

Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 02:07PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 05:09PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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	12.5	g/dL	12-15	Spectrophotometer
PCV	38.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.1	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,960	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65.9	%	40-80	Electrical Impedance
LYMPHOCYTES	23.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4586.64	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1649.52	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	90.48	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	626.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.96	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	211000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	37	mm at the end of 1 hour	0-20	Modified Westergren
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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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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN No:BED230231260

NABL renewal accreditation under process

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Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 02:07PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 07:13PM
Visit ID : CKOROPV380931	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:BED230231260

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Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 01:49PM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 08:15PM
UHID/MR No : CKOR.000245956	Reported : 23/Sep/2023 09:04PM
Visit ID : CKOROPV380931	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	99	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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)	109	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.



Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:42PM
UHID/MR No : CKOR.000245956	Reported : 23/Sep/2023 05:02PM
Visit ID : CKOROPV380931	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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087522

NABL renewal accreditation under process

Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:25PM
UHID/MR No : CKOR.000245956	Reported : 23/Sep/2023 02:47PM
Visit ID : CKOROPV380931	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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.17		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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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



SIN No:SE04490399

NABL renewal accreditation under process

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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	0.91	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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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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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3. Synthetic function impairment:

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



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APOLLO CLINICS NETWORK

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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/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.76	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	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	11.00	U/L	<38	IFCC



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UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 01:04PM
Visit ID : CKOROPV380931	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)	1.06	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.54	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.100	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

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DEPARTMENT OF IMMUNOLOGY

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

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:SPL23135761

NABL renewal accreditation under process

Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:44AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 06:21PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 08:09PM
Visit ID : CKOROPV380931	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
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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:UR2189524

NABL renewal accreditation under process

Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:44AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 03:36PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 04:57PM
Visit ID : CKOROPV380931	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



Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 01:39PM
Age/Gender : 32 Y 6 M 24 D/F	Received : 24/Sep/2023 11:47AM
UHID/MR No : CKOR.0000245956	Reported : 26/Sep/2023 01:26PM
Visit ID : CKOROPV380931	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) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	16102/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	INFLAMMATORY SMEAR WITH 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

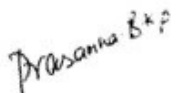
***** End Of Report *****


Result/s to Follow:
PERIPHERAL SMEAR

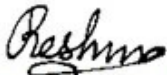
Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 01:39PM
Age/Gender : 32 Y 6 M 24 D/F	Received : 24/Sep/2023 11:47AM
UHID/MR No : CKOR.0000245956	Reported : 26/Sep/2023 01:26PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	


DEPARTMENT OF CYTOLOGY

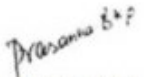
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

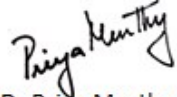

Dr PRASANNA B.K.P
Md.Path.Pathologist


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


Dr.Reshma Stanly
M.B.B.S.,DNB(Pathology)
Consultant Pathologist


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. Juhi Kumari Singh

Age: 32 Y

UHID:CKOR.0000245956

Sex: F

OP Number:CKOROPV380931

Address : kmg

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No :CKOR-OCR-77809

Date : 23.09.2023 09:26

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 <i>(to be by Dr. Mohan.)</i>	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA <i>(10)</i>	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION ✓	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION ✓	
12	DIET CONSULTATION <i>with Report</i>	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG <i>(10)</i>	
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 → 20 ✓	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION <i>(18)</i>	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

H - 158
 W - 54
 B - P 116/70
 P. 90

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of

Tulsi Kewari S/o 32 on *24/9/22*..... After reviewing the medical history and on clinical examination it has been found that ~~he~~ she is

<ul style="list-style-type: none"> • Medically Fit 	
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. -----</p> <p>2. -----</p> <p>3. -----</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p style="text-align: center;">Review after -----</p>	<input checked="" type="checkbox"/> Tick
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after ----- recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. **BAJENDRA N. SHARMA**
 Medical Officer
 The Apollo Clinic (Location)
 MBBS (General Medicine)
 PG-DIABETES/CARDIAC (PFC)
 PG-THYROID (PFC)
 PG-INTERNAL MEDICINE, SPECIALIST
 REG : 33095. MOB : 9740197711

This certificate is not meant for medico-legal purposes.



