

Patient Name : Mrs.B S BHAVANI	Collected : 10/Aug/2023 08:20AM
Age/Gender : 50 Y 7 M 5 D/F	Received : 10/Aug/2023 11:17AM
UHID/MR No : CINR.0000085604	Reported : 10/Aug/2023 01:30PM
Visit ID : CINROPV201498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919845852843	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.7	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,170	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.1	%	40-80	Electrical Impedence
LYMPHOCYTES	38.4	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	5.6	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3214.57	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2369.28	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	203.61	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	345.52	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	37.02	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	326000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	28	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

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230188364

Patient Name : Mrs.B S BHAVANI	Collected : 10/Aug/2023 08:20AM
Age/Gender : 50 Y 7 M 5 D/F	Received : 10/Aug/2023 11:17AM
UHID/MR No : CINR.0000085604	Reported : 10/Aug/2023 02:50PM
Visit ID : CINROPV201498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919845852843	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.B S BHAVANI	Collected : 10/Aug/2023 08:20AM
Age/Gender : 50 Y 7 M 5 D/F	Received : 10/Aug/2023 10:54AM
UHID/MR No : CINR.0000085604	Reported : 10/Aug/2023 11:09AM
Visit ID : CINROPV201498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919845852843	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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

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 , SODIUM FLUORIDE PLASMA (2 HR)	108	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 ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	137	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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UHID/MR No : CINR.0000085604	Reported : 10/Aug/2023 11:32AM
Visit ID : CINROPV201498	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	275	mg/dL	<200	CHO-POD
TRIGLYCERIDES	160	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	218	mg/dL	<130	Calculated
LDL CHOLESTEROL	185.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.82		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 ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

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

BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	79.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.17	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.23	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

CREATININE	0.67	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.04	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.03	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	27.00	U/L	<38	IFCC



Patient Name : Mrs.B S BHAVANI	Collected : 10/Aug/2023 08:20AM
Age/Gender : 50 Y 7 M 5 D/F	Received : 10/Aug/2023 10:51AM
UHID/MR No : CINR.0000085604	Reported : 10/Aug/2023 11:45AM
Visit ID : CINROPV201498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919845852843	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.61	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>7.180</b>	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 : Mrs.B S BHAVANI	Collected : 10/Aug/2023 08:19AM
Age/Gender : 50 Y 7 M 5 D/F	Received : 10/Aug/2023 10:48AM
UHID/MR No : CINR.0000085604	Reported : 10/Aug/2023 12:38PM
Visit ID : CINROPV201498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919845852843	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2163614

Patient Name : Mrs.B S BHAVANI	Collected : 10/Aug/2023 08:19AM
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Visit ID : CINROPV201498	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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:

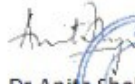

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)




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




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

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



<b>Patient Name</b>	: Mrs. B S Bhavani	<b>Age/Gender</b>	: 50 Y/F
<b>UHID/MR No.</b>	: CINR.0000085604	<b>OP Visit No</b>	: CINROPV201498
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-08-2023 16:30
<b>LRN#</b>	: RAD2069308	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 919845852843		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.9x3.8 cm.

Left kidney measures 10.5x5.7 cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS & OVARIES:** Atrophic.

No free fluid is seen.

#### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

**Dr. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**



**Patient Name** : Mrs. B S Bhavani

**Age/Gender** : 50 Y/F

**UHID/MR No.** : CINR.0000085604

**OP Visit No** : CINROPV201498

**Sample Collected on** :

**Reported on** : 10-08-2023 15:24

**LRN#** : RAD2069308

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 919845852843

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

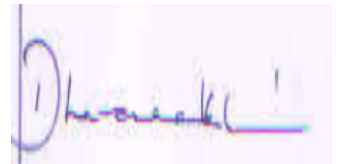
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology



**Patient Name** : Mrs. B S Bhavani

**Age/Gender** : 50 Y/F

**UHID/MR No.** : CINR.0000085604

**OP Visit No** : CINROPV201498

**Sample Collected on** :

**Reported on** : 10-08-2023 13:09

**LRN#** : RAD2069308

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 919845852843

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMMOGRAPHY - SCREENING**

thermal sono mammography done

**Dr. GEETA S SHANKAR**  
MBBS, DMRD  
Radiology

Name : Mrs. B S Bhavani

Age: 50 Y

Sex: F

Address : 103,Sai garden,T C palya

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

UHID:CINR.0000085604



OP Number:CINROPV201498

Bill No :CINR-OCR-87544

Date : 10.08.2023 08:00

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>3</del>	<del>SONO MAMOGRAPHY - SCREENING - 9</del>	<del>after 1PM</del>
<del>4</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>5</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>6</del>	<del>X-RAY CHEST PA - 10</del>	
<del>7</del>	<del>GLUCOSE, FASTING</del>	
<del>8</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>9</del>	<del>ENT CONSULTATION - 7</del>	
<del>10</del>	<del>CARDIAC STRESS TEST(TMT) - 4</del>	<del>Bcho</del>
<del>11</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>12</del>	<del>GYNAECOLOGY CONSULTATION -</del>	
<del>13</del>	<del>DIET CONSULTATION</del>	
<del>14</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>15</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>16</del>	<del>PERIPHERAL SMEAR</del>	
<del>17</del>	<del>ECG - 4</del>	
<del>18</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>19</del>	<del>LIPID PROFILE</del>	
<del>20</del>	<del>BODY MASS INDEX (BMI) - 6</del>	
<del>21</del>	<del>LBC PAP TEST- PAPSURE - 3</del>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN - 5</del>	
<del>23</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>24</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>25</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>26</del>	<del>DENTAL CONSULTATION - 1</del>	
<del>27</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 11am</del>	

~~28. Audiometry - B/L minimal hearing loss . 9845852843~~

Date : 10-08-2023  
MR NO : CINR.0000085604  
Name : Mrs. B S Bhavani  
Age/ Gender : 50 Y / Female

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 08:00

Height : 157cms	Weight : 65.8kg	BMI :	Waist Circum :
Temp : 98.4	Pulse : 78bpm	Resp : 18bpm	B.P : 136/64mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

~~Angio 2023~~  
50 yrs, Pt 2 neuropathic pain  
nil complaints  
P & T  
PE  
A&V  
CEA  
CA125  
Aspir done  
RA - soft  
As - co healthy  
Pr - ant D  
Tab SHLECAL XT  
Food intake

Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs B Bhavani

DATE : 10/9/23

UHID NO : 85604

AGE : 50

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: ♀

9845852843

87544

This is to certify that I have examined


years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	0.50	—	—	6/6	0.00	—	—	6/6
Add	+75	—	—	N/C	+75	—	—	N/C

PD - RE: \_\_\_\_\_ LE: \_\_\_\_\_

Colour Vision: Normal (20)

Remarks:

  
Apollo clinic Indiranagar



Mrs b s bhavani  
ID: 085604

10 08 2023 9:58:25  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

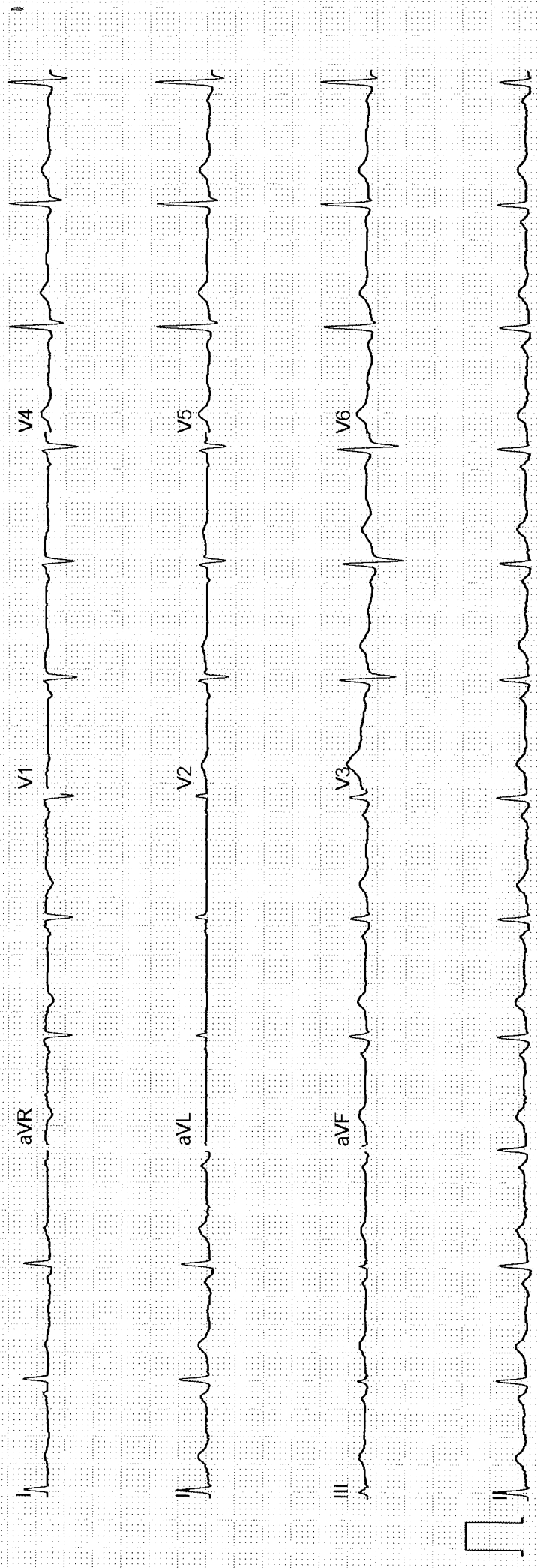
73 bpm  
- / - mmHg

QRS : 78 ms  
QT / QTcBaz : 396 / 436 ms  
PR : 136 ms  
P : 98 ms  
RR / PP : 824 / 821 ms  
P / QRS / T : 59 / 44 / 72 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

normal

Handwritten signature



NAME: MRS B S BHAVANI	AGE/SEX: 50Y/F	OP NUMBER: 85604
Ref By : SELF	DATE: 10-08-2023	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.3	IVS(D): 1.2	MV: E Vel: 0.7	A Vel :0.9
LA: 2.6	LVIDD(D): 4.0	AV Peak:1.3	
	LVPW(D): 1.3	PV Peak: 0.7	
	IVS(S): 1.5		
	LVID(S):2.5		
	LVPW(S):1.5		
	LVEF: 60%		
	TAPSE: 2.1		

**Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

IVC:	Normal
Others	---

**IMPRESSION :**

Normal cardiac chambers

No Regional wall motion abnormality

No MR/AR/TR

No clot/vegetation/pericardial effusion

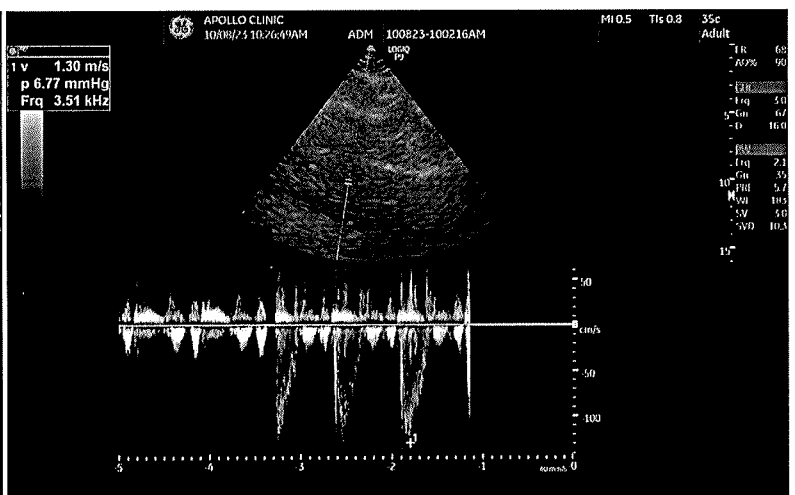
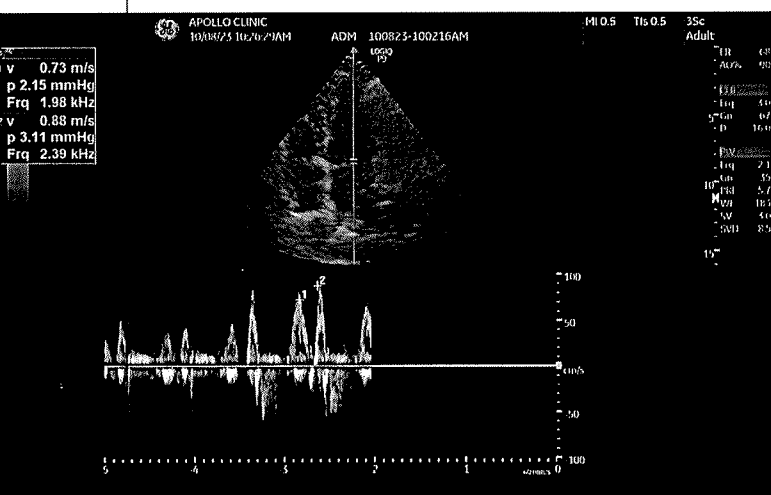
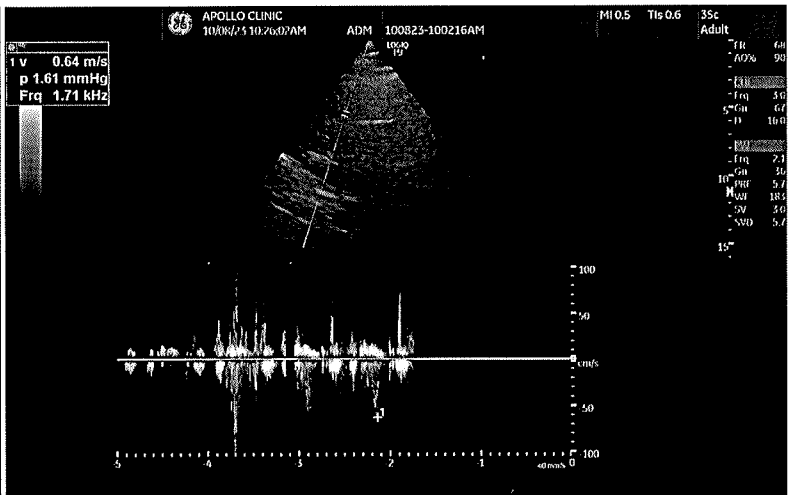
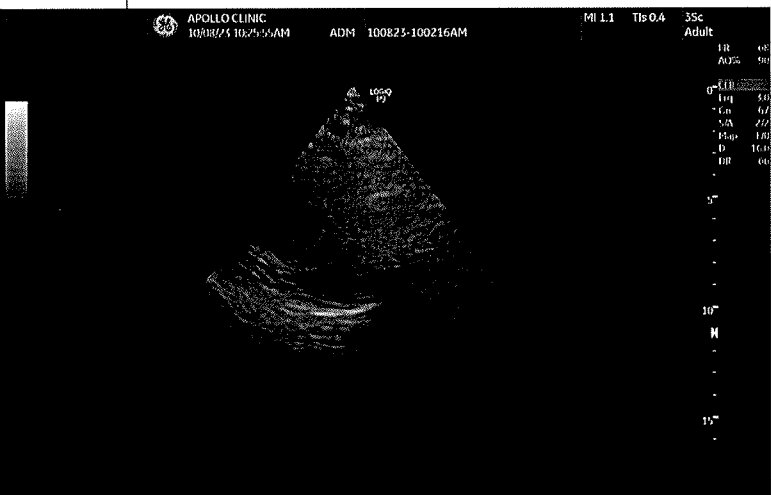
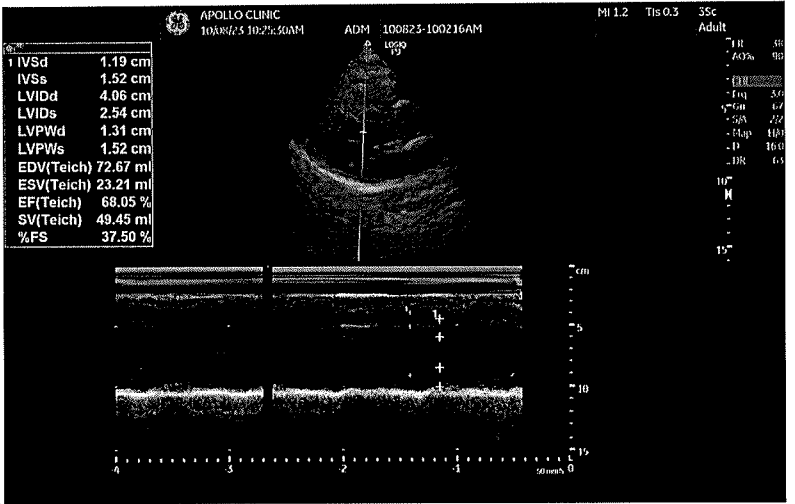
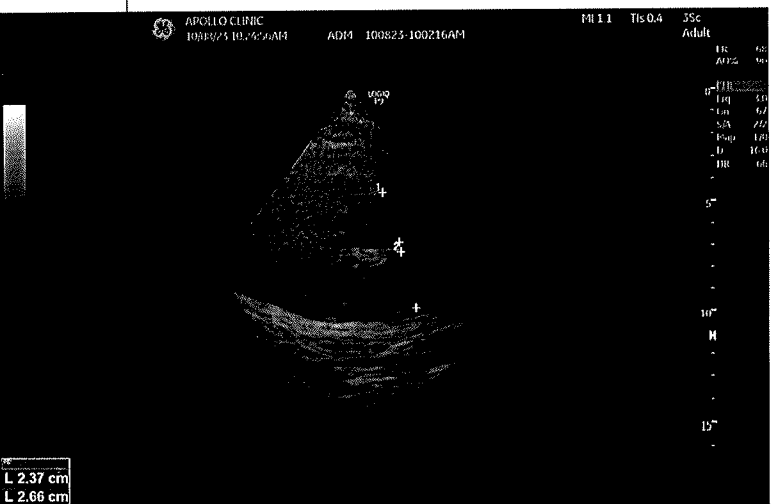
Grade I LV diastolic dysfunction

Normal LV systolic function - LVEF= 60%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST







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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	B S BHAVANI
DATE OF BIRTH	05-01-1973
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-08-2023
BOOKING REFERENCE NO.	23S155533100065566S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. C RAJA B
EMPLOYEE EC NO.	155533
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	BANGALORE,SERVICE BRANCH
EMPLOYEE BIRTHDATE	01-06-1964

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 **04-08-2023** till **31-03-2024**.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's spouse 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.

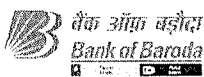
We solicit your co-operation in this regard.

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  
GOVERNMENT OF INDIA



ಭವಾನಿ ಬಿ ಎಸ್  
Bhavani B S  
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1973  
ಸ್ತ್ರೀ / Female



2975 3290 1253

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತಿನ ಪ್ರಾಧಿಕಾರ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಸ:  
W/O ರಾಜ ಬಿ ಸಿ, # ೫೮,  
ರಾಜೇಶ್ವರಿ ಲೇಔಟ್, ೩ನೇ ಕ್ರಾಸ್ ,  
ಟಿ ಸಿ ಪಾಲ್ಯಾ ಮೇನ್ ರೋಡ್,  
ಅಕಶಯ ನಗರ ಹತ್ತಿರ, ಬೆಂಗಳೂರು,  
ಕೃಷ್ಣರಾಜಪುರಂ, ಕರ್ನಾಟಕ, 560036

Address:  
W/O Raja B C, # 58,  
RAJESHWARI LAYOUT, 3RD  
CROSS, T C PALYA MAIN  
ROAD, NEAR AKSHAYA  
NAGAR, Bangalore,  
Krishnarajapuram, Karnataka,  
560036



1947  
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



ವಿ.ಸಿ. ಪಾಲ್ಯಾ ಮೇನ್ 1947,  
ಬೆಂಗಳೂರು-560001