

Patient Name : Mrs.SARASWATHI BASALINGAPPA	Collected : 09/Aug/2023 08:31AM
Age/Gender : 59 Y 6 M 0 D/F	Received : 09/Aug/2023 01:08PM
UHID/MR No : CBAS.0000088729	Reported : 09/Aug/2023 03:52PM
Visit ID : CBASOPV94122	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 40922	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.6	g/dL	12-15	Spectrophotometer
PCV	42.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.56	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	92.2	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,690	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.7	%	40-80	Electrical Impedance
LYMPHOCYTES	33.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3283.13	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1894.77	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	91.04	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	358.47	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	62.59	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	334000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

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**DEPARTMENT OF HAEMATOLOGY**

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HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



SIN No:BED230187504

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Age/Gender : 59 Y 6 M 0 D/F	Received : 09/Aug/2023 01:08 PM
UHID/MR No : CBAS.0000088729	Reported : 09/Aug/2023 07:33 PM
Visit ID : CBASOPV94122	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 40922	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230187504

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Age/Gender : 59 Y 6 M 0 D/F	Received : 09/Aug/2023 12:55PM
UHID/MR No : CBAS.0000088729	Reported : 09/Aug/2023 03:18PM
Visit ID : CBASOPV94122	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 40922	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>105</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>93</b>	mg/dL	70-140	HEXOKINASE
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**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.

Ref: Marks medical biochemistry and clinical approach



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	151	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mrs.SARASWATHI BASALINGAPPA	Collected : 09/Aug/2023 08:31AM
Age/Gender : 59 Y 6 M 0 D/F	Received : 09/Aug/2023 12:57PM
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Visit ID : CBASOPV94122	Status : Final Report
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Emp/Auth/TPA ID : 40922	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	158	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>178</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	78	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>35.6</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		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 can show physiological and analytical variations.

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



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated



SIN No:SE04446914

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.89	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	25.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.04	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.46	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

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

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



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Visit ID : CBASOPV94122	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.61	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.885	µIU/mL	0.34-5.60	CLIA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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UHID/MR No : CBAS.0000088729	Reported : 09/Aug/2023 02:11PM
Visit ID : CBASOPV94122	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<b>8.0</b>		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	6-8	/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



SIN No:UR2163173

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UHID/MR No : CBAS.0000088729	Reported : 09/Aug/2023 02:11PM
Visit ID : CBASOPV94122	Status : Final Report
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Emp/Auth/TPA ID : 40922	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:



PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)




Dr. Anita Shobha Flynn  
M.B.B.S, MD(Pathology)  
Consultant Pathologist





DR. SHIV ARAJA SHETTY  
M.B.B.S, M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

Dr. Anita Shobha Flynn  
M.B.B.S, MD(Pathology)  
Consultant Pathologist





<b>Name</b> : Mrs. SARASWATHI BASALINGAPPA  <b>Address</b> : blr  <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 59 Y  <b>Sex</b> : F	<b>UHID</b> :CBAS.0000088729  <small>*CBAS.0000088729*</small> <b>OP Number</b> :CBASOPV94122 <b>Bill No</b> :CBAS-OCR-57385 <b>Date</b> : 09.08.2023 08:24
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URINE GLUCOSE(FASTING)	1 No.
✓2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING	
✓4	HbA1c, GLYCATED HEMOGLOBIN	
✓5	2 D ECHO - R.S	5
✓6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA - 10:20 am	4
✓8	GLUCOSE, FASTING	
✓9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION - 1 <sup>st</sup> / star	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION	
13	DIET CONSULTATION	
✓14	COMPLETE URINE EXAMINATION	
✓15	URINE GLUCOSE(POST PRANDIAL)	
✓16	PERIPHERAL SMEAR	
17	ECG @ 10A.M.	3
✓18	BLOOD GROUP ABO AND RH FACTOR	
✓19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE	
22	OPHTAL BY GENERAL PHYSICIAN	3
✓23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN - 10:15 am	5
✓25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION	10
✓27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Lab

②⑧ Physio R No 6.

JH - 154cms  
 WE - 67.9Kgs  
 BP - 128/82 mmHg  
 PR - 84bpm  
 HIP - 106cms  
 WAIST - 104cms

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS SARASWATHI**

**Gender: MALE**

**Age:59 years**

**Consultant: Dr.VISHAL KUMAR HARIJAN**

**Date :09 /08/2023**

**Findings**

**2D Echo cardiography**

**Chambers**

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

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid , normal mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.59	m/sec	A	0.65	m/sec	No MR
Tricuspid Valve	E	0.47	m/sec	A	0.01	m/sec	No TR
Aortic Valve	Vmax	1.41	m/sec				No AR
Pulmonary Valve	Vmax	0.88	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						

### **M-Mode Measurements**

Parameter	Observed Value	Normal Range	
Aorta	3.0	2.6-3.6	cm
Left Atrium	3.6	2.7-3.8	cm
Aortic Cusp Separation	1.7	1.4-1.7	cm
IVS-Diastole	1.1	0.9-1.1	cm
Left Ventricle-Diastole	4.4	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
Left Ventricle-Systole	3.1	2.1-4.0	cm
Posterior wall-Systole	1.1	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.7	2.0-3.3	cm

### **Impression**

- Normal Sized Cardiac Chambers
- No RWMA'S
- Normal LV & RV Systolic function,LVEF-60%
- Normal valves
- No pericardial effusion/Vegetation/Clot.
  
