

Patient Name : Mr.JANAHARA G	Collected : 23/Mar/2024 10:56AM
Age/Gender : 38 Y 9 M 8 D/M	Received : 23/Mar/2024 04:01PM
UHID/MR No : CVAL.0000057931	Reported : 23/Mar/2024 05:55PM
Visit ID : CVALOPV108428	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17143	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
NOTE/COMMENT	: Please correlate clinically.



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

SIN No:BED240080350

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

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.6	g/dL	13-17	Spectrophotometer
PCV	32.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.33	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	75.8	fL	83-101	Calculated
MCH	24.6	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.5	%	40-80	Electrical Impedance
LYMPHOCYTES	39.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	5.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5819.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4508.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	316.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	598.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
PLATELET COUNT	322000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
METHODOLOGY : Microscopic				

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

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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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



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

SIN No:BED240080350

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Patient Name : Mr.JANAHARA G	Collected : 23/Mar/2024 01:31PM
Age/Gender : 38 Y 9 M 8 D/M	Received : 23/Mar/2024 03:58PM
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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
GLUCOSE, FASTING , NAF PLASMA	108	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	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:PLP1436484

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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				
HBA1C, GLYCATED HEMOGLOBIN	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	161	mg/dL	<200	CHO-POD
TRIGLYCERIDES	129	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.03		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.25		<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.

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

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine 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).



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Emp/Auth/TPA ID : bobE17143	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.47	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	CALCULATED
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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'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.



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



SIN No:SE04673484

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Patient Name	: Mr.JANAHARA G	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 38 Y 9 M 8 D/M	Received	: 23/Mar/2024 04:03PM
UHID/MR No	: CVAL.0000057931	Reported	: 23/Mar/2024 05:28PM
Visit ID	: CVALOPV108428	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17143		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	27.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	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	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated



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Ref Doctor : Dr.Dr PADMINI M	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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<55	IFCC



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M.D.(Biochemistry)



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Age/Gender : 38 Y 9 M 8 D/M	Received : 23/Mar/2024 04:00PM
UHID/MR No : CVAL.0000057931	Reported : 23/Mar/2024 05:37PM
Visit ID : CVALOPV108428	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17143	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.71	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.560	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

1. 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.
2. 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.
3. 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.
4. 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
M.D.(Biochemistry)



SIN No: SPL24053999

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Patient Name : Mr.JANAHAARA G	Collected : 23/Mar/2024 10:56AM
Age/Gender : 38 Y 9 M 8 D/M	Received : 23/Mar/2024 04:00PM
UHID/MR No : CVAL.0000057931	Reported : 23/Mar/2024 05:37PM
Visit ID : CVALOPV108428	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17143	

DEPARTMENT OF IMMUNOLOGY

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



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



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Patient Name : Mr.JANAHARA G	Collected : 23/Mar/2024 10:56AM
Age/Gender : 38 Y 9 M 8 D/M	Received : 23/Mar/2024 04:03PM
UHID/MR No : CVAL.0000057931	Reported : 23/Mar/2024 07:12PM
Visit ID : CVALOPV108428	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17143	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
pH	5.5		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	5-7	/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	PRESENT		ABSENT	MICROSCOPY

TRIPLE PHOSPHATE CRYSTALS PRESENT.

Result is rechecked. Kindly correlate clinically



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

SIN No:UR2314666

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Patient Name	: Mr.JANA HAR A G	Collected	: 23/Mar/2024 10:56AM
Age/Gender	: 38 Y 9 M 8 D/M	Received	: 23/Mar/2024 04:04PM
UHID/MR No	: CVAL.0000057931	Reported	: 23/Mar/2024 05:18PM
Visit ID	: CVALOPV108428	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE17143		

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



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

SIN No:UPP017228

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Patient Name : Mr.JANAHARA G	Collected : 23/Mar/2024 10:56AM
Age/Gender : 38 Y 9 M 8 D/M	Received : 23/Mar/2024 04:08PM
UHID/MR No : CVAL.0000057931	Reported : 23/Mar/2024 05:38PM
Visit ID : CVALOPV108428	Status : Final Report
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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(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



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

SIN No:UF011399

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Patient Name : Mrs. JANAHARA G

Age/Gender : 38 Y/F

UHID/MR No. : CVAL.0000057931

OP Visit No : CVALOPV108428

Sample Collected on :

Reported on : 25-03-2024 12:26

LRN# : RAD2279278

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17143

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

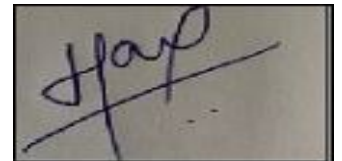
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

Normal study.



Dr. HARSHINI U
MD (Radio Diagnosis)
Radiology

General Examination

Height :	Pulse :	B.P.:	Temperature
Weight :	CVS :	RS :	

Pain : Score _____ Location : _____ Character : _____

Breasts : *oA7*

Abdomen : *PA - soft*

Local / Speculum examination :

Binmanual examination : *PA - patient is menis malit*

PR :

Investigation:

Provisional Diagnosis *Papernaal*

Proposed Care Plan : *to be taken after mens*

Patient Education / Counselling

- Current Status
- Outcome
- Expected Cost
- Any other, specify _____

[Signature]
Signature :

Name :

Date: 23/03/24

CASE RECORD

Name: Mr Janahara G

Age: 38+

UHID:

Consultant:

ALLERGIES:

Chief Complaints

None of note

Menstrual History :

Marital History :

Functional Status : (ability to do routine activities)

Last Cervical Smear

LMP: 19/3/24

Contraception History :

Obstetric History :

Para 2 | Both MVD | Uter - 13 years | stable.

Past Medical History :

Past Surgical History :

- Sterilized

Psychological Status :

Normal Anxious Depressed

Social History : -

Family History : -

Nutritional Status :

Build :

Present Medications:

OPHTHALMOLOGY

Name <i>Mrs. JANAHARA. G.</i>	Date <i>23.03.24</i>
Age <i>38</i>	UHID No. <i>CVAL. 57931</i>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

No H/O using specs

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i>
DV-BCVA :	<i>-</i>	<i>-</i>
NEAR VISION :	<i>Add +1.00 DSph N6</i>	<i>Add +1.00 DSph N6</i>
ANTERIOR SEGMENT :	<i>-</i>	<i>-</i>
IOP :	<i>-</i>	<i>-</i>
FIELDS OF VISION :	<i>-</i>	<i>-</i>
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :	<i>-</i>	<i>-</i>
ADVICE :		

Date : 23-03-2024

Department : GENERAL PHYSICIAN

MR NO : CVAL.0000057931

Doctor : Dr. PADMINI M.

Name : Mr. JANA HARA G

Registration No : 25154

Age/ Gender : 38 Y / Male

Qualification : MD

Consultation Timing: 10:47

Height: 150	Weight: 78.7	BMI: —	Waist Circum: —
Temp: 98	Pulse: 82	Resp: 12	B.P: 120/80

**General Examination / Allergies
History**

Headache bilateral recurrent + frequent.
 H/O HTN (N)
 O/E Pulm (R) normal BP 120/80
 Cur
 on Sun

Migraine

M. Padmini

Follow up date:

Doctor Signature & Stamp

JANA HARA. G.

38/F

DR. GOWRI PRIYADHARSHINI V
M.BBS, M.S, DNB (ENT)
Rg no. 122699.

Patient came for routine health check up.

Complaints of headache on and off.

no global headache, pulsatile

no photophobia, Phonophobia (+).

aggravated by exertion, no visual aura.

no /o ear pain, ear discharge.

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Ear - B/L TM Intact.

Nose - DNS (+), Mucosa (N)

Throat - PPs clear.

PNS - Tenderness (+) in the frontal sinus region.

Neck - No palpable nodes.

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Mucositis (+) in
the frontal region.

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Headache for evaluation
(? acute sinusitis)

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T. ZERODOL P 1-0-1 x 3day
(A/F)

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T. AUGMENTIN 625mg 1-0-1 x 5day
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AIR F2 2puff 1-0-1 x 2week

T. MONTEK BL 0-0-1 x 2week
(B/F)

T. INDERAL LA 40mg 0-1-0 x 2week

To review after 2week.

P
Puri
Bansal

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Janahara A. on _____

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>To take treatment for Anemia / DM / Hypertension</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. M. Padmini
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Dr. M. PADMINI, MD.,
Gen. Medicine,
Reg.No: 25154

Name: Mrs. JANAHARA G
Age/Gender: 38 Y/F
Address: GERUGAMBAKKAM
Location: CHENNAI, TAMIL NADU
Doctor: Dr. PADMINI M
Department: GENERAL PHYSICIAN
Rate Plan: VALASARAVAKKAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.0000057931
Visit ID: CVALOPV108428
Visit Date: 23-03-2024 10:47
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: **NIL**,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: **For Routine Health Checkup**,

CHIEF COMPLAINTS:- **Headche**,

GENERAL SYMPTOMS :: **NIL**,

Present Known Illness

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

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No**,

**Weight

--->: **Stable**,

Number of kgs: **78.7**,

General Symptoms

: **NIL**,

Present Medications

-): **Nil**,

HT-HISTORY

Past Medical History

ALLERGIES: **Nil**,

PAST MEDICAL HISTORY: **Nil Significant**,

Cancer: **NIL,

Past surgical history

Surgical history: **NIL**,

Family History

Diabetes	mother ,
-->	
Hypertension	mother ,

PHYSICAL EXAMINATION

General Examination

General appearance: **Normal**,

Build: **Obese**,

Height (in cms): **150**,

Weight (in Kgs): **78**,

BMI: **34**,

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate (Per Minute) : **80**,

Rhythm---: **regular**,

Blood pressure:::: **sitting**,

Systolic: **120**,

Diastolic: **80**,

IMPRESSION

Apollo Health check

Findings: **TYPE 2 DIABETIC MELLITUS ,
OBESITY ,
ANAEMIA ,**

EKG

: **WITHIN NORMAL LIMITS ,**

Echo Lab

: **NORMAL STUDY ,**

X-Ray

: **NORMAL STUDY ,**

RECOMMENDATION

Advice on Medication

Advice: **T. OXRA MET XR 10/1000(1-0-0)**,

**T. FLUNARIN 10MG (1-0-0),
Y. BEFORTE (0-0-1) ,**

Fitness Report

Fitness.: **YES,**

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

General Examination

Height :	Pulse :	B.P.:	Temperature
Weight :	CVS :	RS :	

Pain : Score _____ Location : _____ Character : _____

Breasts : *oA*

Abdomen : *PA - soft*

Local / Speculum examination :

Binmanual examination : *PA - patient is menis mal*

PR :

Investigation:

Provisional Diagnosis *Papernaal*

Proposed Care Plan : *to be taken after mens*

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To review after 2week.

P
Puri
Bhawan

Patient Name : Mrs. JANAHARA G Age : 38 Y/F
UHID : CVAL.0000057931 OP Visit No : CVALOPV108428
Conducted By: : Dr. S NISHANTH . Conducted Date : 23-03-2024 15:22
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.8 CM
LA (es)	3.1 CM
LVID (ed)	4.3 CM
LVID (es)	2.7 CM
IVS (Ed)	1.1/1.2 CM
LVPW (Ed)	1.1/1.2 CM
EF	67.00%
%FD	37.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	NORMAL

Patient Name	: Mrs. JANAHARA G	Age	: 38 Y/F
UHID	: CVAL.0000057931	OP Visit No	: CVALOPV108428
Conducted By:	: Dr. S NISHANTH .	Conducted Date	: 23-03-2024 15:22
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES

PWD: A>E AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.9m/sec


**VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.2/6 m/sec**

VELOCITY ACROSS THE AV UPTO 1.4/8 m/sec

TR VELOCITY UPTO 1.4/8 m/sec

IMPRESSION :

- **NO REGIONAL WALL MOTION ABNORMALITY**
- **STRUCTURALLY VALVES ARE NORMAL**
- **NORMAL LV SYSTOLIC FUNCTION**
- **GRADE 1 DIASTOLIC DYSFUNCTION**
- **NORMAL CHAMBERS DIMENSIONS**
- **NO PERICARDIAL EFFUSION /CLOT/PAH**



**Dr. S
NISHANTH**

Patient Name	: Mrs. JANA HARA G	Age	: 38 Y/F
UHID	: CVAL.0000057931	OP Visit No	: CVALOPV108428
Reported By:	: Dr. MANJULA RANGANATHAN M	Conducted Date	: 23-03-2024 17:01
Referred By	: SELF		

ECG REPORT

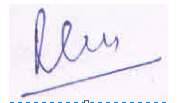
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82beats per minutes.

Impression:

WITHIN NORMAL LIMITS

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



Dr. MANJULA RANGANATHAN M