





Patient Name	: Mrs.DIVYA THEJA SREE C	Collected	: 25/Mar/2023 10:36AM
Age/Gender	: 32 Y 6 M 30 D/F	Received	: 25/Mar/2023 04:03PM
UHID/MR No	: CUPP.0000078421	Reported	: 25/Mar/2023 05:55PM
Visit ID	: CUPPOPV115783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 76173		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	(HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

IAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	35.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.02	Million/cu.mm	3.8-4.8	Electrical Impedenc
1CV	88.5	fL	83-101	Calculated
ЛСН	31.2	pg	27-32	Calculated
1CHC	35.3	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
OTAL LEUCOCYTE COUNT (TLC)	7,360	cells/cu.mm	4000-10000	Electrical Impedanc
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
IEUTROPHILS	53.7	%	40-80	Electrical Impedance
YMPHOCYTES	36.7	%	20-40	Electrical Impedance
OSINOPHILS	3.9	%	1-6	Electrical Impedance
IONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
BSOLUTE LEUCOCYTE COUNT				
IEUTROPHILS	3952.32	Cells/cu.mm	2000-7000	Electrical Impedance
YMPHOCYTES	2701.12	Cells/cu.mm	1000-3000	Electrical Impedance
OSINOPHILS	287.04	Cells/cu.mm	20-500	Electrical Impedanc
IONOCYTES	397.44	Cells/cu.mm	200-1000	Electrical Impedanc
BASOPHILS	22.08	Cells/cu.mm	0-100	Electrical Impedanc
PLATELET COUNT	258000	cells/cu.mm	150000-410000	Electrical impedenc
RYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-20	Modified Westergre
RIPHERAL SMEAR				
C NORMOCYTIC NORMOCHROMIC BC WITHIN NORMAL LIMITS				

NO HEMOPARASITES SEEN

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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SIN No:BED230076243 This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Address: H. No 6-48/3, Peerzadiguda Panchayat, Boduppal, R R District,, Uppal, Hyderabad, Telangana, India - 500039

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)







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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

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD-EDTA						
BLOOD GROUP TYPE	В		Microplate technology			
Rh TYPE	Positive		Microplate technology			

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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 86 mg/dL 70-100 HEXOKINASE					
	GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE

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	4

GLUCOSE, POST PRANDIAL (PP), 2	116	mg/dL	70-140	HEXOKINASE
HOURS , NAF PLASMA				

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

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.2	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	131	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7

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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

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

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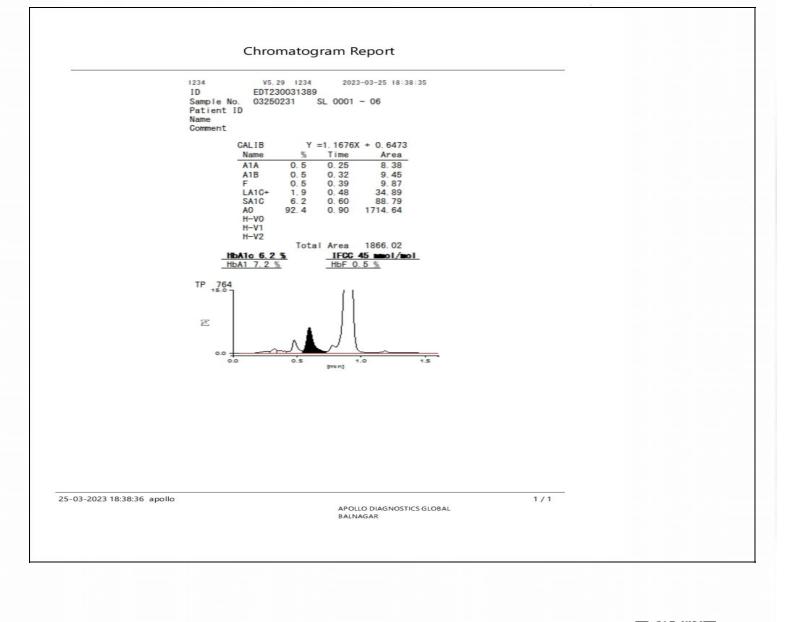






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Test Name	Result	Unit	Bio. Ref. Range	Method



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SIN No:PLF01950122,PLP1315389,EDT230031389

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

LIPID PROFILE, SERUM

TOTAL CHOLESTEROL	127	mg/dL	<200	CHO-POD
TRIGLYCERIDES	118	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	80	mg/dL	<130	Calculated
LDL CHOLESTEROL	56.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.70		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	\geq 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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LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	54.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.18	g/dL	6.6-8.3	Biuret
ALBUMIN	4.31	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	0.79	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic		
UREA	12.50	mg/dL	17-43	GLDH, Kinetic Assay		
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	4.35	mg/dL	2.6-6.0	Uricase PAP		
CALCIUM	9.19	mg/dL	8.8-10.6	Arsenazo III		
PHOSPHORUS, INORGANIC	2.31	mg/dL	2.5-4.5	Phosphomolybdate Complex		
SODIUM	132	mmol/L	136–146	ISE (Indirect)		
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)		
CHLORIDE	99	mmol/L	101–109	ISE (Indirect)		

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GAMMA GLUTAMYL TRANSPEPTIDASE	23.00	U/L	<38	IFCC
(GGT), SERUM				

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Patient Name	: Mrs.DIVYA THEJA SREE C	Collected	: 25/Mar/2023 10:36AM
Age/Gender	: 32 Y 6 M 30 D/F	Received	: 25/Mar/2023 04:13PM
UHID/MR No	: CUPP.0000078421	Reported	: 25/Mar/2023 05:41PM
Visit ID	: CUPPOPV115783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 76173		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324Test NameResultUnitBio. Ref. RangeMethod

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	8.42	µg/dL	6.09-12.23	CLIA		
THYROID STIMULATING HORMONE (TSH)	1.342	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 hypothyroidism,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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Address: H. No 6-48/3, Peerzadiguda Pancha R R District,, Uppal, Hyderabad, Tel

hayat, Boduppa







Patient Name	: Mrs.DIVYA THEJA SREE C	Collected	: 25/Mar/2023 10:36AM
Age/Gender	: 32 Y 6 M 30 D/F	Received	: 25/Mar/2023 04:26PM
UHID/MR No	: CUPP.0000078421	Reported	: 25/Mar/2023 06:12PM
Visit ID	: CUPPOPV115783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 76173		

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 , ι	IRINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MC	OUNT AND MICROSCOPY			
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 11 of 14



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DEPARTMENT OF CLINICAL PATHOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Emp/Auth/TPA ID	: 76173			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CUPPOPV115783	Status	: Final Report	
UHID/MR No	: CUPP.0000078421	Reported	: 25/Mar/2023 06:04PM	
Age/Gender	: 32 Y 6 M 30 D/F	Received	: 25/Mar/2023 04:19PM	
Patient Name	: Mrs.DIVYA THEJA SREE C	Collected	: 25/Mar/2023 10:36AM	

	-			
Test Name	Result	Unit	Bio. Ref. Range	Method

URINE GLUCOSE(FASTING)	NEGATIVE	NEGATIVE	Dipstick	

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Patient Name	: Mrs.DIVYA THEJA SREE C	Collected	: 25/Mar/2023 12:36PM
Age/Gender	: 32 Y 6 M 30 D/F	Received	: 25/Mar/2023 04:23PM
UHID/MR No	: CUPP.0000078421	Reported	: 27/Mar/2023 02:22PM
Visit ID	: CUPPOPV115783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 76173		

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	5804/23
Ι	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	CONVENTIONAL SMEAR
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
Π	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology.Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

*** End Of Report ***

Result/s to Follow: URINE GLUCOSE(POST PRANDIAL), PERIPHERAL SMEAR

Page 13 of 14

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Patient Name	: Mrs.DIVYA THEJA SREE C	Collected	: 25/Mar/2023 12:36PM
Age/Gender	: 32 Y 6 M 30 D/F	Received	: 25/Mar/2023 04:23PM
UHID/MR No	: CUPP.0000078421	Reported	: 27/Mar/2023 02:22PM
Visit ID	: CUPPOPV115783	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 76173		

DEPARTMENT OF CYTOLOGY

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



M.B.B.S. M.D CONSULTANT PATHOLOGIST



DR. SHALINI SINGH M.B.B.S, MD Consultant Pathologist Dr.SRINIVAS N.S.NORI M.B.E.S,M.D(PATHOLOGY) CONSULTANT PATHOLOGIST

Dr Sowjanya MBBS, MD(Pathology) **Consultant** Pathologist



Dr. RAJESH BATTINA PhD. (Biochemistry) Consultant Biochemist

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Address: H. No 6-48/3, Peerzadiguda Panchayat, Boduppal, R R District,, Uppal, Hyderabad, Telangana, India - 500039





POWER PRESCRIPTION

NAME: C. Divya-theja sree

GENDER: M/F

UHID: 48421

DATE: 25.03.23

AGE: 32

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE				6/6
JEAR D				NO

			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
SPH	CYL	AXIS	VISION
_		<u> </u>	1919
			106

LEFT EYE

COLOUR VISION : BE: NOrmal

DIAGNOSIS

BG: EMMO FRODIO

OTHER FINDINGS : MIL

INSTRUCTIONS : Wij

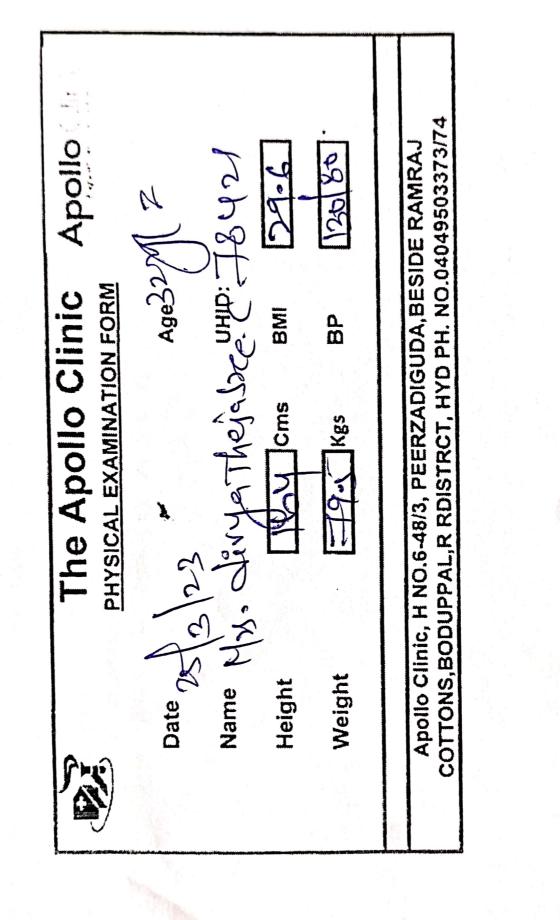


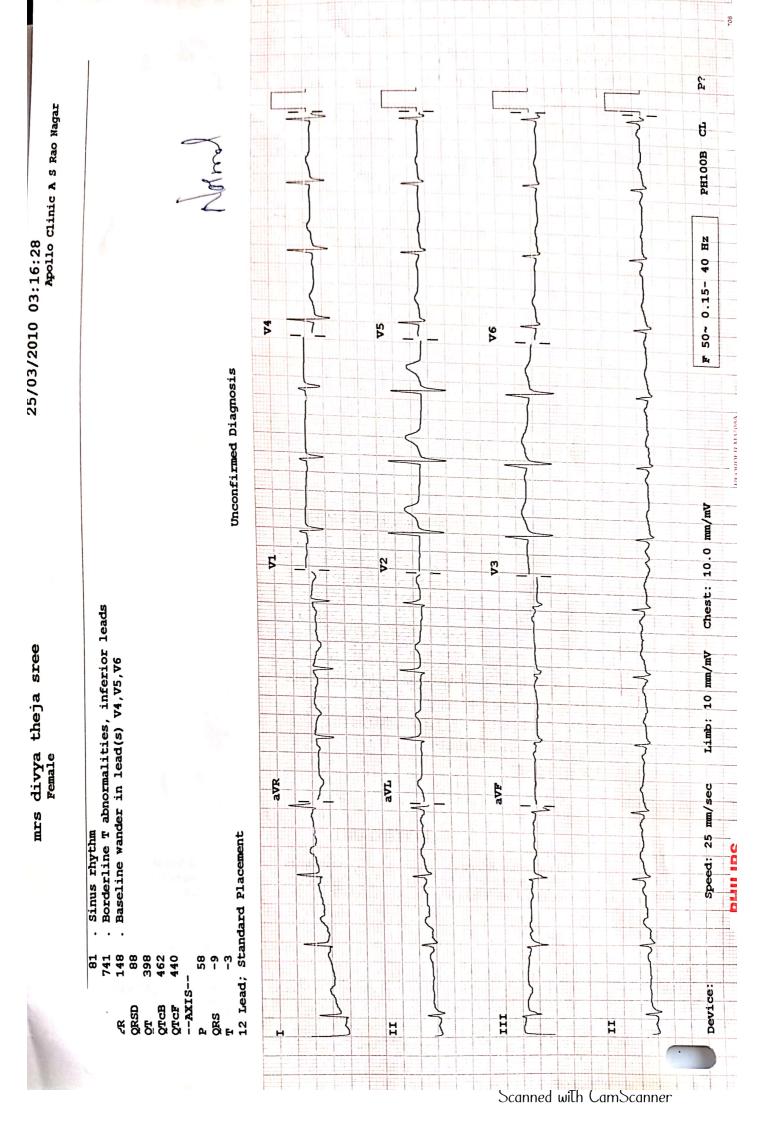
ICIN - U85110TN2000PLC046089| Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohLcom TO BOOK AN APPOINTMENT

-bilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal) OLIO CLINICS NETWORK TELANGANA



Scanned with CamScanner







Patient Name	: Mrs. DIVYA THEJA SREE C	Age/Gender	: 32 Y/F
UHID/MR No.	: CUPP.0000078421	OP Visit No	: CUPPOPV115783
Sample Collected on	:	Reported on	: 25-03-2023 13:51
LRN#	: RAD1959181	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 76173		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 119 mm and echotexture. No focal lesion is seen. PV and CBD 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 in size 109 mm.No focal lesion seen. Splenic vein appears normal.

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

Both the kidneysappear normal in size, shape and echopattern. Cortical thickness and
CM differentiation are maintained. No calculus / hydronephrosis seen on either side.Right kidney : 93 x 39 mm.Left kidney : 99 x 47 mm.

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 appears normal in size 95 x 49 x 40 mm. It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 9 mm.

Both ovaries appear normal in size, shape and echotexture. **Right ovary :** 27 x 16 mm. **Left ovary :** 24 x 21 mm.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected. Suggest – 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. DIVYA THEJA SREE C

Age/Gender

H. Lysthiemai Dr. MATT

MBBS, MDRD Radiology



Patient Name	: Mrs. DIVYA THEJA SREE C	Age/Gender	: 32 Y/F
UHID/MR No.	: CUPP.0000078421	OP Visit No	: CUPPOPV115783
Sample Collected on	:	Reported on	: 25-03-2023 13:49
LRN#	: RAD1959181	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 76173		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

4. Lysthiemai

Dr. MATTA JYOTHIRMAI <u>MBBS, MDRD</u> Radiology Name:Mrs. DIVYA THEJA SREE CAge/Gender:32 Y/FAddress:HYDLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. KOPPULA TRIVENI

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078421 CUPPOPV115783 25-03-2023 09:40

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Name:Mrs. DIVYA THEJA SREE CAge/Gender:32 Y/FAddress:HYDLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. COL AK SINGH

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078421 CUPPOPV115783 25-03-2023 09:40

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Name: Mrs. DIVYA THEJA SREE C 32 Y/F Age/Gender: Address: HYD HYDERABAD, TELANGANA Location: Doctor: Department: GENERAL UPPAL_03122022 Rate Plan: ARCOFEMI HEALTHCARE LIMITED Sponsor: Consulting Doctor: Dr. AYYAPPA SWAMY AMARA

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078421 CUPPOPV115783 25-03-2023 09:40

SELF

Name:Mrs. DIVYA THEJA SREE CAge/Gender:32 Y/FAddress:HYDLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. SOWMYA REDDY

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078421 CUPPOPV115783 25-03-2023 09:40

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Name:Mrs. DIVYA THEJA SREE CAge/Gender:32 Y/FAddress:HYDLocation:HYDERABAD, TELANGANADoctor:EDepartment:GENERALRate Plan:UPPAL_03122022Sponsor:ARCOFEMI HEALTHCARE LIMITEDConsulting Doctor: Dr. BOSK ELSAPHAN

MR No: Visit ID: Visit Date: Discharge Date: Referred By: CUPP.0000078421 CUPPOPV115783 25-03-2023 09:40

SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Date	Pulse (Beats/min)	B.P (mmHg)	-	-	0	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	Waist	Waist & Hip Ratio	User
26-03-2023 08:50	-	130/80 mmHg	22 Rate/min	-	164 cms	79 Kgs	%	%	Years	29.37	cms	cms	cms		AHLL06629

Date	Pulse (Beats/min)	B.P (mmHg)	-	-	0	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	Waist	Waist & Hip Ratio	User
26-03-2023 08:50	-	130/80 mmHg	22 Rate/min	-	164 cms	79 Kgs	%	%	Years	29.37	cms	cms	cms		AHLL06629

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Date	Pulse (Beats/min)	B.P (mmHg)	-		0	Weight (Kas)	Percentage	Fat Level	Body Age (Years)	BMI	Circum	Hip (cms)	Waist	Waist & Hip Ratio	User
26-03-2023 08:50	-	130/80 mmHg	22 Rate/min	-	164 cms	79 Kgs	%	%	Years	29.37	cms	cms	cms		AHLL06629

Patient Name	: Mrs. DIVYA THEJA SREE C	Age	: 32 Y/F
UHID	: CUPP.0000078421	OP Visit No	: CUPPOPV115783
Reported By:	: Dr. CH VENKATESHAM	Conducted Date	: 25-03-2023 16:56
Referred By	: SELF		

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 81beats per minutes.
- 3. No pathological Q wave or S-T,T changes seen.
- 4. Normal P,Q,R,S,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL ECG.

CORRELATE CLINICALLY.

----- END OF THE REPORT -----



Dr. CH VENKATESHAM