


Patient Name	: Mrs.VINCILLA I DORESWAMY	Collected	: 10/Aug/2024 08:42AM
Age/Gender	: 33 Y 8 M 20 D/F	Received	: 10/Aug/2024 10:09AM
UHID/MR No	: CMYS.0000056865	Reported	: 10/Aug/2024 12:12PM
Visit ID	: CMYSOPV128215	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30714		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:BED240208357




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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	12.3	g/dL	12.5-15	Spectrophotometer
PCV	38.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.74	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.4	fL	83-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	10.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3770	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2145	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	260	Cells/cu.mm	20-500	Calculated
MONOCYTES	260	Cells/cu.mm	200-1000	Calculated
BASOPHILS	65	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	348000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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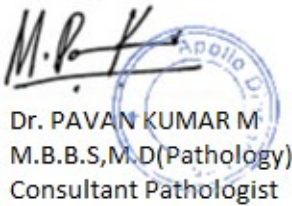
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA.



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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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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	101	mg/dl	74-106	GOD, POD

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.

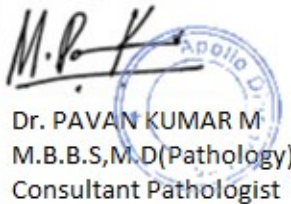
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	mg/dl	70-140	GOD, POD

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

HbA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HbA1C, GLYCATED HEMOGLOBIN	5.6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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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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	146	mg/dl	0-200	CHOD
TRIGLYCERIDES	135	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	42	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	104	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.84	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.08	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.47		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<0.11	Calculated

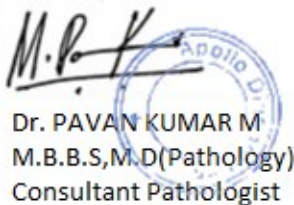
Comment:

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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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	0.75	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.25	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/l	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	103.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.00	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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:

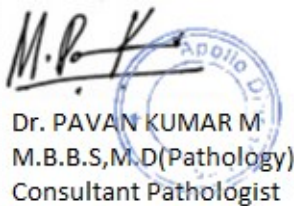
1. Hepatocellular Injury:

*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, Wilson'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 and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:



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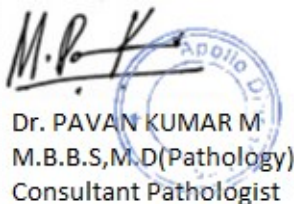


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*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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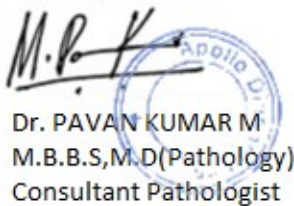


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DEPARTMENT OF BIOCHEMISTRY

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	0.87	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	18.96	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.6-6	Uricase
CALCIUM	9.10	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.35	mg/dl	2.7-4.5	Molybdate
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.00	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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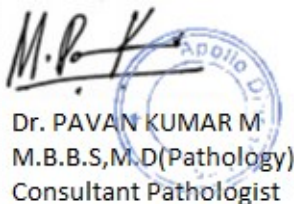


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	17.00	U/l	0-38	IFCC



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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)	1.08	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.700	µIU/mL	0.38-5.33	CLIA

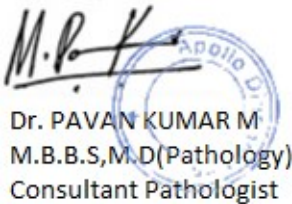
Comment:

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

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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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DEPARTMENT OF CLINICAL PATHOLOGY

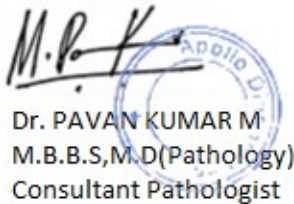
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	TRACE		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	3 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 8	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Page 14 of 16



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

SIN No:UR2401901

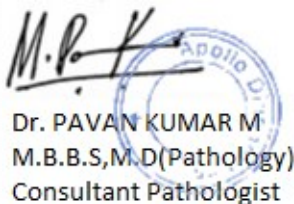


Patient Name	: Mrs.VINCILLA I DORESWAMY	Collected	: 10/Aug/2024 08:42AM
Age/Gender	: 33 Y 8 M 20 D/F	Received	: 10/Aug/2024 11:12AM
UHID/MR No	: CMYS.0000056865	Reported	: 10/Aug/2024 04:32PM
Visit ID	: CMYSOPV128215	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30714		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:UR2401901