ANJHAL AGGARWAL MITTAL
MBBS, MS (ENT)



HEALTH CHECK - ENT

Apollo Medical Centre
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NAME: Julhi Kumari Singh .

AGE: 32 / F

EAR:

EXTERNAL EAR

RE: (N)

LE: (N)

MIDDLE EAR

(N)

(N)

INNER EAR (FN)

(N)

(N)

HEARING ASSESSMENT:

RHINNE

RE: Positive

LE: Positive

WEBER

← Same as examiner on both sides. Lateralized to (R).

ABC

Same as examiner on both sides.

NOSE

AIRWAY

(N)

THROAT

ORAL CAVITY

(N)

SEPTUM

Gum DNS → (L)

OROPHARYNX

TURBINATES

(R) ITH

PHARYNX

(N)

OTHERS

LARYNX

—

NECK

NECK NODES

Ntd palpable .

OTHER

AUDIOMETRY →

IMPRESSION —

Anchal
SIGNATURE Anchal .

NAME: MRS.JUHI KUMARI SINGH

AGE: 32Y

SEX: FEMALE

DATE: 23/09/2023

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO -22 (20 – 35)mm	LIVD d - 36(36-52)mm	IVS - 10 (06 - 11)mm
LA -20 (19- 40)mm	LVID s - 25(23- 39)mm	PWD - 09(06- 11)mm
EF - 60% (>50%)	RVID-21	

VALVES

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

CHAMBERS

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

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

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

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

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



**DR. MOHAN MURALI
CONSULTANT
CARDIOLOGIST**



Apollo Medical Centre
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DR . MAHABALESHWAR.M
MBBS.(MYS), MD(AIIMS DELHI)FICS
D.O (JIPMER)
REG.NO:KMC:9748

DATE: 27/09/23
OP NO:

THE APOLLO MEDICAL CENTER KORAMANGALA

NAME: Juki Keemer - Singh.
AGE : 32
GENDER: F

OPHTHALMIC REPORT

RIGHT EYE

LEFT EYE

GENERAL APPEARANCE

VISION - DISTANCE

WITHOUT GLASS

6/6 / 6/6

WITH GLASS

GLASS POWER

NEAR

WITHOUT GLASS

NB

NB

WITH GLASS

GLASS POWER

COLOUR

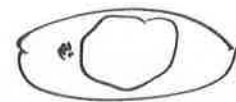
—

normal

OS

ANTERIOR SEGMENT:-

FUNDUS



I.O.P: DIGITAL


DOCTOR SIGNATURE

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name :Mrs Juhi Kumari Singh

Patient ID :245956

Age :32Year(s)

Sex : Female

Referring Doctor :H/C

Date : 23.09.23

ULTRASOUND ABDOMEN AND PELVIS

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

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

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

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

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

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

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

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

Uterus: is anteverted and normal in size, Endometrial echoes are normal

Endometrium: measures 5.6mm.

Both ovaries are normal in size and echopattern.

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED**


DR. APURVA A J
RADIOLOGIST

MLC

Date : 23/9/23
MRNO :
Name : *m Jyoti*
Age/Gender: 32yr

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

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

*No gynae complaints
m. m. - regular m. - 30/8
OBG. m. - 1/2yr m. m.
Past h. - d. r.
Family h. - d. r.
OK. P/A soft
Pb - Co 1 @ papsm taken
plu - d. r.*

Follow up date:

23/10/23

Doctor Signature

2

Patient Name	: Mrs. Juhi Kumari Singh	Age	: 32 Y F
UHID	: CKOR.0000245956	OP Visit No	: CKOROPV380931
Reported on	: 23-09-2023 13:50	Printed on	: 23-09-2023 14:12
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.


Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

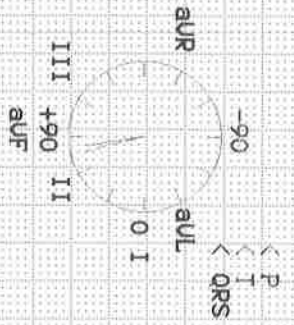
IMPRESSION : NORMAL STUDY.


DR. APURVA A J
RADIOLOGIST

Printed on:23-09-2023 13:50

---End of the Report---

AGE: 32
 Measurement Results:
 QRS : 34 ms
 QT/QTcB : 332 / 453 ms
 PR : 128 ms
 P : 100 ms
 RR/PP : 536 / 535 ms
 P/ORS/T : 80 / 80 / 75 degrees
 QTd/QTcBd : 42 / 57 ms
 Sokolow : 2.1 mV
 NK : 16

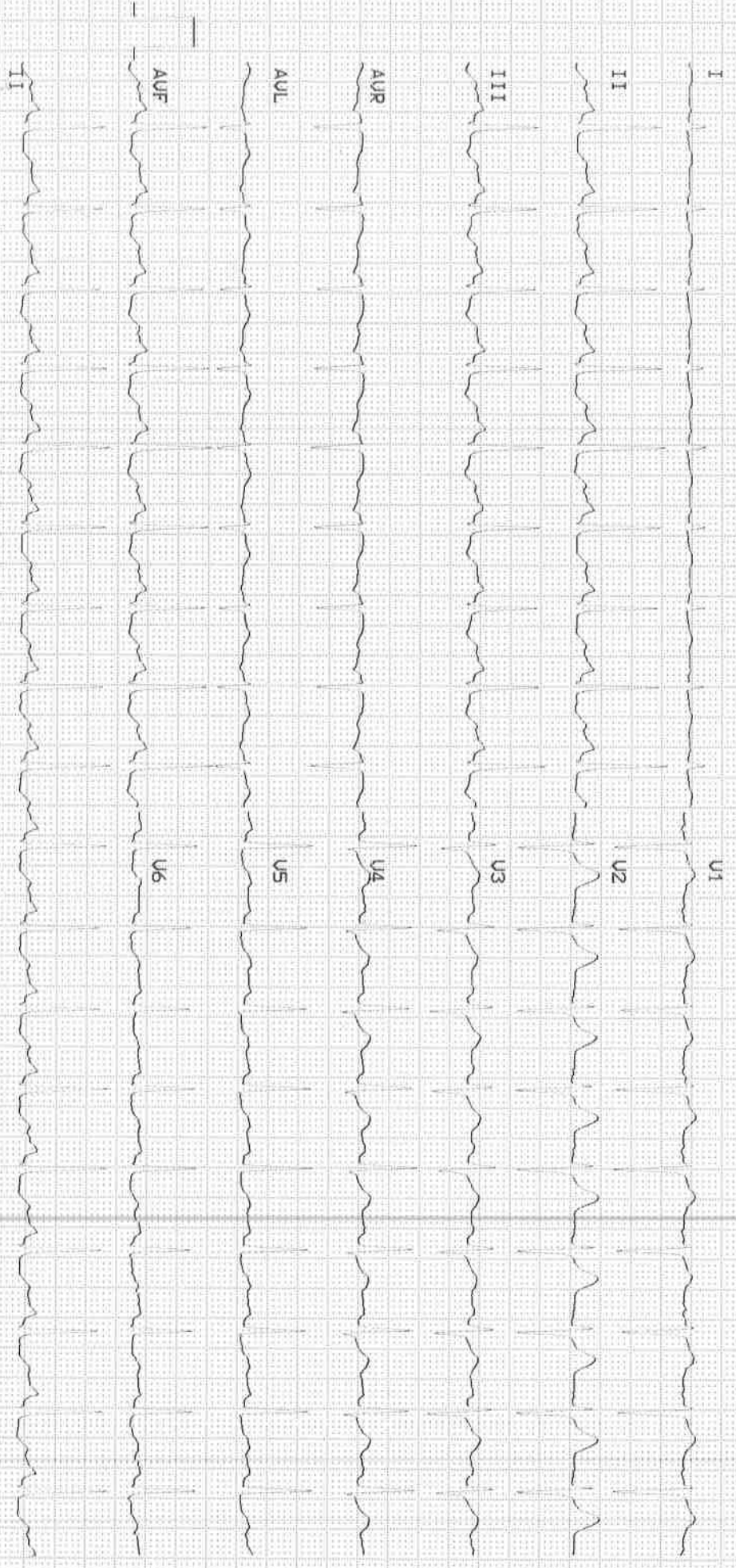


Interpretation:

Sinus Tachycardia

[Handwritten signature]

Unconfirmed report.



20 05 2024 14:05:46 07/05/24 14:05:46 2024 05 20 14:05:46 2024 05 20 14:05:46

Patient Name	: Mrs. Juhi Kumari Singh	Age	: 32 Y/F
UHID	: CKOR.0000245956	OP Visit No	: CKOROPV380931
Reported By:	: Dr. TOBY ABRAHAM THOMAS	Conducted Date	: 24-09-2023 12:17
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 63beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.
TACHYCARDIA

Dr. TOBY ABRAHAM THOMAS
CONSULTANT

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

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 02:07PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 05:09PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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	12.5	g/dL	12-15	Spectrophotometer
PCV	38.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.1	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,960	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65.9	%	40-80	Electrical Impedance
LYMPHOCYTES	23.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	9	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4586.64	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1649.52	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	90.48	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	626.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	6.96	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	211000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	37	mm at the end of 1 hour	0-20	Modified Westergren

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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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 02:07PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 05:09PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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APOLLO CLINICS NETWORK KARNATAKA
NABL Renewal accreditation under process

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs.JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 02:07PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 07:13PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Apollo Health and Lifestyle Limited

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Online appointments: www.apolloclinic.com



TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 01:49PM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 08:15PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 09:04PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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	99	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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	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.



Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:42PM
UHID/MR No : CKOR_0000245956	Reported : 23/Sep/2023 05:02PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Patient Name : Mrs JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:42PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 05:02PM
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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



Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:25PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 02:47PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	117	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	119.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.17		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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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:25PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 02:47PM
Visit ID : CKOROPV380931	Status : Final Report
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Emp/Auth/TPA ID : 8789071747	

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



Patient Name : Mrs JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:25PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 02:47PM
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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	0.91	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.75	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.64	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		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.

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
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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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3. Synthetic function impairment:

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



Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
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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/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.76	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.56	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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SIN No: SE04490399

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Online appointments: www.apolloclinic.com

TO BOOK

1860 500 7788

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 01:25PM
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Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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	11.00	U/L	<38	IFCC



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 12:06PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 01:04PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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)	7.54	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.100	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

- 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.
- 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.
- 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.
- 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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1860 500 7788

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:46AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 12:06PM
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Visit ID : CKOROPV380931	Status : Final Report
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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
N/Low High N N	T3 Thyrotoxicosis, Non thyroidal causes			
High High High High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



Patient Name : Mrs JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:44AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 06:21PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 08:09PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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 (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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



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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name : Mrs. JUHI KUMARI SINGH	Collected : 23/Sep/2023 09:44AM
Age/Gender : 32 Y 6 M 24 D/F	Received : 23/Sep/2023 03:36PM
UHID/MR No : CKOR.0000245956	Reported : 23/Sep/2023 04:57PM
Visit ID : CKOROPV380931	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8789071747	

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)

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

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

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

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

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



Fwd: Health Check up Booking Confirmed Request(bobE46243),Package Code-PKG10000317, Beneficiary Code-23623

Juhi Kumari Singh <JUHI.SINGH@bankofbaroda.com>

Sat 23-09-2023 09:19

To: Koramangala Apolloclinic <koramangala@apolloclinic.com>

Juhi Kumari Singh

Get [Outlook for Android](#)

From: Mediwheel <wellness@mediwheel.in>

Sent: Friday, September 15, 2023 6:43:25 pm

To: Juhi Kumari Singh <JUHI.SINGH@bankofbaroda.com>

Cc: customercare@mediwheel.in <customercare@mediwheel.in>

Subject: Health Check up Booking Confirmed Request(bobE46243),Package Code-PKG10000317, Beneficiary Code-23623

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल
****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMA

011-41195959

Email:wellness@mediwheel.in

Dear **MS. SINGH JUHI KUMARI,**

Please find the confirmation for following request.

