

Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 12:31PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 02:58PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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	11.4	g/dL	12-15	Spectrophotometer
PCV	35.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	63.5	%	40-80	Electrical Impedence
LYMPHOCYTES	26.7	%	20-40	Electrical Impedence
EOSINOPHILS	2.7	%	1-6	Electrical Impedence
MONOCYTES	7	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4064	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1708.8	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	172.8	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	448	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.4	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Patient Name	: Miss.STELLA ROSELIN .	Collected	: 27/Mar/2023 10:05AM
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Visit ID	: CJPNOPV164598	Status	: Final Report
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Emp/Auth/TPA ID	: 76126		

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



Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 12:31PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 03:51PM
Visit ID : CJPNOPV164598	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED23007743

Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 12:37PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 04:03PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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	103	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	98	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.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	128	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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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Visit ID : CJPNOPV164598	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	123	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	3.82	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.74	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.00	U/L	<38	IFCC



Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:52PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 02:57PM
Visit ID : CJPNOPV164598	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, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.54	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.36	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.122	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

Note:

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



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Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:00PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 02:25PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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
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COMPLETE URINE EXAMINATION , 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:UR2086751

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Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:00PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 01:47PM
Visit ID : CJPNOPV164598	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

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



SIN No:UPP014483,UF008205

Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 05:58PM
Age/Gender : 34 Y 1 M 17 D/F	Received : 29/Mar/2023 01:12PM
UHID/MR No : CJPN.0000010090	Reported : 30/Mar/2023 04:54PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

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


LBC PAP TEST- PAPSURE , LBC FLUID

	CYTOLOGY NO.	6054/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY


Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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


Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist

Page 13 of 13

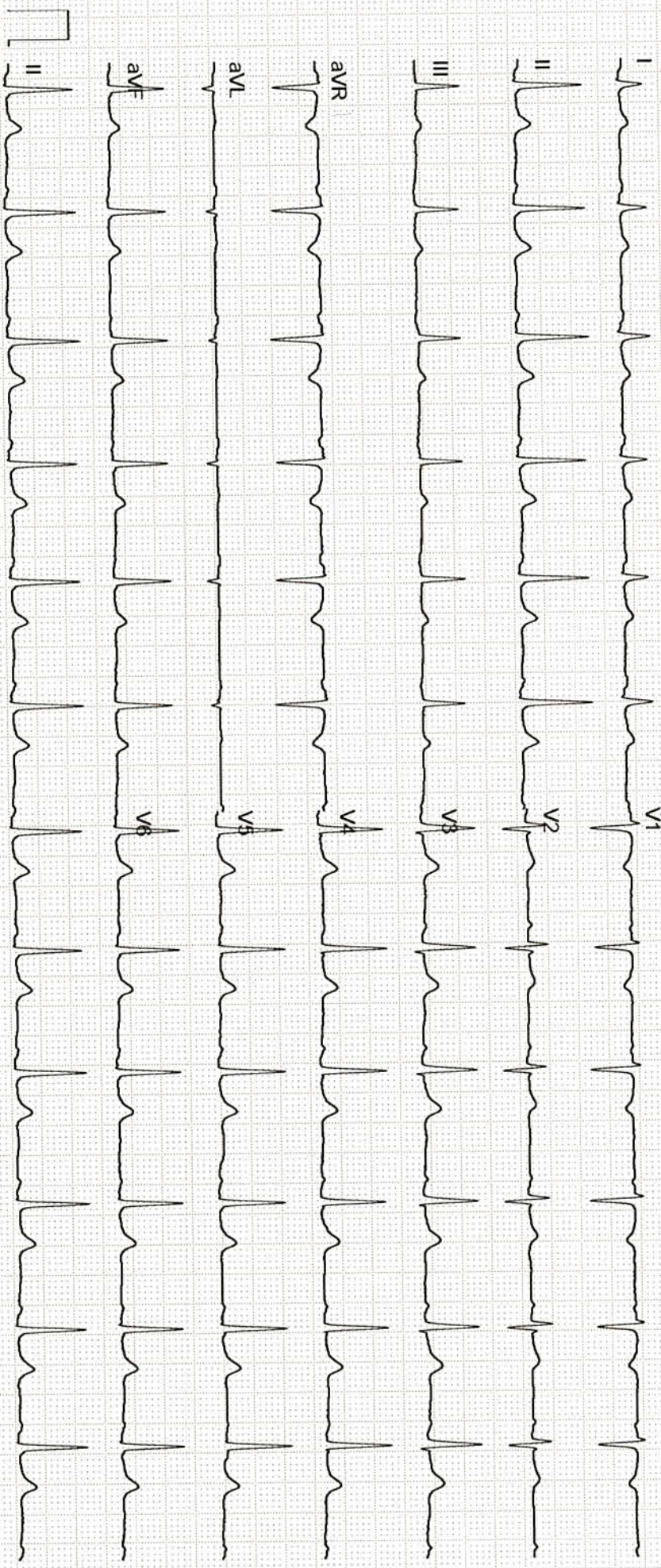
SIN No:CS061839

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



14 Years 69.0 kg Male

QRS :	76 ms	Normal sinus rhythm
QT / QTcBaz :	370 / 407 ms	Normal ECG
PR :	140 ms	
P :	82 ms	
RR / PP :	824 / 821 ms	
P / QRS / T :	17 / 70 / 47 degrees	



Handwritten signature



Certificate No: MC-1004
NABL Accredited

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PCV	35.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	63.5	%	40-80	Electrical Impedance
LYMPHOCYTES	26.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
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ABSOLUTE LEUCOCYTE COUNT

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LYMPHOCYTES	1708.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	172.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	448	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.4	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	298000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
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UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 04:03PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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	103	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 HOURS , NAF PLASMA	98	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.

Ref: Marks medical biochemistry and clinical approach

Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 12:37PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 04:03PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , <i>WHOLE BLOOD-EDTA</i>	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , <i>WHOLE BLOOD-EDTA</i>	128	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:11PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 03:04PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	123	mg/dL	<200	CHO-POD
TRIGLYCERIDES	84	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	73.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:11PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 03:04PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	3.82	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.93	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:11PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 03:04PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.74	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:11PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 03:04PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.00	U/L	<38	IFCC





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:52PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 02:57PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.54	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.36	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.122	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

Note:

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





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:04AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:00PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 02:25PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

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
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COMPLETE URINE EXAMINATION , 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





Patient Name : Miss.STELLA ROSELIN .	Collected : 27/Mar/2023 10:05AM
Age/Gender : 34 Y 1 M 17 D/F	Received : 27/Mar/2023 01:00PM
UHID/MR No : CJPN.0000010090	Reported : 27/Mar/2023 01:47PM
Visit ID : CJPNOPV164598	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 76126	

DEPARTMENT OF CLINICAL PATHOLOGY


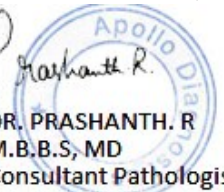
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


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, LBC PAP TEST- PAPSURE



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



Patient Name	: Miss. STELLA ROSELIN .	Age/Gender	: 34 Y/F
UHID/MR No.	: CJPN.0000010090	OP Visit No	: CJPNOPV164598
Sample Collected on	:	Reported on	: 27-03-2023 11:30
LRN#	: RAD1960720	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 76126		

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- 11 mm

GALL BLADDER : Not visualized.H/O surgery.

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: 10.6 x 2.1cm.
Left kidney measures : 11.6 x 2.2cm.

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

UTERUS : Normal in size and echotexture. It measures :8.8 x 3.9 x 4.8 cm. Uniform myometrial echoes are normal. Endometrial thickness measuring-11 mm.
No focal lesion was noted.

OVARIES : Both ovaries are normal in size.
Right ovary measures : 3.0 x 2.0 cm.
Left ovary measures : 3.2 x 2.2 cm.

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

Patient Name : Miss. STELLA ROSELIN .

Age/Gender : 34 Y/F

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 : Miss. STELLA ROSELIN .

Age/Gender : 34 Y/F

UHID/MR No. : CJPN.0000010090

OP Visit No : CJPNOPV164598

Sample Collected on :

Reported on : 27-03-2023 10:21

LRN# : RAD1960720

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 76126

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. KUSUMA JAYARAM

MBBS,DMRD

Radiology

Name : Miss. STELLA ROSELIN . Address : #.. 1327, LAL BAHADUR SHASTRI NAGAR BDA LAYOUT ANJANAPURA 11TH BLOCK FURTHUR EXTENTION BANGALORE Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age: 34 Y Sex: F	UHID: CJPN.0000010090  OP Number: CJPNOPV164598 Bill No : CJPN-OCR-63091 Date : 27.03.2023 09:56
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Sno	Serive 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 TRANFERASE (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	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Audio. 21.