Patient Name : Mrs.VINCILLA I DORESWAMY	Collected : 10/Aug/2024 08:42AM
Age/Gender : 33 Y 8 M 20 D/F	Received : 10/Aug/2024 11:12AM
UHID/MR No : CMYS.0000056865	Reported : 10/Aug/2024 12:12PM
Visit ID : CMYSOPV128215	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30714	

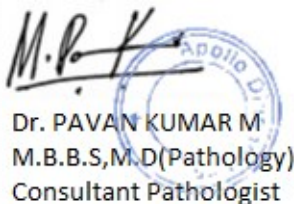
DEPARTMENT OF CLINICAL PATHOLOGY

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 ***



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

SIN No:UF012020





Patient Name	: Mrs. VINCILLA I DORESWAMY	Age/Gender	: 33 Y/F
UHID/MR No.	: CMYS.0000056865	OP Visit No	: CMYSOPV128215
Sample Collected on	:	Reported on	: 12-08-2024 12:40
LRN#	: RAD2399879	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30714		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

CLIENT SKIP THE CHEST X RAY .

Patient Name	: Mrs. VINCILLA I DORESWAMY	Age/Gender	: 33 Y/F
UHID/MR No.	: CMYS.0000056865	OP Visit No	: CMYSOPV128215
Sample Collected on	:	Reported on	: 12-08-2024 12:06
LRN#	: RAD2399879	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30714		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: It is normal in size, outline and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is partially distended and normal. **Two tiny polyps are seen adherent to anterior wall of gall bladder, largest measuring 2x3 mm.** No evidence of calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: Head and proximal body are normal. Rest of the pancreas is obscured by bowel gases.

RIGHT KIDNEY: It measures 10 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.5 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is partially distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 3.5x8.5x8 cm with ET=9 mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: Normal in size (6cc), shape and echotexture. No focal lesion.

Lt. OVARY: Normal in size (6cc), shape and echotexture. No focal lesion.

OTHERS: No e/o free fluid in the abdomen. No e/o significant lymphadenopathy.


IMPRESSION: NO SONOLOGICALLY DETECTABLE ABNORMALITY EXCEPT TINY GALL BLADDER POLYPS.

Dr. Manohar Kumar KR, DNB
Consultant Radiologist.

Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Eye 8/9/12
Niramai Bill doye.



Name : Mrs VINCILLA I DORESWAMY	Age: 33 Y	UHID: CMYS 0000056865
Address : MYSORE	Sex: F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number: CMYSOPV128215
		Bill No : CMYS-OCR-23849
		Date : 10.08.2024 08:40

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLU TANYL 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	HG → 162
9	URINE GLUCOSE (POST PRANDIAL)	WG → 85.5
10	PERIPHERAL SMEAR	Bp → 100/70
11	EKG	
12	LBC PAP TEST - PAPSURE Skip	
13	RENAL PROFILE RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	HRTM - GLUCOSE (FASTING)	
17	HbA1c - GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA Skip	
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	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 10-08-2024
MR NO : CMYS.0000056865

Department : GENERAL
Doctor :

Name : Mrs. VINCILLA I DORESWAMY

Registration No :

Age/ Gender : 33 Y / Female

Qualification :

Consultation Timing: 08:39

Height : 162	Weight : 85.5	BMI :	Waist Circum : 100/70
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Reports noted

Lx online. diabetes
No complaints
on exam

20/11/2024
Hb 16gms
26 80 kgs

Ps clear/clear
PAVW
angiogram

As Non

Rx 7 Restyl asing
Q

Follow up date :


Apollo Clinic
Doctor Signature
25, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

veg / Non-veg / Soyab / Milk / Curd / Paneer / Jaggery / Jaggid / Urad / Mung / Chickpea / Lentils

Date : 10-08-2024
MR NO : CMYS.0000056865

Department : GENERAL Dietetics
Doctor : R. Madhura . B.P

Name : Mrs. VINCILLA I DORESWAMY
Age/ Gender : 33 Y / Female

Registration No :
Qualification : M.Sc Nutrition & Dietetics
PHD

Consultation Timing: 08:39

Height : 162	Weight : 85.5	BMI : 32.6 kg/m ²	Waist Circum : 92 cm
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

ESR - 22

Clinical Diagnosis & Management Plan

→ Advised low calorie, high protein diet.
→ Dietary guideline chart is given.

