

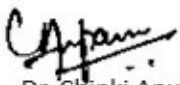
Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 03:49PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 07:29PM
Visit ID : CSAROPV331811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13165	

DEPARTMENT OF HAEMATOLOGY

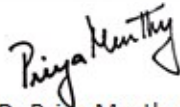
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.86	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.9	fL	83-101	Calculated
MCH	26.1	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,310	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	41.5	%	40-80	Electrical Impedance
LYMPHOCYTES	48.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1788.65	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2077.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	77.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	349.11	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.86		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic with few microcytes seen.



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SIN No:BED240062546

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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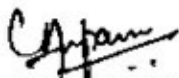
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WBCs: are normal in total number with relative increase in lymphocytes.

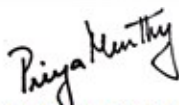
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.



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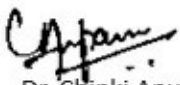
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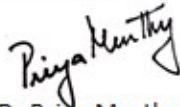
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 12:25PM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 07:11PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 08:12PM
Visit ID : CSAROPV331811	Status : Final Report
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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
GLUCOSE, FASTING , NAF PLASMA	99	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)	71	mg/dL	70-140	HEXOKINASE

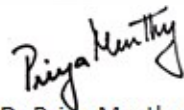
Comment:

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:PLP1429127

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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 06:04PM
UHID/MR No : CSAR.0000139069	Reported : 10/Mar/2024 12:28AM
Visit ID : CSAROPV331811	Status : Final Report
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated


Comment:

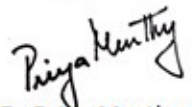
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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:EDT240028378

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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHO-POD
TRIGLYCERIDES	176	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		0-4.97	Calculated

Comment:

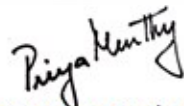
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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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SIN No:SE04655103

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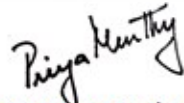
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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 03:41PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 09:44PM
Visit ID : CSAROPV331811	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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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 CONSULTANT BIOCHEMIST


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 M.B.B.S,M.D(Pathology)
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SIN No:SE04655103

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

Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 03:41PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 09:44PM
Visit ID : CSAROPV331811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13165	

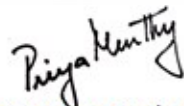
DEPARTMENT OF BIOCHEMISTRY

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	0.95	mg/dL	0.51-0.95	Jaffe's, Method
UREA	27.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.32	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.50	g/dL	6.6-8.3	Biuret
ALBUMIN	4.41	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.09	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated



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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 03:41 PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 09:35PM
Visit ID : CSAROPV331811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13165	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<38	IFCC



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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 03:41PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 06:43PM
Visit ID : CSAROPV331811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13165	

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)	1.01	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.639	µIU/mL	0.34-5.60	CLIA

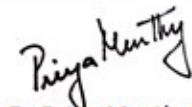
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No:SPL24041450

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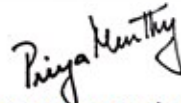
Patient Name	: Mrs.RADHIKA	Collected	: 09/Mar/2024 08:53AM
Age/Gender	: 38 Y 3 M 10 D/F	Received	: 09/Mar/2024 03:41 PM
UHID/MR No	: CSAR.0000139069	Reported	: 09/Mar/2024 06:43PM
Visit ID	: CSAROPV331811	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobE13165		

DEPARTMENT OF IMMUNOLOGY

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



DR.SHIVARAJA SHETTY
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Consultant Pathologist



SIN No:SPL24041450

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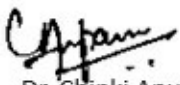
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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 05:09PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 08:16PM
Visit ID : CSAROPV331811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13165	

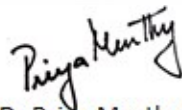
DEPARTMENT OF CLINICAL PATHOLOGY

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



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Consultant Pathologist



SIN No:UR2300817

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Karnataka - 560034

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Patient Name : Mrs.RADHIKA	Collected : 09/Mar/2024 08:53AM
Age/Gender : 38 Y 3 M 10 D/F	Received : 09/Mar/2024 05:09PM
UHID/MR No : CSAR.0000139069	Reported : 09/Mar/2024 10:21PM
Visit ID : CSAROPV331811	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE13165	

DEPARTMENT OF CLINICAL PATHOLOGY

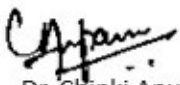
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

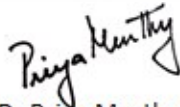
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



Dr. Priya Murthy
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Consultant Pathologist



SIN No:UF011016

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Patient Name	: Mrs. RADHIKA	Age/Gender	: 38 Y/F
UHID/MR No.	: CSAR.0000139069	OP Visit No	: CSAROPV331811
Sample Collected on	:	Reported on	: 12-03-2024 17:05
LRN#	: RAD2261134	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13165		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER : Surgically removed.

