

Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:20AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 01:24PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	36.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,000	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55.5	%	40-80	Electrical Impedence
LYMPHOCYTES	36.8	%	20-40	Electrical Impedence
EOSINOPHILS	2.1	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4440	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2944	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	168	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	424	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	24	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedence
----------------	--------	-------------	---------------	----------------------

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westegren method
--------------------------------------	----	-------------------------	------	---------------------------

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:20AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 01:24PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230078461

Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:20AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 02:30PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 01:12PM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 05:09PM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 06:53PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLUCOSE, FASTING , NAF PLASMA	142	mg/dL	70-100	HEXOKINASE
-------------------------------	-----	-------	--------	------------

Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	143	mg/dL	70-140	HEXOKINASE
---	-----	-------	--------	------------

Comment:

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

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 04:04PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	144	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	29	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.97		0-4.97	Calculated

Comment:

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

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

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

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



Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 04:04PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.61	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.81	g/dL	6.6-8.3	Biuret
ALBUMIN	3.72	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated



Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 04:04PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.60	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.87	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	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)



Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 04:04PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	54.00	U/L	30-120	IFCC

CALCIUM , SERUM	9.10	mg/dL	8.8-10.6	Arsenazo III
-----------------	------	-------	----------	--------------

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	11.1	mg/L	<5	IMMUNO-TURBIDIMETRY
---	------	------	----	---------------------

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

ELECTROLYTES - SERUM , SERUM				
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)

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	<38	IFCC
---	-------	-----	-----	------

PHOSPHORUS, INORGANIC , SERUM	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
-------------------------------	------	-------	---------	--------------------------



Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 01:51PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.46	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.511	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.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 05:37PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

VITAMIN D (25 - OH VITAMIN D) , SERUM	13.9	ng/mL	30 -100	CLIA
---------------------------------------	------	-------	---------	------

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.



SIN No:SPL23052143

Patient Name : Mrs.S AMALA	Collected : 28/Mar/2023 09:08AM
Age/Gender : 43 Y 2 M 15 D/F	Received : 28/Mar/2023 11:47AM
UHID/MR No : CINR.0000150246	Reported : 28/Mar/2023 01:23PM
Visit ID : CINROPV190525	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9741165573	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	235	pg/mL	107.2-653.3	CLIA

Comment:


Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

*** End Of Report ***

Result/s to Follow:

LBC PAP TEST- PAPSURE, URINE GLUCOSE(FASTING), PERIPHERAL SMEAR, COMPLETE URINE EXAMINATION




Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



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



Name : Mrs. S Amala Address : bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 43 Y Sex : F	UHID :CINR.0000150246  OP Number :CINROPV190525 Bill No :CINR-OCR-83700 Date : 28.03.2023 09:02
---	---	---

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL -FULL BODY PLATINUM PLUS ADVANCED- FEMALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING) → Pending	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	PHOSPHORUS, INORGANIC - SERUM	
4	SONO MAMOGRAPHY - SCREENING → (9)	
5	C-REACTIVE PROTEIN CRP (QUANTITATIVE)	
6	ALKALINE PHOSPHATASE - SERUM/PLASMA	
7	CALCIUM, SERUM	
8	LIVER FUNCTION TEST (LFT)	
9	X-RAY CHEST PA → (710)	
10	GLUCOSE, FASTING	
11	HEMOGRAM + PERIPHERAL SMEAR	
12	ENT CONSULTATION	
13	CARDIAC STRESS TEST(TMT) / 2D Echo → (9)	
14	FITNESS BY GENERAL PHYSICIAN	
15	GYNAECOLOGY CONSULTATION	
16	PULMONARY FUNCTION TEST	
17	DIET CONSULTATION	
18	COMPLETE URINE EXAMINATION	
19	URINE GLUCOSE(POST PRANDIAL) } Pending	
20	PERIPHERAL SMEAR	
21	ECG → (4)	
22	BLOOD GROUP ABO AND RH FACTOR	
23	VITAMIN B12	
24	LIPID PROFILE	
25	BODY MASS INDEX (BMI)	
26	LBC PAP TEST- PAPSURE → (3) After 7 days } Pending	
27	OPHTHAL BY GENERAL PHYSICIAN	
28	ELECTROLYTES - SERUM	
29	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
30	ULTRASOUND - WHOLE ABDOMEN → (9)	
31	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
32	DENTAL CONSULTATION	
33	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
34	VITAMIN D - 25 HYDROXY (D2+D3)	

Physio - (14)



Date : 28-03-2023
MR NO : CINR.0000150246

Department : GENERAL

Doctor :

Name : Mrs. S Amala

Registration No :

Age/ Gender : 43 Y / Female

Qualification :

