

Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 09:42AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 11:38AM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 01:56PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

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	14	g/dL	12-15	Spectrophotometer
PCV	41.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81.1	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	14,120	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	64.5	%	40-80	Electrical Impedance
LYMPHOCYTES	26.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	9107.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3755.92	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	381.24	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	804.84	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	70.6	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	59000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	43	mm at the end of 1 hour	0-20	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are increased in total number with increase in neutrophils.

PLATELETS: arr reduced in number. macroplatelets seen.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LEUCOCYTOSIS AND THROMBOCYTOPENIA.

Kindly correlate clinically.

Result Rechecked



SIN No:BED230217492

NABL renewal accreditation under process

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Visit ID : CBASOPV95075	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

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GLUCOSE, FASTING , NAF PLASMA	198	mg/dL	70-100	HEXOKINASE
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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.



SIN No:PLF02025221

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UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 07:28PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	312	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



SIN No:PLP1367107

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	197	mg/dL		Calculated

Comment:

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

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

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B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230083077

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	122	mg/dL	<200	CHO-POD
TRIGLYCERIDES	302	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	28	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	33.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	60.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.35		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total

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cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04476583

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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.42	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	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	93.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.95	g/dL	6.6-8.3	Biuret
ALBUMIN	3.87	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.08	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.40	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.01	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.43	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



SIN No:SE04476583

NABL renewal accreditation under process

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Address:

323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034



Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 09:42AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 05:38PM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 06:49PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC



SIN No:SE04476583

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 **1860 500 7788**
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Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 09:42AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 05:38PM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 07:30PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.87	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.010	µIU/mL	0.35-4.94	CMIA

Comment:

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

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

Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 09:42AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 05:38PM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 07:30PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

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
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23128669

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 Karnataka - 560034

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Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 09:42AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 12:16PM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 02:07PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

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	CLEAR		CLEAR	Visual
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	TRACE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked



SIN No:UR2181152

NABL renewal accreditation under process

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Karnataka - 560034

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Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 12:20PM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 03:55PM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 05:53PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

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)	POSITIVE (++++)		NEGATIVE	Dipstick



SIN No:UPP015450

NABL renewal accreditation under process

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 Karnataka - 560034



Patient Name : Mrs.PRABHAVATHI	Collected : 09/Sep/2023 09:42AM
Age/Gender : 44 Y 6 M 0 D/F	Received : 09/Sep/2023 12:16PM
UHID/MR No : CBAS.0000089256	Reported : 09/Sep/2023 01:54PM
Visit ID : CBASOPV95075	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : RK160432	

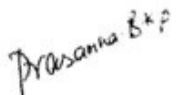
DEPARTMENT OF CLINICAL PATHOLOGY


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


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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


Dr PRASANNA B.K.P
Md.Path.Pathologist


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


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



SIN No:UF009436

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Karnataka- 560034

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Apollo Clinic

CONSENT FORM

Patient Name: Prabhavalli Age: 44
UHID Number: 89256 Company Name: Ascofemi

I Mr/Mrs/Ms Employee of

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

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

And I claim the above statement in my full consciousness.

Diet after reports

LBC, Referred / gynec done

Client left the clinic without signature

Patient Signature: Date: 9/9/23

Patient Name : Mrs. PRABHAVATHI

Age/Gender : 44 Y/F

UHID/MR No. : CBAS.0000089256

OP Visit No : CBASOPV95075

Sample Collected on :

Reported on : 11-09-2023 08:11

LRN# : RAD2094374

Specimen :

Ref Doctor : Dr soundarya

Emp/Auth/TPA ID : RK160432

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

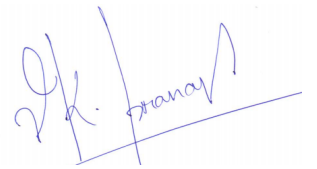
Both costophrenic and cardiophrenic angles are clear.

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

Patient Name : Mrs. PRABHAVATHI

Age/Gender : 44 Y/F

UHID/MR No. : CBAS.0000089256

OP Visit No : CBASOPV95075

Sample Collected on :

Reported on : 09-09-2023 15:40

LRN# : RAD2094374

Specimen :

Ref Doctor : Dr soundarya

Emp/Auth/TPA ID : RK160432

DEPARTMENT OF RADIOLOGY

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. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mrs. PRABHAVATHI

Age/Gender : 44 Y/F

UHID/MR No. : CBAS.0000089256

OP Visit No : CBASOPV95075

Sample Collected on :

Reported on : 09-09-2023 15:32

LRN# : RAD2094374

Specimen :

Ref Doctor : Dr soundarya

Emp/Auth/TPA ID : RK160432

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears enlarged in size (16.5 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 11.0x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 11.5x1.5 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 appears normal in size and measuring 8.2x3.6x5.4 cm. It shows normal shape & echopattern. Endometrial echo-complex appears normal and measures 1.3 cm posterior wall seedling intramural fibroid measuring 1.5x1.2 cm.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

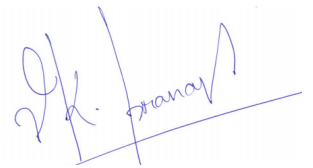
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

Fatty Hepatomegaly
Fibroid Uterus

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.



