

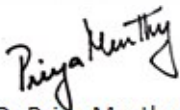
Patient Name : Mrs.CHAITRA M S	Collected : 29/Mar/2024 09:22AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 29/Mar/2024 10:54AM
UHID/MR No : CINR.0000165118	Reported : 29/Mar/2024 01:13PM
Visit ID : CINROPV223626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18558	

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	13.7	g/dL	12-15	Spectrophotometer
PCV	41.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.61	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	89.1	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.3	%	40-80	Electrical Impedance
LYMPHOCYTES	24.2	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5761.28	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2168.32	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	456.96	Cells/cu.mm	20-500	Calculated
MONOCYTES	573.44	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.66		0.78- 3.53	Calculated
PLATELET COUNT	303000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No:BED240086947

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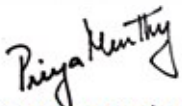
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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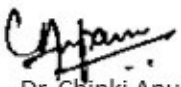


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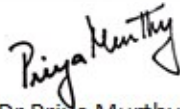
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 33 Y 6 M 0 D/F	Received : 29/Mar/2024 11:08AM
UHID/MR No : CINR.0000165118	Reported : 29/Mar/2024 11:44AM
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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	166	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)	182	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.9	%		HPLC


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SIN No: EDT240040294

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ESTIMATED AVERAGE GLUCOSE (eAG)	151	mg/dL	Calculated
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Comment:

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

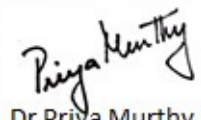
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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	202	mg/dL	<200	CHO-POD
TRIGLYCERIDES	159	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	137.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.32		<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.


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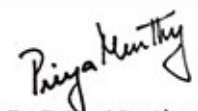
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.27	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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.

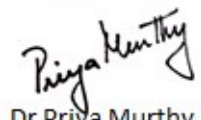
2. Cholestatic Pattern:

- 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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 MSc, MPhil, (Phd)
 Consultant Biochemist


Dr Priya Murthy
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 Consultant Pathologist



SIN No:SE04680339

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory
 THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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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 Karnataka- 560034



1860 500 7788
 www.apolloclinic.com

Patient Name : Mrs.CHAITRA M S	Collected : 29/Mar/2024 09:22AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 29/Mar/2024 12:14PM
UHID/MR No : CINR.0000165118	Reported : 29/Mar/2024 01:49PM
Visit ID : CINROPV223626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE18558	

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	0.66	mg/dL	0.51-0.95	Jaffe's, Method
UREA	13.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated


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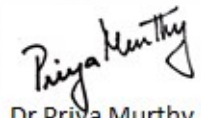
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DEPARTMENT OF BIOCHEMISTRY

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	15.00	U/L	<38	IFCC


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Patient Name : Mrs.CHAITRA M S	Collected : 29/Mar/2024 09:22AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 29/Mar/2024 11:37AM
UHID/MR No : CINR.0000165118	Reported : 29/Mar/2024 01:36PM
Visit ID : CINROPV223626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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)	1.4	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.711	µIU/mL	0.34-5.60	CLIA

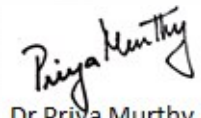
Comment:

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


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Dr Priya Murthy
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 Consultant Pathologist



SIN No: SPL24058853

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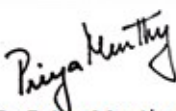

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Visit ID : CINROPV223626	Status : Final Report
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Emp/Auth/TPA ID : bobE18558	

DEPARTMENT OF IMMUNOLOGY

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


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Patient Name : Mrs.CHAITRA M S	Collected : 29/Mar/2024 09:21AM
Age/Gender : 33 Y 6 M 0 D/F	Received : 29/Mar/2024 04:23PM
UHID/MR No : CINR.0000165118	Reported : 29/Mar/2024 08:22PM
Visit ID : CINROPV223626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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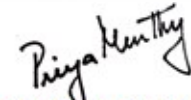
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2319811

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Age/Gender : 33 Y 6 M 0 D/F	Received : 29/Mar/2024 04:23PM
UHID/MR No : CINR.0000165118	Reported : 29/Mar/2024 06:50PM
Visit ID : CINROPV223626	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(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

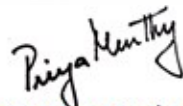
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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Consultant Pathologist



Dr Priya Murthy
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Consultant Pathologist



SIN No:UF011534

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Name : Mrs. CHAITRA M S

Age: 33 Y

UHID: CINR.0000165118

Sex: F



Address :blr

OP Number: CINROPV223626

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No : CINR-OCR-95771

Date : 29.03.2024 09:14

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

Height : 167 Cm	Weight : 96.4 Kg	BMI : 34.6	Waist Circum : 105 Cm
Temp : 98.8 F	Pulse : 100 bpm	Resp : 18 bpm	B.P : 100/70 mmHg

General Examination / Allergies
History

diagnosed

Clinical Diagnosis & Management Plan

33 yr A2L2, Comp - Feb 24th
left + ue.

Scan - EP.

Pap not done

Law

Follow up date:

Doctor Signature

29.03.2024

Mrs. Chaitra M.S

33yrs / F.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Arsopuni - AHC.

Ears: NTD

Nose: NTD

Throat: NTD

Follow up date:

Dr. RAVINDRANATH KUDVA
M.B.B.S., D.L.O.


Doctor Signature

E.N.T. SURGEON

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Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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Mrs chaitra m s
ID: 165118

06.02.1991
33 Years

Female

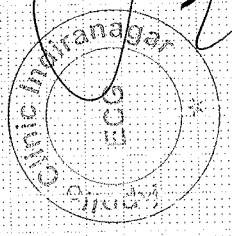
QRS 80 ms
QT / QTcBaz 350 / 425 ms
PR 142 ms
P 76 ms
RR / PP 674 / 674 ms
P / QRS / T 34 / 42 / 17 degrees

29.03.2024 12:24:17
APOLLO CLINIC
INDIRANAGAR
BANGALORE

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

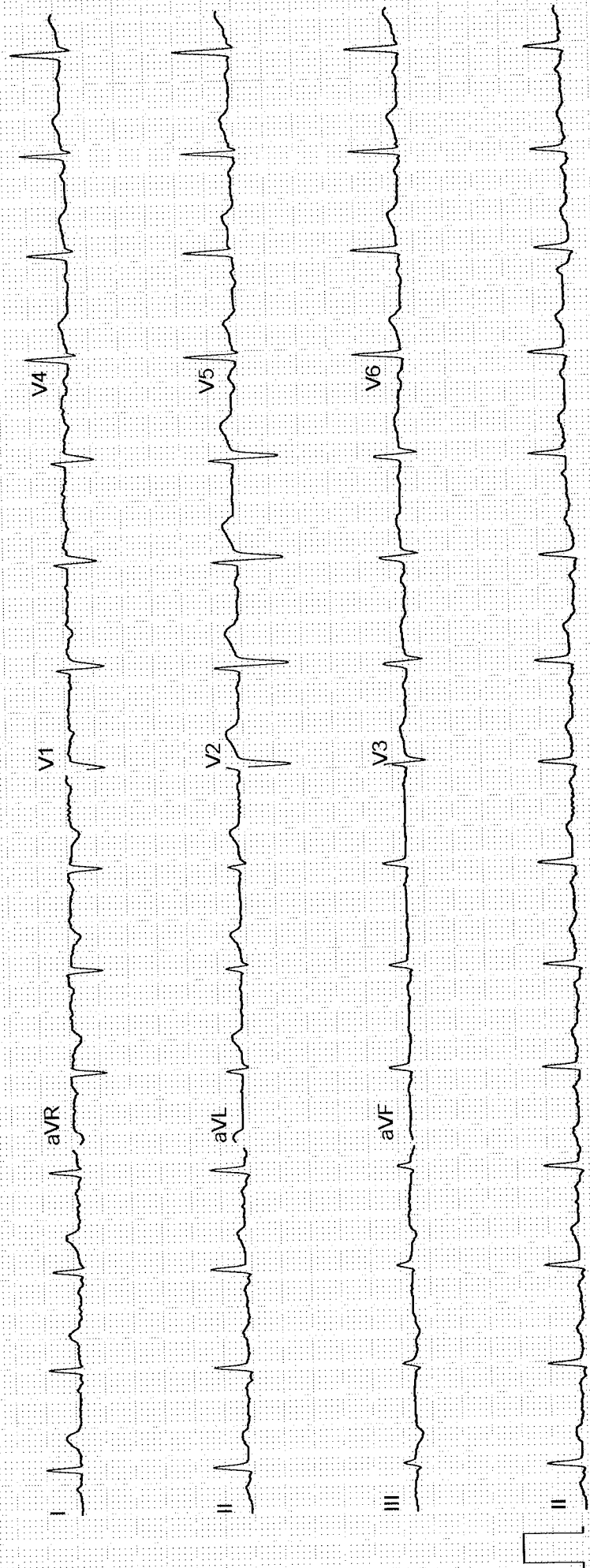
89 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Dr. M. SUDHAKAR RAO

MBBS, MD (DM)Cardio, FACC, FESC, FSCAI
Consultant, Cardiologist
KMC Reg No: CTG0000018KTK
Apollo Clinic



8904419004

OPHTHAL PRESCRIPTION

PATIENT NAME : Chaitra Ms
UHID NO : CINR-OCR-95781
OPTOMETRIST NAME: Ms.Swathi

DATE : 29/03/24
AGE : 33
GENDER : Female

This is to certify that I have examined
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance		0.75	180	6/6		0.25	180	6/6
Add				N6				N6

PD - RE: _____ LE: _____

Colour Vision: Normal

Remarks:

Apollo clinic Indiranagar

NAME: MRS CHAITHRA M S	AGE/SEX: 33/F	OP NUMBER: 165118
Ref By : SELF	DATE: 29-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO:	IVS(D): 0.9	MV: E Vel:0.8	MV: A Vel : 0.6
LA:	LVIDD(D): 4.2	AV Peak: 1.5	
	LVPW(D):1.1	PV peak: 1.2	
	IVS(S): 1.5		
	LVID(S): 2.2		
	LVEF: 60%		
	LVPW(S): 1.1		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal



	Normal
Others	---

IMPRESSION :

Normal Chambers Dimension & Valves

No Regional wall motion abnormality

Normal PA Pressure

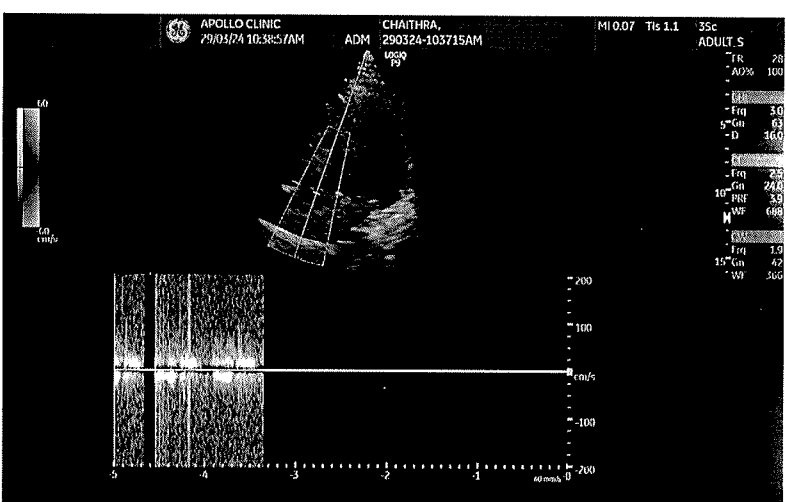
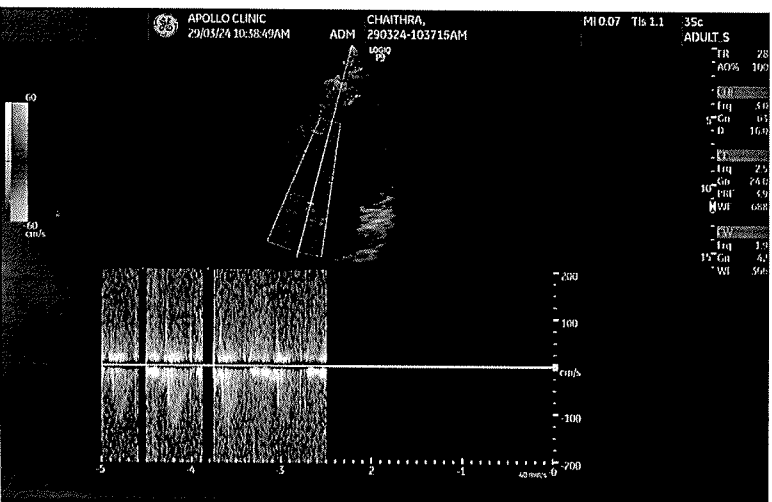
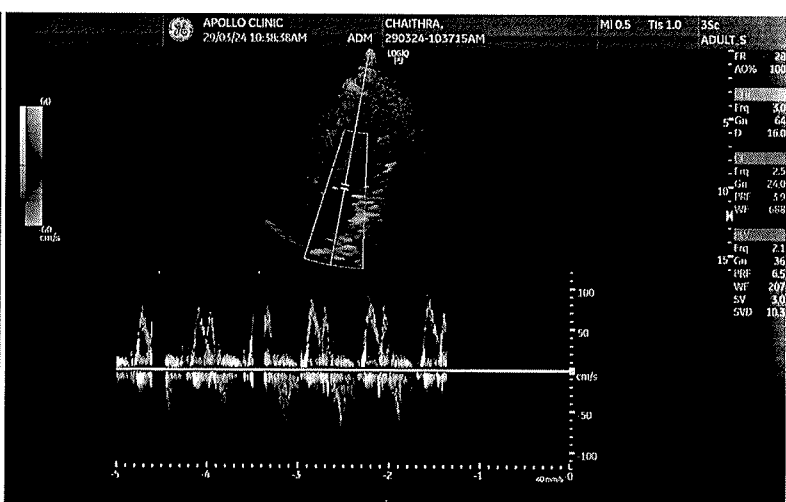
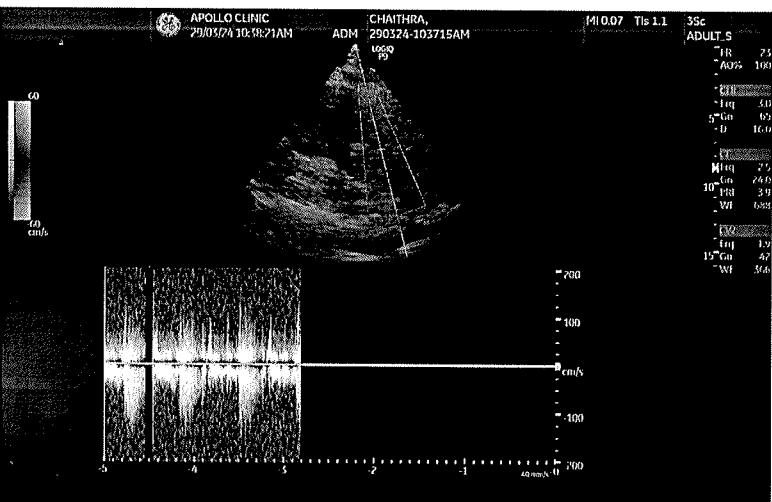
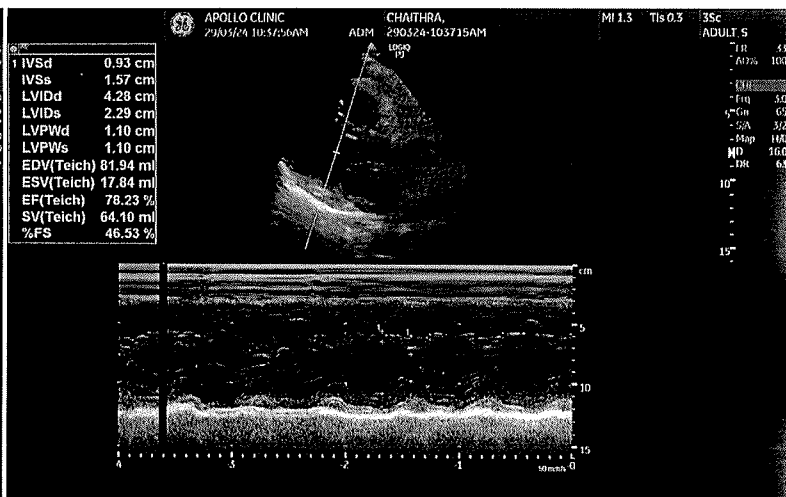
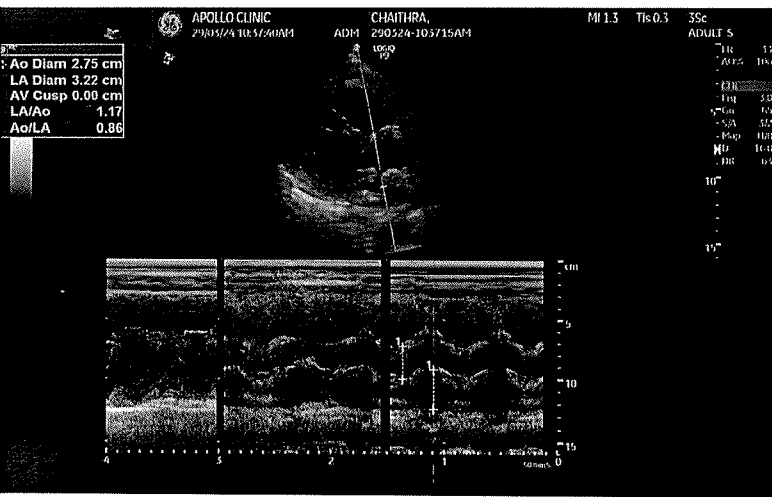
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 60%

DR ROCKEY KATHERIA MD,DM

CONSULTANT CARDIOLOGIST

Ne
Dr. ROCKEY KATHERIA
MBBS, MD, DM(Cardio)
Consultant Cardiologist
KMC Reg No. 94738
Apollo Clinic



Dear Chaitra M S,

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

Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar
Address of Diagnostic/Hospital- : 2012,1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038
City : Bangalore
State : Karnataka
Pincode : 560038
Appointment Date : 29-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Yashass Jain R	36 year	Male



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name


चंद्र एन एन
Chandra N S

E.C. No.

163545




जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

Patient Name : Mrs. CHAITRA M S

Age/Gender : 33 Y/F

UHID/MR No. : CINR.0000165118

OP Visit No : CINROPV223626

Sample Collected on :

Reported on : 29-03-2024 19:10

LRN# : RAD2286138

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE18558

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

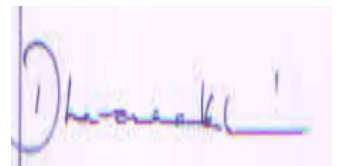
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. CHAITRA M S

Age/Gender : 33 Y/F

UHID/MR No. : CINR.0000165118

OP Visit No : CINROPV223626

Sample Collected on :

Reported on : 29-03-2024 17:45

LRN# : RAD2286138

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE18558

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, **shape and show mild diffusely increased echogenicity.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size 12.0cm, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS:Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10mm.

OVARIES: **Left ovary shows a cyst measuring 3.1x3.0cm.**

Right ovary ? gestational sac.

No free fluid is seen.

IMPRESSION:

GRADE I FATTY LIVER.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology