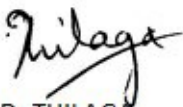


Patient Name : Mrs.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 01:34PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 02:43PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

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
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Consultant Pathologist

SIN No:BED240078715

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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	11.9	g/dL	12-15	Spectrophotometer
PCV	35.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.03	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	44.4	%	40-80	Electrical Impedance
LYMPHOCYTES	46.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.5	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1909.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1982.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	64.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	313.9	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.96		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

Page 2 of 15



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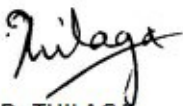
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Visit ID	: CVELOPV201626	Status	: Final Report
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Emp/Auth/TPA ID	: 126347		

DEPARTMENT OF HAEMATOLOGY

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PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
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
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.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 02:48PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 03:53PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

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	102	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)	96	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:PLP1435338

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Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 01:35PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 03:40PM
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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	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	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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Patient Name	: Mrs.RAMA SWAMINATHAN	Collected	: 23/Mar/2024 08:03AM
Age/Gender	: 37 Y 3 M 17 D/F	Received	: 23/Mar/2024 04:05PM
UHID/MR No	: CVEL.0000142754	Reported	: 23/Mar/2024 06:35PM
Visit ID	: CVELOPV201626	Status	: Final Report
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	226	mg/dL	<200	CHO-POD
TRIGLYCERIDES	135	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	177	mg/dL	<130	Calculated
LDL CHOLESTEROL	150	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.61		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<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 7 of 15



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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).



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Patient Name : Mrs.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 04:05PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 06:35PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

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	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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:SE04671799

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

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Patient Name	: Mrs.RAMA SWAMINATHAN	Collected	: 23/Mar/2024 08:03AM
Age/Gender	: 37 Y 3 M 17 D/F	Received	: 23/Mar/2024 04:05PM
UHID/MR No	: CVEL.0000142754	Reported	: 23/Mar/2024 06:35PM
Visit ID	: CVELOPV201626	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 126347		

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	0.59	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated



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



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Patient Name	: Mrs.RAMA SWAMINATHAN	Collected	: 23/Mar/2024 08:03AM
Age/Gender	: 37 Y 3 M 17 D/F	Received	: 23/Mar/2024 04:05PM
UHID/MR No	: CVEL.0000142754	Reported	: 23/Mar/2024 06:25PM
Visit ID	: CVELOPV201626	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 126347		

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	14.00	U/L	<38	IFCC



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



SIN No:SE04671799

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Patient Name : Mrs.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 04:14PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 06:05PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

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)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.23	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.820	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: SPL24052627

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Patient Name : Mrs.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 02:18PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 03:45PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

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 STRAW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

SIN No: UR2313127

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



Patient Name : Mrs.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 23/Mar/2024 02:18PM
UHID/MR No : CVEL.0000142754	Reported : 23/Mar/2024 02:39PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

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

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

Page 14 of 15



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

SIN No:UF011270

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Patient Name : Mrs.RAMA SWAMINATHAN	Collected : 23/Mar/2024 08:03AM
Age/Gender : 37 Y 3 M 17 D/F	Received : 24/Mar/2024 05:19PM
UHID/MR No : CVEL.0000142754	Reported : 26/Mar/2024 04:32PM
Visit ID : CVELOPV201626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126347	

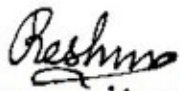
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7027/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr. Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:CS077262

This test has been performed at Apollo Health & Lifestyle Ltd. Global Reference Laboratory,Hyderabad
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Patient Name : Mrs. RAMA SWAMINATHAN

Age/Gender : 37 Y/F

UHID/MR No. : CVEL.0000142754

OP Visit No : CVELOPV201626

Sample Collected on :

Reported on : 23-03-2024 16:35

LRN# : RAD2277640

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 126347

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. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

Patient Name	: Mrs. RAMA SWAMINATHAN	Age/Gender	: 37 Y/F
UHID/MR No.	: CVEL.0000142754	OP Visit No	: CVELOPV201626
Sample Collected on	:	Reported on	: 23-03-2024 14:37
LRN#	: RAD2277640	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 126347		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (13.2 cms) with increased echogenicity. No focal lesion is seen. No dilatation of the intrahepatic biliary radicals.

Gall bladder is partially distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. PV and CBD normal.

Spleen appears normal (8.1 cm). 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 - 9.2 x 4.1 cms. **Left kidney** - 10.1 x 4.1 cms.

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 : Post LSCS elongated uterus and measuring 8.1 x 3.9 x 4.0 cms.

Endometrial echo-complex appears normal and measures 5.3 mm.

Both ovaries appears normal in size, shape and echotexture.

Right ovary - 2.4 x 1.4 cms.

Left ovary - 2.5 x 1.8 cms.

No evidence of any adnexal pathology noted.

Post appendectomy status.

IMPRESSION:-

*** GRADE I FATTY LIVER.**

(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.

Patient Name : Mrs. RAMA SWAMINATHAN

Age/Gender : 37 Y/F



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Name: Mrs. RAMA SWAMINATHAN
Age/Gender: 37 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: CVEL.0000142754
Visit ID: CVELOPV201626
Visit Date: 23-03-2024 07:58
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. RAMA SWAMINATHAN
Age/Gender: 37 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PAVITHRA RAMAKRISHNAN

MR No: CVEL.0000142754
Visit ID: CVELOPV201626
Visit Date: 23-03-2024 07:58
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. RAMA SWAMINATHAN
Age/Gender: 37 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: CVEL.0000142754
Visit ID: CVELOPV201626
Visit Date: 23-03-2024 07:58
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. RAMA SWAMINATHAN
Age/Gender: 37 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000142754
Visit ID: CVELOPV201626
Visit Date: 23-03-2024 07:58
Discharge Date:
Referred By: SELF

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Name: Mrs. RAMA SWAMINATHAN
Age/Gender: 37 Y/F
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Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000142754
Visit ID: CVELOPV201626
Visit Date: 23-03-2024 07:58
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

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
23-03-2024 14:27	72 Beats/min	160/60 mmHg	18 Rate/min	98 F	167 cms	59 Kgs	%	%	Years	21.16	82 cms	93 cms	cms		AHLL02475

Established Patient: No

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
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LETTER OF APPROVAL / RECOMMENDATION

14

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. SWAMINATHAN RAMA
EC NO.	162009
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	CHENNAI, T NAGAR
BIRTHDATE	06-12-1986
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M162009100103350E

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 **20-03-2024** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



सत्यमेव जयते
भारत सरकार



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No.: 2007/18327/51922

To
ரமா சுவாமிநாதன்
Rama Swaminathan
W/O: Purushothaman
6/7 SELVARAJ STREET
GANAPATHIPURAM
Chromepet
Chromepet
Alandur Kancheepuram
Tamil Nadu 600044
9962011858

02/11/2013

70719650

MN707196500FT



உங்கள் ஆதார் எண் / Your Aadhaar No. :

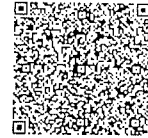
4531 1640 2733

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்
Government of India

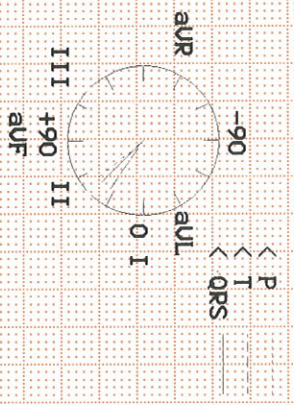
ரமா சுவாமிநாதன்
Rama Swaminathan
பிறந்த நாள் / DOB : 06/12/1986
பெண்பால் / Female



4531 1640 2733

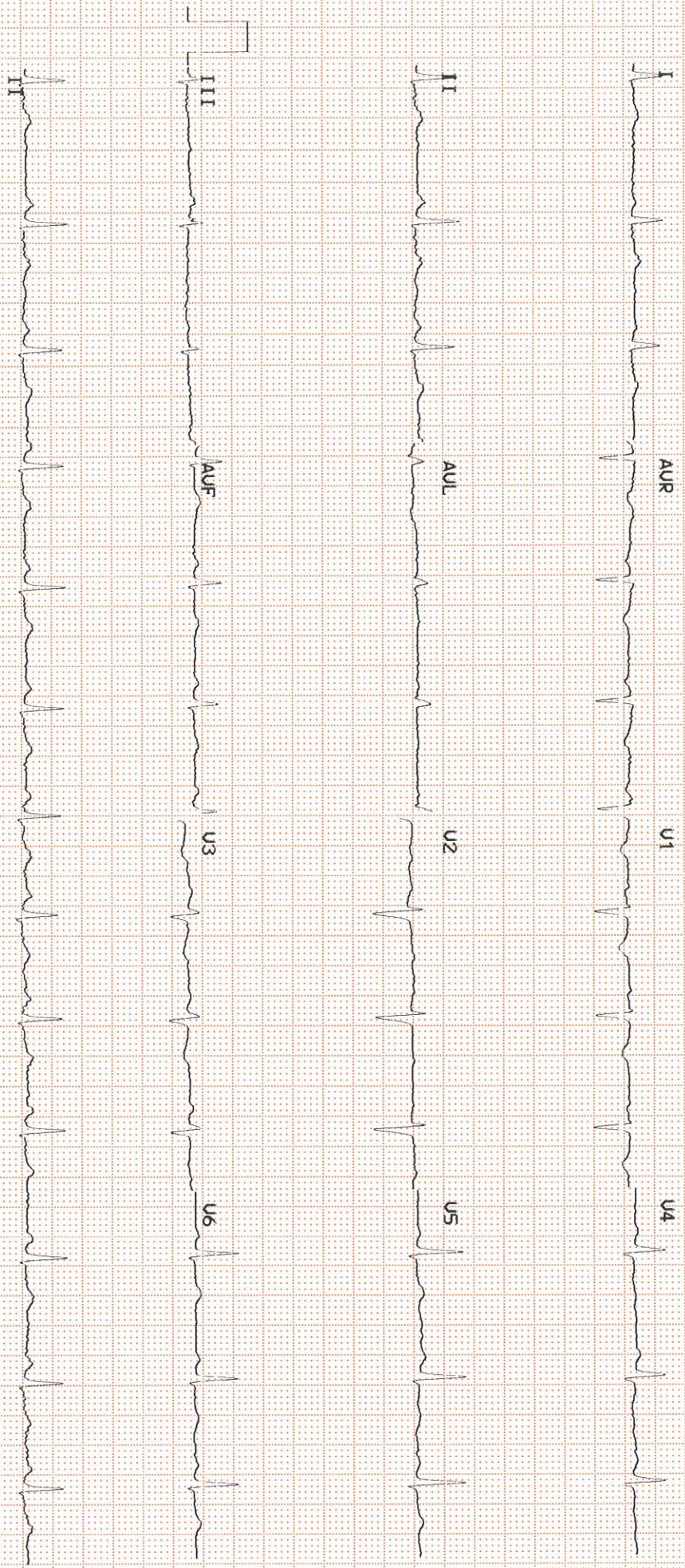
ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Measurement Results:
 QRS : 94 ms
 QT/QTcB : 392 / 446 ms
 PR : 148 ms
 P : 112 ms
 RR/PP : 774 / 770 ms
 P/QRS/T : 50 / 45 / 35 degrees
 QTd/QTcBD : 36 / 41 ms
 Sokolow : 1.3 mV
 NK : 10



Interpretation:

Unconfirmed report.



GYNAECOLOGY CONSULT

Name: <i>MRS. Rama Swaminathan</i>	UHID: <i>142759</i>	Date: <i>23.3.24</i>
Age: <i>37</i>	Consultant Gynaecologist: <i>DR. P. Wilkin</i>	

DRUG ALLERGIES

Complaints (related to Gynaec) - **NIL SPECIFIC / YES**

Known to have Diabetes / Hypertension / IHD / Asthma / Thyroid / Others *Nil*

Past Medical / Surgical History: *LSCS.*

Family History :

OTHER SYSTEMS:

GYNAEC HISTORY :

Marital Status - **S/M/Others**

Children -

Deliveries -

L.C.B. -

Abortion -

Contraception -

Periods -

L.M.P. -

Menopause -

P4 / LSCS
IAMP
4-45

Present Medication :

GENERAL EXAMINATION :

Height :

Weight :

Bmi :

General Condition :

Blood Pressure:

Thyroid :

Others :

GYNAEC EXAMINATION:

P/A *Soft*

S/E

PV *Ch & vagina - NAD*

P/R

BREASTS: *B/L Soft*

REVIEW DETAILS : (with date)
With Patient / With reports only

PAP SMEAR : Taken / Not Taken (Reason)

OPINION & ADVICE :




Signature with Date & Time :

OPHTHALMOLOGY

Name <i>Mrs. Rama Swaminathan</i>	Date <i>23/3/2024</i>
Age <i>37 yrs</i>	UHID No. <i>142754</i>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i>
DV-BCVA :		
NEAR VISION :	<i>N₆</i>	<i>N₆</i>
ANTERIOR SEGMENT :		
IOP :	<i>(N)</i>	<i>(N)</i>
FIELDS OF VISION :		
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>fit R/A - 6 months</i>	


23/3/2024

CERTIFICATE OF MEDICAL FITNESS

Height : 167 · Cm	Weight : 59.1 kg	BMI : 21.2.	BP : 100 / 60 mmHg
OPHTHAL CHECK : Right Eye : 6/6.		Left Eye : 6/6.	Colour vision : (2)

This is to certify that I have conducted the clinical examination
Of Mrs. Rama Swaminathan on 23/3/24

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

- Medically Fit ✓
FIT FOR WORK
- Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after _____

- Currently Unfit.
Review after NIL recommended

- Unfit NIL

M.S.

Dr. _____
Medical officer
Apollo clinic(Location)

This certificate is not meant for medico-legal purposes



Dr. M S KOUTILYA CHOUDARY
MBBS., MD.,
Sqn Ldr (Retd),
Reg. No. TNMC 167543

Patient Name : Mrs. RAMA SWAMINATHAN Age : 37 Y/F
UHID : CVEL.0000142754 OP Visit No : CVELOPV201626
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 23-03-2024 12:33
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.5 CM
LA (es)	3.5 CM
LVID (ed)	4.6 CM
LVID (es)	2.9 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	1.1 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	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

Patient Name	: Mrs. RAMA SWAMINATHAN	Age	: 37 Y/F
UHID	: CVEL.0000142754	OP Visit No	: CVELOPV201626
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 23-03-2024 12:33
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

AV max 0.9 m/s ; PG3.6 mmHg;

PV max 0.9 m/s; PG 3.0mmHg;

MV E 0.8 m/s ; MV A 0.5 m/s;

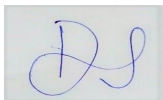
TV E 0.7 m/s; TV A 0.4 m/s.

Impression

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR IN SIZE & SYSTOLIC FUNCTION;

*NO PERICARDIAL EFFUSION/ PULMONARY ARTERY
HYPERTENSION.



DR.SHANMUGA SUNDRAM
CONSULTANT CARDIOLOGIST

Patient Name	: Mrs. RAMA SWAMINATHAN	Age	: 37 Y/F
UHID	: CVEL.0000142754	OP Visit No	: CVELOPV201626
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 23-03-2024 12:33
Referred By	: SELF		
