

## Physical Medical Examination Format

NAME:- <u>Mrs. Syamala CH</u>	DATE:- <u>8 Apr/23</u>
DESIGNATION:-	AGE:-
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:- <u>O - ve</u>	MARTIAL STATUS:- MARRIED/UNMARRIED

### MEDICAL EXAMINATION

Complaints (if any)	<u>- Nil -</u>
Personal /family history	<u>- Nil -</u>
Past Medical /Occupational History	<u>- Nil -</u>
Sensitivity/Allergy (if any)	<u>- Nil -</u>
Heart	<u>Normal</u>
Any other Conditions	<u>Nil</u>

Height:- <u>172</u>	Weight:- <u>92</u>	BMI <u>31.1</u>	Pulse <u>78</u>
Temp:- <u>98.6</u>	Pulse <u>78</u>	Resp:- <u>18 B.m</u>	B.P <u>110/70</u>

Remarks

Ref to Gynecologist

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms..... Syamala, CH .....for pre-employment

/periodical medical examination, I have found / not found any disease, illness, contagious illness

Fit

I Certify That Employee Is Medically.....

Fit

Unfit

Signature Of Employee

Dr. S. VYJAYANTHIMALA  
Temporarily Unfit  
M.B.B.S

Reg.No. 105977  
Apollo Family Physician  
Signature & Seal Of Medical Examiner With

Registration No:-.....

Name: Mrs. SYAMALA CHINNIPILLI  
 Age/Gender: 34 Y/F  
 Address: VIZAG  
 Location: VISAKHAPATNAM, ANDHRA PRADESH  
 Doctor:  
 Department: LABORATORY  
 Rate Plan: VISHAKAPATNAM\_03122022  
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000115778  
 Visit ID: CVISOPV109334  
 Visit Date: 08-04-2023 09:12  
 Discharge Date:  
 Referred By: SELF

**Vitals:**

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
08-04-2023 17:20	78 Beats/min	110/70 mmHg	18 Rate/min	98.6 F	172 cms	92 Kgs	%	%	Years	31.1	cms	cms	cms		AHLL07730

Dear **MR. CHINNIPILLI SRINIVASA RAO**,

Please find the confirmation for following request.

**Booking Date** :30-03-2023

**Package Name** :Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D  
ECHO

**Name of  
Diagnostic/Hospital** :Apollo Clinic - Visakhapatnam

**Address of  
Diagnostic/Hospital** :50, Plot 5, Sheethammapeta, Beside BVK college, Dwaraka Nagar,  
Vishakapatnam,

**Contact Details** :(0891) 258 5511 - 12

**City** :Visakhapatnam

**State** :Andhra Pradesh

**Pincode** :530016

**Appointment Date** :08-04-2023

**Confirmation  
Status** :Confirmed

**Preferred Time** :8:00am-8:30am

**Comment** :APPOINTMENT TIME 9:00AM

**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:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

ch syamala

Female 34Years

Req. No. :

Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

HR : 78 bpm

P : 100 ms

PR : 142 ms

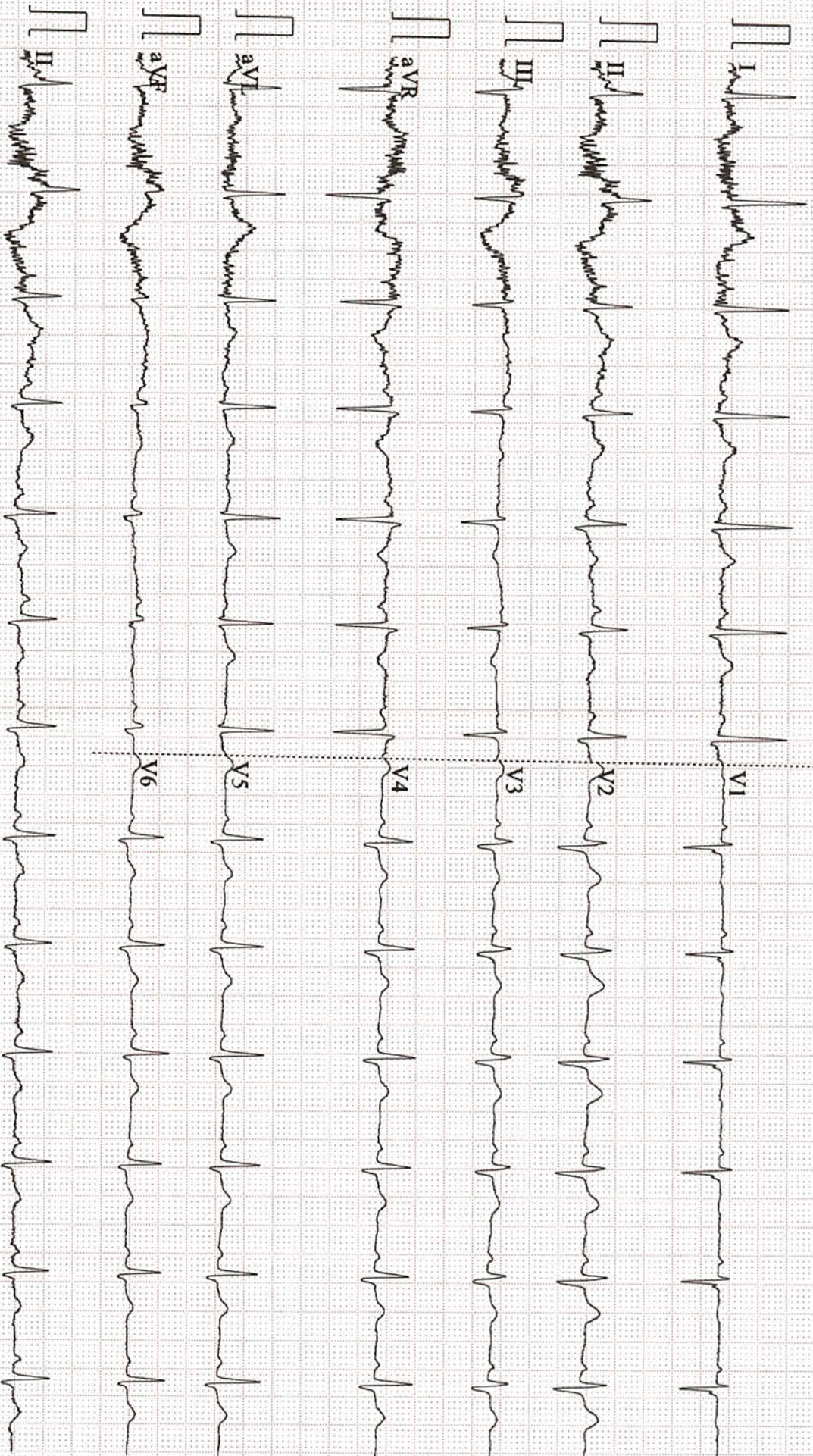
QRS : 102 ms

QT/QTcBz : 376/429 ms

P/QRS/T : 33/0/2 °

RV5/SV1 : 0.71/0.636 mV

Report Confirmed by:



Patient Name	: Mrs. SYAMALA CHINNIPILLI	Age	: 34 Y F
UHID	: CVIS.0000115778	OP Visit No	: CVISOPV109334
Reported on	: 08-04-2023 14:52	Printed on	: 08-04-2023 15:03
Adm/Consult Doctor	:	Ref Doctor	: SELF

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

Printed on:08-04-2023 14:52

---End of the Report---

  
**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology

Patient Name	: Mrs. SYAMALA CHINNIPILLI	Age	: 34 Y F
UHID	: CVIS.0000115778	OP Visit No	: CVISOPV109334
Reported on	: 08-04-2023 14:46	Printed on	: 08-04-2023 14:48
Adm/Consult Doctor	:	Ref Doctor	: SELF

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and increased in echotexture. No focal lesion is seen. PV and CBD normal.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.

**Spleen** appears normal. 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 : 10.3 x 4.6 cm

Left kidney : 10.3 x 4.6 cm

**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. It shows normal shape and echo pattern.It measures 7.7 x 4 x 4.8 cm. Endometrial echo-complex appears normal and measures 11 mm.No intra/extra uterine gestational sac seen.

### **Both ovaries**

Multiple small follicles arranged peripherally with central echogenic stroma noted in both ovaries.

Right ovary : 4 x 2.4 cm (11 cc)

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Left ovary : 3.9 x 2.6 cm (12 cc)

There is no evidence of ascites/ pleural effusion seen.

**IMPRESSION:-**

**\*FATTY INFILTRATION OF LIVER.**

**\*PCOS ( POLY CYSTIC OVARIES ).**

**For clinico-lab correlation / follow - up / further work up.  
This is only a screening test.**

Printed on:08-04-2023 14:46

---End of the Report---



**Dr. ARUNA PEBBILI**  
DMRD Radiology  
Radiology

MEDD WHETL

Name: Mrs. Ch. SYAMALA P Gender: P Age: 34 Years:  
Test Done Date: 8/4/23

**OPHTHALMOLOGY SCREENING REPORT**

VISION :  
DISTANCE : com b/l cos b/l  
NEAR VISION : 26 26  
COLOUR VISION : - WNL -