Follow up date :

Doctor Signature
Apollo Clinic
23, 1st Floor
Kalidasa Road, Mysore - 02
Ph : 0821-400604
10/8/2024

Date : 10-08-2024

MR NO : CMYS.0000056865

Name : Mrs. VINCILLA I DORESWAMY

Age/ Gender : 33 Y / Female

Department : GENERAL

Doctor :

Registration No :

Qualification :

H. HANUMANTHAR
MBBS

Consultation Timing: 08:39

Height : 162	Weight : 85.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for regular health checkup

Ear - Bilateral TM - Normal

Nose - Normal mucosa - normal

oral cavity & oropharynx - @

neck - @

As

Recurrent

fu

Follow up date :

Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 10-08-2024
MR NO : CMYS.0000056865

Department : GENERAL *ophthal*
Doctor :

Name : Mrs. VINCILLA I DORESWAMY

Registration No :

Age/ Gender : 33 Y / Female

Qualification :

Consultation Timing: 08:39

Height : <i>162</i>	Weight : <i>85.5</i>	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : <i>100/70</i>

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Diagnosis

Neuf

Colony infection

OD

6/6

Ne

Normal

OS

6/6

Ne

Normal

Follow up date :

Apollo Clinic
25, 1st Stage
Kalidasa Road, Mysore - 02
Ph : 0821-455 1111/11

Doctor Signature
Naveen

Date : 10-08-2024
MR NO : CMYS.0000056865

Department : GENERAL
Doctor : Dental

Name : Mrs. VINCILLA I DORESWAMY

Registration No :

Age/ Gender : 33 Y / Female

Qualification :

Consultation Timing: 08:39

Height : 152	Weight : 85.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 160/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

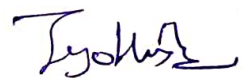
o/e

8/8 Buccals Placed

AN: Extraction

CA + SH

AN: Oral Prophylaxis



Follow up date :

Apollo Clinic
Doctor Signature
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41

ID: 56865 10-08-2024 10:37:51 AM

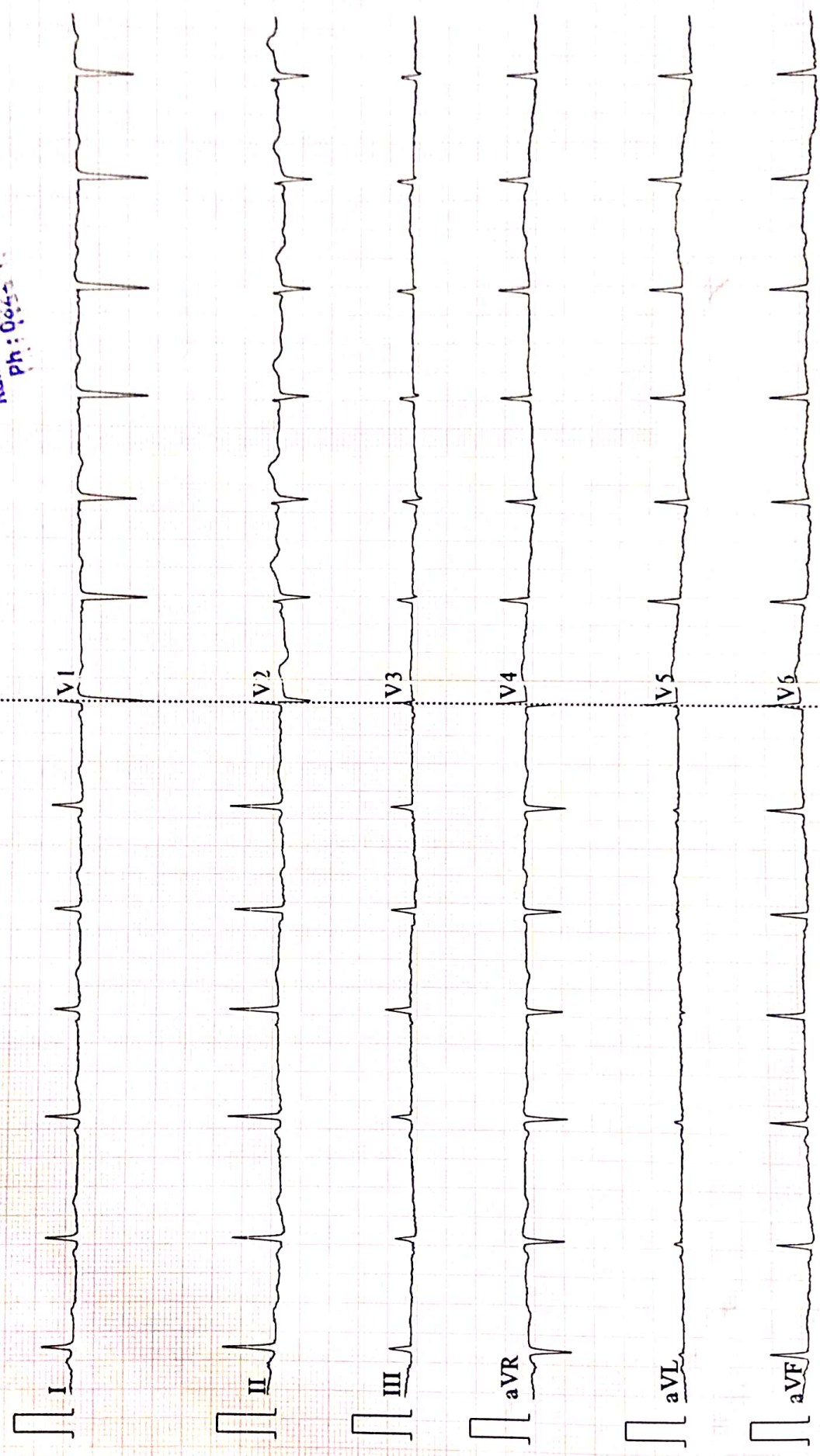
MRS VINCILLA I DORESWAMY
Female 33Years
162cm 85kg 100/70 mmHg

Diagnosis Information:

— WNL —

CS
Apollo Clinic
23, 1st Floor, ... 02
Kalidas Road
Ph: 9955

Unconfirmed Report.



Patient Name: Mrs. VINCILLA I DORESWAMY	Date : 10.08.2024	Referring Doctor: Dr. Self
Age / Sex: 33Yrs/Female	UHID No : 56865	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size, outline and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is partially distended and normal. **Two tiny polyps are seen adherent to anterior wall of gall bladder, largest measuring 2x3 mm.** No evidence of calculi.

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Rt. OVARY: Normal in size (6cc), shape and echotexture. No focal lesion.

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OTHERS: No e/o free fluid in the abdomen. No e/o significant lymphadenopathy.

IMPRESSION: NO SONOLOGICALLY DETECTABLE ABNORMALITY EXCEPT TINY GALL BLADDER POLYPS.

Apollo Health and Lifestyle Limited

Regd. Office: 110/60/62 Ananta Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph: No. 047 444 7771, Fax: No. 047 444 7344, E-mail: enquiry@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Sasvanahalli | Electronic City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Koramangala | Sarjapur Road | Mysore: VV Mohallal

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. VINCILLA I DORESWAMY	Age & Sex; 33Yrs /Female
Date : 10.08.2024	UHID No: 56865

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal valves and chamber volumes
- No regional wall motion abnormality seen
- Normal left ventricular systolic function. EF 66 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

(CIN: URS110TG2000PLC115819)

Regd Office: 110/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph: No (40) 4904 7777 | Fax No: 4904 7744 | Email: ID_enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanahalli) | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. VINCILLA I DORESWAMY	Age & Sex; 33Yrs /Female
Date : 10.08.2024	UHID No: 56865

Measurements

AO : 2.2 cm
LA : 2.0 cm

RV : 1.9 cm
LVIDd 3.79 cm
LVIDs : 2.42 cm
IVSd : 0.75 cm
IVSs : 1.11 cm
PWd : 0.83 cm
PWs : 1.11 cm
EF : 66.0 %
FS : 36.0 %

Doppler

MV	TV	AV	PV
E 0.77 m/s	E --- m/s	V max 1.23 m/s	V max 1.01 m/s

A: 0.62 m/s A --- m/s

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Dr. GURU PRASAD. B. V
MBBS, PGDCC (CARDIO)
CCMH, CRFC(IICPR), PGCC, CCEBDM
Consultant- Non Invasive Cardiology
KMC No. 60010

Apollo Health and Lifestyle Limited

ICIN: UR5110TG2000PLC115R19
Regd Office: 11D No 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No: 040 4934 7777 Fax No: 4934 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA
Bangalore (Basavanahalli) | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Apollo Clinic

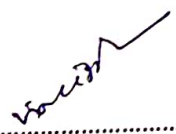
CONSENT FORM

Patient Name: Mrs Veinilla D. Devasamy Age: 33 yrs
 UHID Number: 56865 Company Name: Arcofemi

I Mr/Mrs/Ms Mrs Veinilla D. Devasamy Employee of Arcofemi

(Company) Want to inform you that I am not interested in getting LBC - Paper year + X-ray + GYN consultation
 Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 10/8/24

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph: 0821-4005040/41

Name: Mrs. VINCILLA I DORESWAMY
Age/Gender: 33 Y/F
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_16052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUJATHA T R

MR No: CMYS.0000056865
Visit ID: CMYSOPV128215
Visit Date: 10-08-2024 08:39
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Has gained weight,

Number of kgs: 85.5,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NILL,

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

Constitutional: Normal ,

Eyes: Normal ,

ENT: Normal ,

Cardiovascular: Normal ,

Respiratory: Normal ,

Gastrointestinal: Normal ,

Genitourinary: Normal ,

Musculoskeletal: Normal ,

Integumentary: Normal ,

Neurological: Normal ,

Psychiatric: Normal ,

Endocrine: Normal ,

Hematologic/Lymphatic/Immuno: Normal ,

Allergic/Immunologic: **Normal** ,

SYSTEMIC EXAMINATION

IMPRESSION

Ultrasound Radiology

: **NORMAL**,

ECG

: **NORMAL**,

X-Ray

: **NORMAL**,

RECOMMENDATION

Fitness Report

Fitness.: **YES**,

Fitness: **FIT**,

DISCLAIMER

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

Doctor's Signature

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. DORESWAMY VINCILLA I
EC NO.	163584
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	MYSORE, M U D A
BIRTHDATE	20-11-1990
PROPOSED DATE OF HEALTH CHECKUP	10-08-2024
BOOKING REFERENCE NO.	24S163584100109996E

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 **05-08-2024** till **31-03-2025**. 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



ಭಾರತೀಯ ವಿಶಿಷ್ಠ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ಸೇರಿಸಿದ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0619/13342/00231

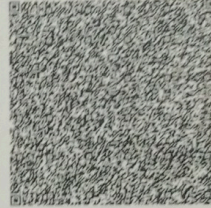
20/11/2011

92094643

To
Vincilla Irudenathan Doreswamy
ವಿನ್ಸಿಲ್ಲ ಇರುಡೇನಾಡನ್ ದೋರಸ್ವಾಮಿ
C/O Trevin Godwin Doye
732
12th Cross 2nd Stage
Rajiv Nagar
Mysore
Udayagiri, Mysore, Mysuru,
Karnataka - 570019
8892164188



KA920946438FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4579 3612 1929

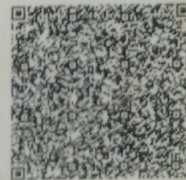
ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ವಿನ್ಸಿಲ್ಲ ಇರುಡೇನಾಡನ್ ದೋರಸ್ವಾಮಿ
Vincilla Irudenathan Doreswamy
ಜನ್ಮ ದಿನಾಂಕ / DOB: 20/11/1990
ಸ್ತ್ರೀ / Female



4579 3612 1929

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Infinix HOT 10