





Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356

Visit ID : CVELOPV184486

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 94578 Collected : 29/May/2023 08:44AM

Received : 29/May/2023 01:03PM Reported : 29/May/2023 02:50PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR, WHOLE BLOOD-EDTA

Methodology: Microscopic

RBC MORPHOLOGY : Mild anisocytosis, predominantly normocytic normochromic RBC's noted.

WBC MORPHOLOGY : Normal in number, Morphology and distribution. No abnormal cells seen.

PLATELETS : Adequate in number

PARASITES : No haemoparasites seen

NOTE/COMMENT : Please correlate clinically.

Page 1 of 14











Age/Gender : 39 Y 0 M 22 D/F UHID/MR No : CVAL.0000008356

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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		

HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	35.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.25	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.4	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	42.0	%	40-80	Electrical Impedanc
LYMPHOCYTES	42.2	%	20-40	Electrical Impedanc
EOSINOPHILS	6.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedanc
BASOPHILS	0.8	%	<1-2	Electrical Impedanc
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2520	Cells/cu.mm	2000-7000	Electrical Impedanc
LYMPHOCYTES	2532	Cells/cu.mm	1000-3000	Electrical Impedanc
EOSINOPHILS	384	Cells/cu.mm	20-500	Electrical Impedanc
MONOCYTES	516	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	48	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	289000	cells/cu.mm	150000-410000	Electrical impedenc
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westergre

Methodology: Microscopic

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Page 2 of 14









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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

NOTE/COMMENT : Please correlate clinically.

Page 3 of 14











Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356 Visit ID : CVELOPV184486

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 94578 Collected : 29/May/2023 08:44AM

Received : 29/May/2023 01:03PM Reported : 29/May/2023 05:23PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DFPA	RTMFN	NT OF	HAEM		OGY
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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	0	Microplate Hemagglutination			
Rh TYPE	Positive	Microplate Hemagglutination			

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Page 4 of 14











Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356 Visit ID : CVELOPV184486

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 94578 Collected : 29/May/2023 08:44AM

: 29/May/2023 01:02PM Received Reported : 29/May/2023 01:55PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DELAKTMENT OF BIOGREMISTICS						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		
OLUMNOF FACTING MAS BY A CHARLES OF THE WORLD TO A CO. THE WORLD TO A CO.						

GLUCOSE, FASTING , NAF PLASMA 90 HEXOKINASE

Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2	81	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each

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

Page 5 of 14



APOLLO CLINICS NETWORK







Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356 Visit ID : CVELOPV184486

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Collected : 29/May/2023 08:44AM

Received : 29/May/2023 01:02PM Reported : 29/May/2023 01:55PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEL ARTIMENT OF BIOGREGIOTAL						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6	%		HPLC		
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	126	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

Page 6 of 14



SIN No:PLF01977887,PLP1333840,EDT230050373

 $This \ test \ has \ been \ performed \ at \ Apollo \ Health \ and \ Lifestyle \ Ltd \ - \ Chennai, \ Diagnostics \ Laboratory.$









Age/Gender : 39 Y 0 M 22 D/F

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Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 94578

Collected : 29/May/2023 08:44AM Received : 29/May/2023 12:54PM

Reported : 29/May/2023 02:49PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Status

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	163	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	103	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.62		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.

Page 7 of 14

SIN No:SE04382839









Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356

: CVELOPV184486 Visit ID Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 94578 Collected : 29/May/2023 08:44AM

Received : 29/May/2023 12:54PM Reported : 29/May/2023 02:49PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Page 8 of 14

SIN No:SE04382839







Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356 Visit ID : CVELOPV184486

Ref Doctor : Dr.SELF

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

ARCOFEMI - MEDIWHEEL - FULL BODY	HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM				
CREATININE	0.61	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	13.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.20	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)

Page 9 of 14











Age/Gender : 39 Y 0 M 22 D/F

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Received : 29/May/2023 12:54PM Reported : 29/May/2023 02:49PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

<u>'</u>							
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	33.00	U/L	<38	IFCC			

Page 10 of 14



SIN No:SE04382839







Age/Gender : 39 Y 0 M 22 D/F

UHID/MR No : CVAL.0000008356

Visit ID : CVELOPV184486

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 94578

Collected : 29/May/2023 08:44AM

Received : 29/May/2023 12:53PM Reported : 29/May/2023 03:00PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	6.93	μg/dL	6.09-12.23	CLIA	
THYROID STIMULATING HORMONE (TSH)	7.333	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

Page 11 of 14











Patient Name

: Mrs.GIJI JENIFER V E

Age/Gender

: 39 Y 0 M 22 D/F : CVAL.0000008356

UHID/MR No Visit ID Ref Doctor

: CVELOPV184486

Emp/Auth/TPA ID

: Dr.SELF : 94578 Collected Received : 29/May/2023 08:44AM : 29/May/2023 02:00PM

Reported

: 29/May/2023 02:33PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION (C PHYSICAL EXAMINATION	5-, , ONNE			
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	UNT AND MICROSCOPY			
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 14



SIN No:UR2119908







Age/Gender

: 39 Y 0 M 22 D/F

UHID/MR No

: CVAL.0000008356

Visit ID Ref Doctor : CVELOPV184486

: Dr.SELF

Emp/Auth/TPA ID : 94578

Collected : 29/May/2023 08:44AM

Received : 29/May/2023 02:00PM

Reported : 29/May/2023 02:33PM Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Emp/Addi/11 A 10 . 34370											
DEPARTMENT OF CLINICAL PATHOLOGY											
ARCOFEMI - MEDIWHEEL - FULL BODY	/ HEALTH ANNUAL I	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							

Page 13 of 14



SIN No:UPP014735,UF008559

 $This \ test \ has \ been \ performed \ at \ Apollo \ Health \ and \ Lifestyle \ Ltd \ - \ Chennai, \ Diagnostics \ Laboratory.$







Patient Name

: Mrs.GIJI JENIFER V E

Age/Gender

: 39 Y 0 M 22 D/F

UHID/MR No

: CVAL.0000008356

Visit ID Ref Doctor : CVELOPV184486

Emp/Auth/TPA ID : 94578

: Dr.SELF

Collected

: 29/May/2023 08:44AM

Received

: 30/May/2023 10:19AM

Reported

: 30/May/2023 04:49PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	9206/23
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.
Ш	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

DR. MARQUESS RAJ M.D (PATH), D.N.B (PATH) Consultant Pathologist

DR. R.SRIVATSAN

M.D.(Biochemistry)

DR. K. RAMA KRISHNA REDDY

*** End Of Report ***

M.B.B.S, M.D CONSULTANT PATHOLOGIST Dr THILAGA M.B.B.S, M.D(Pathology) Consultant Pathologist

Page 14 of 14

SIN No:CS063779

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

Your Apollo order has been confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 5/27/2023 4:56 PM

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

Cc: Velachery Apolloclinic <velachery@apolloclinic.com>;Martin Amalraj I H <martin.amalraj@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear MRS. GIJI JENIFER V E,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **VELACHERY** clinic on 2023-05-29 at 08:50-08:55.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

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:





Patient Name : Mrs. GIJI JENIFER V E Age/Gender : 39 Y/F

UHID/MR No.

: CVAL.0000008356

Sample Collected on

LRN#

: RAD2009319

Ref Doctor : SELF **Emp/Auth/TPA ID** : 94578

rige, Seriuer

OP Visit No Reported on : CVELOPV184486

Specimen

: 29-05-2023 17:38

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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Dr. PASUPULETI SANTOSH KUMAR M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology



: 39 Y/F Age/Gender **Patient Name** : Mrs. GIJI JENIFER V E

UHID/MR No. Sample Collected on

LRN#

: CVAL.0000008356

: RAD2009319

Ref Doctor : SELF Emp/Auth/TPA ID : 94578 **OP Visit No** : CVELOPV184486

Reported on **Specimen**

: 29-05-2023 14:26

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (13.2 cms) with increased echogenecity. No focal lesion is seen.

No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.

No evidence of periGB collection. No evidence of focal lesion is seen. PV and CBD normal.

Spleen appears normal (8.4 cm). No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 9.8 x 3.4 cms. Left kidney - 11.3 x 4.6 cms.

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 7.8 x 3.2 x 3.1 cms. It shows normal shape & echo pattern.

Endometrial echo-complex appears normal and measures 5 mm.

Both ovaries are polycystic.

Right ovary - 3.6 x 2.0 x 3.4 cms (vol 13.2 cc) Left ovary - 3.5 x 2.7 x 3.7 cms (vol 19.3 cc)

Impression:

- * Grade 1 fatty liver.
- * Bilateral polycystic ovaries.

Dr. PASUPULETI SANTOSH KUMAR M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

Mrs. GIJI JENIFER V E

Age/Gender: 39 Y/F
Address: NEW NO 30/3 OLD NO 5/3 VEERAPANDI
Location: OTHER, OTHER Visit ID: CVELOPV184486 Visit Date: 29-05-2023 08:38

MR No:

CVAL.0000008356

SELF

Discharge Date: Referred By:

Department: GENERAL
Rate Plan: VELACHER
Sponsor: ARCOFFM VELACHERY_03122022

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. SHILFA NIGAR N

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

Doctor:

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. GIJI JENIFER V E

Age/Gender: 39 Y/F

Address: NEW NO 30/3 OLD NO 5/3 VEERAPANDI

Location: OTHER, OTHER

Doctor:

Department: GENERAL

Rate Plan: VELACHERY_03122022

Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. V J NIRANJANA BHARATHI

Doctor's Signature

MR No: Visit ID: Visit Date:

29-05-2023 08:38

CVAL.0000008356

CVELOPV184486

Discharge Date:

Referred By: SELF

Mrs. GIJI JENIFER V E

Age/Gender: 39 Y/F
Address: NEW NO 30/3 OLD NO 5/3 VEERAPANDI
Location: OTHER, OTHER

Doctor:

Department: GENERAL
Rate Plan: VELACHER
Sponsor: ARCOFFMI

VELACHERY_03122022

ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. PAVITHRA RAMAKRISHNAN

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CVAL.0000008356 CVELOPV184486 29-05-2023 08:38

Discharge Date:

Referred By:

SELF

Mrs. GIJI JENIFER V E

Age/Gender: 39 Y/F
Address: NEW NO 30/3 OLD NO 5/3 VEERAPANDI
Location: OTHER, OTHER Visit ID: CVELOPV184486 Visit Date: 29-05-2023 08:38

MR No:

CVAL.0000008356

SELF

Discharge Date: Doctor: Referred By:

Department: GENERAL
Rate Plan: VELACHER
Sponsor: ARCOFFMI VELACHERY_03122022

ARCOFEMI HEALTHCARE LIMITED Sponsor:

Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. GIJI JENIFER V E

Age/Gender: 39 Y/F

Address: NEW NO 30/3 OLD NO 5/3 VEERAPANDI

Location: OTHER, OTHER

Doctor:

Department: GENERAL

Rate Plan: VELACHERY_03122022

Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. BENITA JAYACHANDRAN

Doctor's Signature

MR No: CVAL.0000008356
Visit ID: CVELOPV184486
Visit Date: 29-05-2023 08:38

Discharge Date:

Referred By: SELF

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
29-05-2023 14:31			18 Rate/min	98 F	-	66.7 Kgs	%	%	Years	28.87	86 cms	99 cms	cms		AHLL05400

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
29-05-2023 14:31			18 Rate/min	98 F	-	66.7 Kgs	%	%	Years	28.87	86 cms	99 cms	cms		AHLL05400

II)afe	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	(cms)	Waist & Hip Ratio	User
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29-05-2023 14:31			18 Rate/min	98 F	-	66.7 Kgs	%	%	Years	28.87	86 cms	99 cms	cms		AHLL05400

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DEPT. OF APOLLO HEALTH CHECK



GYNAECOLOGY CONSULT

Name: Mrs.	Gisa Jerites	V-E	UHID: 8	356	Date:	2
Age :	Gija Jenites		Consultant Gy	naecologist:	Pr.	Ro
DRUG ALLEF				8.5		
Complaints (r	elated to Gynaec) - NIL SPECIF	IC / YES				
Known to hav	re Diabetes / Hypertension / IHD	/ Asthma / T	hyroid / Others			
Past Medical	/ Surgical History :					
Family History	y:		OTHE	R SYSTEMS		
GYNAEC HIS	STORY:					
Marital Status	- S/M/Others					
Children	÷.					j
Deliveries	-					
L.C.B.						
Abortion	-					
Contraception	1 -		Prese	nt Medication	:	
Periods	- ·			*		
L.M.P.			GENE	RAL EXAMI	IOITAN	N:
Menopause			Heigh			
GYNAEC EX	AMINATION:		Weigh	nt:		
P/A				ral Condition		
S/E			Blood	Pressure:		
P/V			Thyro			
P/R			Other	s:		
		es " i a sa	BREASTS:			
PAP SMEAR	: Taken / Not Taken (Reason)	-	DEVIEW DET	All C · /with o	late	

Signature with Date & Time :

OPINION & ADVICE:

P.T.O. for more space

REVIEW DETAILS: (with date) With Patient / With reports only

OPTHALMOLOGY



r .	ž.	
Name Grij Je	nifer V.E	Date 29/5/2013.
Age 39 48		UHID No. 0000835
Sex: Male Femal	е	
OPHTHAL FITNESS CERTIFICATE		
eau nua chruinnean ar suinneas guardhea daona dha dh'ineann ann ann ann ann ann ann ann ann an	RE	LE.
DV-UCVA	: 6/gs+	6/9st.
DV-BCVA	:	N,
NEAR VISION	: ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	8
ANTERIOR SEGMENT	:	
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FIELDS OF VISION	2 "	ž.
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COLOUR VISION	: Normal	Moleral
FUNDUS		
IMPRESSION	: BE Refractive E	irror
ADVICE	: Refraction Recquired	(Neccessary)

Mrs. Gij Teniper, V.E. Age: 39

Physical Examination

General:

Build

Height 152 on Weight 66-74

Anaemia

Icterus

Cyanosis

Clubbing

86 200

Oedema

Glands

Usp 99 way

ENT:

CVS:

Heart Rate & Rhythm

B.P.: Supine

Sitting /

Standing

pulse: 78/m.

Chest Shape

Heart Sounds

Murmurs

Thrills

RS:

Rate & Type

Breath Sounds

Abdomen:

Appearance

Liver

Spleen

Tenderness

Bowel sounds

Fluid

Genitals:

CNS:

Cranial Nerves

Sensors SYstem

Motor System

Reflexes

Fundus

Skin:

Extremities:

Patient Name : Mrs. GIJI JENIFER V E Age : 39 Y/F

UHID : CVAL.0000008356 OP Visit No : CVELOPV184486 Conducted By: : Dr. GURU PRASAD SOGUNURU Conducted Date : 29-05-2023 11:55

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.8 CM LA (es) 2.6 CM LVID (ed) 3.9 CM LVID (es) 2.4 CM IVS (Ed) 1.0 CM 0.9 CM LVPW (Ed) EF 69.00% %FD 38.00%

MITRAL VALVE: NORMAL

AML NORMAL PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

Patient Name : Mrs. GIJI JENIFER V E Age : 39 Y/F

UHID : CVAL.0000008356 OP Visit No : CVELOPV184486 Conducted By: : Dr. GURU PRASAD SOGUNURU Conducted Date : 29-05-2023 11:55

Referred By : SELF

Doppler studies

AV max 1.1 m/s; PG 4 mmHg;

PV max 0.7 m/s; PG 2 mmHg;

MV E 0.8 m/s; MV A 0.5 m/s;

TV E 0. 7 m/s; TV A 0. 4 m/s.

Impression

- *NO REGIONAL WALL MOTION ABNORMALITY
- *NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION;
- * NO PERICARDIAL EFFUSION/PULMONARY ARTERY HYPERTENSION;

Page 2 of 3

^{*}NO REGIONAL WALL MOTION ABNORMALITY

Patient Name : Mrs. GIJI JENIFER V E Age : 39 Y/F

UHID : CVAL.0000008356 OP Visit No : CVELOPV184486 Conducted By: : Dr. GURU PRASAD SOGUNURU Conducted Date : 29-05-2023 11:55

Referred By : SELF

DR GURUPRASAD CONSULTANT CARDIOLOGIST