Consultation Timing: 09:02

Height : 158 cm.	Weight : 96.1 kg	BMI : 38.45	Waist Circum :
Temp :	Pulse : 70 bpm	Resp : 18 bpm	B.P : 114/70 mmHg

General Examination / Allergies
History

M-8/2023

Clinical Diagnosis & Management Plan

43 years, H.C., H/Ayels conf - D1
nil complaints
Adv
CA125
CEA
PO E⁰, xperiodus - Pap smear
wt Redelin
Exercise
Diet

[Signature]

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME: S. Amala

DATE: 28/3/23

UHID NO: 83700

AGE: 43

OPTOMETRIST NAME: Mr. Mohd Sazzad

GENDER: F

This is to certify that I have examined S. Amala

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

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	+1.00	—		6/9	+0.50	—		6/12
Add	+1.00				+1.00			MS

PD - RE: _____ LE: _____

Colour Vision: Normal

Remarks: Regular use


Apollo clinic Indiranagar

Mrs s amala
ID: 150246

13.11.1980
42 Years

Female

28.03.2023 10:24:15

APOLLO CLINIC
INDIRANAGAR
BANGALORE

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

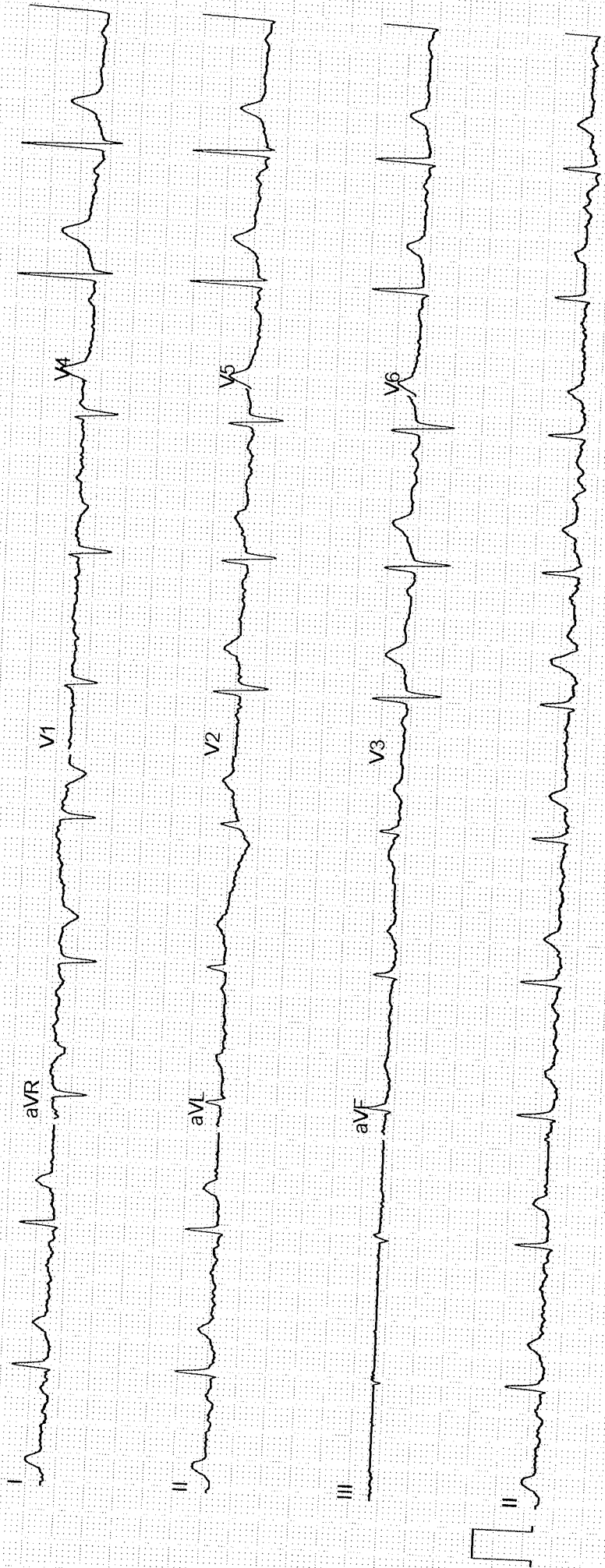
65 bpm
-- / -- mmHg

QRS :
QT / QTcBaz : 74 ms / 428 / 445 ms
PR : 162 ms
P : 86 ms
RR / PP : 916 / 923 ms
P / QRS / T : 35 / 37 / 26 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal

HL



NAME: Mrs S AMALA	AGE/SEX: 43yrs/F	OP NUMBER: 150246
Ref By : SELF	DATE:28-03-2023	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 1.5	IVS(D): 0.6	MV: E Vel: 0.8	A Vel : 0.5
LA:2.7	LVIDD(D):4.1	AV Peak: 1.2	
	LVPW(D):0.6	PV Peak: 0.6	
	IVS(S):1.2		
	LVID(S): 2.9		
	LVPW(S): 1.0		
	LVEF: 57%		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal, Trivial MR
Aortic Valve:	Normal
Pulmonary Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---
TRICUSPID VALVE	Normal, Trivial TR RVSP 15 mmHg

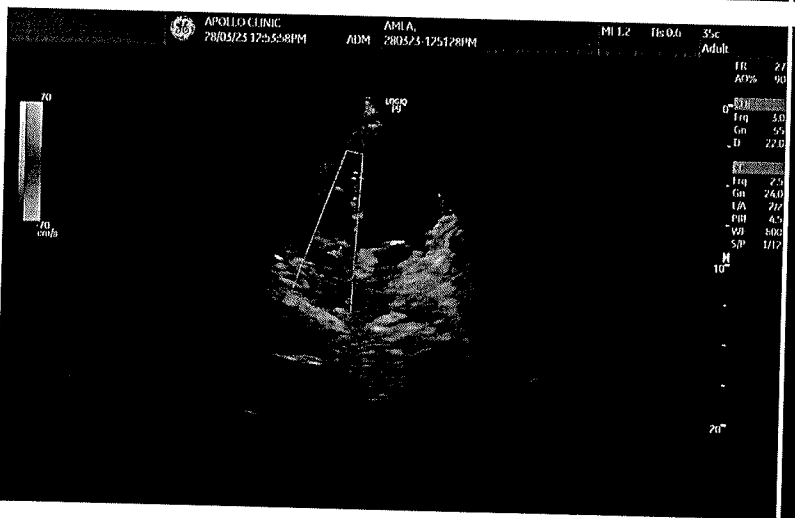
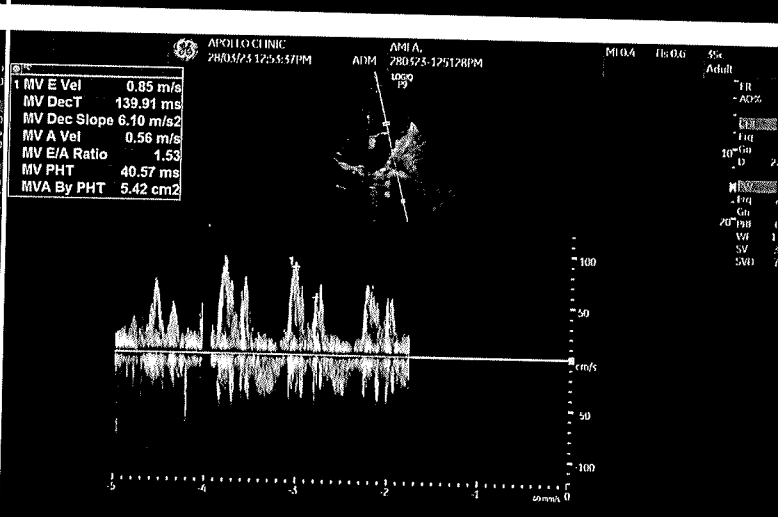
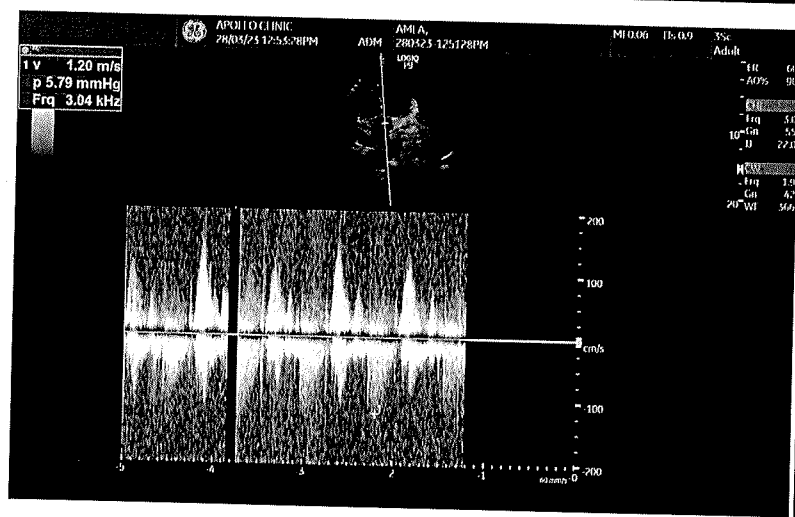
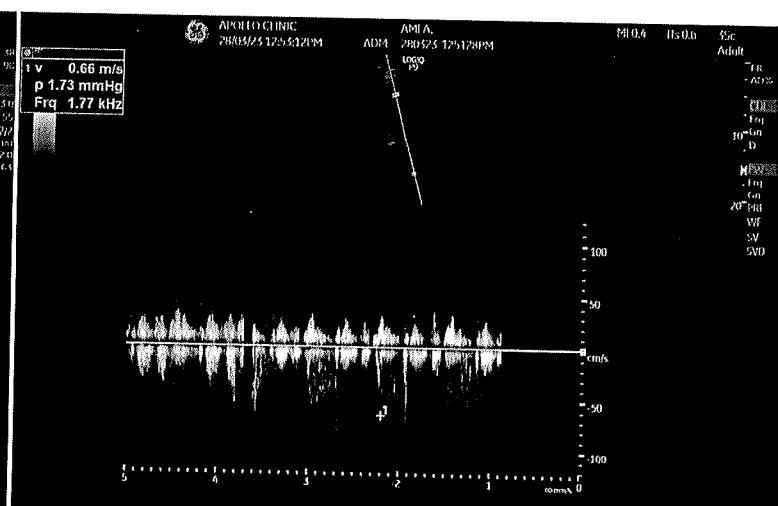
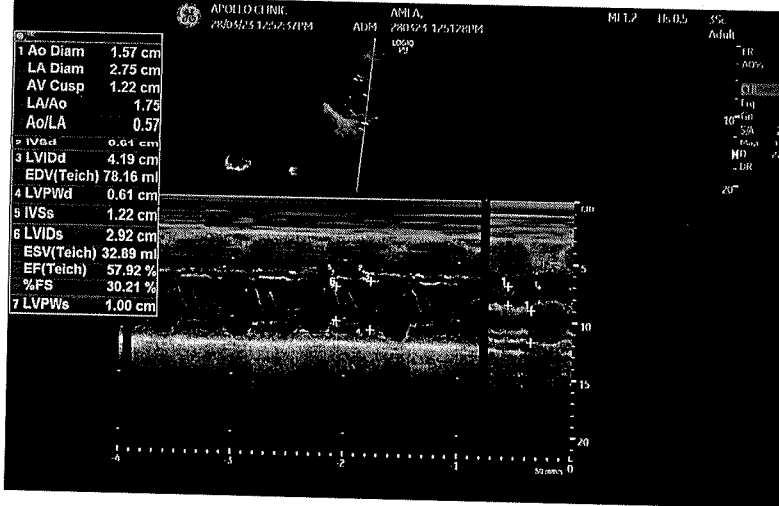
IMPRESSION :