Dr. V K PRANAV VENKATESH

MBBS, MD

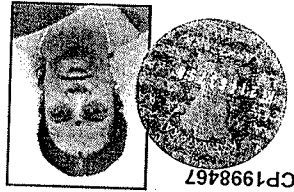
Radiology

ದಾಖಲೆ ಬದಲಾಯಿಸುವುದಿಲ್ಲ. ಮದಕಾಸಿ ದಾಖಲೆ ಮತದಾರರ ವಿಷಯದಲ್ಲಿ
 ಕೆಲವು ತಪ್ಪುಗಳಿದ್ದರೆ, ಇವುಗಳನ್ನು ಸರಿಪಡಿಸಲು ನಿಯಮಿತ ಸಮಯವನ್ನು ಕಲ್ಪಿಸಲಾಗಿದೆ.
 ಸೂಕ್ತ ಸಮಯದಲ್ಲಿ ಈ ನಿಯಮಿತ ಸಮಯವನ್ನು ಸೂಕ್ತವಾಗಿ ಬಳಸಿ.
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 relevant form for including your name in the roll at the
 changed address and to obtain the card with same number.

164, Gandhinagar Assembly Constituency
 Electoral Registration Officer
 Facsimile Signature of
 ಮತದಾರರ ಸೂಚನಾಧಿಕಾರಿಯ ಅಧಿಕೃತ ಸಹಿ
 164, ಗಾಂಧಿನಗರ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ
 Date: 08/03/2009

ICP1998467
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 ಪಂಚಾಯತ (ಬಿ.ಬಿ.ಪು.ಪಂ.)
 ಭಂಗುರಾಯ 560023
 4(1), 6th Main Road, 5th Cross,
 Gandhinagar
 Bangalore (B.M.P)
 Bangalore - 560023
 Address :

ಮತದಾರರ ಹೆಸರು: ಆರ್. ಪ್ರಭಾವತಿ
 Elector's Name : R. Prabhavathi
 ಗಂಡನ ಹೆಸರು: ಕೆ. ರವಿಚಂದ್ರನ್
 Husband's Name : K. Ravichandran
 ಒಂದು / ಸ್ತ್ರೀ / ಪುರುಷ
 Date of Birth: 3/1/1978



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 ELECTION COMMISSION OF INDIA
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 ಗುರುತಿನ ಕಾರ್ಡ್



ECHOCARDIOGRAPHY REPORT

Name: MR PRABHAVATHI Age: 44 YEARS GENDER: MALE

Consultant: Dr.VISHAL KUMAR.H. Date : 09/09/2023

Findings

2D Echo cardiography

Chambers

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

Septa

- IMS: 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	0.95	m/sec	A	0.47	m/sec	No MR
Tricuspid Valve	E	0.74	m/sec	A	0.46	m/sec	No TR
Aortic Valve	Vmax	1.43	m/sec				No AR
Pulmonary Valve	Vmax	1.02	m/sec				No PR
astolic Dysfunction							

Multiple Measurements

P	Parameter	Observed Value	Normal Range	
A	Aorta	3.0	2.6-3.6	cm
LI	left Atrium	3.5	2.7-3.8	cm
A	Aortic Cusp Separation	1.7	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.6	4.2-5.9	cm
P	Posterior wall-Diastole	1.1	0.9-1.1	cm
I	IVS-Systole	1.4	1.3-1.5	cm
LL	left Ventricle-Systole	3.1	2.1-4.0	cm
P	Posterior wall-Systole	1.2	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.7	2.0-3.3	cm

Impression -

- MILD LVH Present
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Personal Details
UHID: 01P3FGAT60D0UT1
PatientID: 89256
Name: Prabhavati
Age: 44
Gender: Female
Mobile: 988256908856

