

Patient Name : Mrs.POLISETTY NIROSHA	Collected : 09/Nov/2024 08:33AM
Age/Gender : 32 Y 3 M 30 D/F	Received : 09/Nov/2024 10:10AM
UHID/MR No : CMYS.0000062543	Reported : 09/Nov/2024 11:52AM
Visit ID : CMYSOPV131293	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38023	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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

SIN No:MYS241100386



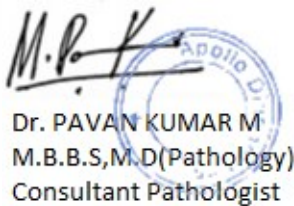
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.5	g/dL	12.5-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>79.6</b>	fL	83-101	Calculated
MCH	<b>26.8</b>	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,140	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2621.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2056	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	205.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	205.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.28		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	228000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>80</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

**R.B.C:** Majority are normocytic normochromic.  
**W.B.C:** Are normal in number,morphology and distribution.  
**Platelets:** Adequate and are seen in singles and clumps.  
**Hemoparasites:** Not seen.



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

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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

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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	77	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:**

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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

SIN No:MYS241100383





Patient Name : Mrs.POLISETTY NIROSHA	Collected : 09/Nov/2024 12:14PM
Age/Gender : 32 Y 3 M 30 D/F	Received : 09/Nov/2024 02:36PM
UHID/MR No : CMYS.0000062543	Reported : 09/Nov/2024 03:04PM
Visit ID : CMYSOPV131293	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. Interval	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	84	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.



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

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Age/Gender : 32 Y 3 M 30 D/F	Received : 09/Nov/2024 12:41PM
UHID/MR No : CMYS.0000062543	Reported : 09/Nov/2024 12:43PM
Visit ID : CMYSOPV131293	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. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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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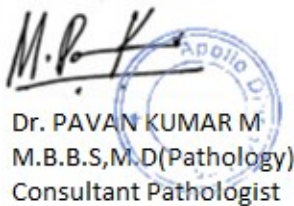
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	180	mg/dl	0-200	CHOD
TRIGLYCERIDES	67	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	54	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.15</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.44	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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



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

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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. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.62	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.44	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
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	<b>1.2</b>		<1.15	Calculated
ALKALINE PHOSPHATASE	69.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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 Patten:\*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:\*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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.57	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	18.51	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	2.6-6	Uricase
CALCIUM	9.40	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.95	mg/dl	2.7-4.5	Molybdate
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



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

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	18.00	U/l	0-38	IFCC



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M.B.B.S,M.D(Pathology)  
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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. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	<b>0.86</b>	ng/mL	0.87-1.78	CLIA
Thyroxine (T4, TOTAL)	12.06	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	3.200	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Consultant Pathologist

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 7	/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. Microscopy findings are reported as an average of 10 high power fields.

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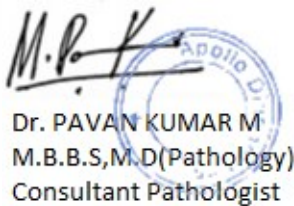
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD



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

SIN No:MYS241100382



Patient Name : Mrs.POLISETTY NIROSHA	Collected : 09/Nov/2024 12:29PM
Age/Gender : 32 Y 3 M 30 D/F	Received : 10/Nov/2024 02:17PM
UHID/MR No : CMYS.0000062543	Reported : 11/Nov/2024 06:55PM
Visit ID : CMYSOPV131293	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S38023	

**DEPARTMENT OF CYTOLOGY**

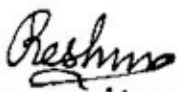
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

**LBC PAP SMEAR , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	24509/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

\*\*\* End Of Report \*\*\*



Dr. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

SIN No: MYS241100501

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

Regd. Office: T-10-60-82, Apollo Highwheels Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
www.apolloclinics.com | Email ID: enquiry@apolloh.com, Ph No: 945-4004-7777, Fax No: 4084-7744

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Patient Name	: Mrs. POLISETTY NIROSHA	Age	: 32Yrs 4Mths 1Days
UHID	: CMYS.0000062543	OP Visit No.	: CMYSOPV131293
Printed On	: 10-11-2024 04:48 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S38023		

---

### DEPARTMENT OF RADIOLOGY

---

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

**GALL BLADDER:** It is minimally 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 9.4 cm with parenchymal thickness of 1.1cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 9.6cm with parenchymal thickness of 1.1 cm. 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 6.7x3.4x5.4 cm with ET = 4.5mm. It is normal in size, outline and echotexture. No mass lesion.

