

Patient Name	: Miss.SUPRIYA NATTE	Collected	: 14/Nov/2023 09:16AM
Age/Gender	: 31 Y 11 M 24 D/F	Received	: 14/Nov/2023 10:43AM
UHID/MR No	: CINR.0000158800	Reported	: 14/Nov/2023 12:15PM
Visit ID	: CINROPV210443	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9010140060		

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
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.4	g/dL	12-15	Spectrophotometer
PCV	40.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	92.3	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,960</b>	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	59.8	%	40-80	Electrical Impedence
LYMPHOCYTES	31.2	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	6.5	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6554.08	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3419.52</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	252.08	Cells/cu.mm	20-500	Calculated
MONOCYTES	712.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.92	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	277000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	<b>27</b>	mm at the end of 1 hour	0-20	Modified Westgren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



SIN No:BED230278471

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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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**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

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	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:

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02054097

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Patient Name : Miss.SUPRIYA NATTE	Collected : 14/Nov/2023 09:16AM
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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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	150	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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.

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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)



SIN No:PLP1386834,EDT230102679

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	119	mg/dL	<200	CHO-POD
TRIGLYCERIDES	37	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	84	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	7.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		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 cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04538778

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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>125.00</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	6.82	g/dL	6.6-8.3	Biuret
ALBUMIN	4.14	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	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.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.67	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	15.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.84	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)



SIN No:SE04538778

NABL renewal accreditation under process

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**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

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)

Address:

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



Patient Name : Miss.SUPRIYA NATTE	Collected : 14/Nov/2023 09:16AM
Age/Gender : 31 Y 11 M 24 D/F	Received : 14/Nov/2023 10:45AM
UHID/MR No : CINR.0000158800	Reported : 14/Nov/2023 11:50AM
Visit ID : CINROPV210443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9010140060	

**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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	21.00	U/L	<38	IFCC



SIN No:SE04538778

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Address:  
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 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka- 560034

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

Patient Name : Miss.SUPRIYA NATTE	Collected : 14/Nov/2023 09:16AM
Age/Gender : 31 Y 11 M 24 D/F	Received : 14/Nov/2023 10:45AM
UHID/MR No : CINR.0000158800	Reported : 14/Nov/2023 11:50AM
Visit ID : CINROPV210443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9010140060	

DEPARTMENT OF IMMUNOLOGY

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

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

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.86	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.32	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.700	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
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:SPL23159723

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



Patient Name : Miss.SUPRIYA NATTE	Collected : 14/Nov/2023 09:16AM
Age/Gender : 31 Y 11 M 24 D/F	Received : 14/Nov/2023 12:35PM
UHID/MR No : CINR.0000158800	Reported : 14/Nov/2023 12:52PM
Visit ID : CINROPV210443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9010140060	

**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
-----------	--------	------	-----------------	--------

**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +++		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	25-30	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2218933

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Karnataka - 560034

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

Patient Name : Miss.SUPRIYA NATTE	Collected : 14/Nov/2023 09:16AM
Age/Gender : 31 Y 11 M 24 D/F	Received : 14/Nov/2023 12:35PM
UHID/MR No : CINR.0000158800	Reported : 14/Nov/2023 12:39PM
Visit ID : CINROPV210443	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9010140060	

**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
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

**\*\*\* End Of Report \*\*\***

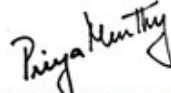
Result/s to Follow:  
PERIPHERAL SMEAR



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



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



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



SIN No:UPP015773,UF009774  
NABL renewal accreditation under process

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Karnataka- 560034

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**Patient Name** : Miss. Supriya Natte

**Age/Gender** : 31 Y/F

**UHID/MR No.** : CINR.0000158800

**OP Visit No** : CINROPV210443

**Sample Collected on** :

**Reported on** : 15-11-2023 13:32

**LRN#** : RAD2149351

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9010140060

## 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.

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

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

Minimal free fluid is seen in POD.

#### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology

Name : Miss. Supriya Natte

Age: 31 Y

UHID: CINR.0000158800

Sex: F



Address : Bangalore

OP Number: CINROPV210443

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
 INDIA OP AGREEMENT

Bill No : CINR-OCR-90628

Date : 14.11.2023 09:12

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>3</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>4</del>	<del>2 D ECHO</del>	
<del>5</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>6</del>	<del>X-RAY CHEST PA</del>	
<del>7</del>	<del>GLUCOSE, FASTING</del>	
<del>8</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>9</del>	<del>ENT CONSULTATION</del>	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION ✓	
12	DIET CONSULTATION	
<del>13</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>14</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>15</del>	<del>PERIPHERAL SMEAR</del>	
<del>16</del>	<del>ECG - 6</del>	
<del>17</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>18</del>	<del>LIPID PROFILE</del>	
19	BODY MASS INDEX (BMI) - 6	
20	LBC PAP TEST- PAPSURE - 3 ✓	
<del>21</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del> Pending	
<del>22</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del> Pending	
23	ULTRASOUND - WHOLE ABDOMEN - 9 Pending	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
25	DENTAL CONSULTATION	
<del>26</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del> 12:30	

27. Dental - 1

28. Audiometry - 5

29. physiotherapy - 14

30. Nicamari Breast screening - 15

7599



Date : 14-11-2023

Department : GENERAL

MR NO : CINR.0000158800

Doctor :

Name : Miss. Supriya Natte

Registration No :

Age/ Gender : 31 Y / Female

Qualification :

Consultation Timing: 09:12

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

**General Examination / Allergies History**

*nov 14 / 2023*

**Clinical Diagnosis & Management Plan**

*31yrs Cycles regular LMP - Oct 20*  
*act sexually active*  
*Adv - Pap not done*  
*PA -*  
*SOFT not D.*  
*HIV vaccine*  
*Niramai*

*[Signature]*

Follow up date:

Doctor Signature

14.11.2023

Miss Supriya Natte

31 yrs / F.

Height : 155cm	Weight : 66.85kg	BMI : 27.5 kg/m <sup>2</sup>	Waist Circum : 93cm
Temp : 98.4 F	Pulse : 91 bpm	Resp : 18 bpm	B.P : 105/70 mmHg

**General Examination / Allergies History**

**Clinical Diagnosis & Management Plan**

Arcofenic - AHC

Ears: MAO

Nose: MAO

Throat: MAO

Follow up date:

Dr. RAVINDRAN   
M.B.S., D.L.O.

**Apollo Clinic, Indiranagar**

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

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Website : www.apolloclinic.com

Supriya naitte  
ID: 158800

14.11.2023 11:19:50  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

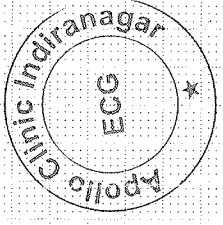
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

75 bpm  
--/-- mmHg

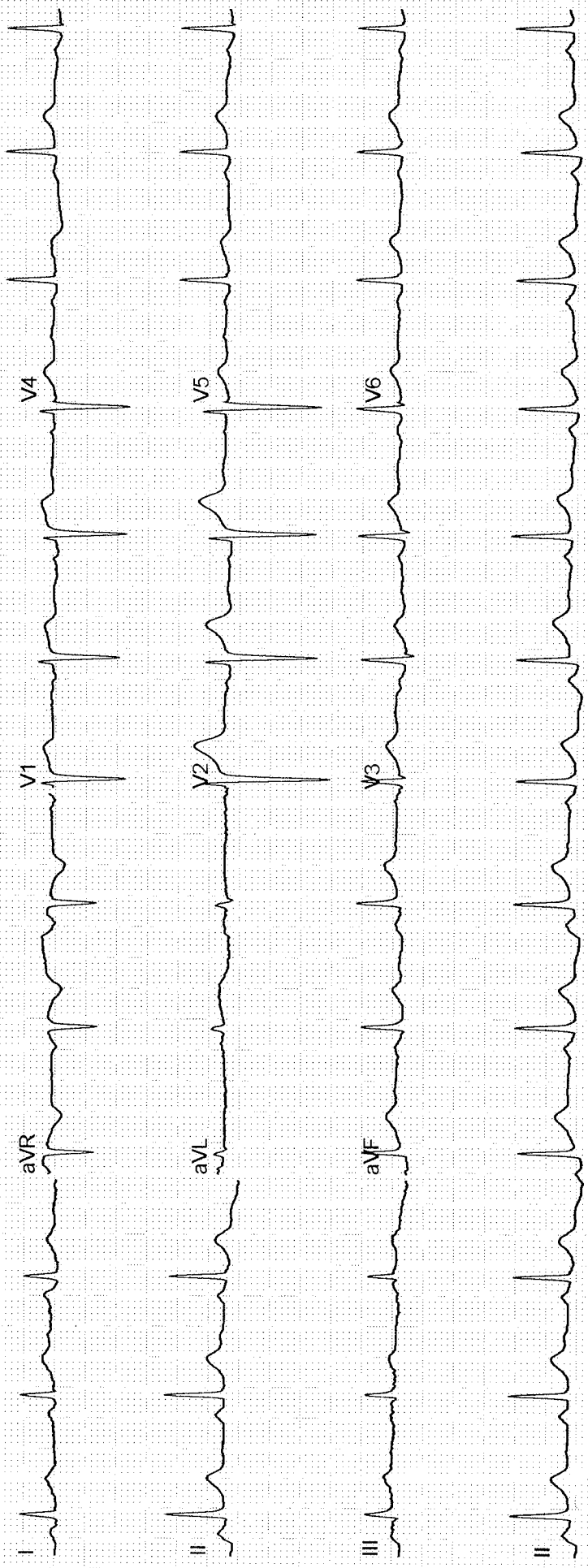
20.11.1991  
31 Years  
Female

QRS: 76 ms  
QT / QTcBaz: 368 / 410 ms  
PR: 140 ms  
P: 100 ms  
RR / PP: 800 / 800 ms  
P / QRS / T: 39 / 56 / 44 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



DR. M. S. MATHAI RAO  
M.B.B.S., D.M.C.C.(D), F.A.C.C.T.E.C.C.F.S.O.M.  
Consultant Cardiologist  
KMC Reg. No. C-69000 (KMC)  
Apollo Clinic



NAME: MISS SUPRIYA	AGE/SEX:31 Y /F	OP NUMBER: 158800
Ref By : SELF	DATE: 14-11-2023	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.8	IVS(D): 0.8	MV: E Vel: 0.8	A Vel : 0.5
LA: 2.9	LVIDD(D): 4.0	AV Peak: 1.1	
	LVPW(D): 0.9		
	IVS(S): 1.3		
	LVID(S): 2.4		
	LVPW(S): 1.4		
	LVEF:60 %		
	TAPSE: 2.2		

**Descriptive findings:**

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal
Pericardium:	Normal

IVC:	Normal
Others	---

**IMPRESSION :**

**Normal cardiac chambers**

**No Regional wall motion abnormality**

**Normal LV systolic and diastolic function - LVEF= 60 %**

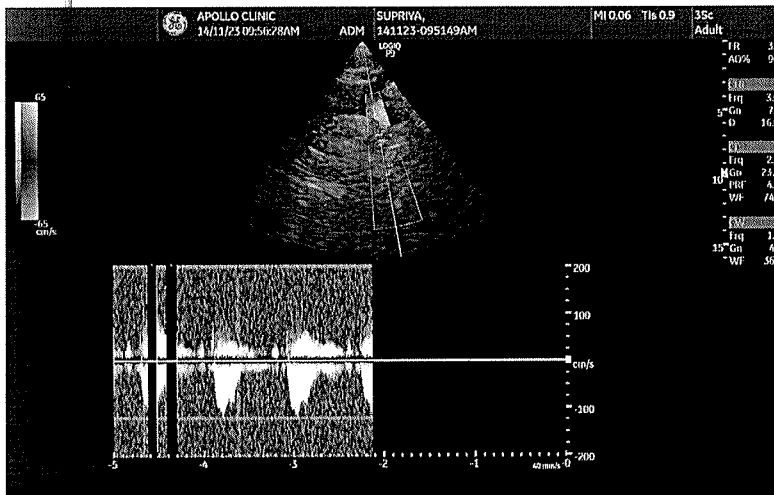
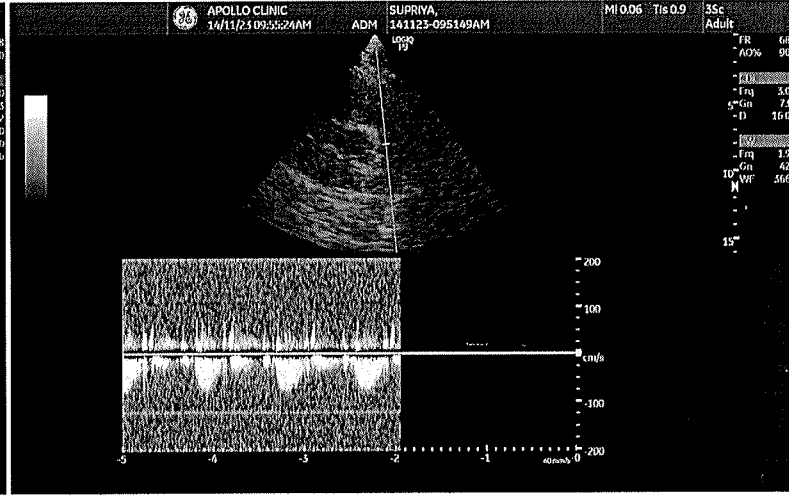
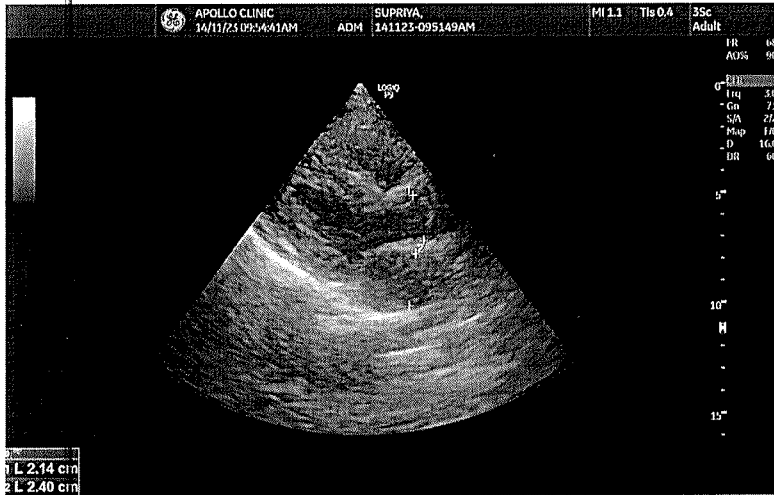
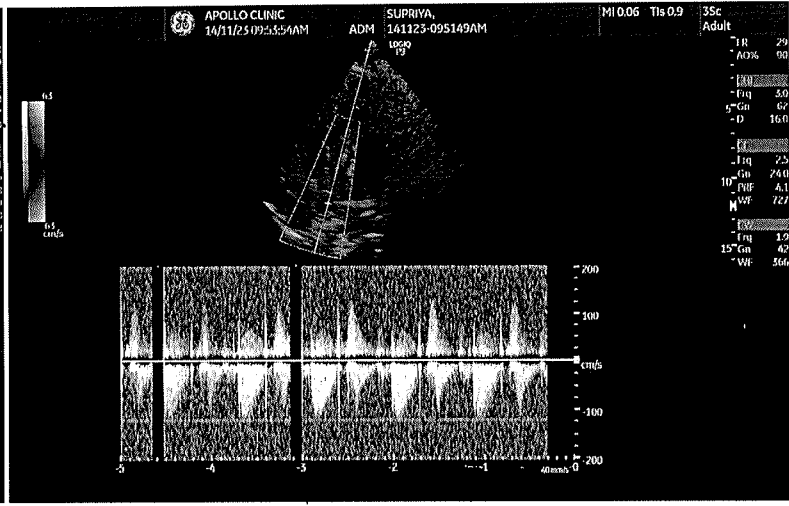
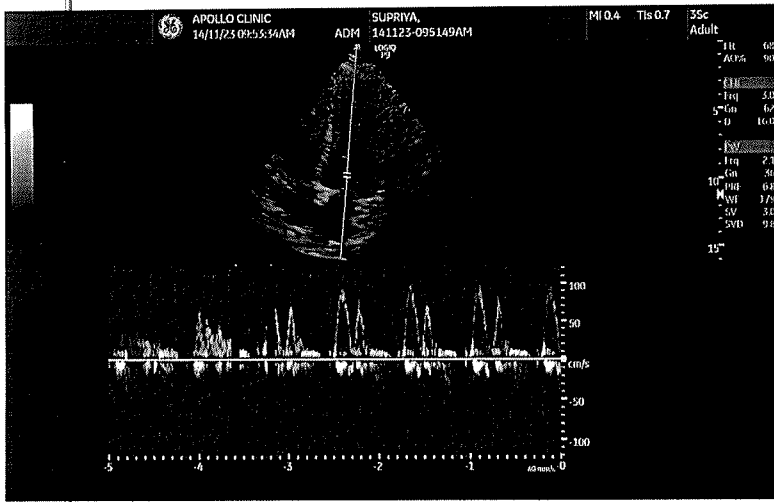
**No MR/AR/TR**

**No clot/vegetation/pericardial effusion**



**DR VIJAY MD DM**

**CONSULTANT CARDIOLOGIST**



From: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
Sent: Wednesday, November 8, 2023 11:18 AM  
To: Corporate Apollo Clinic <corporate@apolloclinic.com>  
Cc: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>  
Subject: Health Checkup Booking No. 14 Annual

Dear Team

Please find the attached health checkup booking file and confirm the same.

9	Arcofemi/Mediwheel/MALE/FEMALE	Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobE50166	MS. NATTA SUPRIYA
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Thanks & Regards





**Patient Name** : Miss. Supriya Natte

**Age/Gender** : 31 Y/F

**UHID/MR No.** : CINR.0000158800

**OP Visit No** : CINROPV210443

**Sample Collected on** :

**Reported on** : 14-11-2023 19:10

**LRN#** : RAD2149351

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9010140060

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**DEPARTMENT OF RADIOLOGY**

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**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. RAMESH G**  
**MBBS DMRD**  
**RADIOLOGY**