Pre-Existing Medical-
Conditions

Vitals

Measurements

Interpretation

HR: 96 BPM
PR: 126 ms
PD: 107 ms
QRS: 70 ms
QRS Axis: 30 deg
QT/QTc: 341/431 ms

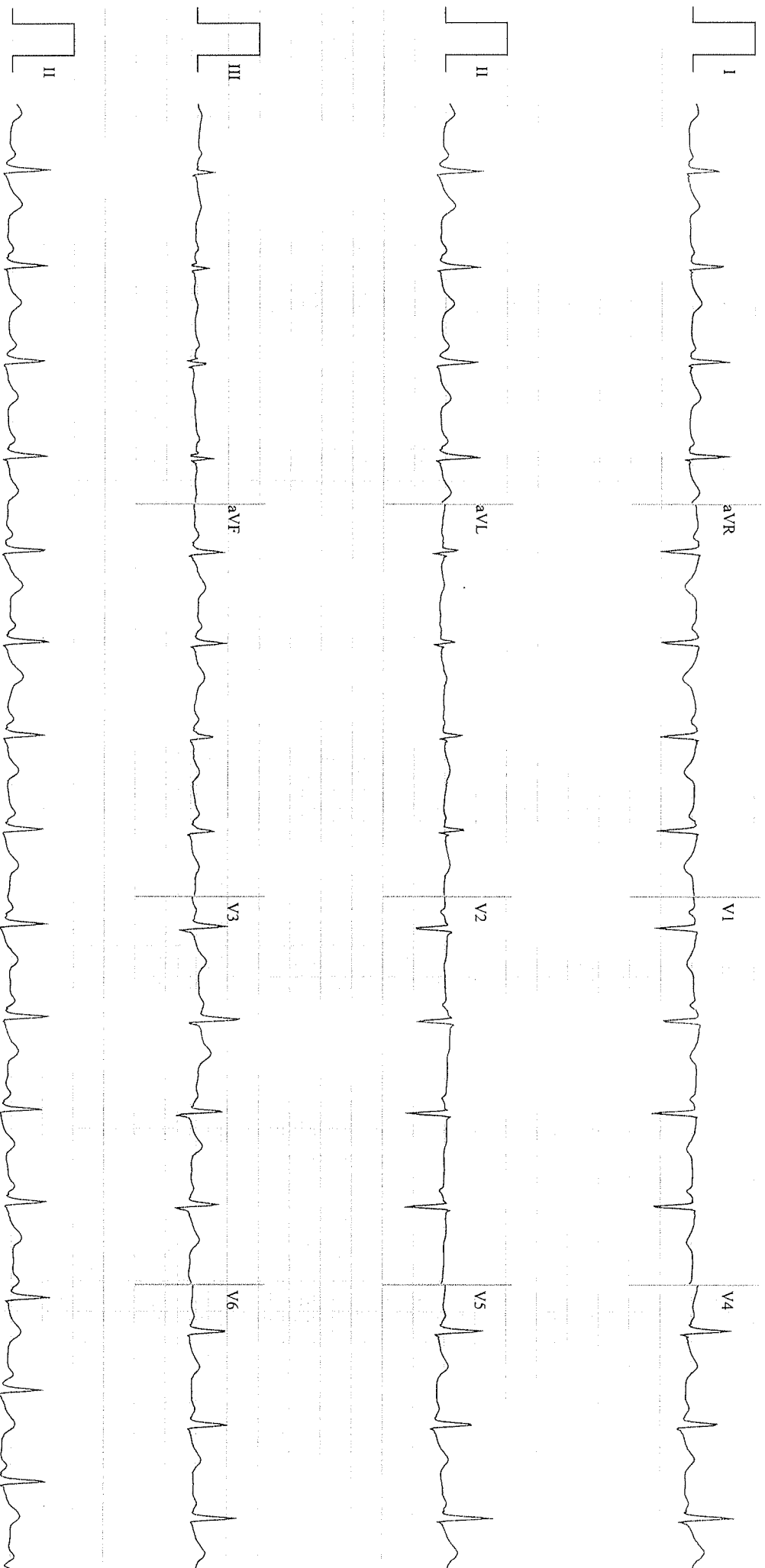
SINUS RHYTHM REGULAR
NORMAL AXIS
NO SIGNIFICANT ST-T CHANGES

Author:

[Signature]


Dr. Yogesh
MD, DNB
Reg. No- K

This trace is generated by KardioScreen, 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: 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.

Name : Mrs. PRABHAVATHI Address : BLR Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 44 Y Sex : F	UHID :CBAS.0000089256  <small>*CBAS.0000089256*</small> OP Number :CBASOPV95075 Bill No :CBAS-OCR-57974 Date : 09.09.2023 09:18
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Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URJNE GLUCOSE(FASTING)	
✓2	GAMMA GLUTAMYL TRANFERASE (GGT)	
✓3	SONO MAMOGRAPHY - SCREENING	SRoom
✓4	HbA1c, GLYCATED HEMOGLOBIN	
✓5	2 D ECHO	SRoom
✓6	LIVER FUNCTION TEST (LFT)	
✓7	X-RAY CHEST PA (19) 11:21 PM.	4Room
✓8	GLUCOSE, FASTING	
✓9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNACEOLOGY CONSULTATION ✓	
13	DIET CONSULTATION	
✓14	COMPLETE URINE EXAMINATION	
✓15	URINE GLUCOSE(POST PRANDIAL)	
✓16	PERIPHERAL SMEAR	
✓17	ECG	-3-
✓18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
✓20	BODY MASS INDEX (BMI)	
✓21	LBC PAP TEST- PAPSURE ✓ Refused	
✓22	OPHTHAL BY GENERAL PHYSICIAN	
✓23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓24	ULTRASOUND - WHOLE ABDOMEN	-5-
✓25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓26	DENTAL CONSULTATION	
✓27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Dental (10)
 Physio (6)

HT -> 148cm
 WT -> 71kg
 B.P -> 134/86 mm
 PR -> 103 bpm
 Hip -> 106 cm
 W.D -> 102 cm

ponabhatti
44 yrs / F.



pt has come for General dental 09/19/23.
check up.

On Examination.

Class II $\frac{6}{}$

pockets $\frac{76}{}$

Class I $\frac{1}{8}$

filling

filling $\frac{6}{8}$

Scaling
|

Dr. Deepika

99000/8997

Alliance Dental Care Limited
GSTIN: 36AAECA1118N1ZR

Corporate & Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana.

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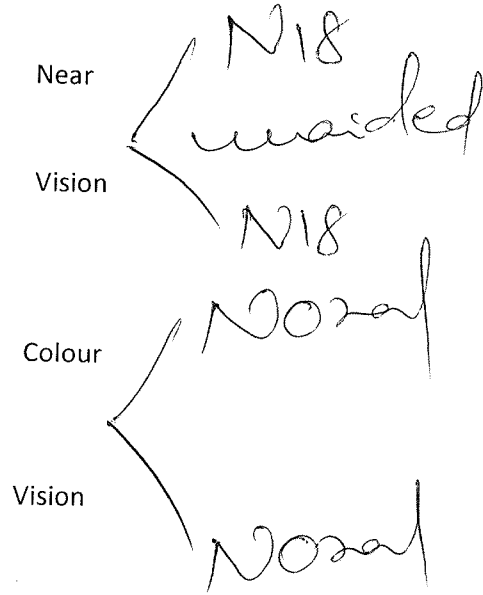
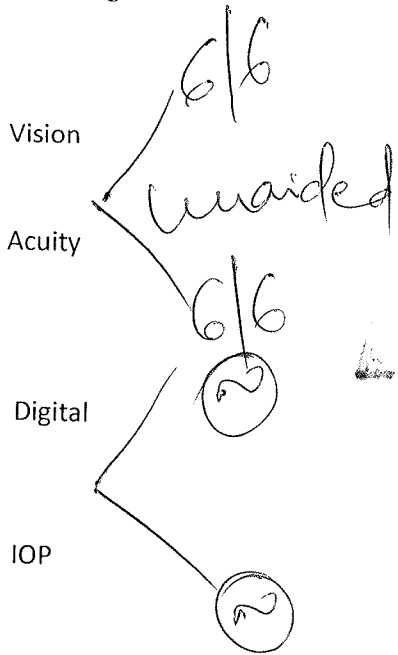
To book an appointment



www.apollodental.in

EYE CHECK UP REPORT

Mrs. Prashantha 44/P 89256 9/9/23



• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

• Pupil: normal

Pupil:

RC +1.50D SPH NG, Adv glau for wear

Prescribing vision only

CP/S



Mediwheel
Your wellness partner

011-41195959

Email:wellness@mediwheel.in

Dear **PRABHAVATI**,

Please find the confirmation for following request.

Booking Date : 25-08-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus
Check Advanced Female 2D ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi

Address of Diagnostic/Hospital : 99, Bull Temple Road , Next to Ramakrishna
mutt, Basavanagudi -560019

Contact Details : (080) 2661 1236

City : Bangalore

State : Karnataka

Pincode : 560019

Appointment Date : 09-09-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-8:30am

Comment : APPOINTMENT TIME 9:00AM

Instructions to undergo 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 medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous

Mrs. Prabhavathi

44/F

9/9/23

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- Case for Regular health check up.

- h/o Hypertension & Diabetes since 10 years.

- h/o Tonsillectomy at the age ~ 18 yrs.

ofe:-
 ear: (R) Hand was (+)
 (L) TM Intact.

Nose: DNS to (L) -
 CD to (R) -

Oral Cavity: norm.

Adv:-
 WARM - CID 2 - 1 - 2 - 1
 - 2

- To follow e Thyroid reports & after 5 days for wax removal.

Follow up date:

Dr. ANKITHA PURANIK
 Doctor Signature
 ENT, PHNO
 KMC-114400