

Emp/Auth/TPA ID





Patient Name : Mrs.PRATIMA S NAIK

Age/Gender : 32 Y 11 M 3 D/F

UHID/MR No : CBEL.0000153904 Visit ID : CINROPV201684

: 9482555488

Ref Doctor : Dr.SELF

Collected : 12/Aug/2023 08:06AM
Received : 12/Aug/2023 10:48AM
Reported : 12/Aug/2023 12:54PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN	13.9	g/dL	12-15	Spectrophotometer
PCV	41.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,050	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	46.1	%	40-80	Electrical Impedance
LYMPHOCYTES	43.7	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	8.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3250.05	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3080.85	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	112.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	599.25	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	7.05	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	310000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-20	Modified Westergre
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL	- FULL BODY HEALTH ANNUA	L PLUS CHECK - FEMALE	- 2D ECHO - PAN II	NDIA - FY2324
/ ((C C) = (() () () () () ()				

Test Name Result

Unit

Bio. Ref. Range

Method

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Hemagglutination

DEPARTMENT OF HAEMATOLOGY

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

Test Name Result Unit Bio. Ref. Range Method

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA

BLOOD GROUP TYPE 0 Microplate Hemagglutination Microplate Rh TYPE Negative

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Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)







Age/Gender : 32 Y 11 M 3 D/F

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Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9482555488 Collected : 12/Aug/2023 08:06AM

Received : 12/Aug/2023 11:06AM Reported : 12/Aug/2023 12:47PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	HEXOKINASE	
-------------------------------	----	-------	--------	------------	--

Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2	101	mg/dL	70-140	HEXOKINASE
HOURS , SODIUM FLUORIDE PLASMA (2				
HR)				

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						
HBA1C, GLYCATED HEMOGLOBIN , 5.1 % HPLC WHOLE BLOOD EDTA						
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	100	mg/dL		Calculated		

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	115	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	108	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.98		0-4.97	Calculated

Comment:

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

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

Measurements in the same patient can show physiological and analytical variations.

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

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DEPARTMENT OF BIOCHEMISTRY

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

LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	1.59	mg/dL	0.3–1.2	DPD	
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	<0.2	DPD	
BILIRUBIN (INDIRECT)	1.36	mg/dL	0.0-1.1	Dual Wavelength	
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/L	<35	IFCC	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC	
ALKALINE PHOSPHATASE	44.00	U/L	30-120	IFCC	
PROTEIN, TOTAL	6.90	g/dL	6.6-8.3	Biuret	
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN	
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated	
A/G RATIO	1.86		0.9-2.0	Calculated	

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: Dr.SELF

Collected

: 12/Aug/2023 08:06AM

Received

: 12/Aug/2023 10:52AM

Reported

: 12/Aug/2023 12:33PM

Status

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Bio. Ref. Range Method **Test Name** Result Unit

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.67	mg/dL	0.72 – 1.18	JAFFE METHOD	
UREA	15.90	mg/dL	17-43	GLDH, Kinetic Assay	
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated	
URIC ACID	3.61	mg/dL	2.6-6.0	Uricase PAP	
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III	
PHOSPHORUS, INORGANIC	3.14	mg/dL	2.5-4.5	Phosphomolybdate Complex	
SODIUM	139	mmol/L	136–146	ISE (Indirect)	
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)	
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)	

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th/TPA ID : 9482555488

Collected

: 12/Aug/2023 08:06AM

Received

: 12/Aug/2023 10:52AM

Reported Status : 12/Aug/2023 12:33PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HE	EALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PA	N INDIA - FY2324
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Test Name	Result	Unit	Bio. Ref. Range	Method
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	1		1		
GAMMA GLUTAMYL TRANSPEPTIDASE	14.00	U/L	<38	IFCC	
(GGT), SERUM					

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Age/Gender : 32 Y 11 M 3 D/F

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Visit ID : CINROPV201684

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9482555488 Collected : 12/Aug/2023 08:06AM

Received : 12/Aug/2023 10:53AM Reported : 12/Aug/2023 01:16PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.79	μg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	8.975	μIU/mL	0.34-5.60	CLIA

Comment:

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

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

Note:

IHAT NTEGNANT TEMALES	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 – 3.0

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9482555488 Collected

: 12/Aug/2023 08:06AM

Received

: 12/Aug/2023 11:21AM : 12/Aug/2023 12:32PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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: Mrs.PRATIMA S NAIK

Age/Gender

: 32 Y 11 M 3 D/F

UHID/MR No

: CBEL.0000153904

Visit ID

: CINROPV201684

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 9482555488 Collected

: 12/Aug/2023 01:26PM

Received

: 13/Aug/2023 08:35PM

Reported

: 16/Aug/2023 03:16PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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

	CYTOLOGY NO.	13582/23		
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 and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy.		
Ш	RESULT			
a	EPITHEIAL CELL			
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN		
	GLANDULAR CELL ABNORMALITIES	NOT SEEN		
b	ORGANISM	NIL		
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY		

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 ***

Result/s to Follow:

PERIPHERAL SMEAR, COMPLETE URINE EXAMINATION (CUE)

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

DR. SHIVARAJA SHETTY M.B.B.S.M.D(Biochemistry M.B.B.S.MD(Pathology)

Dr. Anita Shobha Flynn CONSULTANT BIOCHEMIST Consultant Pathologist

Dr. Reshma Stanly M.B.B.S, DNB (Pathology) Consultant Pathologist

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SIN No:CS066505

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad





UHID:CBEL.0000153904

Age: 32 Y Name: Mrs. PRATIMA S NAIK Sex: F OP Number: CINROPV201684 Address: BELLANDUR : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN Bill No :CINR-OCR-87610 Plan INDIA OP AGREEMENT Date : 12.08.2023 08:00 Department Serive Type/ServiceName Sno ARCOEEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 URINE GLUCOSE(FASTING) 2 GAMMA-GLUTAMYL TRANFERASE (GGT) 3 HbAle, GLYCATED HEMOGLOBIN 42DECHO SLIVER FUNCTION TEST (LFT) 6X-RAY CHEST PA 26LUCOSE, FASTING 8 HEMOGRAM + PERIPHERAL SMEAR VIENT CONSULTATION . 10 FITNESS BY GENERAL PHYSICIAN 11 GYNAECOLOGY CONSULTATION (12 DIET CONSULTATION 13 COMPLETE URINE EXAMINATION LAURINE GOUCOSE (POST PRANDIAL) 15 PERIPHERAL SMEAR 16ECG /--(1) 17 BLOOD GROUP ABO AND RH FACTOR 18 LIPID PROFILE (19 BODY MASS INDEX (BMI) 20 LBC PAP TEST- PAPSURE 21 OPTHAL BY GENERAL PHYSICIAN 22 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) -23 ULTRASOUND - WHOLE ABDOMEN 24 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) 25 DENTAL CONSULTATION 26 OCUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 94825554



12-08-2023

Hrs. Ratina North

32 / F

	10/- t-lab 1	BMI:	Waist Circum :
Height:	Weight:		B.P:
Temp :	Pulse:	Resp:	

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Arcofini - AHE

Augis 2023

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Jr. RAVINDRANATH KNOWA

Apollo Clinic, Indiranagar

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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: www.apollor Website

OPTHAL PRESCRIPTION

PATIENT NAME: Poatima S. Nol K

DATE: 12/08/23

UHID NO: CINRO000 153904

AGE: 3 €

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: Femolo

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

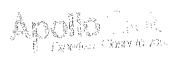
						LE	FT EYE	
	SPH	CYL	HT EYE AXIS	BCVA	SPH	CYL	AXIS 90	BCVA 6/4
Distance Add		-0.25	90	N b		-0.35		N6

PD-RE: 30 LE: 30

Colour Vision: Now

Remarks:

Apollo clinic Indiranagar



Dat**e**

12-08-2023

CBEL.0000153904

Department

: GENERAL

Doctor

Name

: Mrs. PRATIMA S NAIK

Registration No

Age/ Gender

32 Y / Female

Qualification

Consultation Timing:

08:00

	and the second s
	22 - 01 Waist Circum:
	BMI: 22-01 Waist Gircum:
[
1	eight: 152 cm Weight Resp: 1811 B.P.: 19616.37
١	eignt. GG Pulse: TSty Resp: 1714
ļ	CIL TE PUISE / O //
	emp: (%)

