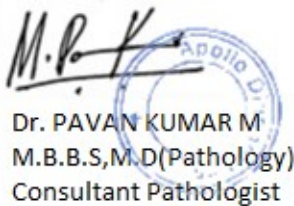


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|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.JYOTHI N | Collected | : 28/Sep/2024 09:11AM |
| Age/Gender | : 39 Y 9 M 22 D/F | Received | : 28/Sep/2024 10:10AM |
| UHID/MR No | : CMYS.0000062231 | Reported | : 28/Sep/2024 12:51PM |
| Visit ID | : CMYSOPV129925 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33746 | | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.JYOTHI N | Collected | : 28/Sep/2024 09:11AM |
| Age/Gender | : 39 Y 9 M 22 D/F | Received | : 28/Sep/2024 10:10AM |
| UHID/MR No | : CMYS.0000062231 | Reported | : 28/Sep/2024 02:34PM |
| Visit ID | : CMYSOPV129925 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33746 | | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|---------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.6 | g/dL | 12.5-15 | Spectrophotometer |
| PCV | 41.30 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.98 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 82.9 | fL | 83-101 | Calculated |
| MCH | 27.4 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,490 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 36 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 50 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 7 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 1 | % | 0-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 1616.4 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2245 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 314.3 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 269.4 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 44.9 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 0.72 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 228000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 12 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

R.B.C: Majority are normocytic normochromic.

W.B.C: Are normal in number,morphology and relative increase in lymphocytes.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

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| | | | |
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| Emp/Auth/TPA ID | : 22E33746 | | |

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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|------------------------------|--|
| Patient Name : Mrs.JYOTHI N | Collected : 28/Sep/2024 09:11AM |
| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 10:10AM |
| UHID/MR No : CMYS.0000062231 | Reported : 28/Sep/2024 01:37PM |
| Visit ID : CMYSOPV129925 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E33746 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|----------|------|--------------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



Dr. PAVAN KUMAR M
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| | |
|------------------------------|--|
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| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 10:10AM |
| UHID/MR No : CMYS.0000062231 | Reported : 28/Sep/2024 10:34AM |
| Visit ID : CMYSOPV129925 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E33746 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 91 | mg/dl | 74-106 | GOD, POD |

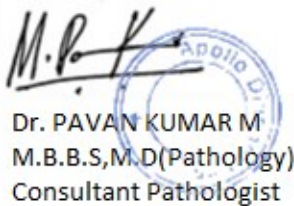
Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |
| <70 mg/dL | Hypoglycemia |

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.JYOTHI N | Collected | : 28/Sep/2024 12:21PM |
| Age/Gender | : 39 Y 9 M 22 D/F | Received | : 28/Sep/2024 02:31PM |
| UHID/MR No | : CMYS.0000062231 | Reported | : 28/Sep/2024 03:09PM |
| Visit ID | : CMYSOPV129925 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33746 | | |

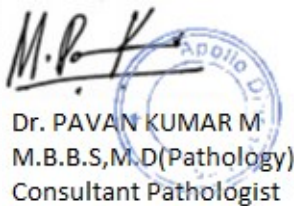
DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 112 | mg/dl | 70-140 | GOD, POD |

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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|------------------------------|--|
| Patient Name : Mrs.JYOTHI N | Collected : 28/Sep/2024 09:11AM |
| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 01:56PM |
| UHID/MR No : CMYS.000062231 | Reported : 28/Sep/2024 02:01PM |
| Visit ID : CMYSOPV129925 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E33746 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.8 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 120 | 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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|------------------------------|--|
| Patient Name : Mrs.JYOTHI N | Collected : 28/Sep/2024 09:11AM |
| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 10:25AM |
| UHID/MR No : CMYS.0000062231 | Reported : 28/Sep/2024 11:47AM |
| Visit ID : CMYSOPV129925 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E33746 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|-----------|-------|--------------------|--------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 122 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 74 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 35 | mg/dL | 40-60 | CHOD |
| NON-HDL CHOLESTEROL | 87 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 71.88 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 14.9 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.46 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.10 | | <0.11 | Calculated |

