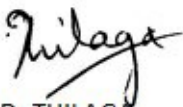


Patient Name	: Mrs.UMARANI D	Collected	: 09/Apr/2024 11:58AM
Age/Gender	: 50 Y 10 M 18 D/F	Received	: 09/Apr/2024 02:19PM
UHID/MR No	: CANN.0000234814	Reported	: 09/Apr/2024 04:21PM
Visit ID	: CANNOPV400581	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E22421		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: 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.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240097715

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	38.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.7	%	40-80	Electrical Impedence
LYMPHOCYTES	29.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.1	%	1-6	Electrical Impedence
MONOCYTES	8.2	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4109	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2065	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	217	Cells/cu.mm	20-500	Calculated
MONOCYTES	574	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.99		0.78- 3.53	Calculated
PLATELET COUNT	217000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 16



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DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS : Adequate in number.

PARASITES : No haemoparasites seen.

IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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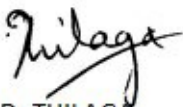
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 02:51PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 03:48PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02143075

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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 12:02PM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 02:51PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 05:36PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1444135

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UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 03:51PM
Visit ID : CANNOPV400581	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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M.D.(Biochemistry)



SIN No:EDT240045083

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	106	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	124.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.48		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.04		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine

Page 8 of 16



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SIN No:SE04691331

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DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04691331

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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 02:49PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 03:39PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	57.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 02:49PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 03:39PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.56		0.9-2.0	Calculated



DR. R. SRIVATSAN
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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 02:49PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 03:31PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC



DR. R. SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 02:44PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 06:21PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.590	µIU/mL	0.34-5.60	CLIA

Comment:

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

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. R. SRIVATSAN
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SIN No: SPL24066132

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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 04:06PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 05:40PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2327899

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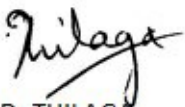


Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 12:02PM
Age/Gender : 50 Y 10 M 18 D/F	Received : 09/Apr/2024 04:06PM
UHID/MR No : CANN.0000234814	Reported : 09/Apr/2024 05:37PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E22421	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr THILAGA
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SIN No:UPP017556

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Patient Name : Mrs.UMARANI D	Collected : 09/Apr/2024 11:58AM
Age/Gender : 50 Y 10 M 18 D/F	Received : 13/Apr/2024 02:48PM
UHID/MR No : CANN.0000234814	Reported : 13/Apr/2024 04:11PM
Visit ID : CANNOPV400581	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)

Page 16 of 16



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SIN No:UF011626

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Name: Mrs. UMARANI D
Age/Gender: 50 Y/F
Address: 2129/5,SIGMA NEST APARTMENT 12TH MAIN ROAD
ANNANAGAR WEST
Location: CHENNAI, TAMIL NADU
Doctor: Dr. VIGNESH P N
Department: General Practice
Rate Plan: ANNANAGAR_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VIGNESH P N

MR No: CANN.0000234814
Visit ID: CANNOPV400581
Visit Date: 09-04-2024 10:37
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: For Corporate Health Checkup,

Present Known Illness

No history of: No History of diabetes / Hypertension / Heart Disease,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: No,

GastroIntestinal System

Nil significant: .,

GenitoUrinary System

-. Nil,

Central Nervous System

SLEEP- : Normal,

**Weight

--->: Stable,

HT-HISTORY

Past Medical History

**Cancer: No,

Personal History

Diet	Mixed Diet,
------	-------------

Family History

Diabetes	father , mother ,
--->	
Hypertension	father , mother ,

-->
cancer- mother - Breast ,

PHYSICAL EXAMINATION

General Examination

Build : **Well,**

Height (in cms): **153,**

Weight (in Kgs): **66.2,**

Waist: **112,**

Hip: **116,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate (Per Minute) : **78,**

Systolic: **130,**

Diastolic: **80,**

Central Nervous system:

>: **No neurological deficit,**

Gynaecology and Obstetrics:

Gynec Findings: **Done By: Dr. Sandhya K,**

Pap Smear: **Not Taken,**

IMPRESSION

Apollo Health check

Findings: **1. LDL - 124.8**

2. USG: Post Hysterectomy Status ,

RECOMMENDATION

Advice on Diet

Diet instructions : **Diet as Advised ,**

Advice on Physical Activity

Advice on Physical Activity: **Regular activity 30-40 minutes ,**

Other Recommendations

Test/Investigation: **Follow up Lipid Profile after 3 months ,**

General advice: **Follow up Mammogram ,**

DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature

Patient Name : Mrs. UMARANI D

Age/Gender : 50 Y/F

UHID/MR No. : CANN.0000234814

OP Visit No : CANNOPV400581

Sample Collected on :

Reported on : 09-04-2024 18:38

LRN# : RAD2296780

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E22421

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.
Pancreas and spleen appear normal. Spleen measures 8.6 cms.
Portal and splenic veins appear normal. No evidence of ascites or lymphadenopathy.
Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 10.7 x 3.7 cms.
Left kidney measures 10.7 x 4.6 cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is not visualised (H/O surgery)
Right ovary measures 2.6 x 2.2 cms and shows follicles measuring ~ 1.8 x 1.4cm
Left ovary is not visualised -(H/O surgery)
Bladder is normal in contour.

IMPRESSION:

***POST HYSTERECTOMY STATUS.**



Patient Name : Mrs. UMARANI D

Age/Gender : 50 Y/F

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name : Mrs. UMARANI D

Age/Gender : 50 Y/F

UHID/MR No. : CANN.0000234814

OP Visit No : CANNOPV400581

Sample Collected on :

Reported on : 09-04-2024 17:10

LRN# : RAD2296780

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E22421

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

Patient Name : Mrs. UMARANI D

Age/Gender : 50 Y/F

UHID/MR No. : CANN.0000234814

OP Visit No : CANNOPV400581

Sample Collected on :

Reported on : 09-04-2024 16:26

LRN# : RAD2296780

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E22421

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

CH :No complaints
F/H/O Breast cancer :Mother
C/O Previous mammogram / USG :5years back (not available old report)
H/o Breast surgery :No

Tissue composition of Both breast

Heterogeneous background echotexture glandular and fatty tissues.

No suspicious solid /cystic lesion in both breast

No evidence of duct dilatation / architectural distortion.

The subareolar tissues are normal

No evidence of retromammary pathology is seen.

The axillary tails are normal.

No axillary lymphadenopathy.

IMPRESSION:

*NO SIGNIFICANT ABNORMALITY DETECTED

-USG BIRADS -I

-SUGGESTED MAMMOGRAM IN VIEW OF AGE

Dr. PRAVEENA SHEKAR T
MBBS, DMRD, FAGE
Radiology

CANN- 234814
OCC-102220



For General Checkup.
D. Umarani

Fw: Health Check up Booking Confirmed Request(22E22421),Package Code-PKG10000376, Beneficiary Code-311278

UMARANI DORAI RAJ <UMARANI.DORAI RAJ@bankofbaroda.com>

Tue 4/9/2024 9:51 AM

To: Annanagar Apolloclinic <annanagar@apolloclinic.com>
Cc: jjaguma@rediffmail.com <jjaguma@rediffmail.com>

From: Mediwheel <wellness@mediwheel.in>

Sent: Monday, April 8, 2024 2:40 PM

To: UMARANI DORAI RAJ <UMARANI.DORAI RAJ@bankofbaroda.com>

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

Subject: Health Check up Booking Confirmed Request(22E22421),Package Code-PKG10000376, Beneficiary Code-311278

ध्यान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर
JTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT

011-41195959

Dear **MS. DORAI RAJ UMARANI,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus Check Advanced - Female

Patient Package Name : Mediwheel Full Body Health Checkup Female Above 40

Name of Diagnostic/Hospital : Apollo Medical centre - Anna Nagar

Address of Diagnostic/Hospital- Apollo Medical Centre, 30, F- Block, 2nd Avenue, Anna Nagar
East, Chennai - 600012

City : Chennai

State : Tamil Nadu

Pincode : 600012

Appointment Date : 09-04-2024

Confirmation Status : Booking Confirmed

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

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MS. DORAIRAJ UMARANI	50 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 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.

Thanks,
Mediwheel Team
Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

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अस्वीकरण: ***** यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है. *****

Disclaimer: ***** This email (including any attachments) is intended for the sole use of the intended recipient/s and may contain material that is CONFIDENTIAL AND PRIVATE COMPANY INFORMATION. Any review or reliance by others or copying or distribution or forwarding of any or all of the contents in this message

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MRS. UMARANI, D
ID: 234814 RMC

09.04.2024 10:43:57 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

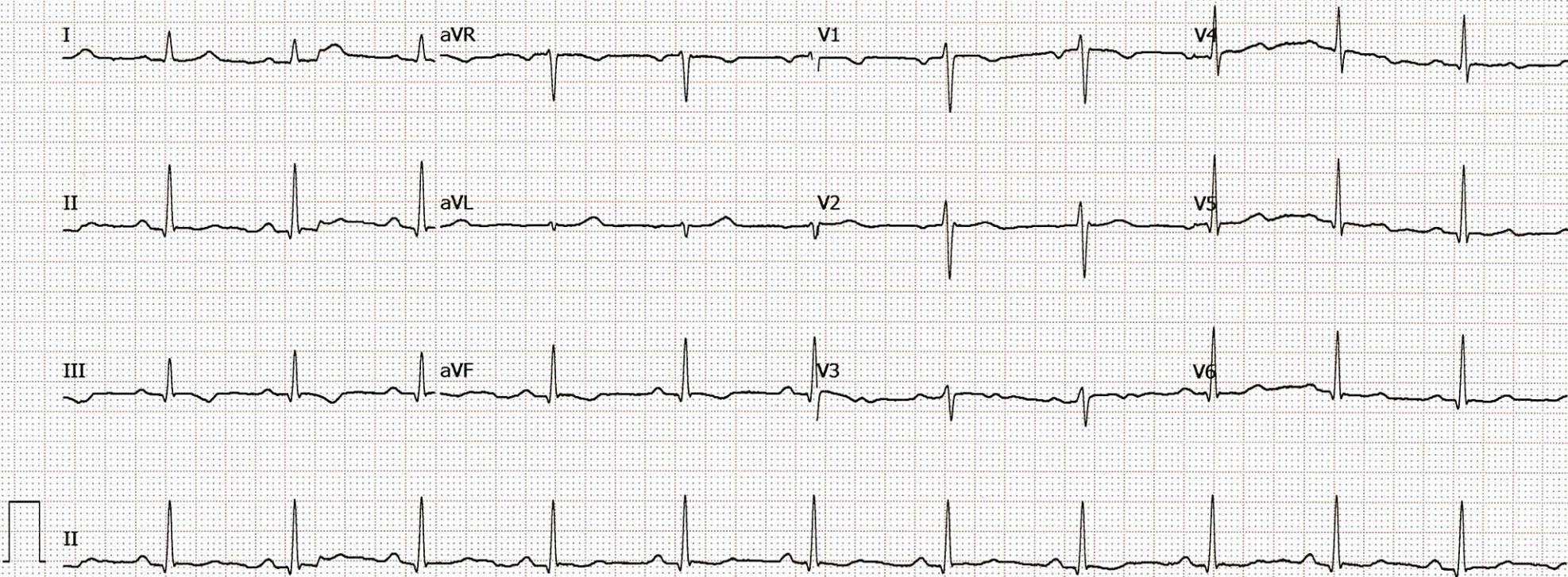
78
70 bpm
-- / -- mmHg

50 Years Female

Technician: _____
Ordering Ph: _____
Referring Ph: _____
Attending Ph: _____

QRS : 80 ms
QT / QTcBaz : 404 / 436 ms
PR : 188 ms
P : 102 ms
RR / PP : 858 / 857 ms
P / QRS / T : 66 / 73 / 3 degrees

MR
Ry



D. Umale

Unconfirmed

4x2.5x3_25_R1

1/1

GE MAC2000

1.1

12SL™ v241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

ENT check up

Umarani

SD/F

9/4/24

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

General Examination / Allergies
History

No complaints
? HOH
o/e
ENT (N)

Adv: Audiometry



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

AUDIOLOGY CASE RECORD

Name: Mrs. Chakraborty

Age: 50 Yrs



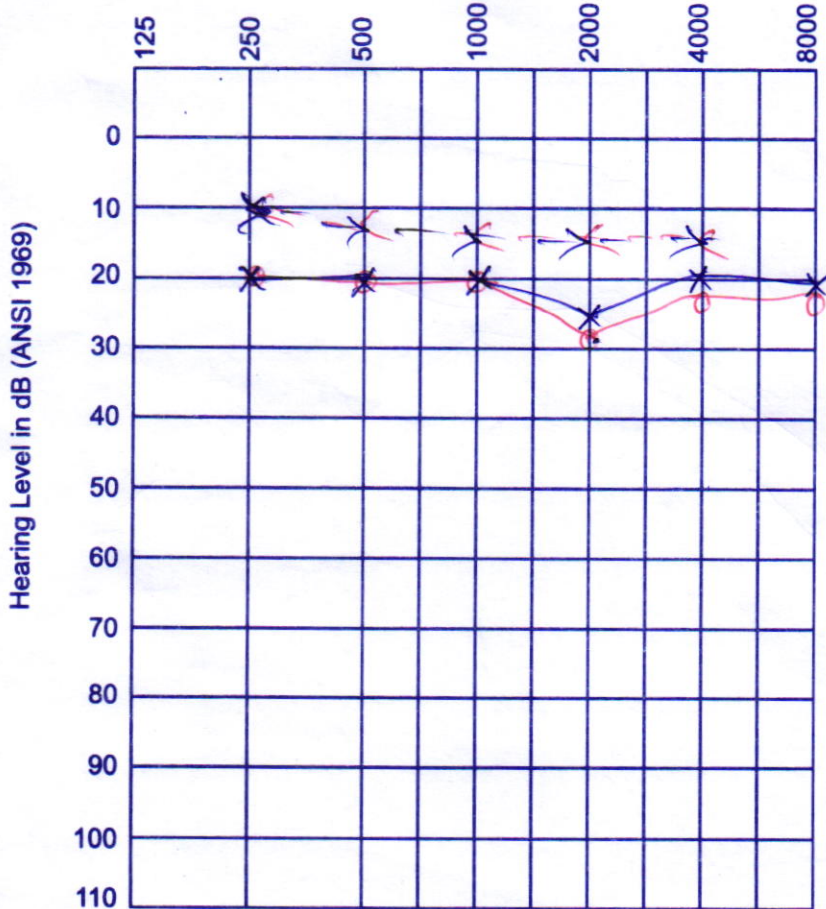
Hosp. Regn. No.

Sex: F

Date: 9/9/24

AUDIOGRAM

AUDIOGRAM KEY



Modality	Right	Left
AC Earphone		
Unmasked	○	×
Masked	△	□
No Response-AC		
Unmasked	●	⊗
Masked	▲	■
Bc-Mastoid		
Unmasked	<	>
Masked	[]
No Response		
Bc-Mastoid		
Unmasked	⚡	⚡
Masked	⚡	⚡
Colour Code	Red	Blue

Findings

Right Ear: 21.6 dB HL

Left Ear: 23.3 dB HL

B/L normal hearing limits.


 Signature

Name: Umakani . D
 Occupation:
 Age: 50Y Sex: Male Female
 Address:
 Ph:

Date: 9/11/24 Reg. No.: 234814
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History: Having Thyroid past 10 years
Existing glass user past 18 years

Present Complaint: Comfortable with present glass
with glass BE 6/6 No

ON EXAMINATION:

	RE	LE
Ocular Movements :	Full	Full
Anterior Segment :		
Intra-Ocular-Pressure :	N	N
Visual Acuity: D.V. :		
Without Glass :		
With Glass :	6/12	6/12
N.V. :		
Visual Fields :		
Fundus :	Nio	Nio
Impression :	Full	Full
Advice :		N
Colour Vision :	N	

OPHTHALMOLOGY / OPTOMETRIST

Sam


Apollo Clinic

CONSENT FORM

Patient Name: Umarani Age: 50/F
 UHID Number: 2388/11 Company Name: Arco Per

I Mr/Mrs/Ms Umarani Employee of Arco Per
 (Company) Want to inform you that I am not interested in getting Online (fasting)
 Tests done which is a part of my routine health check package. Dental / Papsmear
 And I claim the above statement in my full consciousness.

Patient Signature: D. Umran Date: 09/04/2024

 **Apollo Medical Centre**
 No. 30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Tel: 044-26224505, Mobile: 7358392880
 Toll No. 1860 500 7788

Patient Name : Mrs. UMARANI D Age : 50 Y/F
UHID : CANN.0000234814 OP Visit No : CANNOPV400581
Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 09-04-2024 11:26
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.0CM
LA (es)	2.9CM
LVID (ed)	4.8CM
LVID (es)	3.2CM
IVS (Ed)	0.8CM
LVPW (Ed)	0.9CM
EF	63%
%FD	33%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mrs. UMARANI D	Age	: 50 Y/F
UHID	: CANN.0000234814	OP Visit No	: CANNOPV400581
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 09-04-2024 11:26
Referred By	: SELF		

DOPPLER STUDIES MITRAL INFLOW :

E : 0.7m/sc A: 0.6 m/sc

Velocity / Gradient Across Pulmonic Valve : 0.8m/sc

Velocity / Gradient Across Aortic Valve : 1.1m/sc

IMPRESSION :

NO RWMA

NORMAL LEFT VENTRICULAR FUNCTION(EF - 63%)

NORMAL CARDIAC CHAMBERS & VALVES

TRIVIAL TRICUSPID REGURGITATION

NO PAH / CLOT / PE .

Dr.
RAKESH P
GOPAL

Patient Name	: Mrs. UMARANI D	Age	: 50 Y/F
UHID	: CANN.0000234814	OP Visit No	: CANNOPV400581
Conducted By:	: Dr. RAKESH P GOPAL	Conducted Date	: 09-04-2024 11:26
Referred By	: SELF		

Patient Name	: Mrs. UMARANI D	Age	: 50 Y/F
UHID	: CANN.0000234814	OP Visit No	: CANNOPV400581
Reported By:	: Dr. ARULNITHI AYYANATHAN	Conducted Date	: 09-04-2024 18:25
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.**
- 2. Heart rate is 70 beats per minutes.**

Impression:

NORMAL RESTING ECG.

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

Dr. ARULNITHI AYYANATHAN