

Patient Name : Mrs.PRITHVI M NAYAKA	Collected : 24/Jun/2023 10:12AM
Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 01:06PM
UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 02:50PM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14.2	g/dL	12-15	Spectrophotometer
PCV	40.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,350	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	56.7	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3600.45	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1993.9	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	279.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	438.15	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	38.1	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	335000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westgren method
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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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mrs.PRITHVI M NAYAKA	Collected : 24/Jun/2023 10:12AM
Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 01:06PM
UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 04:28PM
Visit ID : CJPNOPV170657	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.PRITHVI M NAYAKA	Collected : 24/Jun/2023 12:37PM
Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 06:15PM
UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 06:54PM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	101	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 , NAF PLASMA	109	mg/dL	70-140	HEXOKINASE
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.PRITHVI M NAYAKA	Collected : 24/Jun/2023 10:12AM
Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 01:11PM
UHID/MR No : CJPN.0000086092	Reported : 25/Jun/2023 03:39AM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

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 : Mrs.PRITHVI M NAYAKA	Collected : 24/Jun/2023 10:12AM
Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 12:55PM
UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 02:41PM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	

DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	222	mg/dL	<200	CHO-POD
TRIGLYCERIDES	148	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	174	mg/dL	<130	Calculated
LDL CHOLESTEROL	144.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.63		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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	47.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.16		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.56	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	27.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.21	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<38	IFCC



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UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 03:31PM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	

DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.11	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.78	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.593	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



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Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 01:28PM
UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 04:07PM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	7.5		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	POSITIVE +		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	5-6	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.PRITHVI M NAYAKA	Collected : 24/Jun/2023 10:12AM
Age/Gender : 35 Y 8 M 2 D/F	Received : 24/Jun/2023 12:40PM
UHID/MR No : CJPN.0000086092	Reported : 24/Jun/2023 02:17PM
Visit ID : CJPNOPV170657	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 88237	


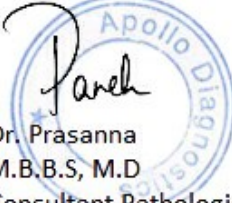
DEPARTMENT OF CLINICAL PATHOLOGY

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


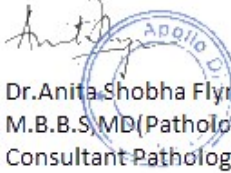
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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


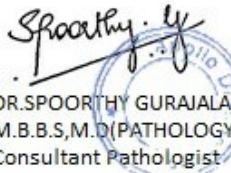
Result/s to Follow:
PERIPHERAL SMEAR

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

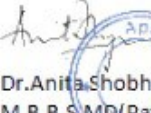
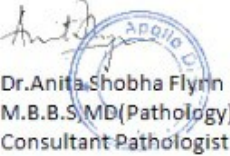
Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist

DR.SPOORTHY GURAJALA
M.B.B.S,M.D(PATHOLOGY),DNB,DipRCPPath(UK)
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



Patient Name : Mrs. PRITHVI M NAYAKA

Age/Gender : 35 Y/F

UHID/MR No. : CJPN.0000086092

OP Visit No : CJPNOPV170657

Sample Collected on :

Reported on : 26-06-2023 08:26

LRN# : RAD2030341

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 88237

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. KUSUMA JAYARAM

MBBS,DMRD

Radiology

Name : Mrs. PRITHVI M NAYAKA	Age: 35 Y	UHD:CJPN.0000086092
	Sex: F	
Address : blr		*CJPN.0000086092*
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number:CJPNOPV170657
		Bill No :CJPN-OCR-64654
		Date : 24.06.2023 10:07

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST- PAPSURE <i>Pending.</i>	
21	OPHTHAL BY GENERAL PHYSICIAN	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>12.30pm</i>	

Nirama

B.P-128/93 mmHg
 Wt - 63.7 kg
 Ht - 154 cm
 waist - 95 cm
 Hip - 103 cm
 pulse - 83 bpm

Patient Name : Mrs. PRITHVI M NAYAKA
UHID : CJPN.0000086092
Reported on : 24-06-2023 17:35
Adm/Consult Doctor :

Age : 35 Y F
OP Visit No : CJPNOPV170657
Printed on : 24-06-2023 17:43
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size(12cm) and increased echogenicity and homogeneous echotexture.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

GALL BLADDER : Partially contracted . Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size(8.9cm) and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 10.0 x 3.0 cm.

Left kidney measures : 10.0 x 3.7cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures : 8.5 x 3.0 x 4.0cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 4mm.
No focal lesion was noted.

Patient Name : Mrs. PRITHVI M NAYAKA
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Adm/Consult Doctor :

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Ref Doctor : SELF

OVARIES : Both ovaries are normal in size, shape and echotexture.
Right ovary measures : 1.8 x 2.5cm.
Left ovary measures : 1.8 X 2.5cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : GRADE I FATTY LIVER.

Please Note :No preparation done before scanning.