Booking Date : 13-09-2023

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

Name of Diagnostic/Hospital : Apollo Medical Centre - Koramangala

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

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

City : Bangalore

State : Karnataka

Pincode : 560095
Appointment Date : 23-09-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-9:00am
Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
 2. It is advisable not to undergo any Health Check during menstrual cycle.
- Request you to reach half an hour before the scheduled time.
 In case of further assistance, Please reach out to Team Mediwheel.

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आज़ादी का अमृत महोत्सव - Azadi Ka Amrit Mahotsav अस्वीकरण:

 यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.

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Government of India

जुही कुमारी सिंह
Juhi Kumari Singh
जन्म तिथि / DOB : 27/02/1991
महिला / Female

2975 4315 8827

मेरा आधार, मेरी पहचान



Patient Name	: Mrs. Juhi Kumari Singh	Age	: 32 Y/F
UHID	: CKOR.0000245956	OP Visit No	: CKOROPV380931
Reported By:	: Dr. TOBY ABRAHAM THOMAS	Conducted Date	: 24-09-2023 12:17
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 63beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.
TACHYCARDIA

Dr. TOBY ABRAHAM THOMAS
CONSULTANT

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

Patient Name	: Mrs. Juhi Kumari Singh	Age	: 32 Y/F
UHID	: CKOR.0000245956	OP Visit No	: CKOROPV380931
Reported By:	: Dr. TOBY ABRAHAM THOMAS	Conducted Date	: 24-09-2023 12:17
Referred By	: SELF		

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

Patient Name : Mrs. Juhi Kumari Singh

Age/Gender : 32 Y/F

UHID/MR No. : CKOR.0000245956

OP Visit No : CKOROPV380931

Sample Collected on :

Reported on : 23-09-2023 13:51

LRN# : RAD2106672

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8789071747

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appear normal.

Both hila are normal.

Both costophrenic and cardiophrenic angles are normal.

The cardiac and mediastinal shadows appear normal.

Bones and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.

DR. APURVA A J
RADIOLOGIST

Patient Name : Mrs. Juhi Kumari Singh

Age/Gender : 32 Y/F

UHID/MR No. : CKOR.0000245956

OP Visit No : CKOROPV380931

Sample Collected on :

Reported on : 23-09-2023 11:26

LRN# : RAD2106672

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8789071747

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

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

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

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

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

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

Uterus: is anteverted and normal in size, Endometrial echoes are normal

Endometrium: measures 5.6mm.

Both ovaries are normal in size and echopattern.

Both adnexa: Normal, no mass seen.

There is no ascites.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED**

DR. APURVA A J
RADIOLOGIST

Name: Mrs. Juhi Kumari Singh
Age/Gender: 32 Y/F
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. JYOTHI RAJESH

MR No: CKOR.0000245956
Visit ID: CKOROPV380931
Visit Date: 23-09-2023 09:25
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Juhi Kumari Singh
Age/Gender: 32 Y/F
Address: kmg
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RIDHIMA G

MR No: CKOR.0000245956
Visit ID: CKOROPV380931
Visit Date: 23-09-2023 09:25
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For General Health Checkup,

SYSTEMIC REVIEW

****Weight**

--->: Stable,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil,

**Cancer: nil,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

DISCLAIMER

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

Doctor's Signature

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Age/Gender: 32 Y/F
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Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIJAYA LAKSHMI M

MR No: CKOR.0000245956
Visit ID: CKOROPV380931
Visit Date: 23-09-2023 09:25
Discharge Date:
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Doctor's Signature

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Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MAHABALESWAR

MR No: CKOR.0000245956
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Doctor:
Department: GENERAL
Rate Plan: KORAMANGALA_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GAZALA ANJUM

MR No: CKOR.0000245956
Visit ID: CKOROPV380931
Visit Date: 23-09-2023 09:25
Discharge Date:
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Chief Complaints

COMPLAINTS:::: For General Health Checkup,

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****Weight**

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Past Medical History

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PHYSICAL EXAMINATION

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Doctor's Signature

Patient Name : Mrs. Juhi Kumari Singh
UHID : CKOR.0000245956
Conducted By: : Dr. MOHAN MURALI
Referred By : SELF

Age : 32 Y/F
OP Visit No : CKOROPV380931
Conducted Date : 23-09-2023 17:01
