Bleeding: -

Calculus / Stains: Ca<sup>++</sup>

Restored Teeth: -

Malocclusion: -

Missing Teeth: -

Attrition / Abrasion: -

Pockets / Recession: -

Mobility: -

Non - restorable Teeth for extraction / Root Stumps: -

Others: -

Advice:- → Advised for oral prophylaxis  
→ Advised for X-ray wrt  $\frac{7}{7}$

Doctor T. Luis

<b>Patient Name</b>	: Mrs. FERNANDES MARIA	<b>Age/Gender</b>	: 33 Y/F
<b>UHID/MR No.</b>	: CJPN.0000088207	<b>OP Visit No</b>	: CJPNOPV177496
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-09-2023 12:01
<b>LRN#</b>	: RAD2106688	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 163816		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size and echotexture. No focal lesion seen.  
No intra hepatic biliary / venous radicular dilation.  
CBD and Main Portal vein appear normal.PV-10 mm.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures:11.0 x 2.0 cm.

Left kidney measures :11.2 x 2.2 cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**UTERUS** : Normal in size and echotexture. It measures :7.9 x 3.7 x 4.9 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 9 mm.

No focal lesion was noted.

**OVARIES** : Both ovaries are normal in size.

Right ovary measures :3.1 x 2.2 cm.

Left ovary measures : 3.0 x 2.0 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**Patient Name** : Mrs. FERNANDES MARIA

**Age/Gender** : 33 Y/F

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## **IMPRESSION : NORMAL STUDY.**

Please Note :No preparation done before scanning.

(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.

**Dr. KUSUMA JAYARAM**  
MBBS,DMRD  
Radiology

**Patient Name** : Mrs. FERNANDES MARIA

**Age/Gender** : 33 Y/F

**UHID/MR No.** : CJPN.0000088207

**OP Visit No** : CJPNOPV177496

**Sample Collected on** :

**Reported on** : 23-09-2023 11:46

**LRN#** : RAD2106688

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 163816

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**DEPARTMENT OF RADIOLOGY**

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**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. KUSUMA JAYARAM**

**MBBS,DMRD**

Radiology



ಭಾರತ ಸರ್ಕಾರ  
 Unique Identification Authority of India  
 Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1177/81098/00887

To  
 ಮರೀಯ  
 Maria Fernandes  
 D/O: Juje. Fernandes  
 near gundha School Headbunder Road  
 Karwar Headbunder  
 Kumta  
 Kumta  
 Kumta Uttara Kannada  
 Karnataka 581343  
 8197852330

28/06/2013  
 17746780



MN177467809FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**2757 1122 1120**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
 Government of India



ಮರೀಯ  
 Maria Fernandes  
 ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1990  
 ಸ್ತ್ರೀ / Female



**2757 1122 1120**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Fwd: Health Check up Booking Confirmed Request(bobE46456),Package Code-  
PKG10000317, Beneficiary Code-69738

Maria Fernandes <maria9.cool@gmail.com>

Fri 22-Sep-23 4:14 PM

To:Jayanagar Branch, Bangalore, Karnataka <JAYANA@bankofbaroda.com>

KNOW THE SENDER.

----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Thu, Sep 21, 2023, 13:28

Subject: Health Check up Booking Confirmed Request(bobE46456),Package Code-PKG10000317,  
Beneficiary Code-69738

To: <[maria9.cool@gmail.com](mailto:maria9.cool@gmail.com)>

Cc: <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>

011-41195959

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

Dear **MS. FERNANDES MARIA**,

Please find the confirmation for following request.

**Booking Date** : 17-09-2023

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

**Name of  
Diagnostic/Hospital** : Apollo Clinic - JP Nagar

**Address of  
Diagnostic/Hospital** : House List No. 22, BNR Complex, Sree Rama Layout, Opp: RBI  
Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP  
nagar - 560078

**Contact Details** : (080) 41289521 / 6309937245

**City** : Bangalore

**State** : Karnataka

**Pincode** : 560078

**Appointment Date** : 23-09-2023

**Confirmation  
Status** : Confirmed