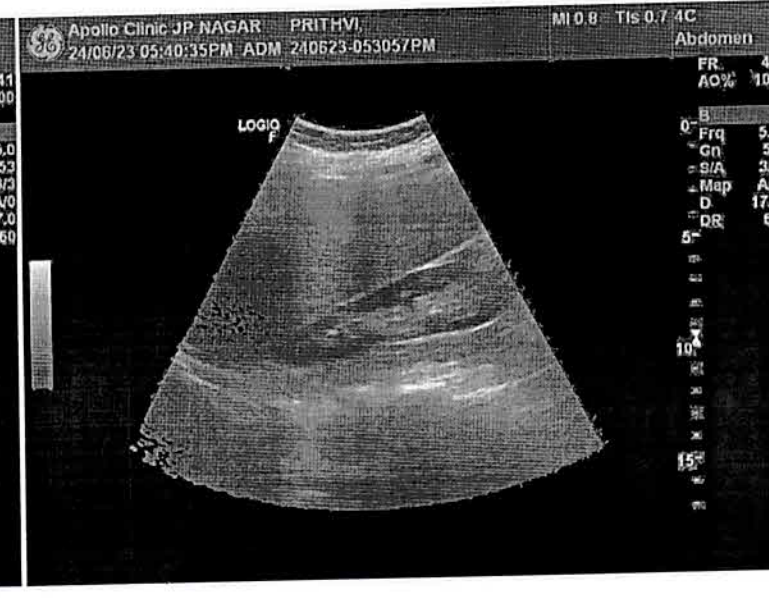
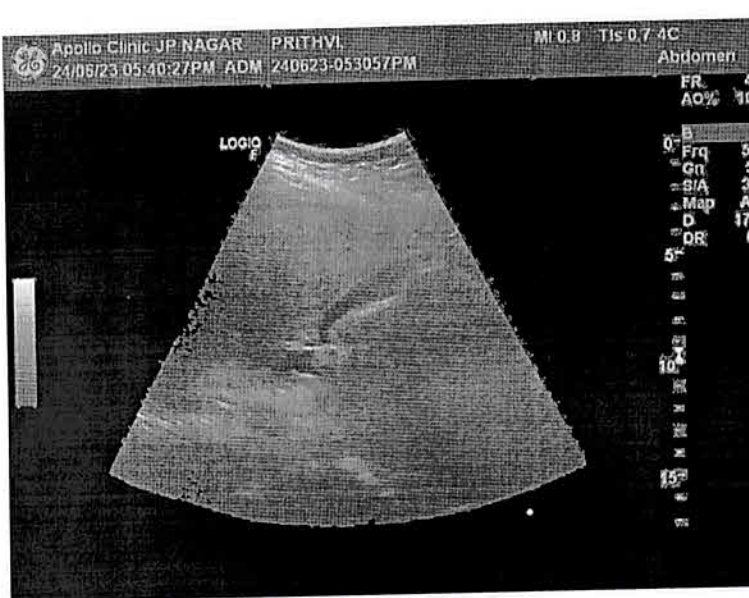
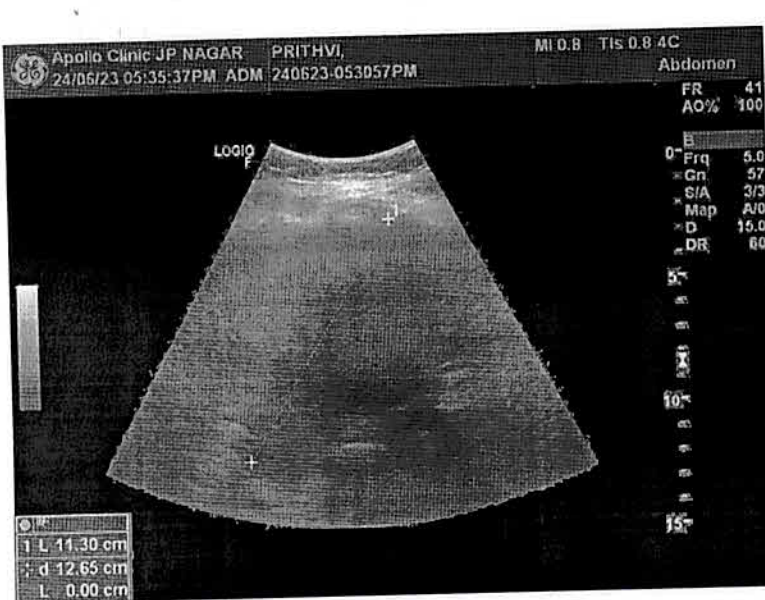
(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

