

Patient Name	: Miss.TINNEIVAH HAOKIP	Collected	: 08/Mar/2024 10:53AM
Age/Gender	: 35 Y 11 M 25 D/F	Received	: 08/Mar/2024 12:18PM
UHID/MR No	: CMYS.0000059957	Reported	: 08/Mar/2024 02:44PM
Visit ID	: CMYSOPV123195	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 171612		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240061505



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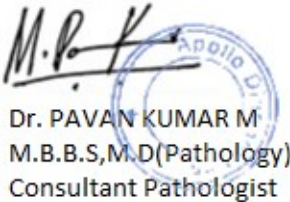
DEPARTMENT OF HAEMATOLOGY

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	13.5	g/dL	12-15	Spectrophotometer
PCV	41.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.27	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79	fL	83-101	Calculated
MCH	25.6	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.9	%	20-40	Electrical Impedance
EOSINOPHILS	4.3	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3581.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1646.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	253.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.18		0.78- 3.53	Calculated
PLATELET COUNT	327000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC: majority are microcytic hypochromic with good number of normocytic normochromic RBC's.

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Dr. PAVAN KUMAR M
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WBC: normal in number, morphology and distribution.

Platelets: normal in number and are seen in singles and in clumps.

Hemoparasites: Not seen.

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.

NOTE: Kindly correlate clinically.



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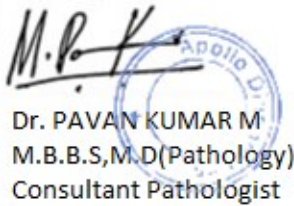


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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Miss.TINNEIVAH HAOKIP	Collected : 08/Mar/2024 10:53AM
Age/Gender : 35 Y 11 M 25 D/F	Received : 08/Mar/2024 03:47PM
UHID/MR No : CMYS.0000059957	Reported : 08/Mar/2024 04:33PM
Visit ID : CMYSOPV123195	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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)	125	mg/dl	70-140	GOD, POD

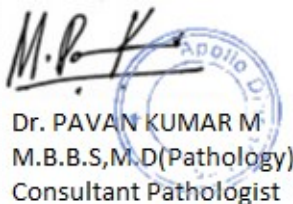
Comment:

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC

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Dr. PAVAN KUMAR M
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL	Calculated
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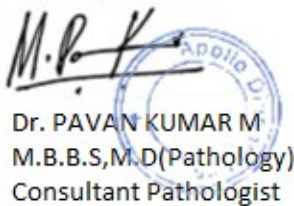
Comment:

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	158	mg/dl	0-200	CHOD
TRIGLYCERIDES	105	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	37	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.06	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.29		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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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	0.47	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.33	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	59.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	6.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.22	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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:

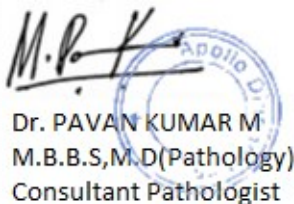
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	12.71	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	5.9	mg/dl	6-20	Urease, UV
URIC ACID	4.20	mg/dL	2.6-6	Uricase
CALCIUM	9.36	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.85	mg/dl	2.7-4.5	Molybdate
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.80	g/dl	6.4-8.3	Biuret
ALBUMIN	4.22	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated



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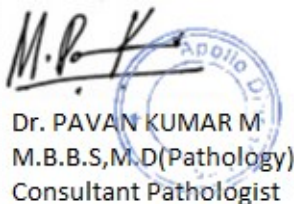


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	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

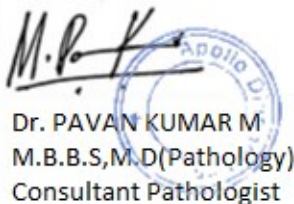
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.22	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.780	µIU/mL	0.35-4.94	CMIA

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
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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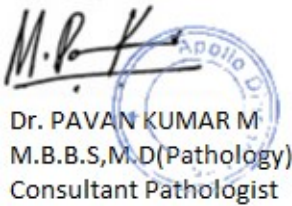
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DEPARTMENT OF IMMUNOLOGY