**ANT. SEGMENT:**

Conjunctiva : clear  
Cornea : clear  
Pupil : R/R/R

FUNDUS :  
IMPRESSION : WNL

M. Karim  
Signature



Patient Name : Mrs.SYAMALA CHINNIPILLI	Collected : 08/Apr/2023 09:19AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 08/Apr/2023 11:57AM
UHID/MR No : CVIS.0000115778	Reported : 08/Apr/2023 02:36PM
Visit ID : CVISOPV109334	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9490944941	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD-EDTA**

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



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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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**HEMOGRAM , WHOLE BLOOD-EDTA**

HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	26.8	pg	27-32	Calculated
MCHC	30.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,900	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	31	%	20-40	Electrical Impedance
EOSINOPHILS	5.9	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	5672.7	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3069	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	584.1	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	564.3	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	9.9	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	331000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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Age/Gender : 34 Y 6 M 0 D/F	Received : 08/Apr/2023 11:57AM
UHID/MR No : CVIS.0000115778	Reported : 08/Apr/2023 03:06PM
Visit ID : CVISOPV109334	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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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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GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD
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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	113	mg/dL	70-140	GOD - POD
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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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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.
- 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.SYAMALA CHINNIPILLI	Collected : 08/Apr/2023 09:20AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 08/Apr/2023 11:41AM
UHID/MR No : CVIS.0000115778	Reported : 08/Apr/2023 01:37PM
Visit ID : CVISOPV109334	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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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**LIPID PROFILE , SERUM**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	74	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	112.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.8	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	0.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	67.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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/RENAL FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.10	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	2.5-6.2	Uricase
CALCIUM	8.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE





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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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM</b>	13.00	U/L	12-43	Glycylglycine Nitoranalide



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UHID/MR No	: CVIS.0000115778	Reported	: 08/Apr/2023 02:34PM
Visit ID	: CVISOPV109334	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9490944941		

**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, TOTAL T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	1.35	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	71.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	2.710	µIU/mL	0.3-4.5	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 : 34 Y 6 M 0 D/F	Received : 08/Apr/2023 01:21PM
UHID/MR No : CVIS.0000115778	Reported : 08/Apr/2023 02:47PM
Visit ID : CVISOPV109334	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9490944941	

**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 , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.SYAMALA CHINNIPILLI	Collected : 08/Apr/2023 09:20AM
Age/Gender : 34 Y 6 M 0 D/F	Received : 08/Apr/2023 01:23PM
UHID/MR No : CVIS.0000115778	Reported : 08/Apr/2023 03:20PM
Visit ID : CVISOPV109334	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9490944941	

**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:  
LBC PAP TEST- PAPSURE



DR. V. SNEHAL  
M.D (PATH)  
Consultant Pathologist



Patient Name	: Mrs. SYAMALA CHINNIPILLI	Age	: 34 Y/F
UHID	: CVIS.0000115778	OP Visit No	: CVISOPV109334
Conducted By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 08-04-2023 15:40
Referred By	: SELF		

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:

Ao (ed)	3.0 CM
LA (es)	2.1 CM
LVID (ed)	4.3 CM
LVID (es)	3.0 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.8 CM
EF	63.00%
%FD	33.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM NORMAL

INTER VENTRICULAR SEPTUM NORMAL

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES:

PF:0.9 m/sec.  
MF:E>A.  
AF:1.0 m/sec.

IMPRESSION :  
NORMAL CARDIAC SIZE.  
NO RWMA.  
GOOD LV SYSTOLIC FUNCTION.  
NO PERICARDIAL EFFUSION.  
LVEF:63%

Dr. SHASHANKA  
CHUNDURI

Patient Name	: Mrs. SYAMALA CHINNIPILLI	Age	: 34 Y/F
UHID	: CVIS.0000115778	OP Visit No	: CVISOPV109334
Reported By:	: Dr. SHASHANKA CHUNDURI	Conducted Date	: 08-04-2023 17:19
Referred By	: SELF		

### ECG REPORT

#### **Observation :-**

1. Normal Sinus Rhythm.
2. Heart rate is 78 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### **Impression:**

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. SHASHANKA CHUNDURI

**Dr Namratha B**  
**M.B.B.S., DGO**  
**Consultant Gynaecologist**

8/4/23

Ms Gyamala  
34yrs

P2L2

LEB - 12yr

O/E - GCLar  
us/ps - NAD  
P/A - Soft

CMP - 1/3/23

MH - irreg / 203/  
4/5

No bloating diff / HA/DOM

ABD Significant F/L

Neck - No CN palp

Breast - no lumps  
palp

Pap Smear - Done

P

Tak H2Z - 10 days

Adm  
with

Ad