

Patient Name : Mrs.BHARATI SUBHAS MALAGI	Collected : 09/Aug/2024 09:35AM
Age/Gender : 47 Y 6 M 0 D/F	Received : 09/Aug/2024 12:48PM
UHID/MR No : CBAS.0000093897	Reported : 09/Aug/2024 03:18PM
Visit ID : CBASOPV105314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30495	

DEPARTMENT OF HAEMATOLOGY

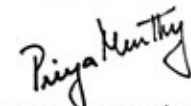
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	35.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.53	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	77.4	fL	83-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,010	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.7	%	40-80	Electrical Impedence
LYMPHOCYTES	26.9	%	20-40	Electrical Impedence
EOSINOPHILS	2.8	%	1-6	Electrical Impedence
MONOCYTES	7.2	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3768.27	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1616.69	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.28	Cells/cu.mm	20-500	Calculated
MONOCYTES	432.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.04	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	371000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	72	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 16



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SIN No:BED240207600

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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RBCs: Show mild anisopoikilocytosis with Microcytic hypochromic RBCs. Tear drop cells, microcytes and pencil cells seen

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

PLATELETS: appear adequate in number.

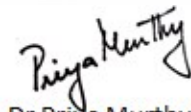
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.

Note: Kindly evaluate for iron deficiency status.



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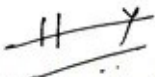
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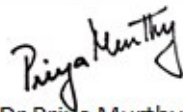
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	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

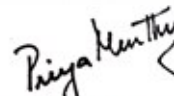
Note:

- 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)	98	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.


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SIN No:PLP1480858
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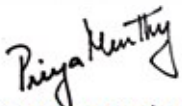
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated


Comment:

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

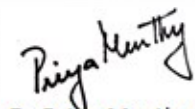
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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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SIN No: EDT240084955

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	235	mg/dL	<200	CHO-POD
TRIGLYCERIDES	111	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	190	mg/dL	<130	Calculated
LDL CHOLESTEROL	168	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.23		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

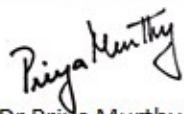
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	88.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.72	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		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:

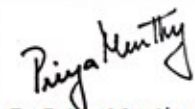
1. Hepatocellular Injury:

*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. 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age


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SIN No:SE04804329

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Patient Name : Mrs.BHARATI SUBHAS MALAGI	Collected : 09/Aug/2024 09:35AM
Age/Gender : 47 Y 6 M 0 D/F	Received : 09/Aug/2024 01:25PM
UHID/MR No : CBAS.0000093897	Reported : 09/Aug/2024 02:36PM
Visit ID : CBASOPV105314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30495	

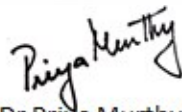
DEPARTMENT OF BIOCHEMISTRY

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

- and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
3. Synthetic function impairment:
*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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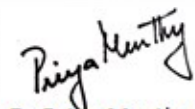
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	14.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.51	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.72	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated


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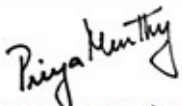

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Age/Gender : 47 Y 6 M 0 D/F	Received : 09/Aug/2024 01:25PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<38	IFCC



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Patient Name : Mrs.BHARATI SUBHAS MALAGI	Collected : 09/Aug/2024 09:35AM
Age/Gender : 47 Y 6 M 0 D/F	Received : 09/Aug/2024 12:43PM
UHID/MR No : CBAS.0000093897	Reported : 09/Aug/2024 02:59PM
Visit ID : CBASOPV105314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.96	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.95	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.430	µIU/mL	0.35-4.94	CMIA

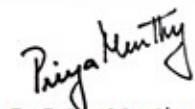
Comment:

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


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SIN No: SPL24129887

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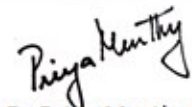
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Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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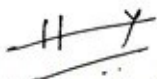
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.011		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	POSITIVE+		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2	/hpf	< 10	Microscopy
RBC	4	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Result is rechecked Kindly repeat the test clinically if indicated

