

Patient Name : MissRAJINI K	Collected : 02/Aug/2023 10:02AM
Age/Gender : 51 Y 6 M 0 D/F	Received : 02/Aug/2023 12:25PM
UHID/MR No : CBAS.0000088657	Reported : 02/Aug/2023 03:30PM
Visit ID : CBASOPV93977	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 159749	

**DEPARTMENT OF HAEMATOLOGY**

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

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

<b>HAEMOGLOBIN</b>	<b>11.1</b>	g/dL	12-15	Spectrophotometer
PCV	<b>34.50</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.94</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>69.7</b>	fL	83-101	Calculated
MCH	<b>22.5</b>	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,670	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYtic COUNT (DLC)**

NEUTROPHILS	52.4	%	40-80	Electrical Impedance
LYMPHOCYTES	39.8	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	6.1	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYte COUNT**

NEUTROPHILS	5067.08	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	<b>3848.66</b>	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	145.05	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	589.87	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	19.34	Cells/cu.mm	0-100	Electrical Impedance

<b>PLATELET COUNT</b>	389000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>60</b>	mm at the end of 1 hour	0-20	Modified Westegren method

**PERIPHERAL SMEAR**

RBCs: Show mild anisocytosis with predominance of Microcytic hypochromic RBCs.

WBCs: are normal in total number with mild increase in lymphocytes.

PLATELETS: appear adequate in number.

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**DEPARTMENT OF HAEMATOLOGY**

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HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.**

**Note: Kindly evaluate for iron deficiency status.**



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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230181462

Patient Name : MissRAJINI K	Collected : 02/Aug/2023 10:02AM
Age/Gender : 51 Y 6 M 0 D/F	Received : 02/Aug/2023 12:41PM
UHID/MR No : CBAS.0000088657	Reported : 02/Aug/2023 01:49PM
Visit ID : CBASOPV93977	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	80	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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	65	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 - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>6.7</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	146	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 : MissRAJINI K	Collected : 02/Aug/2023 10:02AM
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Visit ID : CBASOPV93977	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	127	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Inhibition
NON-HDL CHOLESTEROL	84	mg/dL	<130	Calculated
LDL CHOLESTEROL	62.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.96		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**

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

BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	98.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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

CREATININE	<b>1.24</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	<b>4.52</b>	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>38.00</b>	U/L	<38	IFCC



SIN No:SE04440839

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)	1.1	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	10.96	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	3.990	µIU/mL	0.35-4.94	CMIA

**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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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	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	2-3	/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



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



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



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



# Apollo Clinic

## CONSENT FORM

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Patient Name: Rajini Age: 51  
UHID Number: 88657 Company Name: Arlofemi Health

I Mr/Mrs/Ms ..... Employee of .....

(Company) Want to inform you that I am not interested in getting opthal

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Rajini Date: 2/8/23

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<b>Patient Name</b>	: Miss RAJINI K	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: CBAS.0000088657	<b>OP Visit No</b>	: CBASOPV93977
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-08-2023 13:57
<b>LRN#</b>	: RAD2063080	<b>Specimen</b>	:
<b>Ref Doctor</b>	: Dr. Soundarya		
<b>Emp/Auth/TPA ID</b>	: 159749		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

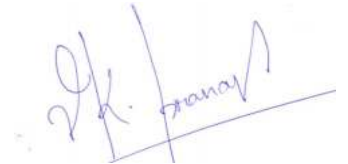
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
MBBS,MD  
Radiology

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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-08-2023 12:12
<b>LRN#</b>	: RAD2063080	<b>Specimen</b>	:
<b>Ref Doctor</b>	: Dr. Soundarya		
<b>Emp/Auth/TPA ID</b>	: 159749		

**DEPARTMENT OF RADIOLOGY**

**SONO MAMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

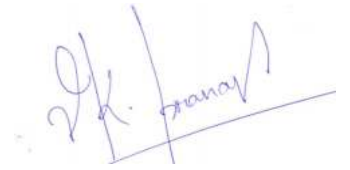
No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**IMPRESSION**

**No significant abnormality is seen in this study.**

(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. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

<b>Patient Name</b>	: Miss RAJINI K	<b>Age/Gender</b>	: 51 Y/F
<b>UHID/MR No.</b>	: CBAS.0000088657	<b>OP Visit No</b>	: CBASOPV93977
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 02-08-2023 11:56
<b>LRN#</b>	: RAD2063080	<b>Specimen</b>	:
<b>Ref Doctor</b>	: Dr. Soundarya		
<b>Emp/Auth/TPA ID</b>	: 159749		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (15.0 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** small anterior and posterior wall polyps largest measuring 0.4 cm.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 9.2x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.9x1.1 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size and measuring 6.5x3.2x3.5 cm. It shows normal shape & echopattern. Endometrial echo-complex appears normal and measures 0.7 cm.

**Both ovaries** no adnexal mass/collection.

No evidence of any adnexal pathology noted.

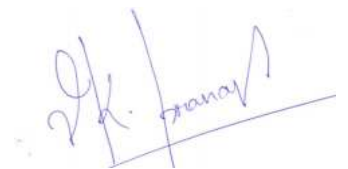
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

### **IMPRESSION:-**

**Grade I Fatty Liver**  
**Small Gallbladder Polyps**

### **Suggested clinical correlation.**

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



**Dr. V K PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

Ms. Rajini K  
S1/F.



2/8/23

Adv.

- ① Scaling
- ② Filling

3/

2 above

→ Input crown fixed  
54/

Dr. Neelam  
080-26616559

Alliance Dental Care Limited  
GSTIN: 36AACCA115812R  
Corporate Regd. Office: 87-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Amecpet Metro Station,  
Amecpet, Hyderabad 500038, Telangana.  
Our Address: Bengaluru | Chennai | Delhi | Hyderabad | Kolkata | Madurai | Mumbai | Mysore | Nasik | Nellore |  
Pune | Trichy | Chandigarh | Calicut | Dehradun | Guwahati | Kuvempu | Surat | Tirupur | Vijayawada | Gurugram

To book an appointment



Miss. Rajini

Age. 51 / F

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Complains pain in B/L Shoulder  
& Knee Pain (L)

Suggestion  
for Online consultation

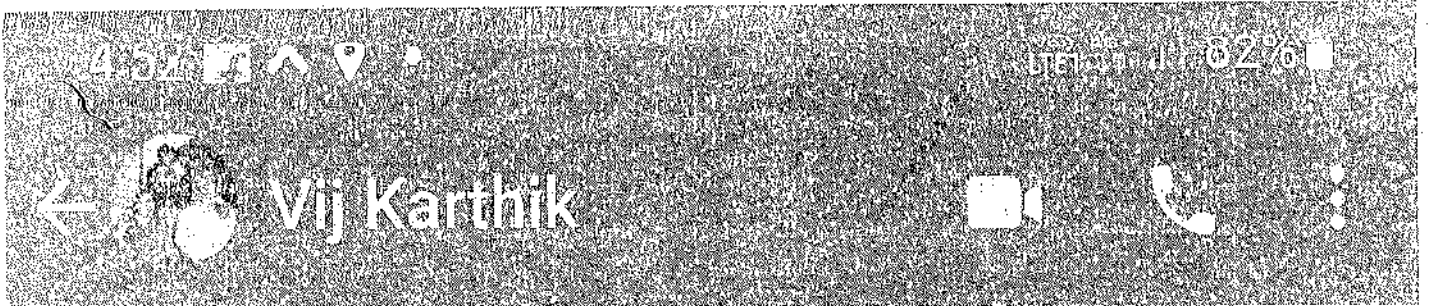
-400/-

Follow up date:



Doctor Signature





SPOUSE AGE :

SPOUSE MOBILE NUMBER:

DATE OF HEALTH CHECK UP :

HOSPITAL :

HOSPITAL LOCATION :

BANK BRANCH :

12:43 pm ✓✓

DATE:02.08.2023

EMP NO :159749

NAME :Rajini.K

DOB : 19

.06.1972

AGE :51

MOBILE NUMBER:9071236503

E-MAIL: rajinikrishna14nov@gmail.com

SPOUSE NAME :no

SPOUSE DOB :no

SPOUSE AGE :no

SPOUSE MOBILE NUMBER:no

DATE OF HEALTH CHECK UP

:02.08.2023

HOSPITAL : Apolo

HOSPITAL LOCATION : Basavanagudi

BANK BRANCH :Kalyan Nagar

12:48 pm

2/8/23.

SP/B/ENT.

Miss. Rajini K.  
51 | F.