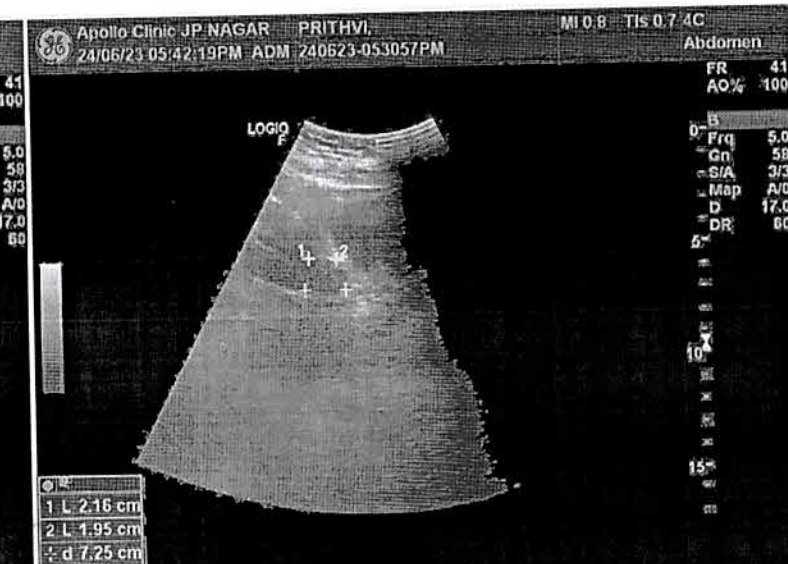
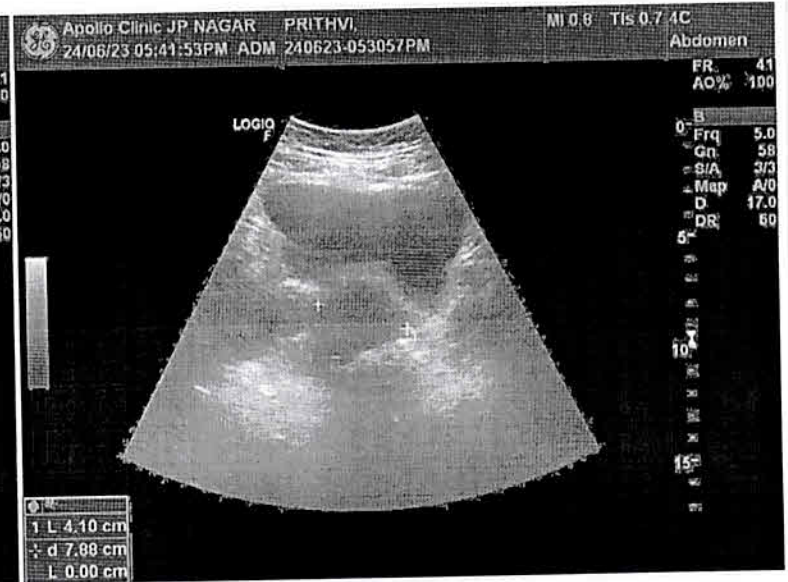
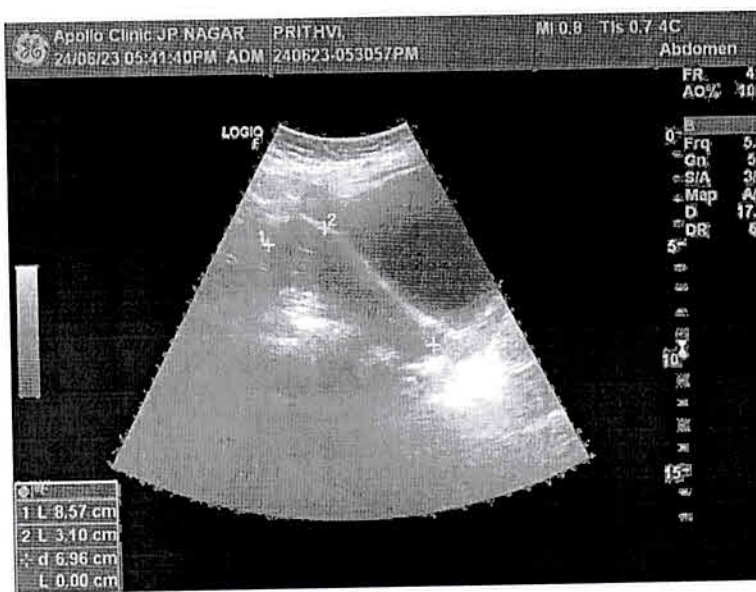
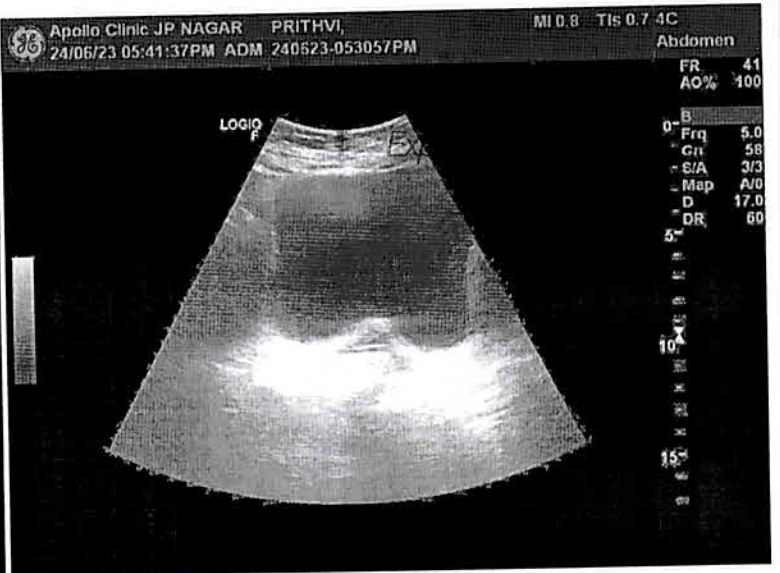
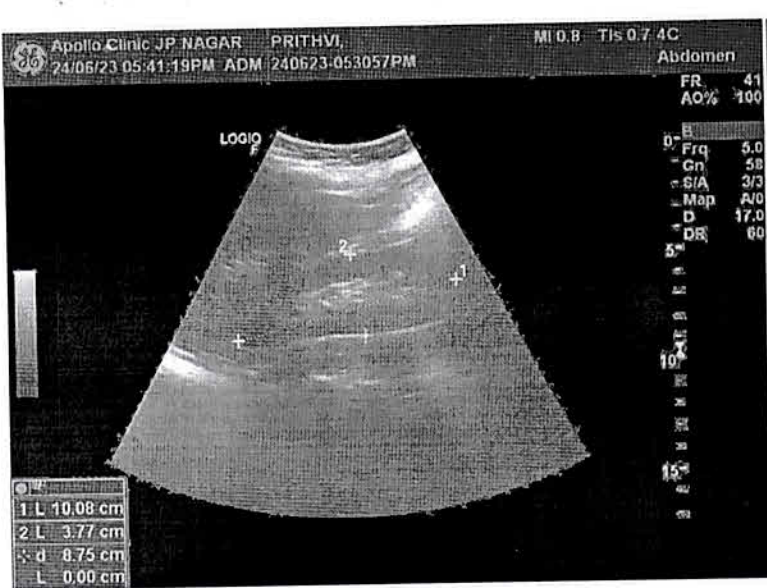
Printed on:24-06-2023 17:35

---End of the Report---

Jyoti Priyadarshini

Dr. JYOTI PRIYADARSHINI
MBBS, MD





Prithvi Nayaka

35/F

24/6/23

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

General health checkup

ECG - CP⁺ST⁺

Throat - OP II

Throat - OP II

Dr. Adarsh



Mr. Prithvi Nayaka 35yrs
MS- 3yrs Pils.

26/6/23

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

General Examination / Allergies

Clinical Diagnosis & Management Plan

NO complaints

MS - 3yrs

3-4 days → irregular
30 days → menses
with dysmenorrhea.

P1121 NS

P1111 Partner - Paracetamol con. H/O

O1111 Pils.

P1 → 2 11/2 yrs
LSCS.

P1E1

Acute

Pyelitis

Adverse:

no response

P1A - not
Scal D

P1B: } Pending
P1C: }

Prithvi
ID: cjpn.86092

24.06.2023 12:33:44

Arterio W CE

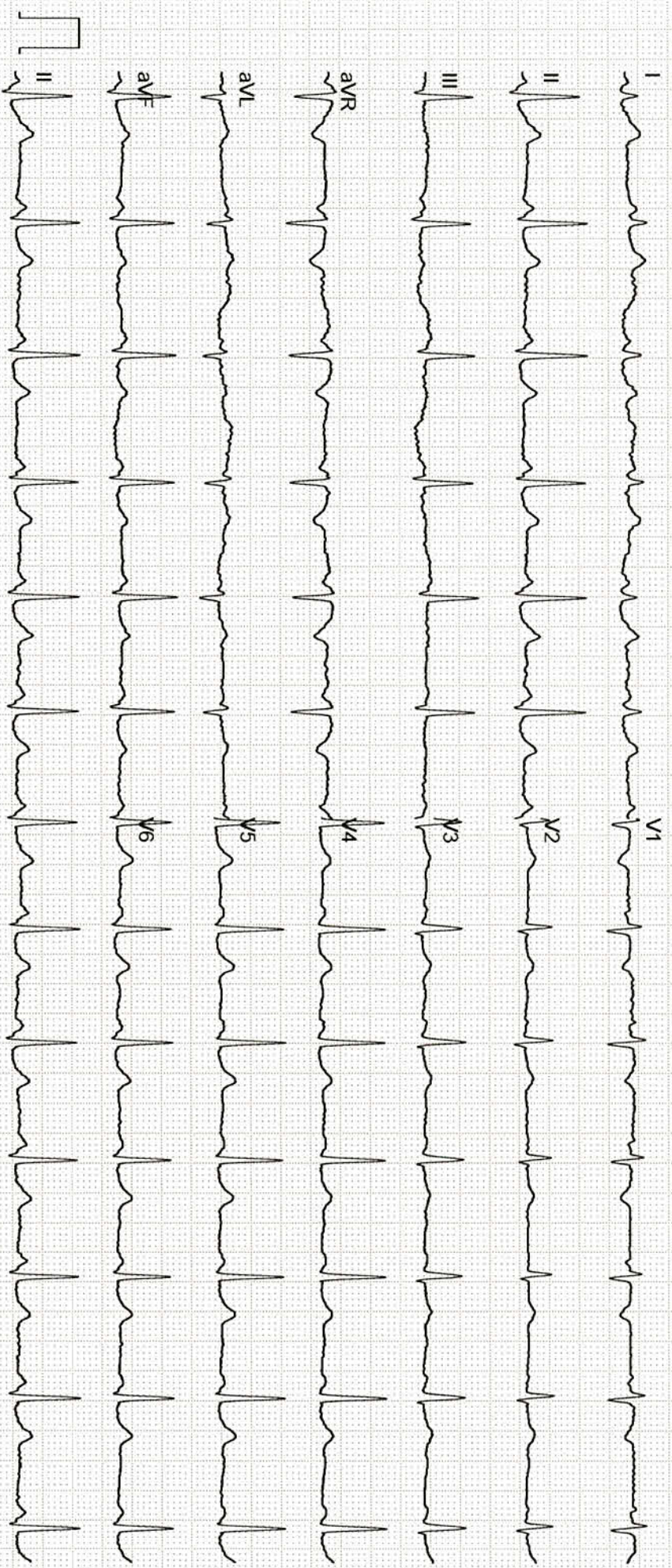
75 bpm
- / - mmHg

154 cm Female
35 Years 63.0 kg

Apollo Clinic
J.P. Nagar
Bangalore

QRS : 72 ms
QT / QTcBaz : 376 / 419 ms
PR : 116 ms
P : 96 ms
RR / PP : 798 / 800 ms
P / QRS / T : 48 / 76 / 33 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1

Unconfirmed

1/1

Patient Name : Mrs. PRITHVI M NAYAKA
UHID : CJPN.0000086092
Reported on : 26-06-2023 08:26
Adm/Consult Doctor :

Age : 35 Y F
OP Visit No : CJPNOPV170657
Printed on : 26-06-2023 08:26
Ref Doctor : SELF

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.

Printed on:26-06-2023 08:26

---End of the Report---


Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Name - Pritivi M Nayaka
Age - 35 yrs / F

Date - 24.6.23

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Cl - Routine.
Eye checkup

H/O past - using
eye glass since
18 years
H/O ocular - NO

Vh
Vh $\left\{ \begin{array}{l} 6/36 \text{ N6} \\ 6/36 \text{ N6} \end{array} \right.$

T glass Vh $\left\{ \begin{array}{l} 6/6 \text{ N6} \\ 6/6 \text{ N6} \end{array} \right.$

colour vision is normal

New Rx RE = -2.25 dsph
LE = -2.75 / -0.50 x 180°

Prithvi Nayake .

35y/F

24/06/2023 .

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- Health check

- (L) ear wax issues

O/E

B/L EAC - Dry skin & wax

B/L TM intact & (N)

Nose / Throat NAD

Review see

1. SOLIWAX ear drops

2' ————— 2' ————— 2'

(R) ear
x / week

Review 1 week for
ear cleaning .

Follow up date:



Doctor Signature

Dr Swathi

NAME: Mrs. PRITHIVI M N AGE: 35YRS/ F DATE: 24/06/2022 CJPN:86092

2D ECHO WITH COLOR DOPPLER

Ao Diam : 2.8cm , LA Diam : 3.2 cm,
IVSd : 0.9 cm , IVSs:1.2 cm, LVIDd : 4.5 cm , LVIDs : 2.3 cm LVPWd :1.2 cm ,
LVPWS : 1.2 cm , EF – 78 % , FS – 47 % , RVIDd – 1.0cm

2DVALVES

MITRAL VALVE -----: NORMAL
TRICUSPID VALVE-----: NORMAL
AORTIC VALVE-----: NORMAL
PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
RIGHT ATRIUM-----: NORMAL
LEFT VENTRICULAR-----: NORMAL
RIGHT VENTRICULAR---:NORMAL

DOPPLER

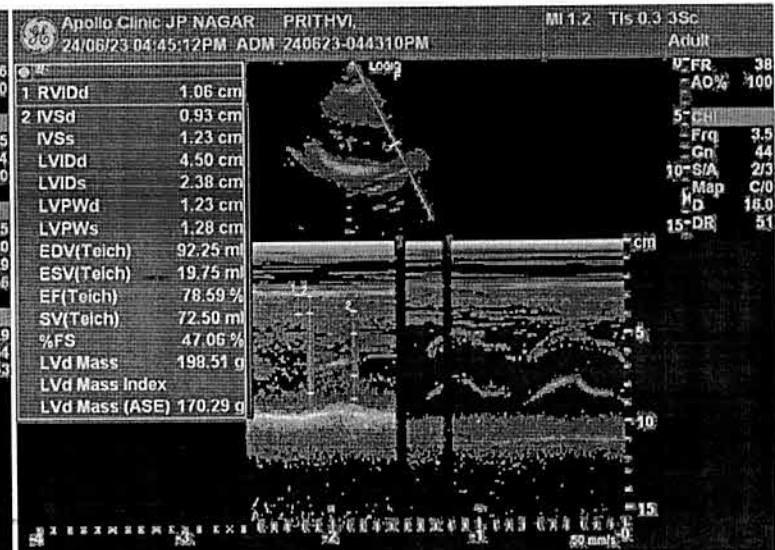
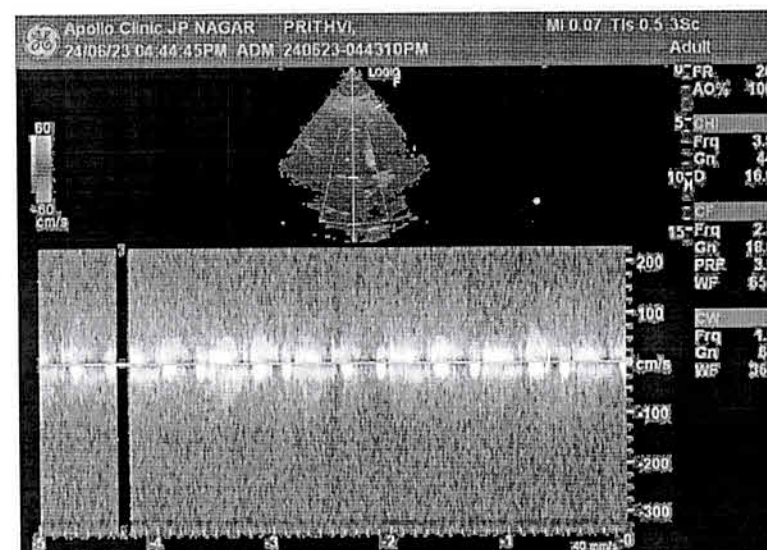
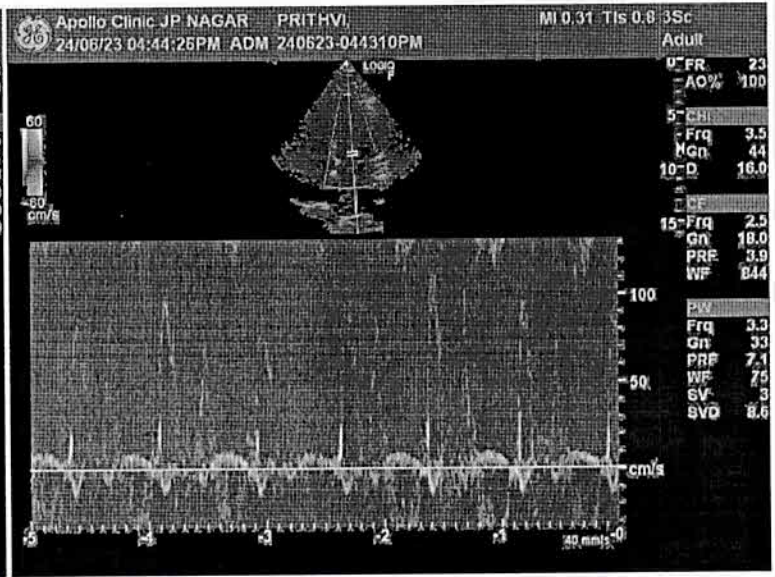
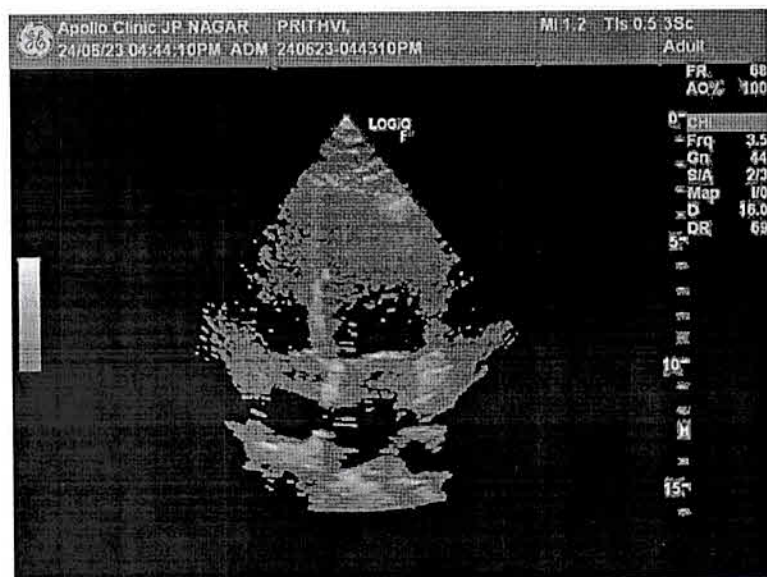
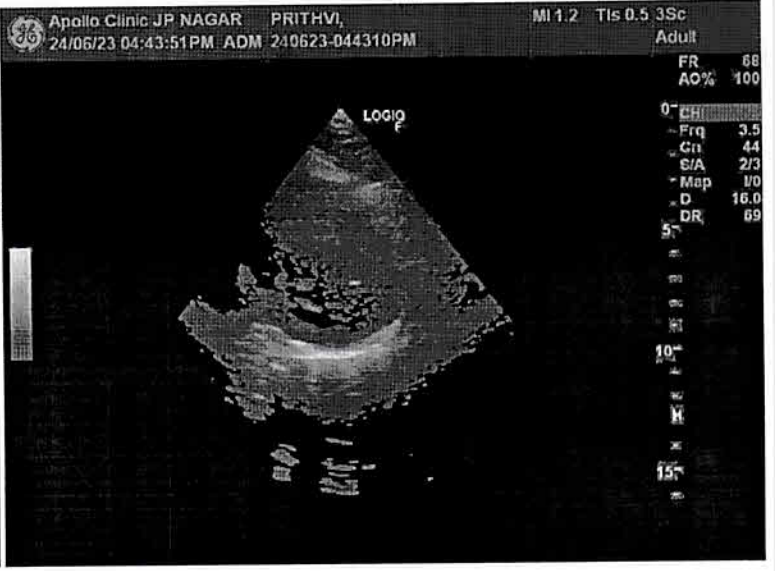
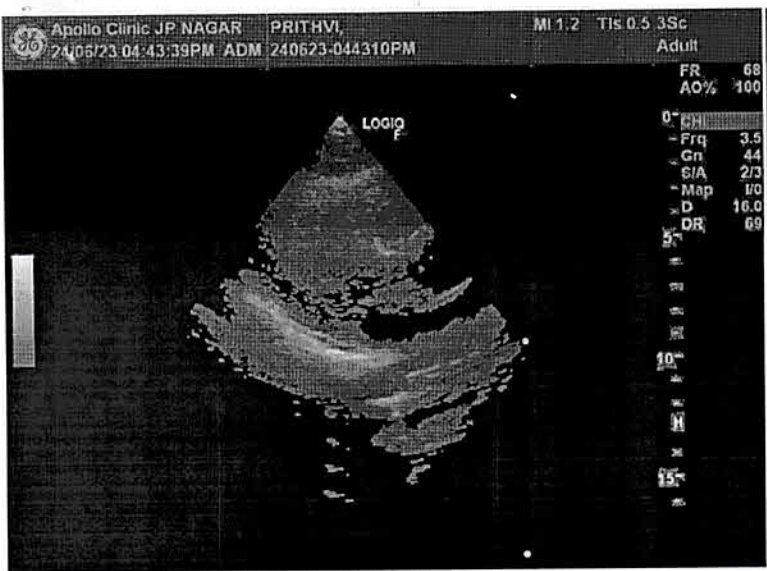
MV E Vel---- : 1.1 m/s , MV A Vel : 0.9 m/s
TRICUSPID VALVE : NORMAL
PERICARDIUM-----: NORMAL
CLOT/VEGETATION----- : NIL