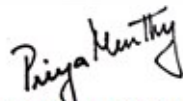
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 14 of 16



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Consultant Pathologist



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SIN No: UR2401433

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Patient Name	: Mrs.BHARATI SUBHAS MALAGI	Collected	: 09/Aug/2024 09:30AM
Age/Gender	: 47 Y 6 M 0 D/F	Received	: 09/Aug/2024 01:16PM
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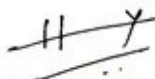
DEPARTMENT OF CLINICAL PATHOLOGY

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

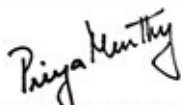
and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 15 of 16



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



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



SIN No: UR2401433

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 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.BHARATI SUBHAS MALAGI	Collected : 09/Aug/2024 09:35AM
Age/Gender : 47 Y 6 M 0 D/F	Received : 09/Aug/2024 01:16PM
UHID/MR No : CBAS.0000093897	Reported : 09/Aug/2024 01:46PM
Visit ID : CBASOPV105314	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30495	

DEPARTMENT OF CLINICAL PATHOLOGY

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

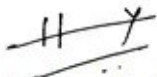
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

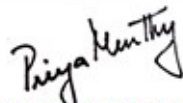
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 16 of 16



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SIN No: UF012014

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Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name	: Mrs. BHARATI SUBHAS MALAGI	Age/Gender	: 47 Y/F
UHID/MR No.	: CBAS.0000093897	OP Visit No	: CBASOPV105314
Sample Collected on	:	Reported on	: 09-08-2024 12:50
LRN#	: RAD2399139	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30495		

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

IMPRESSION

No significant abnormality is seen in this study.

(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.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mrs. BHARATI SUBHAS MALAGI	Age/Gender	: 47 Y/F
UHID/MR No.	: CBAS.0000093897	OP Visit No	: CBASOPV105314
Sample Collected on	:	Reported on	: 09-08-2024 12:49
LRN#	: RAD2399139	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30495		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.6x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.8x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size with anteverted position and measuring 8.9x3.7x4.5 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.9 cm.

Both ovaries No adnexal mass/collection. No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

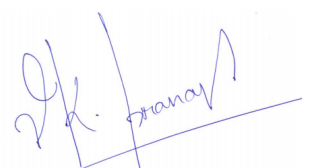
OTHERS; Small umbilical hernia measuring 2.7 cm with omentum and bowel loops as content.

IMPRESSION:-

**GRADE I FATTY LIVER.
SMALL UMBILICAL HERNIA.**

Suggested clinical correlation.

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. BHARATI SUBHAS MALAGI

Age/Gender : 47 Y/F

Dr. V K PRANAV VENKATESH

MBBS,MD

Radiology

Patient Name	: Mrs. BHARATI SUBHAS MALAGI	Age/Gender	: 47 Y/F
UHID/MR No.	: CBAS.0000093897	OP Visit No	: CBASOPV105314
Sample Collected on	:	Reported on	: 09-08-2024 12:41
LRN#	: RAD2399139	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30495		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

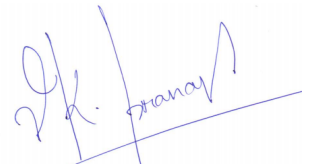
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Name : Mrs. BHARATI SUBHAS MALAGI

Age: 47 Y

UHID:CBAS.0000093897

Sex: F



Address : blr

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

OP Number:CBASOPV105314

Bill No :CBAS-OCR-63650

Date : 09.08.2024 09:16

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

Q Vit D
Q Vit B12

HT → 149cm
WT → 62.8 kg
B.P → 108/55
PR → 95

ECHOCARDIOGRAPHY REPORT

Name: MRS BHARATHI S Age: 47 YEARS GENDER: FEMALE

Consultant: Dr. VISHAL KUMAR H. Date : 09/08/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.80	m/sec	A	0.62	m/sec	No MR
Tricuspid Valve	E	0.52	m/sec	A	0.30	m/sec	No TR
Aortic Valve	Vmax	1.08	m/sec				No AR
Pulmonary Valve	Vmax	0.82	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.8	2.6-3.6	cm
left Atrium	3.1	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.9	0.9-1.1	cm
left Ventricle-Diastole	4.7	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.6	2.1-4.0	cm
Posterior wall-Systole	1.2	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.4	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- TACHYCARDIA DURING STUDY