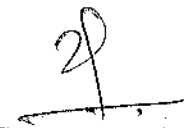
- Came for health check up.
- K/O DM & is on Rx ∴ 10 years.
- H/O ? lung infection - ? pneumonia 8 months back (details not known)

ofe:

- Eae: B/L TM Intact; min waer (+).
- Nose: wnm.
- Oral cavity: wnm.
- neck: min. enlargement of thyroid gland.

Adv: - follow up w reports of T3 T4 TSH.

- USG NECK

  
Dr. ANKITHA PURANIK  
MBBS, MS, DNB, FHNQ  
KMC-114400

**ECHOCARDIOGRAPHY REPORT**

**Name: Mrs RAJANI      Age:51 YEARS      GENDER: FEMALE**

**Consultant: Dr.VISHAL KUMAR.H.      Date : 02/08/2023**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	1.04	m/sec	A	0.69	m/sec	No MR
Tricuspid Valve	E	0.71	m/sec	A	0.47	m/sec	No TR
Aortic Valve	Vmax	1.29	m/sec				No AR
Pulmonary Valve	Vmax	1.00	m/sec				No PR
Diastolic Dysfunction							

## M-Mode Measurements

P Parameter	Observed Value	Normal Range	
A aorta	2.3	2.6-3.6	cm
LA left Atrium	3.5	2.7-3.8	cm
A Aortic Cusp Separation	1.6	1.4-1.7	cm
II IVS - Diastole	1.0	0.9-1.1	cm
L left Ventricle-Diastole	4.4	4.2-5.9	cm
P Posterior wall-Diastole	1.1	0.9-1.1	cm
I IVS-Systole	1.2	1.3-1.5	cm
LL left Ventricle-Systole	3.1	2.1-4.0	cm
P Posterior wall-Systole	1.1	1.3-1.5	cm
E ejection Fraction	60	≥ 50	%
F Fractional shortening	30	≥ 20	%
R Right Ventricle	2.5	2.0-3.3	cm

### Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CARDIOLOGIST**

Date: IST: 2023-08-02 10:11:27

Report ID: AHLLP\_01P3FGAT6NB0SAE\_V6NB0SB3

Apollo

**Personal Details**  
UHID: 01P3FGAT6NB0SAE  
PatientID: 88657  
Name: Rajini k  
Age: 51  
Gender: Female  
Mobile: 885656989098