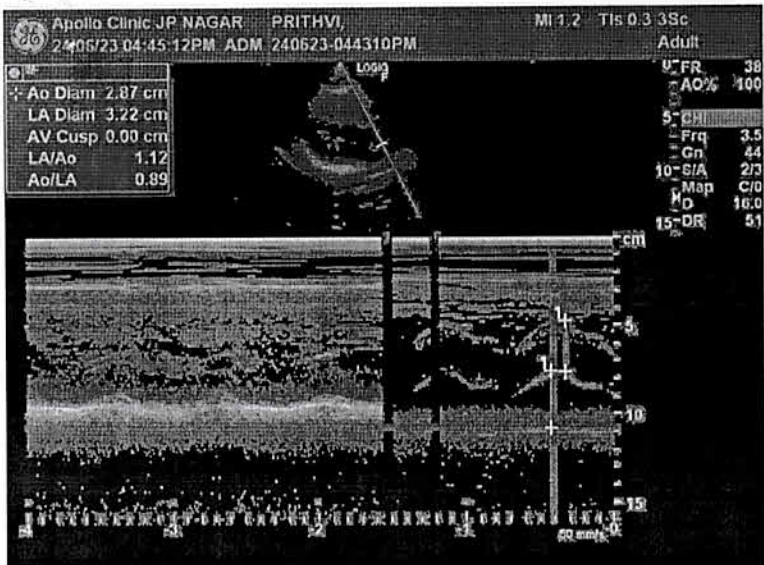
IMPRESSION

NORMAL VALVES AND CHAMBERS
NORMAL LV SYSTOLIC FUNCTION
NO CLOT /VEGETATION/EFFUSION/PAH
NO REGIONAL WALL MOTION ABNORMALITIES



**DR. SHILPA JAYAPRAKASH, MD,DM
CONSULTANT CARDIOLOGIST**





Apollo
 Expertise. Closer to you.

Patient Name : Mrs. PRITHVI M NAYAKA

Age/Gender : 35 Y/F

UHID/MR No. : CJPN.0000086092

OP Visit No : CJPNOPV170657

Sample Collected on :

Reported on : 24-06-2023 17:43

LRN# : RAD2030341

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 88237

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size(12cm) and increased echogenicity and homogeneous echotexture.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER : Partially contracted . Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size(8.9cm) and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

Right kidney measures: 10.0 x 3.0 cm.

Left kidney measures : 10.0 x 3.7cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures : 8.5 x 3.0 x 4.0cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 4mm.

No focal lesion was noted.

OVARIES : Both ovaries are normal in size, shape and echotexture.

Right ovary measures : 1.8 x 2.5cm.

Left ovary measures : 1.8 X 2.5cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

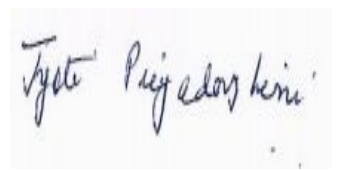
Patient Name : Mrs. PRITHVI M NAYAKA

Age/Gender : 35 Y/F

IMPRESSION : GRADE I FATTY LIVER.

Please Note :No preparation done before scanning.

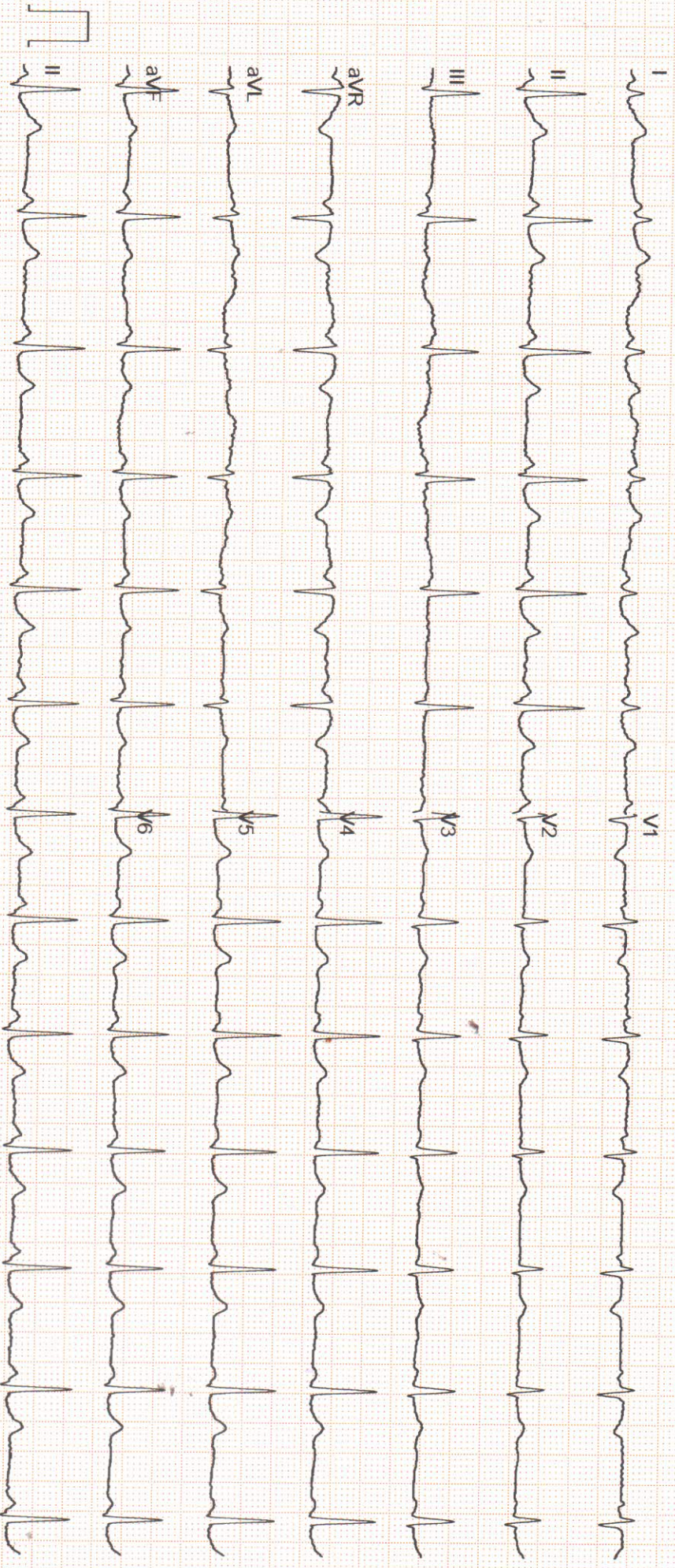
(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. JYOTI PRIYADARSHINI
MBBS, MD

QRS : 72 ms
QT / QTcBaz : 376 / 419 ms
PR : 116 ms
P : 96 ms
RR / PP : 798 / 800 ms
P / QRS / T : 48 / 76 / 33 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1

1/1

Unconfirmed

LETTER OF APPROVAL / RECOMMENDATION

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. PRITHVI M NAYAKA
EC NO.	88237
DESIGNATION	SMELF CREDIT
PLACE OF WORK	BENGALURU,RO BENGALURU SOUTH
BIRTHDATE	22-10-1987
PROPOSED DATE OF HEALTH CHECKUP	24-06-2023
BOOKING REFERENCE NO.	23J88237100062358E

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 **21-06-2023** 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 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))



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

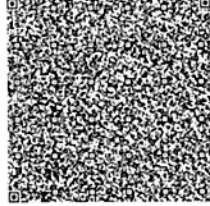
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 1096/01354/04875

Download Date: 02/07/2018

To
ಪ್ರಥಿವಿ ಎಂ ನಾಯಕ
Prithvi M Nayaka
D/O Malaya Naika
#748/1-7
4th Main
Dwarakanagara, Nagarabhavi 1st Stage, Chandra Layout
Bangalore North
Nagarbhavi
Bangalore Karnataka - 560072
9740392214

Generation Date: 08/07/2012

Signature Not Verified
Digitally signed by Prithvi M Nayaka
UNIQUE IDENTIFICATION AUTHORITY OF INDIA 03
Date: 2018.07.08 15:15:48
IST



QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9990 6505 9546

VID : 9106 5186 8963 9877

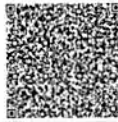
ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಪ್ರಥಿವಿ ಎಂ ನಾಯಕ
Prithvi M Nayaka
ಜನ ದಿನಾಂಕ/DOB: 22/10/1987
ಪ್ರ/FEMALE



9990 6505 9546

VID : 9106 5186 8963 9877

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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- This is electronically generated letter.

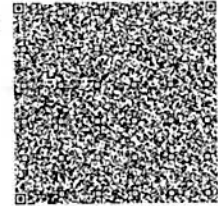
- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿವರ:
D/O ಮಲಯ ನಾಯಕ, # 248/1-2, 4ನೇ ಮುಖ್ಯರಸ್ತೆ,
ದ್ವಾರಕನಗರ, ನಾಗರಭಾವಿ 1ನೇ ಹಂತ, ಚಂದ್ರ ಚಂದ್ರಲೇಖ,
ಬೆಂಗಳೂರು ಉತ್ತರ, ಬೆಂಗಳೂರು,
ಕರ್ನಾಟಕ - 560072

Address:
D/O Malaya Naika, #748/1-7, 4th Main,
Dwarakanagara, Nagarabhavi 1st Stage,
Chandra Layout, Bangalore North,
Bangalore,
Karnataka - 560072



QR Code with Photograph

9990 6505 9546

VID : 9106 5186 8963 9877



help@uidai.gov.in

www.uidai.gov.in

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

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NAME	MS. PRITHVI M NAYAKA
EC NO.	88237
DESIGNATION	SMELF CREDIT
PLACE OF WORK	BENGALURU,RO BENGALURU SOUTH
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PROPOSED DATE OF HEALTH CHECKUP	24-06-2023
BOOKING REFERENCE NO.	23J88237100062358E

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 **21-06-2023** 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 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))



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

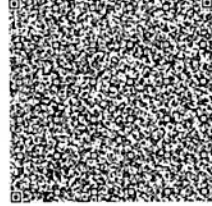
ನೋಂದಣಿ ಸಂಖ್ಯೆ/Enrolment No.: 1096/01354/04875

Download Date: 02/07/2018

To
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Nagarbhavi
Bangalore Karnataka - 560072
9740392214

Generation Date: 08/07/2012

Signature Not Verified
Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 03
Date: 2018.07.15 15:15:48
IST



QR Code with Photograph

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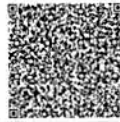
ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಪ್ರಥಿವಿ ಎಂ ನಾಯಕ
Priithvi M Nayaka
ಜನ ದಿನಾಂಕ/DOB: 22/10/1987
ಪ್ರ/FEMALE



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VID : 9106 5186 8963 9877

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ
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- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.
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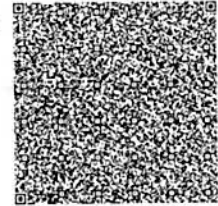
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿವರ:

D/O ಮಲಯ ನಾಯಕ, # 248/1-2, 4ನೇ ಮುಖ್ಯರಸ್ತೆ,
ದ್ವಾರಕನಗರ, ನಾಗರಭಾವಿ 1ನೇ ಹಂತ, ಚಂದ್ರ ಚಂದ್ರಲೇಖ,
ಬೆಂಗಳೂರು ಉತ್ತರ, ಬೆಂಗಳೂರು,
ಕರ್ನಾಟಕ - 560072

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