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100 Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |

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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|-------|--------------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.36 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.22 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 47 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 35.0 | U/l | 0-31 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.7 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 94.00 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 7.10 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 0.9-2.0 | Calculated |

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

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



Dr. PAVAN KUMAR M
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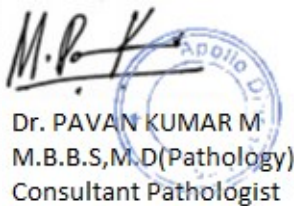


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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.70 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 21.04 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 9.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 3.20 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 9.40 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.44 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 142 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 3.8 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 107 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.10 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.54 | | 0.9-2.0 | Calculated |



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|------------------------------|--|
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| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 10:25AM |
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| Visit ID : CMYSOPV129925 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 22.00 | U/l | 0-38 | IFCC |



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| | |
|------------------------------|--|
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| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 10:25AM |
| UHID/MR No : CMYS.0000062231 | Reported : 28/Sep/2024 11:47AM |
| Visit ID : CMYOPV129925 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E33746 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.02 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 8.98 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.400 | µIU/mL | 0.38-5.33 | 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 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |

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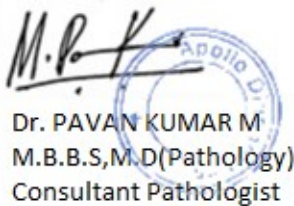


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| Patient Name | : Mrs.JYOTHI N | Collected | : 28/Sep/2024 09:11AM |
| Age/Gender | : 39 Y 9 M 22 D/F | Received | : 28/Sep/2024 10:25AM |
| UHID/MR No | : CMYS.0000062231 | Reported | : 28/Sep/2024 11:47AM |
| Visit ID | : CMYSOPV129925 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33746 | | |

DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|



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

SIN No: MYS240901561



APOLLO CLINICS NETWORK

| | |
|------------------------------|--|
| Patient Name : Mrs.JYOTHI N | Collected : 28/Sep/2024 09:11AM |
| Age/Gender : 39 Y 9 M 22 D/F | Received : 28/Sep/2024 11:40AM |
| UHID/MR No : CMYS.0000062231 | Reported : 28/Sep/2024 02:44PM |
| Visit ID : CMYSOPV129925 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E33746 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | 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 | 2 - 3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 5 - 6 | /hpf | <10 | Microscopy |
| RBC | NIL | /hpf | 0-2 | Microscopy |
| CASTS | NIL | | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | | ABSENT | Microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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

SIN No:MYS240901558



| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.JYOTHI N | Collected | : 28/Sep/2024 09:11AM |
| Age/Gender | : 39 Y 9 M 22 D/F | Received | : 28/Sep/2024 11:40AM |
| UHID/MR No | : CMYS.0000062231 | Reported | : 28/Sep/2024 02:44PM |
| Visit ID | : CMYSOPV129925 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33746 | | |

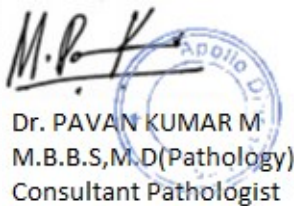
DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***



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

SIN No:MYS240901559



Patient Name : Mrs.JYOTHI N
Age/Gender : 39 Y 9 M 22 D/F
UHID/MR No : CMYS.0000062231
Visit ID : CMYSOPV129925
Ref Doctor : Self
Emp/Auth/TPA ID : 22E33746

Collected : 28/Sep/2024 09:11AM
Received : 28/Sep/2024 11:40AM
Reported : 28/Sep/2024 02:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

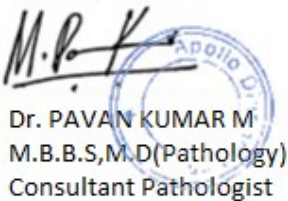
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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



SIN No:MYS240901559

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohi.com | Email ID: enquiry@apollohi.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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)

GSTIN: 29AADCA0733E1Z3

Address: 22, 23, 24, 25/101/3, Sree Rama Layout, BNR Complex,
OPP.RBI Layout, JP Nagar, 7th Phase, Bengaluru, Karnataka

 **1860 500 7788**
www.apolloclinic.com

| | | | |
|--------------|-----------------------|---------------------|----------------------|
| Patient Name | : Mrs. JYOTHI N | Age | : 39Yrs 9Mths 24Days |
| UHID | : CMYS.0000062231 | OP Visit No. | : CMYSOPV129925 |
| Printed On | : 29-09-2024 09:31 AM | Advised/Pres Doctor | : -- |
| Department | : Cardiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employeer Id | : 22E33746 | | |

DEPARTMENT OF CARDIOLOGY

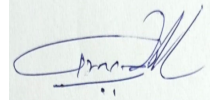
Observation :-

1. Sinus Rhythm.
2. Heart rate is 70 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V
MBBS, PGDCC
69949
Cardiology



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|---|
| NAME | MS. N JYOTHI |
| EC NO. | 174509 |
| DESIGNATION | SENIOR CUSTOMER SERVICE ASSOCIATE (CASH) |
| PLACE OF WORK | MYSORE,HOOTAGALLI |
| BIRTHDATE | 06-12-1984 |
| PROPOSED DATE OF HEALTH CHECKUP | 28-09-2024 |
| BOOKING REFERENCE NO. | 24S174509100115066E |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **24-09-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, 6th फ्लोर, "बड़ोदा भवन", अल्हापुरी, बड़ोदा-390007 (भारत)
Human Resources Management Department, Head Office, 6th Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)

यह अनुमोदन पत्र दिनांक 24-09-2024 से 31-03-2025 तक मान्य है। इस पत्र के तत्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य प्रस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के

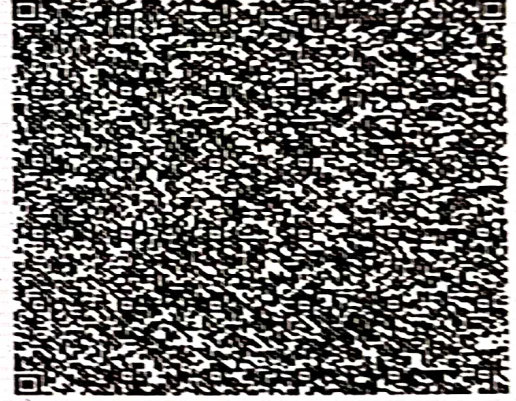
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0648/17424/01574

To
ಜ್ಯೋತಿ ಎನ್
Jyothi N
C/O: Late Manjunatha H G
Sri Manjunatha Swamy Nilaya
Near Mahila Samaja Road
Virajpet
Virajpet
Kodagu Karnataka - 571218
9353885243

Signature valid

Digitally signed by Jyothi N
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 05
Date: 2023.06.23 09:48:07
UTC



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5738 9547 4878

VID : 9199 5343 4132 7658

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಜ್ಯೋತಿ ಎನ್
Jyothi N
ಜನ್ಮ ದಿನಾಂಕ/DOB: 06/12/1984
ಸ್ತ್ರೀ/FEMALE