BP - 90/78 mmHg
 WB - 69 kg
 HB - 165 cm
 Waist - 80 cm
 Hip - 102 cm
 DO

Stella Roselin

9880567629.

34 y.

22/03/23.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Vm c glass < (P) 6/6
(L) 6/6.

Sub correction

(P) - 0.50 / - 2.25 x 90°. 6/6 N₆
(L) - 0.50 / - 1.50 x 95°. 6/6 N₆

Color vision - Normal (B₆).

Follow up date:



Doctor Signature

Mrs. Stella Poselin 34 yrs.

27/3/23

MS - Gyn. P2L2.



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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

LMH: 28/2/23

MTH: 3-6 days → Regular menses
30 days ↓ MTH ↓ dysmenorrhea

For Health Check

O/H: P1 → ♂, Gyn, L&S
P2 → ♀, 24m. L&S & TL

P/H: Lap cholecystectomy done 6 yrs back.

F/H: Father → ? Diabetes

D/E: A.C. - iron
Asthma

P/A: S/I
Scar ⊕

P/S: Co. 1/Healthy
veg.

P/V: wter, NS
B/L - normal hwy,
NS.

Advice:

- MTH & reports.
- OSTO CALC SURV PLUS
Chewable tablet
- Physiotherapy → For
low back
ache.

Follow up date:

Doctor Signature

Dr. Smita B. Kalappa

MBBS MS (OBGY) DNB

BOOK YOUR APPOINTMENT TODAY
Fellowship In Gynecological Endoscopy (ICOG)
What'sapp Number: 970 100 3333

NAME: Mrs. STELLA ROSELIN AGE: 34 YRS/F DATE : 27/03/2023 CJPN : 10090

2D ECHO WITH COLOR DOPPLER

Ao Diam : 2.9cm , LA Diam : 3.1cm,
IVSd : 1.1cm , IVSs:1.3cm, LVIDd : 4.3cm , LVIDs : 2.8cm LVPWd :1.1cm ,
LVPWS : 1.1cm , EF – 62% , FS – 33% , RVIDd – 1.2cm

2DVALVES

MITRAL VALVE -----: NORMAL
TRICUSPID VALVE-----: NORMAL
AORTIC VALVE-----: NORMAL
PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
RIGHT ATRIUM-----: NORMAL
LEFT VENTRICULAR-----: NORMAL
RIGHT VENTRICULAR---:NORMAL

DOPPLER

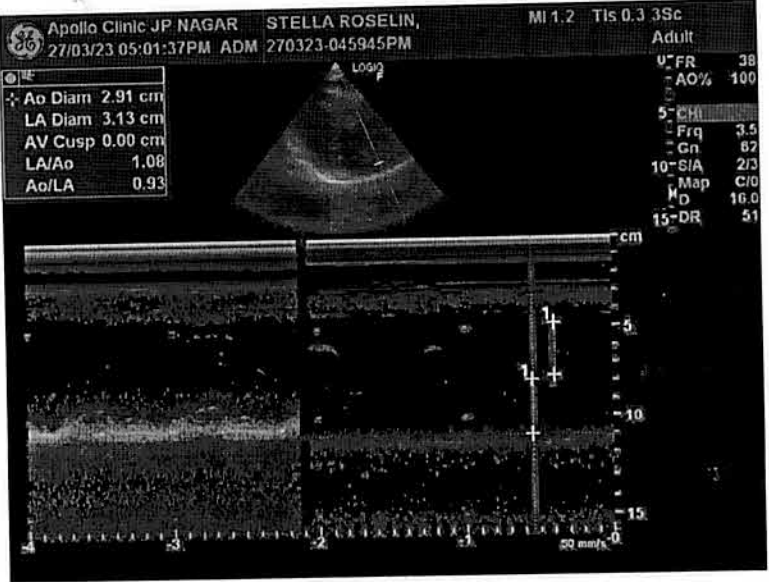
MV E Vel--- : 0.7m/s , MV A Vel : 0.5m/s
TRICUSPID VALVE : NORMAL
PERICARDIUM-----: NORMAL
CLOT/VEGETATION----- : NIL

IMPRESSION

NORMAL VALVES AND CHAMBERS
NORMAL LV SYSTOLIC FUNCTION
NO CLOT /VEGETATION/EFFUSION/PAH
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM
CONSULTANT CARDIOLOGIST**





Bill Of Supply

Name	: Miss. STELLA ROSELIN .	Bill No	: CJPN-OCR-63091
Age/Gender	: 34 Y F	Bill/Reg Date	: 27.03.2023 09:56
Contact No	: +919880567623	Referred by	: SELF
Address	: #.. 1327, LAL BAHADUR SHASTRI NAGAR BDA LAYOUT ANJANAPURA 11TH BLOCK FURTHUR EXTENTION BANGALORE	Center	: JP Nagar
UHID	: CJPN.0000010090	Emp No/Auth Code	: 76126
Corporate Name	: ARCOFEMI HEALTHCARE LIMITED		
Plan	: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		

#	Department	Description Of Service	SAC Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK -	999312	1	2,400.00	2,400.00	0.00	0.00	0.00	0.00	0.00	2,400.00

You can download your report from "www.apolloclinic.com" Enter user name as CJPNOPV164598 and password as 156921

Please log on to AskApollo.com for booking Appointments

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor : Ameerpet, Hyderabad 500038, Telangana, |
www.apollohl.com | Email ID: enquiry@apollohl.com , Ph No: 040-4904 7777, Fax No: 4904 7744

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GSTIN: 29AADCA0733E1Z3

Address:

22, 23, 24, 25/101/3, Sree Rama Layout,
BNR Complex, OPP. RBI Layout, JP Nagar,
7th Phase, Bengaluru, Karnataka

 **1860 500 7788**

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. ROSELIN STELLA
EC NO.	76126
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	BANGALORE, JAYANAGAR DB
BIRTHDATE	10-02-1989
PROPOSED DATE OF HEALTH CHECKUP	27-03-2023
BOOKING REFERENCE NO.	22M76126100052534E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **24-03-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited)).



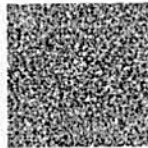
ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ಮೋದರ ಸಂಖ್ಯೆ Enrolment No.: 0658/48453/08555

To
ಶ್ರೀ ರೋಸಲಿನ್
Stella Roselin
C/O Arun Victor
1266
Arjanapura 11th Block, Further Extension
BDA Layout, Lal Bahadur Shastri Nagar
Bangalore South
Gottigere
Bangalore Karnataka - 560083
9880567623

Download Date: 13/02/2018
Generation Date: 13/02/2018

Signature Verified
ಇದರ ಸಹಿ ಪರಿಶೀಲಿಸಲಾಗಿದೆ
Signature is verified
Signature is verified



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2750 5804 3031
VID : 9122 4343 7542 7832

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಶ್ರೀ ರೋಸಲಿನ್
Stella Roselin
ಲಿನ್ ರೋಸಲಿನ್/DOB: 10/02/1989
FEMALE

2750 5804 3031
VID : 9122 4343 7542 7832

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಮಹತ್ವ
■ ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದ್ದಲ್ಲ
■ ನಿಮ್ಮ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಲು ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ
■ ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುಕ್ತವಾದ ಮಧ್ಯಸ್ಥನ ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

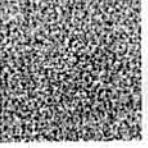
- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಿದೆ.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
C/O ಅರುನ್ ವಿಕ್ಟರ್, 1266, ಅರಜನಪುರ 11ನೇ ಬ್ಲಾಕ್, ಫರ್ಥರ್ ಎಕ್ಸ್ಟೆನ್ಷನ್, ಬಿಡಿ ಲೇಔಟ್, ಲಾಲ್ ಬಹಾದುರ್ ಶಾಸ್ತ್ರಿ ನಗರ, ಬೆಂಗಳೂರು ದಕ್ಷಿಣ, ಕರ್ನಾಟಕ, ಪಿನ್ ಕೋಡ್ - 560083

Address:
C/O Arun Victor, 1266, Arjanapura 11th Block, Further Extension, BDA Layout, Lal Bahadur Shastri Nagar, Bangalore South, Bangalore Karnataka - 560083



2750 5804 3031
VID : 9122 4343 7542 7832

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು