

Patient Name : Mrs.DEEPA MS	Collected : 12/Aug/2024 09:31AM
Age/Gender : 37 Y 11 M 19 D/F	Received : 12/Aug/2024 11:19AM
UHID/MR No : CKOR.0000257456	Reported : 12/Aug/2024 01:05PM
Visit ID : CKOROPV420962	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S30836	

DEPARTMENT OF HAEMATOLOGY

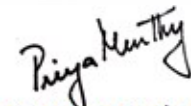
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	33.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	77.8	fL	83-101	Calculated
MCH	26.5	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,540	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.3	%	40-80	Electrical Impedance
LYMPHOCYTES	32.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.7	%	1-6	Electrical Impedance
MONOCYTES	8.1	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3682.02	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2118.96	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	176.58	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.74	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.74		0.78- 3.53	Calculated
PLATELET COUNT	313000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westgren method
PERIPHERAL SMEAR				

RBCs: are normocytic hypochromic with few microcytes seen.



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SIN No:BED240210056

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

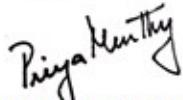
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC HYPHOCHROMIC BLOOD PICTURE.

Note: Kindly evaluate for iron deficiency status.



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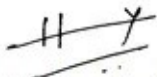
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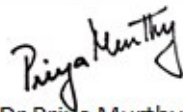
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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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
GLUCOSE, FASTING , NAF PLASMA	94	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

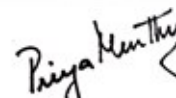
Note:

- 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	HEXOKINASE

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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SIN No:PLP1481758

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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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

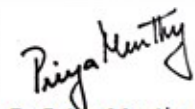
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No: EDT240085856

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	119	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	139	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.78		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.02		<0.11	Calculated


Comment:

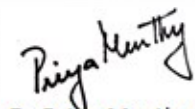
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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: SE04806824

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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.96	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.83	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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 diseases, Cirrhosis, but the increase is usually not >2.

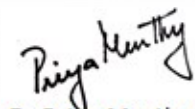
2. Cholestatic Pattern:

*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:



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Patient Name	: Mrs.DEEPA MS	Collected	: 12/Aug/2024 09:31AM
Age/Gender	: 37 Y 11 M 19 D/F	Received	: 12/Aug/2024 11:34AM
UHID/MR No	: CKOR.0000257456	Reported	: 12/Aug/2024 12:20PM
Visit ID	: CKOROPV420962	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30836		

DEPARTMENT OF BIOCHEMISTRY

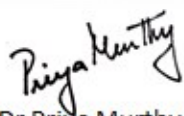
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

*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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SIN No:SE04806824

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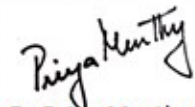
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.31	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.55	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.45	g/dL	6.6-8.3	Biuret
ALBUMIN	4.25	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated


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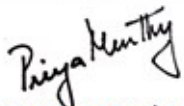

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	<38	IFCC



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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)	0.74	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.92	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	11.080	µIU/mL	0.35-4.94	CMIA


Comment:

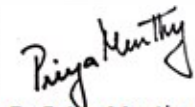
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

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SIN No: SPL24131302

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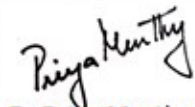
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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


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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	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

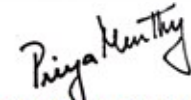
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

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

Page 13 of 16



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SIN No:UR2403073

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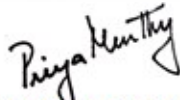
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



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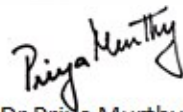
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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



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



SIN No:UF012051

This test has been performed at Apollo Health & Lifestyle Ltd, ARCOFEMI BANGALORE Laboratory

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

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

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

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)

Patient Name	: Mrs.DEEPA MS	Collected	: 12/Aug/2024 12:45PM
Age/Gender	: 37 Y 11 M 19 D/F	Received	: 13/Aug/2024 02:41PM
UHID/MR No	: CKOR.0000257456	Reported	: 16/Aug/2024 05:38PM
Visit ID	: CKOROPV420962	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S30836		

DEPARTMENT OF CYTOLOGY

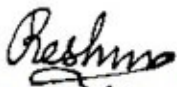
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	18007/24
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.
III	RESULT	
a	EPITHELIAL 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



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

SIN No:CS084704

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

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

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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

Original OP Credit Bill

Name : Mrs. Deepa M S
Age/Gender : 37 Y F
Contact No : +918074677972
Address : kmg

Bill No : CKOR-OCR-83708
Bill/Reg Date : 12.08.2024 09:27
Referred by : SELF
Center : Koramangala
Emp No/Auth Code : 22S30836

UHID : CKOR.0000257456



CKOR.0000257456

Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	1	2,400.00	0.00	2,400.00

Bill Amount: 2,400.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,400.00

Received with thanks: Zero Rupees only

Authorized Signature :(Hemalatha S)



ಭಾರತ ಸರ್ಕಾರ

भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार

Unique Identification Authority of India
Government of India



ನೋಂದಣಿ ಸಂಖ್ಯೆ/Enrolment No.: 1118/50186/16537

Deepa M S (ದೀಪಾ ಎಮ್ ಎಸ್)

W/O: Janardhan B, # 950, 3rd Block Ullal Cross Road, Near Amma Ashrama And School, Sir M Vishveshwaraiah Layout, Bangalore South, Bangalore, Karnataka - 560056

Date: 27/01/2017

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ Your Aadhaar No.:

6015 1982 4458



ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



1947



help@uidai.gov.in



www.uidai.gov.in

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಆಧಾರ್ ನೀವು ಕೇವಲ ಒಂದು ಬಾರಿ ಮಾತ್ರ ನೋಂದಣಿ ಮಾಡಬೇಕು.
- ದಯವಿಟ್ಟು ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ವಿಳಾಸವನ್ನು ದೀಡಿ. ಭವಿಷ್ಯದಲ್ಲಿ ಅನೇಕ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಇದು ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
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GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



ದೀಪಾ ಎಮ್ ಎಸ್
Deepa M S
ಇಳಿದ ದಿನಾಂಕ/ DOB: 24/08/1986
ಪ್ರಿ / FEMALE



ವಿಳಾಸ:

W/O: ಜನಾರ್ದನ್ ಬಿ, # 950, 3ನೇ ಬ್ಲಾಕ್ ಉಲ್ಲಲ್ ಕ್ರಾಸ್ ರೋಡ್, ಅಮ್ಮಾ ಆಶ್ರಮ ಮತ್ತು ಶಾಲೆಯ ಹತ್ತಿರ, ಸಿರ್ ಎಮ್ ವಿಶ್ವೇಶ್ವರಾಯ ಲೇಔಟ್, ಬೆಂಗಳೂರು ದಕ್ಷಿಣ, ಬೆಂಗಳೂರು, ಕರ್ನಾಟಕ - 560056

Address:

W/O: Janardhan B, # 950, 3rd Block Ullal Cross Road, Near Amma Ashrama And School, Sir M Vishveshwaraiah Layout, Bangalore South, Bangalore, Karnataka - 560056

6015 1982 4458

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

6015 1982 4458

MEERA AADHAAR, MERI PEHACHAN

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Sat 10-08-2024 12:13

To:janblic@gmail.com <janblic@gmail.com>

Cc:Koramangala Apolloclinic <koramangala@apolloclinic.com>;Saim Qamar <saim.qamar@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear DEEPA M S,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KORAMANGALA clinic** on **2024-08-12** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a 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 alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

Name : Mrs. Deepa M S

Age: 37 Y

Sex: F

UHID:CKOR.0000257456



OP Number:CKOROPV420962

Bill No :CKOR-OCR-83708

Date : 12.08.2024 09:27

Address : kmg

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	D ECHO → (10)	
✓3	LIVER FUNCTION TEST (LFT)	
✓4	GLUCOSE, FASTING → 12	
✓5	HEMOGRAM + PERIPHERAL SMEAR	
✓6	GYNACEOLOGY CONSULTATION → (03)	
7	DIET CONSULTATION	
✓8	COMPLETE URINE EXAMINATION	
✓9	URINE GLUCOSE(POST PRANDIAL)	
✓10	PERIPHERAL SMEAR	
✓11	ECG	
✓12	LBC PAP TEST- PAPSURE → 03	
✓13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
✓15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
✓16	URINE GLUCOSE(FASTING)	
✓17	HbA1c, GLYCATED HEMOGLOBIN	
✓18	X-RAY CHEST PA	
19	DENT CONSULTATION <i>Dr. Vijayanthi</i>	
20	FITNESS BY GENERAL PHYSICIAN	
✓21	BLOOD GROUP ABO AND RH FACTOR	
✓22	LIPID PROFILE	
✓23	BODY MASS INDEX (BMI)	
✓24	OPHTHAL BY GENERAL PHYSICIAN	
✓25	ULTRASOUND - WHOLE ABDOMEN	
✓26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio - (17)

*BP - 112/79 mmHg
PC - 81 bmt.*

*Ht - 160cm
wt - 56.8kg*

DR VIJAYA LAKSHMI M
M.B.B.S, D.L.O, D.N.B(ENT)
Phone No.9972044580,080-25633823/24/23

12/08/22

HEALTH CHECK- ENT

NAME: *Deepa M.S.* P AGE: *32*

EAR: RE: LE:

EXTERNAL EAR

MIDDLE EAR

INNER EAR (FN)

normal

HEARING ASSESSMENT: RE: LE:

RHINNE

WEBER

ABC

normal

NOSE

THROAT

AIRWAY

ORAL CAVITY

SEPTUM

OROPHARYNX

TURBINATES

PHARYNX

OTHERS

LARYNX

normal

normal

NECK

NECK NODES

OTHER

normal

AUDIOMETRY

IMPRESSION

normal

[Signature]
SIGNATURE:

OPHTHAL REPORT

NAME: Deva. M. S
AGE: 37 GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV	—	plano	—	6/6
NV	—————			NS

LEFT EYE

	SPH	CYL	AXIS	VA
DV	—	plano	—	6/6
NV	—————			NS

REMARK: Rly

DATE: 12/02/24


OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT

etc

Date : 12/8/24
MR No :
Name : *mm. Deepa*
Age/Gender : *37yr*
Mobile no :

Department : OBSTETRICS&GYNAECOLOGY
Consultant : DR JYOTHI RAJESH
REG NO;KMC-42823
Qualification :DGO,(DNB)
Consulting Timings:9.30am TO 12.00PM
phone no: 9972044580,7338064558

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

No gynae complaints
mm. mnc. regular mnt-26/7
OBV. PUL2 10-4 1/2 yrs LSC
Past 4 Hypothyroid on 100mcg
Family Hx. Ht. - HT2, DM
OLE. P/A - Nil.
Pls. Pt. uniopeature
Contraceptives Encouraged (W+) (C)
LBC taken

2

Follow up date:

Doctor Signature

NAME: MRS. DEEPA M S

AGE: 37Y

SEX: FEMALE

DATE: 12/08/2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENT

AO - 26(20 - 35)mm	LIVD d -37(36-52)mm	IVS - 10(06 - 11)mm
LA -27(19- 40)mm	LVID s 25(23- 39)mm	PWD -11 (06- 11)mm
EF - 60 (>50%)	RVID-22	

VALVES

Mitral Valve : NORMAL ,
Aortic Valve : NORMAL
Tricuspid Valve : Normal, TRIVIAL TR, RVSP - 23 mmHG
Pulmonary Valve : Normal,

CHAMBERS

Left Atrium : Normal
Right Atrium : Normal
Left Ventricle : NORMAL
Right Ventricle : Normal

SEPTAE

IVS : Intact
IAS : Intact

GREAT ARTERIES

Aorta : Normal
Pulmonary Artery : Normal

DOPPLER DATA

Mitral : E > A , 0.8/ 0.6,
Aortic : Normal , 1.0 m/s
Tricuspid : Normal , 0.4 / 0.6
Pulmonary : Normal, 1.10

WALL MOTION ABNORMALITIES : No RWMA

Pericardium : Normal

FINAL DIAGNOSIS

**NORMAL CHAMBERS AND VALVES
NO RWMA AT REST, LV EF - 60 %
NORMAL DIASTOLIC FUNCTION
NO OBVIOUS CLOTS/ EFFUSION/ VEGETATION**



**DR. MOHAN MURALI
DNB(MED), DNB(CARDIOLOGY)
CONSULTANT CARDIOLOGIST**

Patient Name : Mrs . DEEPA M S

Patient ID : 257456

Age : 37 Year(s)

Sex : Female

Referring Doctor : H/C

Date : 12.08.2024

ULTRASOUND ABDOMEN AND PELVIS

Liver is normal in size and shows normal echo pattern. No biliary dilatation .No focal lesion

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesion.

Right kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left kidney is normal in size, position, shape and echopattern.corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. wall thickness is normal. No internal echoes.

Uterus: is normal in size. Endometrial echoes are normal

Endometrium: measures 3.0 mm.

Right ovary : Normal

Left Ovary: not visualised

Both adnexa: Normal, no mass seen.

There is no ascites.

Umbalical hernia noted , defect measures about 3 cm , sac contains bowel

IMPRESSION: UMBALICAL HERNIA

**DR. VINOD JOSEPH DNB., DMRD
RADIOLOGIST**

Patient Name	: Mrs. Deepa M S	Age	: 37 Y F
UHID	: CKOR.0000257456	OP Visit No	: CKOROPV420962
Reported on	: 12-08-2024 18:07	Printed on	: 12-08-2024 18:07
Adm/Consult Doctor	:	Ref Doctor	: SELF

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

Printed on: 12-08-2024 18:07

---End of the Report---

Dr. VINOD P. JOSEPH
MBBS, DNB, DMRD
Radiology

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of ...**DEEPA M.S**.....on ...**13/8/24**..... After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit • Fit with restrictions/recommendations. <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. -----</p> <p>2. -----</p> <p>3. -----</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p style="text-align: center;">Review after -----</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after ----- recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. 
Medical Officer
The Apollo Clinic (Location)

This certificate is not meant for medico - legal purposes.

Name: Mr Deepak S.
Age: 37 ym.

Date: 13/8/24

Height : 160cm	Weight : 56.8kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Include whole cereals and whole pulses, variety of green leafy vegetables, seasonal fruits, nuts (around 30gm/day), seeds (such as 1-2 tsp of Sesame seeds, Chia seeds, Pumpkin seeds (roasted unsalted) to increase omega 3 fatty acids and also fibre in your diet. Restrict deep fried foods, simple sugars such as sweets from maida, confectioneries, soft drinks etc. Include fatty fish such as Salmon, Anchovie, Sardines etc at least weekly twice. Include Sunlight exposure for atleast 15-20 minutes between 10 to 2-00 noon every day. Include regular brisk walking for atleast 1/2 an hour every day. Hydrate well with atleast 2 litres of fluid per day.

Follow up date:

Vinodhini
Doctor Signature

Patient Name	: Mrs. Deepa M S	Age/Gender	: 37 Y/F
UHID/MR No.	: CKOR.0000257456	OP Visit No	: CKOROPV420962
Sample Collected on	:	Reported on	: 12-08-2024 18:07
LRN#	: RAD2401295	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S30836		

DEPARTMENT OF RADIOLOGY

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Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology

Patient Name	: Mrs. Deepa M S	Age/Gender	: 37 Y/F
UHID/MR No.	: CKOR.0000257456	OP Visit No	: CKOROPV420962
Sample Collected on	:	Reported on	: 12-08-2024 11:13
LRN#	: RAD2401295	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S30836		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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IMPRESSION: UMBALICAL HERNIA

Dr. VINOD P JOSEPH
MBBS, DNB, DMRD
Radiology