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



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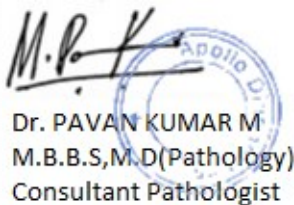


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DEPARTMENT OF CLINICAL PATHOLOGY

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	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

SIN No:UR2300015



Patient Name : Miss.TINNEIVAH HAOKIP	Collected : 08/Mar/2024 10:53AM
Age/Gender : 35 Y 11 M 25 D/F	Received : 08/Mar/2024 12:39PM
UHID/MR No : CMYS.0000059957	Reported : 08/Mar/2024 01:35PM
Visit ID : CMYSOPV123195	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 171612	

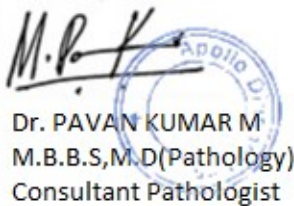
DEPARTMENT OF CLINICAL PATHOLOGY

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:UF010972




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Miss Tinheival. Hooley on 08/03/24

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

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

Dr. 
Medical Officer

The Apollo Clinic, Mysore.
Apollo Clinic
#2B, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

This certificate is not meant for medico-legal purposes.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | 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**

Informed Consent/Declaration For Test Exclusion

Patient Name: Mr. Tinnivala Habibi Age: 35 yrs.

UHID Number: 59957

Please tick and sign the relevant part

I certify that I will skip LBC pap test Test from my own.

No refund is provided for the above excluded test and I have been informed about the same.

Patient signature: [Signature] Date: 08/03/2024

Witness signature: [Signature] Date: 08/03/2024

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

Date : 08-03-2024
 MR NO : CMYS.0000059957
 Name : Miss. TINNEIVAH HAOKIP
 Age/ Gender : 35 Y / Female
 Consultation Timing: 08:59

Department : GENERAL
 Doctor : Dr. Anand HBS
 Registration No : 67054
 Qualification : MDS - MD

Height : 156	Weight : 59.7	BMI :	Waist Circum :
Temp :	Pulse : 100/72	Resp : 20/1	B.P : 100/70

General Examination / Allergies History

AS
 RE
 PA / NBS

Clinical Diagnosis & Management Plan

Adi
 Regular Exercise / Dieting

T₂ AZT D₃ 60k Once a 5 week

Follow up date :


 Doctor Signature
APOLLO CLINIC
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Date : 08-03-2024
MR NO : CMYS.0000059957

Department : GENERAL
Doctor : Dr. Umesh HGB

Name : Miss. TINNEIVAH HAKKIP

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 08:59

Height : 156	Weight : 59.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Vision	RT	LT
far	6/6 ↑ 6/6 e glass	6/12 6/6 e glass
near	N-6	N-6.
Color	(N)	(N)

Follow up date :


Doctor Signature

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

Date : 08-03-2024
MR NO : CMYS.0000059957

Department : GENERAL
Doctor :

Name : Miss. TINNEIVAH HAOKIP
Age/ Gender : 35 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:59

Height : 156	Weight : 59.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

cf. Nasal block
sneezing

rhin - Nose - Rh # IT
Congested mucosa.

2p. Allergic Rhinitis

Adv
1.) Fluticasonide RT nasal
spray puff 2 times
x 3 weeks

Follow up date :

Doctor Signature 

Date : 08-03-2024
 MR NO : CMYS.0000059957
 Name : Miss. TINNEIVAH HAOKIP
 Age/ Gender : 35 Y / Female

Department : GENERAL Dietetics
 Doctor : Prachinva . B.P
 Registration No :
 Qualification : PG. Sc Nutrition & Dietetics
 PhD*

Consultation Timing: 08:59

IBW - 53kg

Height : 156	Weight : 59.7	BMI : 23 kg/m ²	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
 Allergies History