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

Date: IST: 2024-08-09 11:01:51

Personal Details UHID: 01P3FGAT6XO0UMK PatientID: 67788 Name: MRS BHARATI Age: 47 Gender: Female Mobile: 356535655335

Pre-Existing Medical Conditions

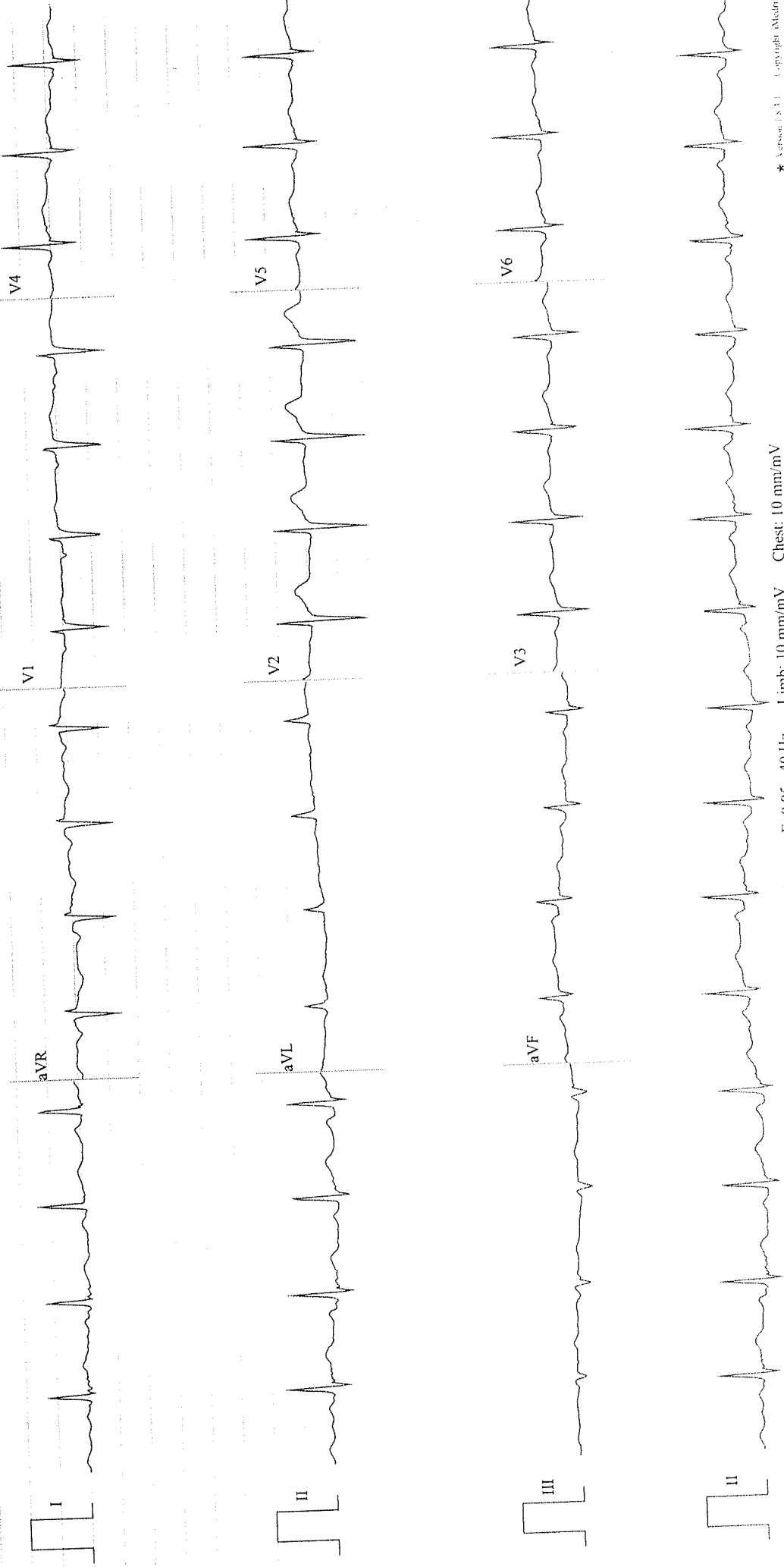
Symptoms

Measurements HR: 96 BPM PR: 155 ms PD: 120 ms QRSD: 85 ms QRS Axis: 15 deg QT/QTc: 339/339 ms

Interpretation Normal sinus rhythm Normal axis

Author: Dr. Yogesh MD, DNB, J Reg No- K

This trace is generated by: KardiaScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: Analysis in this report is based on ECG alone and should be used as an adjunct to a history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Interpretation is important.

PAP SMEAR CONSENT FORM

PATIENT NAME: *Bharathi* AGE: *47Y* GENDER: DATE:

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE : *15Y*
AGE OF MENOPAUSAL IF APPLICABLE : *— 45Y*
MENSTRUAL REGULARITY : *REGULAR/IRREGULAR*
FIRST DAY OF LAST MENSTRUATION PERIOD: *24 back*
AGE AT MARRIAGE : *21Y*
YEAR'S OF MARRIED LIFE : *25Y*
CONTRACEPTION : YES(NO) IF YES WHAT KIND? *—*
HORMONAL TREATMENT : YES) NO) IF YES WHAT KIND? *—*
GRAVIDA (NO OF TIME'S CONCEIVED) : *P2 L2*
PARA(NO OF CHILDBIRTH) : *A2 - 12Y back*
LIVE(NO OF LIVING CHILDREN) : *A1*
ABORTIONS : *I Pg - 197, USS*
MISCARRIAGES/ABORTION : *II Pg - 6Y USS*
AGE OF FIRST CHILD : *Not tubed home*
AGE OF LAST CHILD :
PREVIOUS PAP SMEAR REPORT :

Refused

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA
VAGINA
CERVIX
SMEAR THAKEN FROM - ENDOCERVIX
ECTOCERVIX
POSTERIOR VAGINA

HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

SIGNATURE OF THE DOCTOR

Date : 9/8/24