- GRADE I LVDD

***DR.VITHAL D BAGI./ DR VISHAL KUMAR***

***CARDIOLOGIST.***

# Apollo Clinic

## CONSENT FORM

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Patient Name: Saraswathi Age: .....

UHID Number: ..... Company Name: .....

I Mr/Mrs/Ms Saraswathi Employee of .....

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

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

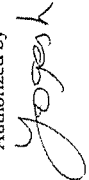
And I claim the above statement in my full consciousness.

Patient Signature: Pow Date: .....

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Authorized by  
  
 Dr. Yogesh Kothari  
 MD, DNB, FESC, FEP  
 Reg No- KMC- 44065

**Measurements**  
 HR: 82 BPM  
 PR: 144 ms  
 PD: 110 ms  
 QRS: 80 ms  
 QRS Axis: -8 deg  
 QT/QTc: 356/416 ms

**Vitals**

**Symptoms**

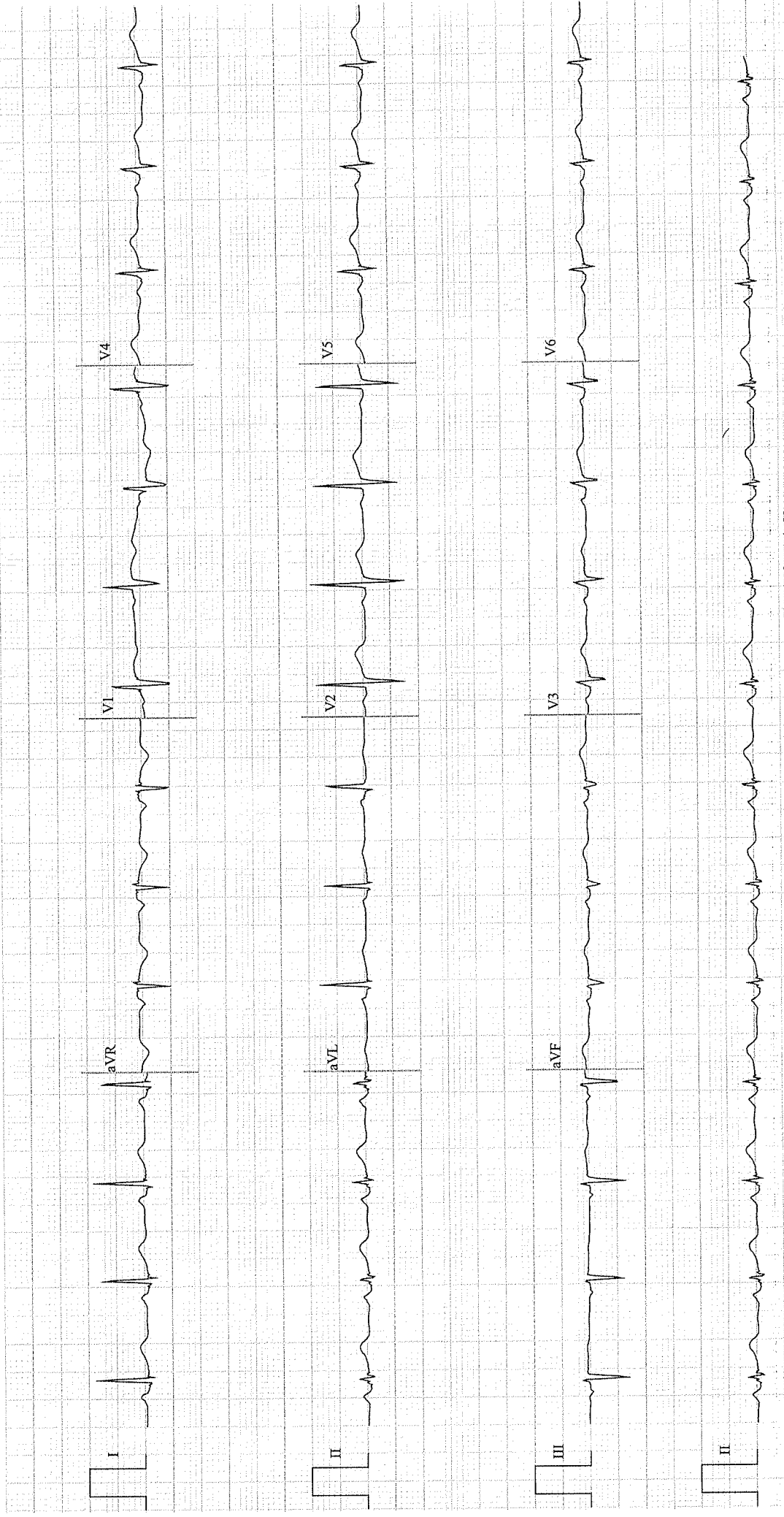
**Pre-Existing Medical-Conditions**

**Personal Details**  
 UHID: 01P3FGAT6NIORSY  
 PatientID: 88729  
 Name: Saraswati B  
 Age: 59  
 Gender: Female  
 Mobile: 086565898686

**Interpretation**

Sinus Rhythm Regular  
 Normal Axis  
 No Significant ST-T changes

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



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV  
 Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease Abnormal ECG does not always mean severe heart disease Comments & report is based on available data, clinical correlation is important.

**PAP SMEAR CONSENT FORM**

PATIENT NAME: *Saraswati* AGE: *59y* GENDER: *F* DATE: *9-8-23*

**MENSTRUAL AND REPRODUCTIVE HISTORY**

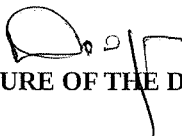
AGE OF MENARCHE : *13y*  
AGE OF MENOPAUSAL IF APPLICABLE : *45y*  
MENSTRUAL REGULARITY : *REGULAR/IRREGULAR*  
FIRST DAY OF LAST MENSTRUATION PERIOD: *-*  
AGE AT MARRIAGE : *26y*  
YEAR'S OF MARRIED LIFE : *34y*  
CONTRACEPTION : YES()NO()IF YES WHAT KIND? *'*  
HORMONAL TREATMENT : YES() NO() IF YES WHAT KIND?  
GRAVIDA (NO OF TIME'S CONCEIVED) : *P1L1 - 0, N/D.*  
PARA(NO OF CHILDBIRTH) :  
LIVE(NO OF LIVING CHILDREN) : *- 1 ectopic Pg - 1995.*  
ABORTIONS :  
MISCARRIAGES/ABORTION :  
AGE OF FIRST CHILD :  
AGE OF LAST CHILD :  
PREVIOUS PAP SMEAR REPORT :

**SPECULUM EXAMINATION FINDINGS**

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

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

SIGNATURE OF THE PATEINT



SIGNATURE OF THE DOCTOR

Mrs. Saraswathi

59 / F

88729 9/8/23

EYE CHECK UP REPORT

Vision Acuity  $\left\{ \begin{array}{l} 6/18 \xrightarrow{\text{edge}} 6/9 \\ 6/36 \xrightarrow{\text{edge}} 6/9 \end{array} \right.$

Near Vision  $\left\{ \begin{array}{l} N6 \\ \text{edge} \\ N6 \end{array} \right.$

Digital IOP  $\left\{ \begin{array}{l} \text{BE} \\ \text{mild} \\ \text{Stoney} \\ \text{Hard} \end{array} \right.$

Colour Vision  $\left\{ \begin{array}{l} \text{Normal} \\ \text{Normal} \end{array} \right.$

• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

Read retinal evaluation  
Miotic pupils

RE Hyperopic Presbyopia, LE Myopic presbyopia,  
partially corrected by glau. Adv for dilated  
refraction & IOP evaluation.

CHS

9/8/23

Mm. Saraswathi, 59yrs

Clot → IBS / Spandyloma

Grade I fatty liver

Ht, 150cm

Wt = 67.9kg  
IBW = 55-60kg

Vit D → 40.5 ng/ml

Hb → 14.6 g/dl

HbA1c → 5.8 %

Advice 1600ml High caloric diet.

• FLAX seed → 1 tablespoon / day

Almond tablets / day  
(5-6) (3)

• milk / curds → 300ml / day  
350ml

• Greens → Methi / Drumstick / pakodhi →  
Wkly 3 times

• walk 15-20 mins 20-20-20min / day

• Veg salad → pre lunch / pre dinner

• BF in Dinner → Raji / mullu / white

Dr. Mohan Kumar  
9449349333



09/08/23


Mrs. Saeaswathi Basalingappa  
59/F.

- Came for health check up; undiagnosed  
- H/O hypolipidemia: 10 years. hystereomy in 2008  
de: ear: BTL min wax flakes @  
TM intact.

None } WNL  
oval cavity

Neck: - (L) level II lymph node palpable; firm; mobile; non tender.

Adv: → USG NECK  
→ follow up T<sub>3</sub> T<sub>4</sub> TSH reports  
→ WAXONIL ear drops  
d<sup>1</sup> - d<sup>2</sup> - d<sup>3</sup> x 2-3 days.

  
Dr. ANKITHA PURANIK  
MBBS, MS, DNB, FHN  
KMC-114400

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	MRS. SARASWATHI BASALINGAPPA
क.कू.संख्या	40922
पदनाम	DISCIPLINARY PROCEEDINGS
कार्य का स्थान	BENGALURU,ZO BENGALURU
जन्म की तारीख	28-10-1963
स्वास्थ्य जांच की प्रस्तावित तारीख	09-08-2023
बुकिंग संदर्भ सं.	23S40922100065686E

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 **05-08-2023** 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।)



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

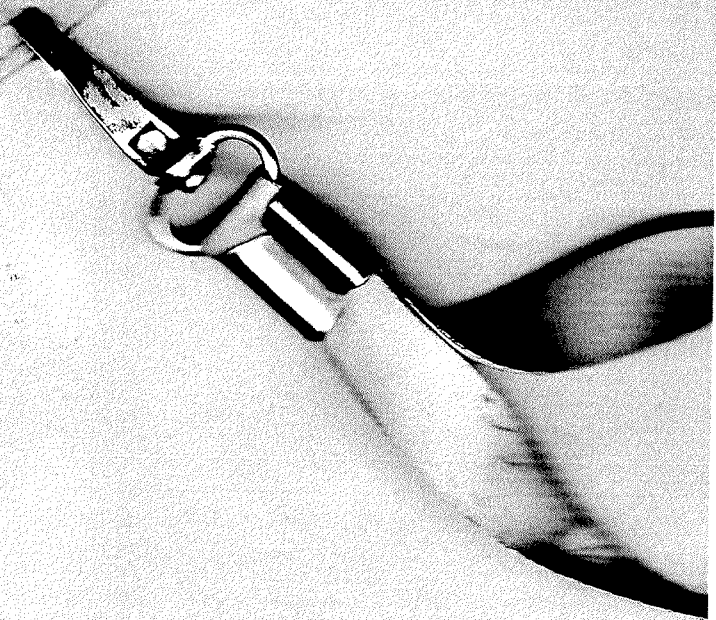
**B SARASWATI**

नाम  
Name

40922

ए. सी. नं.  
E. C. No.

सहकारी  
Issuing Authority



## SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



**Patient Name** : Mrs. SARASWATHI BASALINGAPPA

**Age/Gender** : 59 Y/F

**UHID/MR No.** : CBAS.0000088729

**OP Visit No** : CBASOPV94122

**Sample Collected on** :

**Reported on** : 09-08-2023 16:09

**LRN#** : RAD2068534

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 40922

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

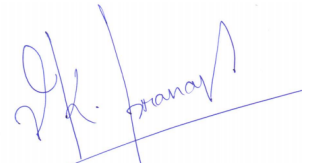
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRNAV VENKATESH**  
**MBBS,MD**  
Radiology

<b>Patient Name</b>	: Mrs. SARASWATHI BASALINGAPPA	<b>Age/Gender</b>	: 59 Y/F
<b>UHID/MR No.</b>	: CBAS.0000088729	<b>OP Visit No</b>	: CBASOPV94122
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-08-2023 14:20
<b>LRN#</b>	: RAD2068534	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 40922		

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**DEPARTMENT OF RADIOLOGY**

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**SONO MAMOGRAPHY - SCREENING**

**USG OF BOTH BREASTS**

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

No evidence of focal, solid or cystic lesion.

No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

**IMPRESSION**

**No significant abnormality is seen in this study.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Dr. BHARATH J L**  
**MBBS, DNB (RADIO DIAGNOSIS)**  
Radiology

<b>Patient Name</b>	: Mrs. SARASWATHI BASALINGAPPA	<b>Age/Gender</b>	: 59 Y/F
<b>UHID/MR No.</b>	: CBAS.0000088729	<b>OP Visit No</b>	: CBASOPV94122
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-08-2023 14:13
<b>LRN#</b>	: RAD2068534	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 40922		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears normal in size (14.3 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

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

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

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

**Right kidney** appear normal in size 9.9x4.1 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.1x4.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

**Uterus** post hysterectomy status.

**Both ovaries** no adnexal mass/collection

No evidence of any adnexal pathology noted.

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

### **IMPRESSION:-**

**Grade I Fatty Liver.**

### **Suggested clinical correlation.**

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Patient Name** : Mrs. SARASWATHI BASALINGAPPA

**Age/Gender** : 59 Y/F

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**Dr. BHARATH J L**  
MBBS, DNB (RADIO DIAGNOSIS)  
Radiology