PANCREAS : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

SPLEEN : Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS : RIGHT KIDNEY : 9.7 x 1.4 cms, LEFT KIDNEY : 9.7 x 1.3cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi.

No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 4.7 mm. Uterus- 5.6 x 2.0 x 3.0

POD – clear.

OVARIES : Both ovaries are normal in size & echopattern. No obvious mass noted.

Right Ovary : 2.2x 1.4

Left Ovary : 2.5 x 1.6

IMPRESSION : No sonologically detectable abnormality seen in the present study.

DR. B M SESHADRI MDRD
CONSULTANT RADIOLOGIST

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable).It is only a professional opinion.Not valid for medico-legal purpose) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

Dr. SESHADRI B M
MD-RADIOLOGY
Radiology

Patient Name	: Mrs. RADHIKA	Age/Gender	: 38 Y/F
UHID/MR No.	: CSAR.0000139069	OP Visit No	: CSAROPV331811
Sample Collected on	:	Reported on	: 09-03-2024 17:59
LRN#	: RAD2261134	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE13165		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

- Trachea central.
- Mediastinum is central.
- Cardiac silhouette appear normal.
- Visualized lung fields appear normal.
- Bilateral hilum appear normal.
- CP angles are clear.

IMPRESSION : No obvious gross abnormality noted in the x-ray.

DR. RAMESH G
CONSULTANT RADIOLOGIST

ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

**APOLLO CLINIC
CONSENT FORM**

Patient name Radhika Age 38Y/F

UHID Number 139069. Company Name Ajcofemi.

Company want to inform u that I am not interested in getting LBC Pap. Dental

.....And I claim the above statement in my full Consciousness.

Patient signature a. Radhika Date 09/08/2011

2D, TISSUE AND COLOR DOPPLER ECHOCARDIOGRAPHY REPORT



Apollo Clinic
Expertise. Closer to you.

NAME	MRS.RADHIKA		DATE:09.03.2024
AGE	38 YEARS	GENDER	FEMALE
REF BY	DR. SUMANJITA BORA	ID	139069

MEASUREMENTS

Vital Signs and Body Measurements									
HR	bpm	B.P	mmHg	Height	mm	Weight	kg	BSA	m ²
M - Mode (Parasternal view)					Conventional and Tissue Doppler				
AO	25	mm	LVID - d	38	mm	Mitral Valve	E : 0.7	A : 0.5	m/sec
LA	25	mm	LVID - s	21	mm	Aortic Valve	1.3	-	m/sec
			IVS - d	10	mm	Pulmonary Valve	0.6	-	m/sec
			PW - d	10	mm	E' Septal (TDI)	0.13	-	mm/sec
			EF-	60	%	E' Lateral (TDI)	0.14	-	mm/sec

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal sinus rhythm During Study

RIGHT ATRIUM	Normal in Size
LEFT ATRIUM	Normal in Size
RIGHT VENTRICLE	Normal in Size.TAPSE>18mm
LEFT VENTRICLE	Normal in Size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal, PASP=10mm Hg,trivial TR
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA	Normal in Size
SYSTEMIC & PULMONARY VEINS	Normally Draining
IVC	Normal
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

IMPRESSION:

Cardiac Chambers & valves are normal
Normal PAP
No RWMA
Normal Left Ventricular Systolic Function (LVEF- 60 %)
No clot/ vegetation/pericardial effusion

Dr. SUMANJITA BORA, MBBS AMC.PGDCC(Cardiology)
CONSULTANT CARDIOLOGIST

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)

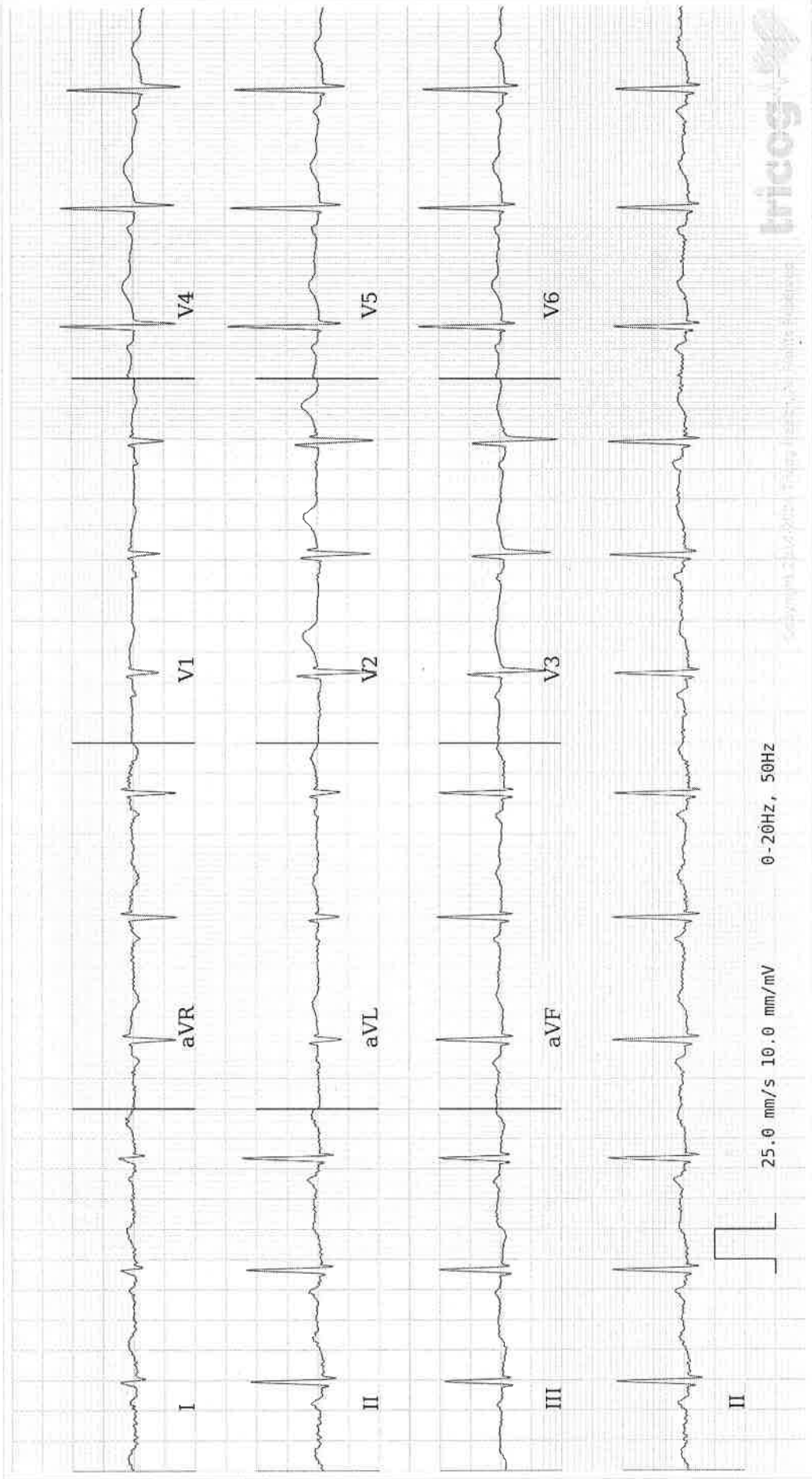
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Age / Gender: 38/Female
Patient ID: RADHIKA

Date and Time: 9th Mar 24 11:01 AM



AR: 78bpm VR: 78bpm QRSD: 76ms QT: 400ms QTcB: 456ms PRI: 154ms P-R-T: 55° 81° 23°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY



Dr. Mohammed Nadeemullah

KMC 85787



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0648/18960/00541

To

ರಾಧಿಕಾ

Radhika

C/O: Sanath Kumar J H,

Wing 4 Flat No-505, Bren Impena Shubh Enclave,

Haralur Main Road,

Kasavanahalli,

VTC: Bangalore South,

PO: Hsr Layout,

Sub District: Bangalore South, District: Bengaluru,

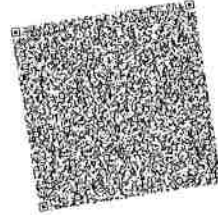
State: Karnataka,

PIN Code: 560102,

Mobile: 9739316742



MG299949916F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
9762 4887 8041

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 16/06/2013



ರಾಧಿಕಾ

Radhika

ಜನ್ಮ ದಿನಾಂಕ / DOB: 29/11/1985

ಲಿಂಗ / Female

9762 4887 8041

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. RADHIKA
क.कू संख्या	160651
पदनाम	CREDIT
कार्य का स्थान	BANGALORE, SINGASANDRA AECS LAY
जन्म की तारीख	29-11-1985
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M160651100095980E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **04-03-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)