Issue Date: 30/06/2013

5738 9547 4878

VID : 9199 5343 4132 7658

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

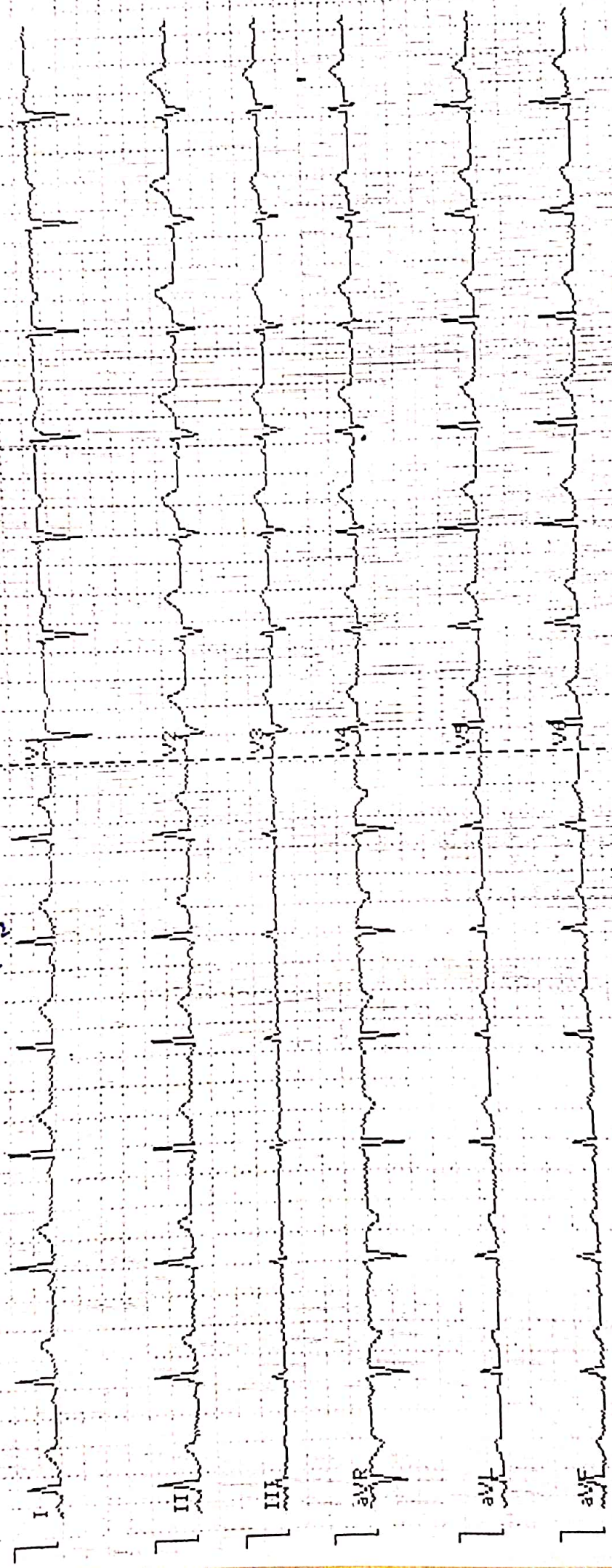
ID: 62231
MRS JYOTHI.N
Female 39Years
61cm 92kg 120/80 mmHg

28-09-2024 11:56:19 AM COPY

Diagnosis Information:

Unconfirmed Report.

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



5~45Hz AC50 25mm/s 10mm/mV 2*5.0s *35 CARDIART 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

PrePage

NextPage

Record

Return

[Ophthalmology]

Date : 9/28/2024 Department : General Practice
Patient Name : Mrs. JYOTHI N Doctor : Dr. SUJATHA T R
UHID : CMYS.0000062231 Registration No. : 69649
Age / Gender : 39Yrs 9Mths 22Days / Female Qualification : MBBS, PGDMCH
Consultation Timing : 12:44 PM

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Distance
vision

- $\text{D}_n \begin{cases} 6/9 \\ 6/6 \end{cases}$

near
vision

Add
+ 0.50 Sp (RE)

Colour
vision

- (CV) = normal

(CBE) = normal vision

Follow up date : 28/9/24


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 08
Ph : 0821-4006040/41

Date : 9/28/2024 Department : Dental
 Patient Name : Mrs. JYOTHI N Doctor : Dr. JYOTHISHREE P V
 UHID : CMYS.0000062231 Registration No. : 33268A
 Age / Gender : 39Yrs 9Mths 22Days / Female Qualification : B.D.S[Bachelor of Dental Surgery]
 Consultation Timing : 12:42 PM

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

Upper & Lower arch proclined

Asst orthodontic

Cleft, etc

Gen. Teeth attrition noted

Follow up date :

Doctor Signature

Jyothishree P V

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