**Pre-Existing Medical-  
Conditions**

**Vitals**

**Measurements**  
HR: 77 BPM  
PR: 190 ms  
PD: 128 ms  
QRS: 76 ms  
QRS Axis: 22 deg  
QT/QTc: 358/406 ms

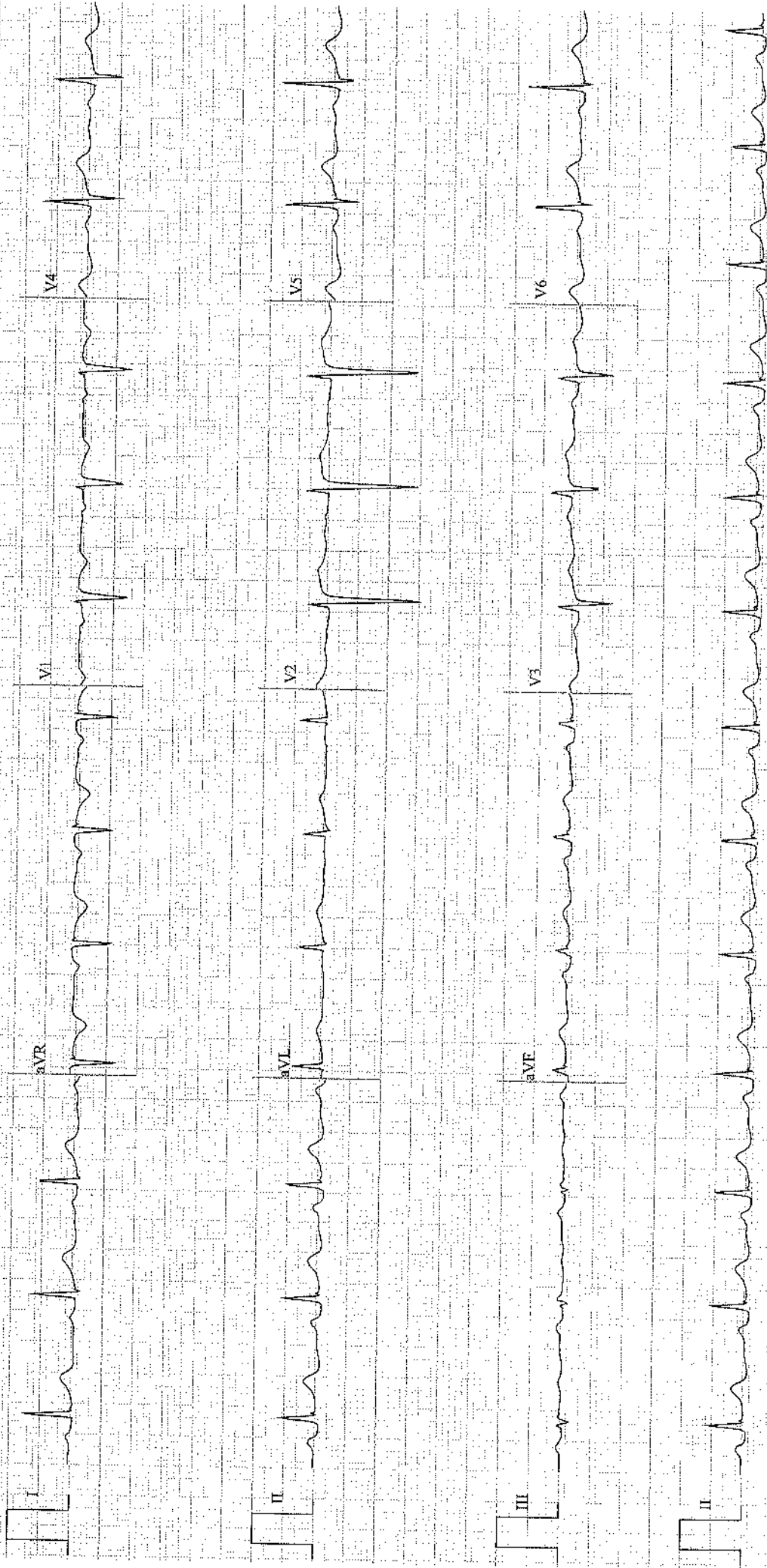
**Interpretation**

Sinus Rhythm Regular  
Normal Axis  
No Significant ST-T changes

Author: *yo*

Dr. Yogesh  
MD,DNB,  
Reg No.- K

This trace is generated by **KardiaScreen; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from INEDREX**



Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.



2/Aug/23

Mr. Rajini, 54y,

Menopause → Sy bark (Dm II (log))  
H/O → lung infection - pneumonia, 8ults

Height : 148	Weight : 69.5 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

IBW → 50.55 kg

WALK →  
BRUSH →  
Apt. dining →  
WALK →  
BF → Oat →  
Coke → Water →  
6-3-7pm →  
↓  
12-13 hr  
Jaska →  
Jen →  
Jen →  
Jen →

45-60 min.  
w/ w/ w/

uyah →  
①  
②


B. milk / Kasnayan  
milk.

BED TIME →  
JENI →  
D/lobingha

9449349333

Follow up date:

Doctor Signature

<b>Name</b> : Miss RAJINI K	<b>Age</b> : 51 Y	<b>UHID</b> :CBAS.000088657
<b>Address</b> : BLR	<b>Sex</b> : F	
<b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :CBASOPV93977
		<b>Bill No</b> :CBAS-OCR-57312
		<b>Date</b> : 02.08.2023 08:34

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
3	SONO MAMOGRAPHY - SCREENING	
<del>4</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
5	2 D ECHO	3
<del>6</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>7</del>	<del>X-RAY CHEST PA</del> 10:49 am	4
<del>8</del>	<del>GLUCOSE, FASTING</del>	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	Jgd floor
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION	
13	DIET CONSULTATION	
<del>14</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>15</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>16</del>	<del>PERIPHERAL SMEAR</del>	
17	ECG @ 10:10 A.M.	3
<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)</del>	
21	LBC PAP TEST- PAPSURE	
22	OPHTHAL BY GENERAL PHYSICIAN	
<del>23</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>24</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del> 10:30 to 12	
<del>25</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>26</del>	<del>DENTAL CONSULTATION</del>	
<del>27</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	

~~28. Physiotherapy~~

Ht — 148 cms.  
 wt — 69.5 Kgs  
 BP — 130/77 mm of Hg.  
 PR — 80 bpm  
 HIP — 96 cms  
 WAIST — 106 cms.