---



---

**Rt. OVARY:** It measures 2.9x2 cm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 2.8x2.1 cm. It is normal. No mass lesion seen.

**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: GRADE I FATTY LIVER .**

---End Of The Report---



Dr.CHETAN HOLEPPAGOL  
MBBS, DNB(RADIO DIAGNOSIS)  
90037  
Radiology

Patient Name	: Mrs. POLISETTY NIROSHA	Age	: 32Yrs 4Mths 1Days
UHID	: CMYS.0000062543	OP Visit No.	: CMYSOPV131293
Printed On	: 10-11-2024 03:53 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S38023		

### DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 64 beats per minutes.

**Impression:**

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V  
MBBS, PGDCC  
69949  
Cardiology

Patient Name	: Mrs. POLISETTY NIROSHA	Age	: 32Yrs 4Mths 5Days
UHID	: CMYS.0000062543	OP Visit No.	: CMYSOPV131293
Printed On	: 14-11-2024 07:39 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S38023		

---

## DEPARTMENT OF CARDIOLOGY

---

### 2D ECHOCARDIOGRAPHY STUDY

#### Impression:

Normal chambers and valves  
No regional wall motion abnormality  
Normal left ventricular systolic function. EF 60 %  
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

---

**Patient's Name :Mrs. POLISETTY NIROSHA Age & Sex; 32Yrs /Female**

**Date : 09.11.2024**

**UHID No: 62543**

#### Measurements

AO:2.1 cm

LA :2.4 cm

RV :1.9 cm

LVIDd 4.90 cm

LVIDs :3.30 cm

IVSd :0.62 cm

---

IVSs :0.80 cm

PWd :0.64 cm

PWs :1.11 cm

EF : 60.0 %

FS : 34.0 %

Doppler

MV TV AV PV

E :0.59m/sE --- m/sV max1.13m/sV max0.78m/s

A: 0.51 m/sA --- m/s

---



---End Of The Report---



Dr. GURU PRASAD B V  
MBBS, PGDCC  
69949  
Cardiology

---

Name : Mrs. POLISETTY NIROSHA  
Address : Mysore Mysore Karnataka INDIA 570001  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

Age : 32Y 3M 30D  
sex : Female  
**60.6**  
**156.**  
**110/80**

UHID : CMYS.0000062543



OP No: CMYSOPV131293  
Bill No: CMYS-OCR-24655  
Date: Nov 9th, 2024, 8:31 AM

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

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ms. Polisetty Nirosha on 24/11/24.

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr. J. Mukund  
Medical Officer

**Apollo Clinic**  
# 23, 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.


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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

[Phy]

Mrs. Polisetty Nirosha.  
32yrs | Female

Dr. J. MUKUND  
MBBS, MD (Internal  
Medicine)

Height: 156 cm	Weight: 60.6 kg	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 110/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Routine health check up  
No comorbidities

Reports - Noted.  
No intervention

Follow up date:

*J. Mukund*

Doctor Signature

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



[Ophthal]

Date : 11/9/2024  
Patient Name : Mrs. POLISETTY NIROSHA  
UHID : CMYS.0000062543  
Age / Gender : 32Yrs 3Mths 30Days/  
Female  
Consulation Timing : 9:34 AM

Department : General Practice  
Doctor : Dr.SUJATHA T R  
Registration No. : 69649  
Qualification : MBBS, PGDMCH

Height : 1.56	Weight : 60.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Distance  
vision

un  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

Get near  
vision

NG

(CV) = normal

Colour  
vision

sub

(BE) = normal vision

Follow up date : 09/11/24

Ajeetha  
Doctor Signature

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



Date : 11/9/2024 Department : Dental  
Patient Name : Mrs. POLISETTY NIROSHA Doctor : Dr. JYOTHISHREE P V  
UHID : CMYS.0000062543 Registration No. : 33268A  
Age / Gender : 32Yrs 3Mths 30Days/ Female Qualification : B.D.S[Bachelor of Dental Surgery]  
Consulation Timing : 9:35 AM

Height : 156	Weight : 60.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Off Gen. spacing noted on upper  
& lower arch.

Adv. ortho intervention.

CATT, Stt

Adv. oral prophylaxis

Follow up date :

Jyothisha

Doctor Signature

**Apollo Clinie**  
# 23, 1st Floor,  
Kalldasa Road, Mysore - 07  
Ph : 0821-4006040/41

Date : 11/9/2024 Department : ENT  
 Patient Name : Mrs. POLISETTY NIROSHA Doctor : Dr. PRAVEEN KUMAR R  
 UHID : CMYS.0000062543 Registration No. : 66012  
 Age / Gender : 32Yrs 3Mths 30Days/ Female Qualification : MBBS, MS (ENT)  
 Consultation Timing : 9:34 AM

Height : 156	Weight : 60.6	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 116/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Case for regular hearing check

Ear Bilateral OM - (a)

nasal - nasal mucus (a)

oral cavity & oropharynx - (a)

neck (a)

As heard

Follow up date :

  
Doctor Signature

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

Date : 11/9/2024 Department : Nutrition & Dietetics  
 Patient Name : Mrs. POLISETTY NIROSHA Doctor : Miss.MADHURA B P  
 UHID : CMYS.0000062543 Registration No. : A104102  
 Age / Gender : 32Yrs 3Mths 30Days/ Female Qualification : M.Sc. Nutrition and Dietetics  
 Consultation Timing : 9:36 AM PhD\*

IBW - 53kg

Height : 156	Weight : 60.6	BMI : 24.9 kg/m <sup>2</sup>	Waist Circum : 80
Temp :	Pulse :	Resp :	B.P : 110/80

General Examination /  
Allergies History


ESR - 80  
LDL - 112.15  
T<sub>3</sub> Total - 0.86

Clinical Diagnosis & Management Plan

- Δ<sup>2</sup> - Grade I fatty liver
- Advised 'Balanced diet' with fiber rich food
  - cooking oil - 1/2 liter / person / month. Use the combination of oils like groundnut oil, Mustard oil, coconut oil, Rice bran oil, Gingelly oil & Olive. But do not mix the oils & butter.
  - Avoid maida, sugar, too much of salt, baking soda & cream.
  - Avoid bakery products, sweets, junk foods, deep fried foods, packed & processed foods.
  - Avoid seed meat.
  - Include skimmed / low fat milk instead of whole fat milk.

Follow up date :

Doctor Signature

 - B. P.

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

7/11/2024

Patient Name	: Mrs. POLISETTY NIROSHA	Age	: 32Yrs 3Mths 30Days
UHID	: CMYS.0000062543	OP Visit No.	: CMYSOPV131293
Printed On	: 09-11-2024 12:43 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S38023		

**DEPARTMENT OF RADIOLOGY**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION: NORMAL STUDY .**

---End Of The Report---



**Dr.CHETAN HOLEPPAGOL**  
**MBBS, DNB(RADIO DIAGNOSIS)**  
90037  
Radiology



Patient Name: Mrs. POLISETTY NIROSHA	Date : 09.11 .2024	Referring Doctor: Dr. Self
Age / Sex: 32Yrs/Female	UHID No : 62543	Location : OP
<b>ULTRASONOGRAPHY- ABDOMEN &amp; PELVIS</b>		

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

**GALL BLADDER:** It is minimally 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 9.4 cm with parenchymal thickness of 1.1 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 9.6 cm with parenchymal thickness of 1.1 cm. 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 6.7x3.4x5.4 cm with ET= 4.5mm. It is normal in size, outline and echotexture. No mass lesion.

**Rt. OVARY:** It measures 2.9x2 cm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 2.8x2.1 cm. It is normal. No mass lesion seen.

**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: GRADE I FATTY LIVER .**

  
Dr. Karthik H V MDRD , DNB  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

CIN: UMS110TG2000PLC1158191

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


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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. POLISETTY NIROSHA	Age & Sex; 32Yrs /Female
Date : 09.11.2024	UHID No: 62543

### 2D ECHOCARDIOGRAPHY STUDY

#### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 60 %
- 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: U85110TG0000PLC1158191  
 Regd. Office: 1, 10-60, 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
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 Koramangala | Lalpet | Road | Mysore (VV Mohalla)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. POLISETTY NIROSHA	Age & Sex; 32Yrs /Female
Date : 09.11.2024	UHID No: 62543

Measurements

AO : 2.1 cm  
LA : 2.4 cm

RV : 1.9 cm  
LVIDd : 4.90 cm  
LVIDs : 3.30 cm  
IVSd : 0.62 cm  
IVSs : 0.80 cm  
PWd : 0.64 cm  
PWs : 1.11 cm  
EF : 60.0 %  
FS : 34.0 %