HDL - 37

Clinical Diagnosis & Management Plan

- > Advised Balanced diet with fiber rich foods.
- > Take small frequent meals. Do not skip meals.
- > Include all variety of seasonal fruits, vegetables and green leafy vegetables.
- > Include nuts like Almonds, walnuts and dry-fruits like dried dates & raisins.
- > Include seeds like Flaxseeds, Pumpkin seeds, Sesame seeds, Sunflower seeds & watermelon seeds - 1teaspoon each, dry roasted.
- > Avoid maize, sugar, too much of salt, baking soda & cream.
- > Avoid bakery products, chips, junk foods, deep fried foods, packed & processed foods.

Follow up date :

Doctor Signature

[Signature] . B.P

8/3/2024

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

Date : 08-03-2024
MR NO : CMYS.0000059957
Name : Miss. TINNEIVAH HAOKIP
Age/ Gender : 35 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:59

Height : 156	Weight : 59.7	BMI :	Waist Circum : B.P : 100/70
Temp :	Pulse :	Resp :	

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

MA → NS.
FH - Dent.

O/E breasts → NAD.

Adv: Regular walk / exercise
avoid junk foods.

um. MA - regular
wds.
vmp → 21224.

SIAM → normal
study.

Follow up date :


Doctor Signature

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

Informed Consent/Declaration For Test Exclusion

Patient Name: Tioneivah Hadlip Age: 35y

UHID Number: 59957

Please tick and sign the relevant part

I certify that I will skip Chest x-ray Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature [Signature] Date 08/03/2014

Witness signature: [Signature] Date: 08/03/2014

Date : 08-03-2024
MR NO : CMYS.0000059957

Department : GENERAL Dental
Doctor : Dr. S. Sathish

Name : Miss. TINNEIVAH HAOKIP
Age/ Gender : 35 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:59

Height : 1.56	Weight : 59.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

6/6

• Dental caries

Adv - Restorative

Follow up date :

S. Sathish

Doctor Signature

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

Patient's Name : Miss. Tinneivah Haakip	Age & Sex; 35Yrs /Female
Date : 08.03.2024	UHID No:59957

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 67 %
- 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: U85110TG2000PLC115819

Regd Office: 1-10-60 E2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph No: (040) 4934 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Miss. Tinneivah Haokip	Age & Sex; 35Yrs /Female
Date : 08.03.2024	UHID No:59957

Measurements

AO : 2.6 cm
LA : 2.9 cm

RV : 2.3 cm

LVIDd 4.16 cm

LVIDs : 2.60 cm

IVSd : 1.08 cm

IVSs : 1.24 cm

PWd : 1.08 cm

PWs : 1.27 cm

EF : 67.0 %

FS : 37.0 %

Doppler

MV	TV	AV	PV
E 0.89 m/s	E --- m/s	V max 1.46 m/s	V max 0.81 m/s
A: 0.57 m/s	A --- m/s		

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



Dr. GURU PRASAD. B. V
MBBS, PGDCC (CARDIO)
CCMR, CCFCCCPH, PGCC, ECCBDM
Consultant - Non Invasive Cardiology
NIC No:00945

Apollo Health and Lifestyle Limited

REGD. UBS110TG2000PLC1158191
REGD OFFICE: 1-10-603-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
PH No: 040 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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Bangalore | Belavanasiguda | Bellandur | Electronic City | Fraser Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli |
Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

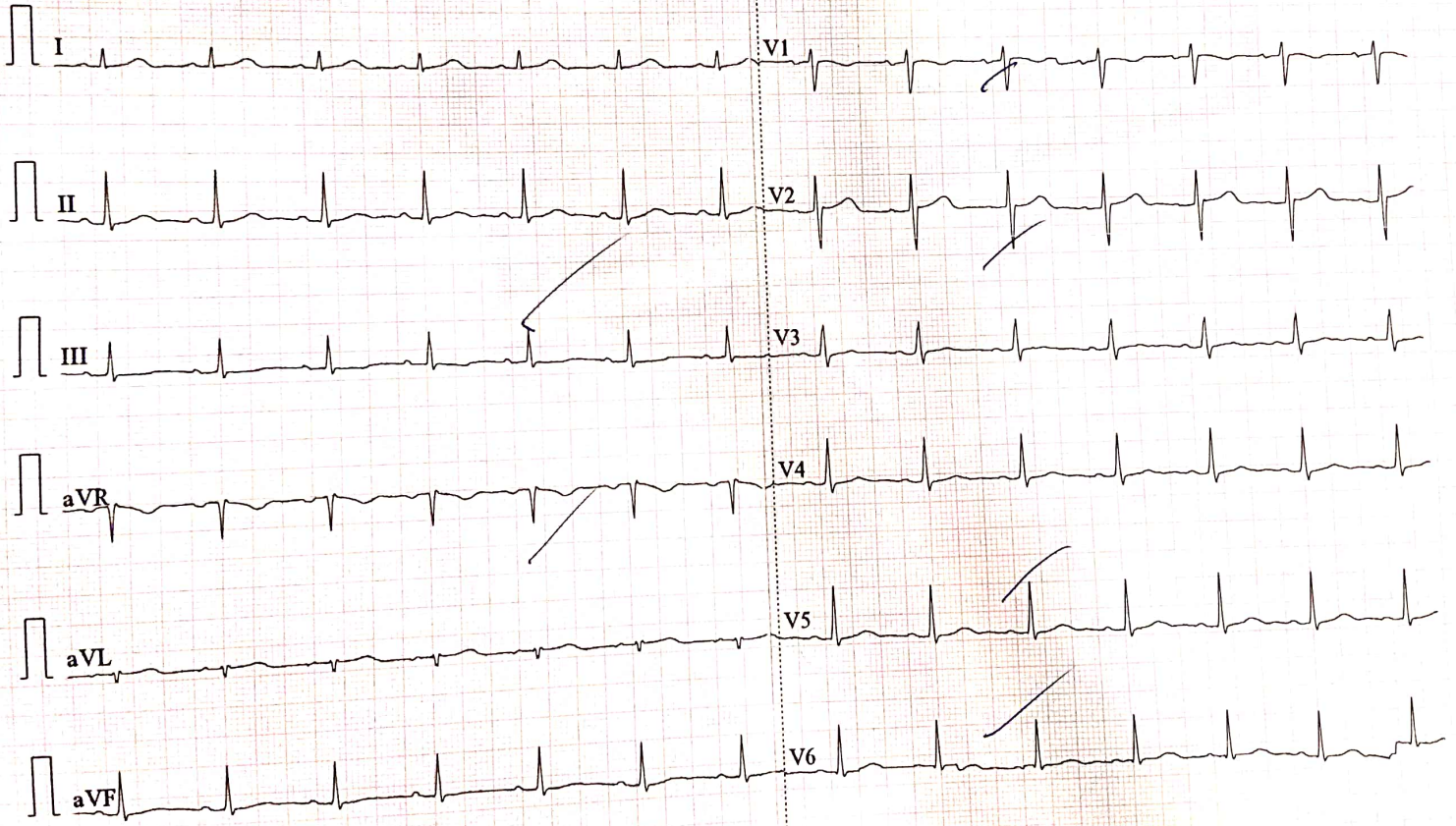
MISS TINNEIVAH HAOKIP
Female 35Years
156cm 59kg 100/70 mmHg

06-05-2024 11:57:55 AM

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

Diagnosis Information:

Unconfirmed Report.



25mm/s 10mm/mV 2*5.0s ♡82 CARDIART 8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU



Apollo Clinic
Expertise. Closer to you.

Patient Name: Mrs. Tinneivala Haolaij	Date : 08.03.2024	Referring Doctor: Dr .Self
Age / Sex: 35 Yrs/Female	UHID NO: 59957	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

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

GALL BLADDER: It is well distended and normal. No calculi seen.

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

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 94x47 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 98x47 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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

UTERUS: It is anteverted and measures 55x41x39 mm with ET=6 mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 22x25 mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 23x24 mm. It is normal. No mass lesion seen.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.

Pradeep
Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

REGD. OFFICE: 110/60/62, Ashoka Rajghatpatti Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
PH: No: 041 4194 7777 | Fax No: 4964 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



Patient Name : Miss. TINNEIVAH HAOKIP

Age/Gender : 35 Y/F

UHID/MR No. : CMYS.0000059957

OP Visit No : CMYSOPV123195

Sample Collected on :

Reported on : 08-03-2024 15:00

LRN# : RAD2259868

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 171612

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

CLIENT SKIP THE CHEST X RAY

Patient Name : Miss. TINNEIVAH HAOKIP

Age/Gender : 35 Y/F

UHID/MR No. : CMYS.0000059957

OP Visit No : CMYSOPV123195

Sample Collected on :

Reported on : 08-03-2024 13:13

LRN# : RAD2259868

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 171612

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

GALL BLADDER: It is well distended and normal. No calculi seen.

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

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 94x47 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 98x47 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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

UTERUS: It is anteverted and measures 55x41x39 mm with ET=6 mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 22x25 mm. It is normal. No mass lesion seen.

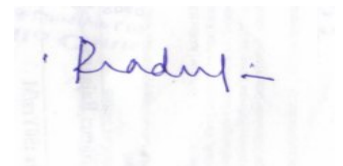
Lt. OVARY: It measures 23x24 mm. It is normal. No mass lesion seen.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.

Pradeep Kumar C N, DNB
Consultant Radiologist.



Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Name: Miss. TINNEIVAH HAOKIP
Age/Gender: 36 Y/F
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000059957
Visit ID: CMYSOPV123195
Visit Date: 08-03-2024 08:59
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: For Corporate Health Checkup,

SYSTEMIC REVIEW

**Weight

--->: Stable,

Number of kgs: 59.7,

-=: 156,

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: Nil Significant,

**Cancer: NILL,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : within normal limits,

ECG

: NORMAL,

X-Ray

: NORMAL,

RECOMMENDATION

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



Bill Of Supply

Name : Miss. TINNEIVAH HAOKIP
 Age/Gender : 35 Y F
 Contact No : +918014022631
 Address : MYSORE
 UHID : CMYS.0000059957
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CMYS-OCR-22584
 Bill/Reg Date : 08.03.2024 09:01
 Referred by : SELF
 Center : Mysore
 Emp No/Auth Code : 171612

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,400.00	2,400.00	0.00	0.00	0.00	0.00	0.00	2,400.00

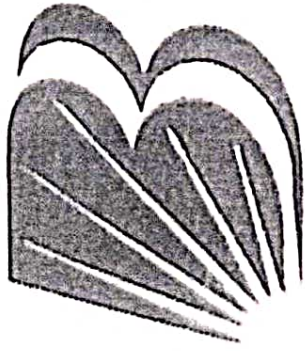
Bill Amount: 2,400.00
Total Discount: 0.00
Patient Payment: 0.00
Corporate Due: 2,400.00
Patient Due: 0.00

Received with thanks: Zero Rupees only

Authorized Signature :(Nikhitha R)

You can download your report from "www.apolloclinic.com" Enter user name as CMYSOPV123195 and password as 506126

Please log on to AskApollo.com for booking Appointments



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम

एम तिन्नेवा हौकिप

Name : M TINNEIVAH HAOKIP

कर्मचारी कूट. क्र. १७१६१२

E. C. No. 171612

जारीकर्ता प्राधिकारी

Tinneivah Haokip

धारक के हस्ताक्षर

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. M TINNEIVAH HAOKIP
EC NO.	171612
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	MYSORE,NEW SARASWATHIPURAM
BIRTHDATE	14-03-1988
PROPOSED DATE OF HEALTH CHECKUP	08-03-2024
BOOKING REFERENCE NO.	23M171612100095074E

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 **29-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))