- Normal cardiac Valves and chambers
- No Regional wall motion abnormality
- Good Biventricular function, LVEF 57%
- Normal Diastolic Function
- No clot/vegetation/pericardial effusion

Dr. Anupama S Kakade

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	Amala S
DATE OF BIRTH	13-11-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-03-2023
BOOKING REFERENCE NO.	22M159790100049772S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. A SHASHIKUMAR
EMPLOYEE EC NO.	159790
EMPLOYEE DESIGNATION	SAHAYAK
EMPLOYEE PLACE OF WORK	BENGALURU,ZO BENGALURU
EMPLOYEE BIRTHDATE	17-05-1970

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 **17-03-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee'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))

Patient Name : Mrs. S Amala

Age/Gender : 43 Y/F

UHID/MR No. : CINR.0000150246

OP Visit No : CINROPV190525

Sample Collected on :

Reported on : 28-03-2023 17:23

LRN# : RAD1961554

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9741165573

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

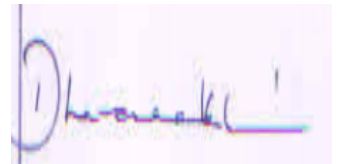
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. S Amala	Age/Gender	: 43 Y/F
UHID/MR No.	: CINR.0000150246	OP Visit No	: CINROPV190525
Sample Collected on	:	Reported on	: 28-03-2023 15:00
LRN#	: RAD1961554	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9741165573		

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.

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

UTERUS & OVARIES: To be evaluated.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

SUGGESTED REVIEW SCAN



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. S Amala	Age/Gender	: 43 Y/F
UHID/MR No.	: CINR.0000150246	OP Visit No	: CINROPV190525
Sample Collected on	:	Reported on	: 28-03-2023 14:00
LRN#	: RAD1961554	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9741165573		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

No evidence of abnormal focal lesions.

No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

IMPRESSION : NO SIGNIFICANT PATHOLOGY NOTED IN BILATERAL BREAST PARENCHYMA.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology