

Patient Name : Mrs.CHITRA M	Collected : 22/Jun/2024 10:23AM
Age/Gender : 38 Y 1 M 25 D/F	Received : 22/Jun/2024 03:08PM
UHID/MR No : CVAL.0000059681	Reported : 22/Jun/2024 07:53PM
Visit ID : CVALOPV112735	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35D7082	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, Morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen
NOTE/COMMENT	: Please correlate clinically.



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

SIN No:BED240160913

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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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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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	39.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.04	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.3	fL	83-101	Calculated
MCH	24.6	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	16.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	66.5	%	40-80	Electrical Impedance
LYMPHOCYTES	23.8	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6982.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2499	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	220.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	682.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	115.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.79		0.78- 3.53	Calculated
PLATELET COUNT	362000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	50	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
METHODOLOGY : Microscopic				



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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	119	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:

- 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.



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:PLF02176809

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	171	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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M.D.(Biochemistry)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	30	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	151	mg/dL	<130	Calculated
LDL CHOLESTEROL	131.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.03		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<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

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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SIN No:SE04757393

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
ALKALINE PHOSPHATASE	97.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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.

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DEPARTMENT OF BIOCHEMISTRY

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- 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.



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04757393

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APOLLO CLINICS NETWORK

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Patient Name	: Mrs.CHITRA M	Collected	: 22/Jun/2024 10:23AM
Age/Gender	: 38 Y 1 M 25 D/F	Received	: 22/Jun/2024 03:30PM
UHID/MR No	: CVAL.0000059681	Reported	: 22/Jun/2024 06:27PM
Visit ID	: CVALOPV112735	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35D7082		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.73	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

Page 10 of 16



DR.R.SRIVATSAN
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UHID/MR No : CVAL.0000059681	Reported : 22/Jun/2024 04:38PM
Visit ID : CVALOPV112735	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35D7082	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<38	IFCC



DR.R.SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mrs.CHITRA M	Collected : 22/Jun/2024 10:23AM
Age/Gender : 38 Y 1 M 25 D/F	Received : 22/Jun/2024 03:28PM
UHID/MR No : CVAL.0000059681	Reported : 22/Jun/2024 07:04PM
Visit ID : CVALOPV112735	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35D7082	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.16	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	26.109	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

1. 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.
2. 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.
3. 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.
4. 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



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24104446

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Visit ID	: CVALOPV112735	Status	: Final Report
Ref Doctor	: Dr.Dr PADMINI M	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24104446

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Patient Name : Mrs.CHITRA M	Collected : 22/Jun/2024 10:23AM
Age/Gender : 38 Y 1 M 25 D/F	Received : 22/Jun/2024 03:41PM
UHID/MR No : CVAL.0000059681	Reported : 22/Jun/2024 04:14PM
Visit ID : CVALOPV112735	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35D7082	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Page 14 of 16



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

SIN No:UR2371924

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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

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Patient Name : Mrs.CHITRA M	Collected : 22/Jun/2024 12:23PM
Age/Gender : 38 Y 1 M 25 D/F	Received : 22/Jun/2024 04:05PM
UHID/MR No : CVAL.0000059681	Reported : 22/Jun/2024 06:02PM
Visit ID : CVALOPV112735	Status : Final Report
Ref Doctor : Dr.Dr PADMINI M	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	LBC-1223/2024
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial & intermediate squamous cells noted. Doderlein bacilli noted.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
IV	INTERPRETATION	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 THILAGA
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:CS082280

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Date : 22-06-2024
MR NO : CVAL.0000059681

Department : GENERAL PHYSICIAN
Doctor : Dr. PADMINI M


Name : Mrs. CHITRA M

Registration No : 25154

Age/ Gender : 38 Y / Female

Qualification : MD

Consultation Timing: 10:22

No cough
A case of Rheumatoid Arthritis on medication
No HTDM to 
Old Acell - P and M 10/9
by
me

HT : 158

wt : 107

BP : 110/90.

pulse : 80/nt.

Healthy

M. Padmini

OPHTHALMOLOGY

Name <i>Chitra . M</i>	Date <i>22/6/24</i>
Age <i>38</i>	UHID No. <i>59681</i>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>6/6</i>	<i>6/6</i>
DV-BCVA :		<i>6/6</i>
NEAR VISION :	<i>N6</i>	<i>N6</i>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :	<i>(R)</i>	<i>(R)</i>
E O M :	<i>Full, free, slightly pain</i>	<i>Full, free, slightly pain</i>
COLOUR VISION :	<i>(R)</i>	<i>(R)</i>
FUNDUS :		
IMPRESSION :		
ADVICE :		

Date: 22/6/2024 CASE RECORD

Name: Mrs. Chitra Age: 38yrs UHID:

Consultant: Dr. Anandha Prasad

ALLERGIES:

- NKDA

Chief Complaints

- For MHC

Periods regular. H/o hypomenorrhoea
→ last 10 days

Menstrual History :

Marital History : 14 yrs.

Functional Status : (ability to do routine activities)

Last Cervical Smear

LMP: 28/5/2024.

Contraception History :

Voluntary abstinence.

Obstetric History :

P2 L2 - LCB 2 1/2 yrs. UCB x 2

Past Medical History :

Hypothyroid. x 15 yrs. Currently on
150 ug Thyronorm.

Past Surgical History :

- H/o rheumatic peritonitis - on med x 6 months
→ UCB x 2.

Psychological Status :

Normal Anxious Depressed

Social History :

Mother DM.

Nutritional Status :

Family History :

- Maternal aunt had ? abdominal cancer
Build:

Present Medications:

General Examination

Height :	Pulse :	B.P.:	Temperature
Weight :	CVS :	RS :	

Pain : Score _____ Location : _____ Character : _____

Breasts : Both breasts category 0
Both soft. Axillae free. No lumps

Abdomen : Obese abd wall
soft
Healthy scar +

Local / Speculum examination : P/s Cx app. healthy

Binmanual examination : P/V. U7 NS TAD TFF

PR : ✓

Investigation: Pap smear taken

Provisional Diagnosis For MHC

Proposed Care Plan :

Patient Education / Counselling

— Taught SBE —

- Current Status
- Outcome
- Expected Cost
- Any other, specify _____

Signature : *[Signature]*
Name :
Date & Time :

Mrs. M. CHITRA

38/F

22/6/1

Nil ENT Complaints

O/E:

Ear

Nose

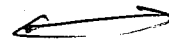
Throat

NAD

TFT Weber

(R)

(L)



Imp:

Clinically
Eust - NAD
except
minimal wose (R) Ear

~~Rx~~
Sociwax Ear Drops

9' - 4' - 4'
in (R) Ear
x 1 wk

f

Patient Name : Mrs. CHITRA M	Age/Gender : 38 Y/F
UHID/MR No. : CVAL.0000059681	OP Visit No : CVALOPV112735
Sample Collected on :	Reported on : 22-06-2024 17:14
LRN# : RAD2358789	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : 35D7082	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : enlarged in size measures 19.6 cm with grade II increased fatty infiltration.

No evidence of any focal lesion.No INBR or EHBR dilation.

No portal vein and hepatic veins appear normal.

Gall bladder : Distended with normal contour and wall thickness.

No evidence of calculus or focal lesion is seen.

CBD : Normal in size and echo pattern.

Pancreas : Head , body and tail normal in size and echotexture.

No evidence of focal lesion / calcification / duct dilatation.

Spleen : Appears normal in size measures 9.1 cm.

No focal lesion is seen.Splenic vein appears normal.

Right kidney : Appears normal in size measures 12.1 x 3.9 cm and normal echopattern.

No evidence of calculus or PCS dilatation in right kidney.

Left kidney : Appears normal in size measures 12.1 x 4.4 cm and normal echopattern.

No evidence of calculus or PCS dilatation in left kidney.

Para - aortic : No evidence of any enlarged nodes. IVC & Aorta appear normal.

Urinary bladder : Distended with normal contour and wall thickness.

No evidence any abnormality detected.

Uterus : Appears normal in size measures 9.8 x 4.0 x 5.1 cm and normal echopattern.

Myometrium and endometrium appears normal and ET measures 8 mm.

Post lscs elongated uterus.

Ovaries : Both ovaries appear polycystic with in.

Right ovary measures 3.5 x 2.4 x 3.5 cm vol - 16.3 cc.

Left ovary measures 3.7 x 2.6 x 3.0 cm vol - 15.7 cc.

Simple exophytic cyst measures 2.7 x 1.8 cm in left ovarian cyst.

No fluid in the pelvis.


Patient Name : Mrs. CHITRA M

Age/Gender : 38 Y/F

RIF & LIF : appears normal.

IMPRESSION :

- **Moderate hepatomegaly with grade II fatty liver.**
- **Bilateral polycystic ovaries.**
- **Left simple exophytic ovarian cyst.**



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Name: Mrs. CHITRA M
Age/Gender: 38 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor: Dr. PADMINI M
Department: GENERAL PHYSICIAN
Rate Plan: VALASARAVAKKAM_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PADMINI M

MR No: CVAL.0000059681
Visit ID: CVALOPV112735
Visit Date: 22-06-2024 10:22
Discharge Date:
Referred By: SELF

DRUG ALLERGY

DRUG ALLERGY: **NIL**,

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS::: **For Routine Health Checkup**,

GENERAL SYMPTOMS :: **NIL**,

Present Known Illness

No history of: **No History of diabetes / Hypertension / Heart Disease**,

SYSTEMIC REVIEW

Cardiovascular System

CHEST PAIN: **No**,

**Weight

--->: **Stable**,

Number of kgs: **107**,

General Symptoms

: **NIL**,

Present Medications

-): **Nil**,

HT-HISTORY

Past Medical History

ALLERGIES: **Nil**,

PAST MEDICAL HISTORY: **Nil Significant**,

Cancer: **NIL,

Past surgical history

Surgical history: **NIL**,

Family History

Diabetes	mother ,
-->	
Hypertension	mother ,

PHYSICAL EXAMINATION

General Examination

General appearance: **Normal,**

Build: **Obese,**

Height (in cms): **158,**

Weight (in Kgs): **107,**

BMI: **42,**

SYSTEMIC EXAMINATION

CardioVascularSystem

Heart Rate (Per Minute) : **80,**

Rhythm---: **regular,**

Blood pressure---: **sitting,**

Systolic: **110,**

Diastolic: **90,**

Eye:

Eye Vision--: **normal,**

Colour Vision-: **normal,**

IMPRESSION

Apollo Health check

Findings: **OBESITY ,
HYPOTHYROIDISM ,
TYPE 2 DIABETIC MELLITUS ,
DYSLIPIDEMIA ,
MODERATE HEPATOMEGALY WITH GRADE II FATTY LIVER ,
BILATERAL POLYCYSTIC OVARIES ,
LEFT SIMPLE EXOPHYTIC OVARIAN CYST**
,

Ultrasound Radiology

: **MODERATE HEPATOMEGALY WITH GRADE II FATTY LIVER ,
BILATERAL POLYCYSTIC OVARIES ,
LEFT SIMPLE EXOPHYTIC OVARIAN CYST**
,

EKG

: WITHIN NORMAL LIMITS ,

RECOMMENDATION

Advice on Medication

Drug Name: **T. URSOCOL 300 (1-0-1),**
T. ISTAMET D XR (1-0-0),
T. GLYCOMET 1000 (0-0-1),
T. XTOR 10 (0-0-1),
T. ELTROXIN 100 MCG (1-0-0) EMPTY STOMACH ,

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature

MRS. CHITRA M
ID: CVAL

38 Years
Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS
QT / QTcBaz : 378 / 439 ms
PR : 158 ms
P : 100 ms
RR / PP : 738 / 740 ms
P / QRS / T : 60 / -21 / 37 degrees

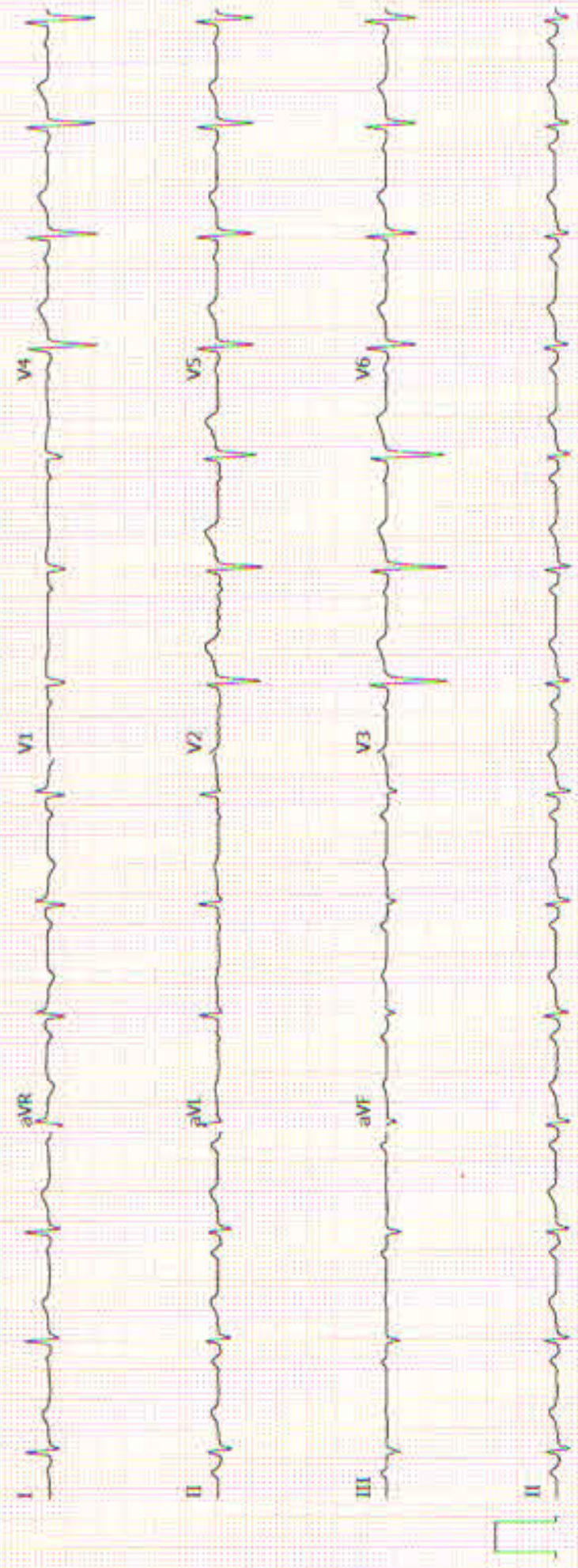
22.06.2024 8:42:52 AM
Apollo clinic,
velayaravakkam
Chennai

Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

81 bpm
-- / -- mmHg

D
M



Unconfirmed
4x2.5x3_25_R1 1/1

ADS 0.56-20 Hz 50 Hz

25 mm/s 10 mm/mV

12SL™ v241

1.1

GE MAC2000

Fwd: Health Check up Booking Confirmed Request(35D7082),Package Code-PKG10000450, Beneficiary Code-309438

MAGESH NEELAKANDAN <magechit@gmail.com>

Fri 6/21/2024 3:06 PM

To:Bh - Ashoknagar [Union Bank Of India] <ubin0800198@unionbankofindia.bank>

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है. कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नहीं). प्रेषक को पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्नकों न खोलें और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](mailto:antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank) पर रिपोर्ट करें

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----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Fri, 21 Jun, 2024, 3:00 pm

Subject: Health Check up Booking Confirmed Request(35D7082),Package Code-PKG10000450, Beneficiary Code-309438

To: <magechit@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **N. MAGESH**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Annual Health Checkup Female Starter

Patient Package Name : MediWheel Full Body Health Checkup Male 35 to 40

Name of Diagnostic/Hospital : Apollo Clinic - Valasaravakkam

Address of Diagnostic/Hospital- : Near Mc.Donalds, Prakasam Salai, Valasaravakkam, Chennai - 600087

City : Chennai

State : Tamil Nadu

Pincode : 600087

Appointment Date : 22-06-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed



भारत सरकार
மாரத சரகார



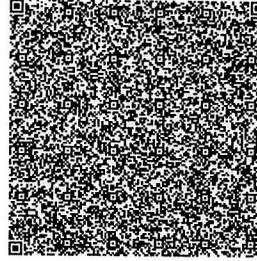
आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 1111/80156/50421

To
சித்ரா ம
Chitra M
W/O: Magesh,
55,
RAJIV GANDHI NAGAR,
M G R MAIN ROAD,
VTC: Porur,
PO: Porur,
Sub District: Ambattur,
District: Tiruvallur,
State: Tamil Nadu,
PIN Code: 600116,
Mobile: 9841322989



Signature Not Verified

Digitally signed by Unique
Identification Authority of India
Date: 2024.04.24 11:38:47
GMT+05:30

உங்கள் ஆதார் எண் / Your Aadhaar No. :

6403 4129 4835

VID : 9146 8637 0265 3817

எனது ஆதார். எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



ஆதார்

Aadhaar no. issued: 08/01/2014



சித்ரா ம
Chitra M
பிறந்த நாள்/DOB: 27/04/1986
பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல் ஆப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6403 4129 4835

எனது ஆதார். எனது அடையாளம்

Fwd: Health Check up Booking Confirmed Request(35D7082),Package Code-PKG10000450, Beneficiary Code-309438

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City	: Chennai
State	: Tamil Nadu
Pincode	: 600087
Appointment Date	: 22-06-2024
Confirmation Status	: Booking Confirmed
Preferred Time	: 8:30am
Booking Status	: Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Chitra	38 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App

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Patient Name	: Mrs. CHITRA M	Age	: 38 Y/F
UHID	: CVAL.0000059681	OP Visit No	: CVALOPV112735
Reported By:	: Dr. PADMINI M	Conducted Date	: 22-06-2024 14:08
Referred By	: SELF		

ECG REPORT

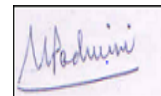
Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 82beats per minutes.

IMPRESSION:

WITHIN NORMAL LIMITS

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



Dr. PADMINI M