Doppler  
MV TV AV PV  
E: 0.69 m/s E --- m/s V max 1.13 m/s V max 0.78 m/s  
A: 0.51 m/s A --- m/s

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

**Apollo Health and Lifestyle Limited**

ICR: UB5110TG2000PLC115819  
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

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



## Apollo Clinic

### CONSENT FORM

Patient Name: Polisetty Nirosha Age: 32 years  
UHID Number: 62543 Company Name: Arcofemi

I  Mr/Mrs/Ms Polisetty Nirosha Employee of Arcofemi  
(Company) Want to inform you that I am not interested in getting Cygn Consultation

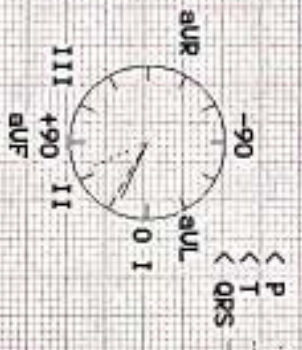
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: P. Nirosha Date: 9/11/24



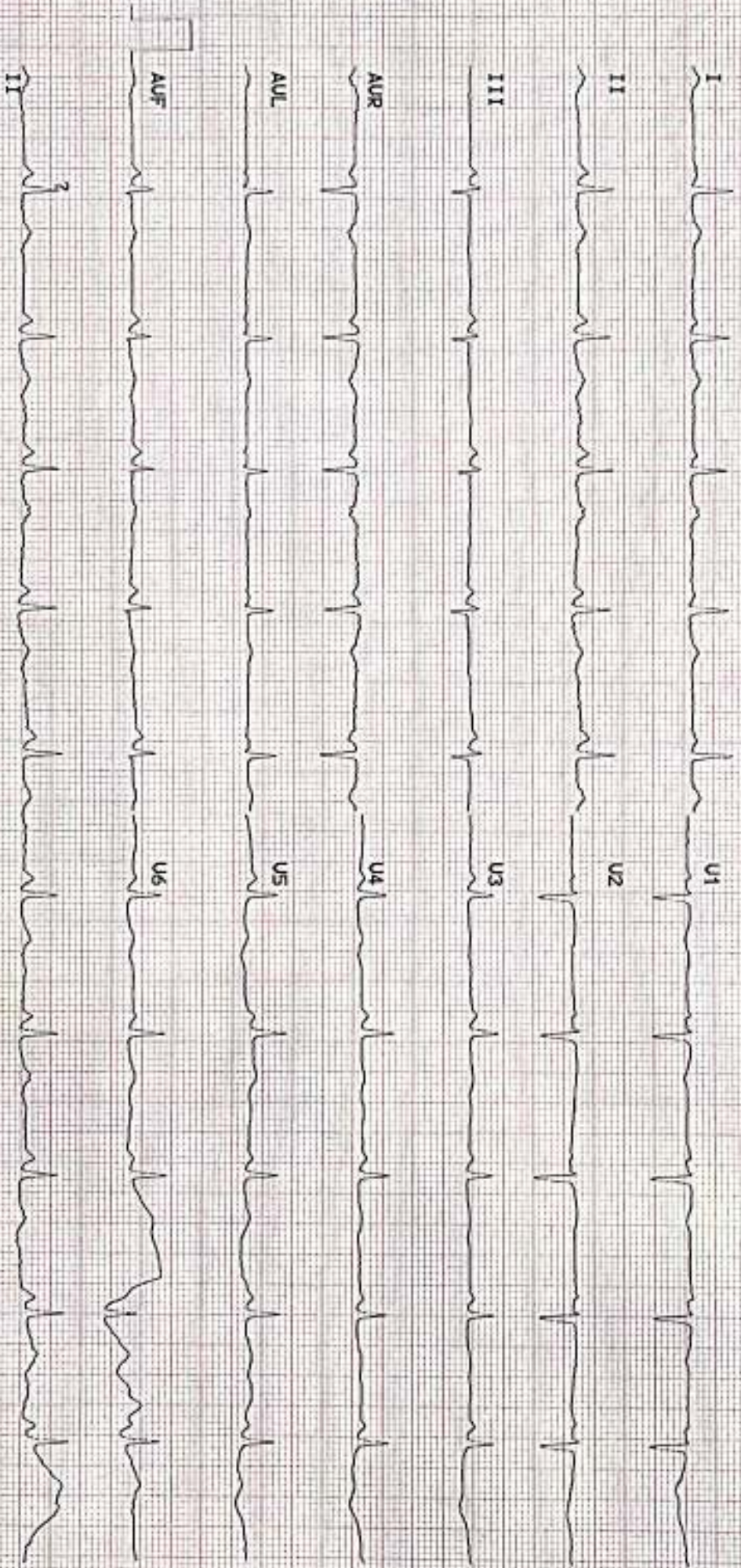
AGE: 32  
 Measurement Results:  
 QRS : 88 ms  
 QT/QTcB : 420 / 434 ms  
 PR : 128 ms  
 P : 104 ms  
 RR/PP : 938 / 935 ms  
 P/QRS/T : 65 / 25 / 30 degrees  
 QTd/QTcBd : 44 / 45 ms  
 Sokolow : 1.1 mV  
 NK : 8



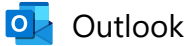
Interpretation:

Unconfirmed report.

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







## Your appointment is confirmed

**From** noreply@apolloclinics.info <noreply@apolloclinics.info>

**Date** Thu 07-11-2024 18:37

**To** raju.mca222@gmail.com <raju.mca222@gmail.com>

**Cc** Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



**Dear nirosha polisetty,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-11-09** at **08:15-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

### **Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.

3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

**For further assistance, please call us on our Help Line #: 1860 500 7788.**

**Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.**

**Contact No: (0821) 400 6040 - 41.**

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,  
Apollo Clinic

**భారత సర్కార్**  
Government of India

**అదర్శితమైన ఏకైక గుర్తుల అధికారం**  
Unique Identification Authority of India

గణాంక సంఖ్య Enrolment No.: 0648/11129/05421

To:  
పాలసెట్టి నిరోషా  
Palesetty Nirosha  
C/O: Raju  
No. 1/463 Chaithanya Colony  
Simpuram  
Medikonduru  
Guntur  
Sripuram  
Guntur, Andhra Pradesh - 522401  
9581660054



**నా ఆధార్ సంఖ్య / Your Aadhaar No. :**  
**6864 5746 5216**  
VID : 9146 0009 9476 1430  
**నన్న ఆధార్. నన్న గుర్తు**

**భారత సర్కార్**  
Government of India

పాలసెట్టి నిరోషా  
Palesetty Nirosha  
జన్మ తేదీ/DOB: 10/07/1992  
♀ FEMALE



**6864 5746 5216**  
VID : 9146 0009 9476 1430  
**నన్న ఆధార్. నన్న గుర్తు**

**జాగ్రత్త**

- ఆధార్ గుర్తును ప్రధానంగానే ఉపయోగించండి.
- ఆధార్ గుర్తును కేవలం ఆన్‌లైన్ / ఆఫ్‌లైన్ XML / ఆఫ్‌లైన్ పద్ధతుల ద్వారా గుర్తుంచుకోవాలి.
- ఆన్‌లైన్ పద్ధతుల ద్వారా ఉద్భవించిన ఏదైనా అసత్య ఆధార్.

**INFORMATION**

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML Authentication.
- This is electronically generated letter.

**జాగ్రత్త**

- ఆధార్ గుర్తును ప్రధానంగానే ఉపయోగించండి.
- ఆధార్ గుర్తును కేవలం ఆన్‌లైన్ / ఆఫ్‌లైన్ XML / ఆఫ్‌లైన్ పద్ధతుల ద్వారా గుర్తుంచుకోవాలి.
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- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID in Aadhaar.
- Carry Aadhaar in your smart phone - mAadhaar App.

**అదర్శితమైన ఏకైక గుర్తుల అధికారం**  
Unique Identification Authority of India

చిరునామా:  
జి.ఓ. రాజు, ఛాయ, నెం 1/463 చైతన్యా కాలనీ,  
సింపూరం, మెడికొండూరు, గుంటూరు, ఆంధ్రప్రదేశ్,  
గుంటూరు, ఆంధ్ర ప్రదేశ్ - 522401

Address:  
C/O: Raju, No. 1/463 Chaithanya Colony,  
Simpuram, Medikonduru, Guntur, Sripuram,  
Guntur,  
Andhra Pradesh - 522401

**6864 5746 5216**  
VID : 9146 0009 9476 1430

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