MR No :
Name : Mrs. Bhargathi Subhas
Age/Gender :
Mobile no : 47y

Department : NUTRITION & DIETETICS
Consultant : DT, ROHINI RAGHU
Reg No :
Qualification : M.Sc, RD (food & nutrition)
Consulting Timings :
Phone No., 080-26611236/8/9

No only Ho → DM/HTW
Menopause 2yr
Actvty 16000 high pulse low
get diet IBW → 50-55kg
HT - 149cm
WT - 62.8kg

Apt dinner 30min/day
walk

BP → 108/55

Dinner 7pm →

BF in DM → 1 cup milk 6-8mg
with 12g +

- 10 P.A.Y's 60g
- 1 milk - 50g
- 2 utra - 55g
- 3 milk - 53g

water → unsalted rice, m
①

Kn + 10ml less ↓

Water → 3lit/day

Dr. Rohini Raghunathan
9449349333

Apollo Clinic

CONSENT FORM

Patient Name: Bharati Subhas Age: 47

UHID Number: Company Name:

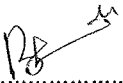
I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

fitness by GP
ENT & Dental
consultation
Ophthal pending

Patient Signature:  Date: will return



बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम
Name

BHARATI S MALAGI

कर्मचारी कुट क : 75413
E.C. No.

[Signature]
जारीकर्ता अधिकारी
Issuing Authority

[Signature]
Signature of Holder

Appointment Date : 09-08-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MRS. BHARATI SUBHAS MALAGI	47 year	Female

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

Instructions to undergo Health Check:

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

For Women:

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

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

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

Note- Please do not pay any amount at the time of check up.

Thanks,

Mediwheel Team

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