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Apollo Clinic, Indiranagar #2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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Website

, www.apollocinit.com





IAME: MRS PRATIMA S N	AGE/SEX: 32	2Y/F	OP NUMBER: 153904	
tef By : SELF	DATE: 12-08	3- 2 023		
A mode and doppler r	measurements:			
	CM	M/sec		-
!	IVS(D): 1.0	MV: E Vel: 1.0	A Vel : 0.5	· !
i		AV Peak: 0.9		i
LA: 2.4	LVIDD(D): 4.0 	PV Peak: 0.6	<u> </u>	!
	! 			:
	IVS(S): 1.3 LVID(S): 2.3	†		!
		. i		
·	LVPW(S): 1.5	i 		
i	LVEF: 65%			
	TAPSE: 1.9			
Descriptive findings:				
Left Ventricle		Normal		
Right Ventricle:		Normal		
Left Atrium:		Normal		
Right Atrium:		Normal		
Mitral Valve:	<u></u>	Normal		
Aortic Valve:		Normal		
Tricuspid Valve:		Normal		
IAS:		Normal		
IVS:		Normal		

Normal

.1.

Apollo Health and Lifestyle Limited

Pericardium:

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





The second secon	Normal
IVC:	
	!
i Others	
	1
The second of th	

IMPRESSION:

Normal cardiac chambers

No Regional wall motion abnormality

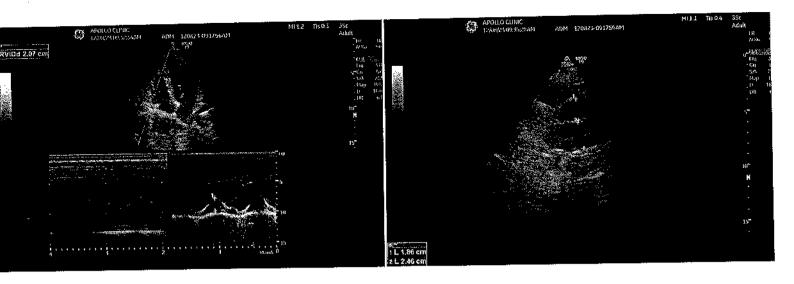
No MR/AR/TR

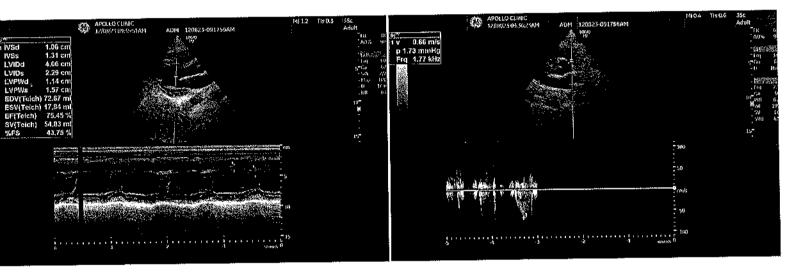
No clot/vegetation/pericardial effusion

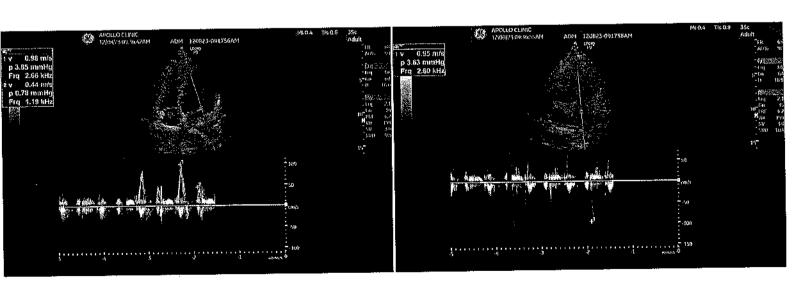
Normal LV systolic function - LVEF= 65%

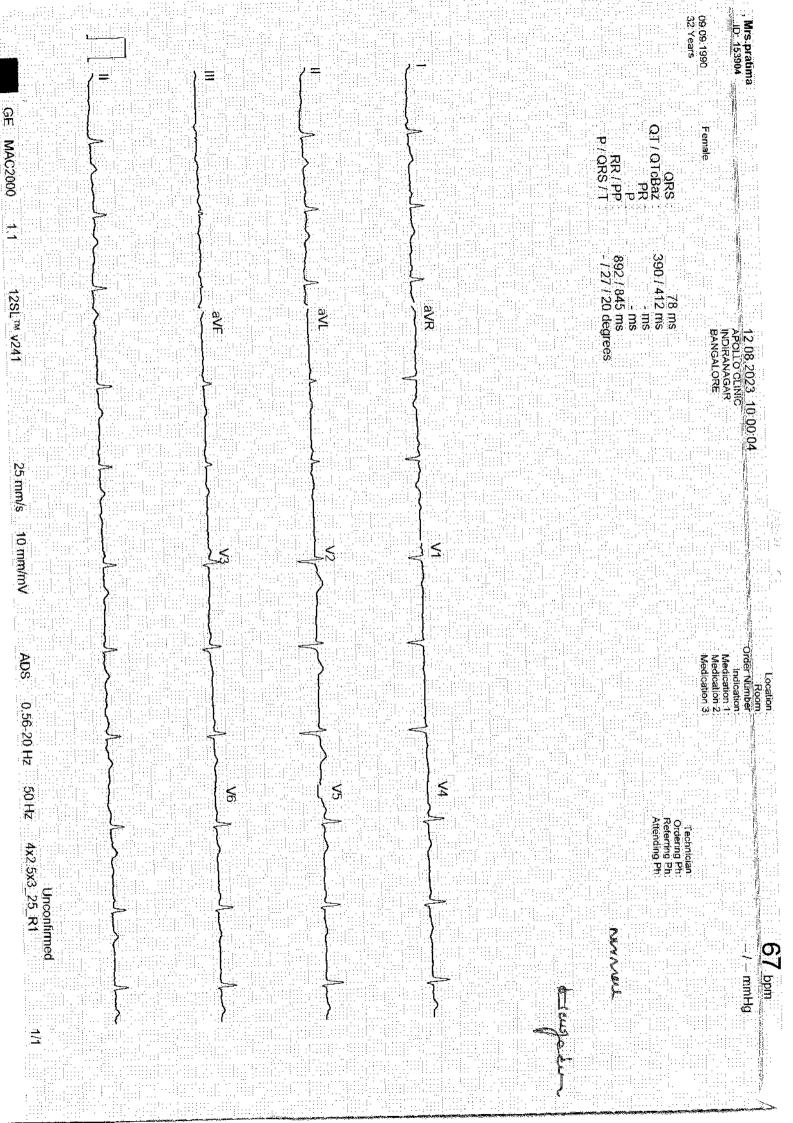
DR JAGADEESH H V MD,DM CONSULTANT CARDIOLOGIST

2











प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

कर्मचारी विवरण MS. NAIK PRATIMA SHRIDHAR	
163646	
BRANCH OPERATIONS	
BANGALORE,COX TOWN	
09-09-1990	
29-07-2023	
23S163646100064864E	

यह अनुमोदन/ संस्तृति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रित के साथ प्रस्तृत किया जाएगा। यह अनुमोदन पत्र दिनांक 25-07-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाँइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र हैं। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)





Patient Name : Mrs. PRATIMA S NAIK Age/Gender : 32 Y/F

UHID/MR No. Sample Collected on

LRN#

: CBEL.0000153904

: RAD2071039

Ref Doctor : SELF Emp/Auth/TPA ID : 9482555488

OP Visit No : CINROPV201684

: 12-08-2023 18:00 Reported on

Specimen

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Dr. DHANALAKSHMI B MBBS, DMRD

Radiology



Patient Name : Mrs. PRATIMA S NAIK Age/Gender : 32 Y/F

 UHID/MR No.
 : CBEL.0000153904
 OP Visit No
 : CINROPV201684

 Sample Collected on
 : 12-08-2023 15:13

Ref Doctor : SELF **Emp/Auth/TPA ID** : 9482555488

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.6x3.5 cm.

Left kidney measures 10.0x4.1 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: **Retroverted** and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

RETROVERTED UTERUS.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY