

Patient Name : Mrs.JAYARANI ARUNACHALAM	Collected : 12/Aug/2023 10:28AM
Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 12:59PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 03:28PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 853935427882	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



SIN No:BED230191229

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.JAYARANI ARUNACHALAM	Collected : 12/Aug/2023 10:28AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	12.9	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.13	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	89.5	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	34.9	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	63.4	%	40-80	Electrical Impedence
LYMPHOCYTES	28.3	%	20-40	Electrical Impedence
EOSINOPHILS	2.6	%	1-6	Electrical Impedence
MONOCYTES	5.3	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4501.4	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2009.3	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	184.6	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	376.3	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	28.4	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	367000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

METHODOLOGY	: Microscopic.
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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IMPRESSION : Normocytic normochromic blood picture.

NOTE/ COMMENT : Please correlate clinically.



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Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 12:59PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 06:29PM
Visit ID : CVELOPV188556	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.



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Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 12:59PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 02:19PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE
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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 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	mg/dL	70-140	HEXOKINASE
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Comment:

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

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

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	103	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



SIN No:PLF02013415,PLP1358143,EDT230074627

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.JAYARANI ARUNACHALAM	Collected : 12/Aug/2023 10:28AM
Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 01:16PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 02:31PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 853935427882	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	168	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	96.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		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.



SIN No:SE04450518

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	59.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.40	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

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

CREATININE	0.55	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	12.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 02:30PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 853935427882	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/L	<38	IFCC



SIN No:SE04450518

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Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 01:33PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 02:48PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 853935427882	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.4	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	12.82	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	1.136	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:

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



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Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 06:02PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 07:42PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 853935427882	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		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	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2165502

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mrs.JAYARANI ARUNACHALAM	Collected : 12/Aug/2023 10:28AM
Age/Gender : 33 Y 1 M 19 D/F	Received : 12/Aug/2023 06:01PM
UHID/MR No : CVEL.0000137662	Reported : 12/Aug/2023 06:48PM
Visit ID : CVELOPV188556	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 853935427882	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - TMT - 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 ***



DR.R.SRIVATSAN
M.D.(Biochemistry)



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



Patient Name	: Mrs. JAYARANI ARUNACHALAM	Age/Gender	: 33 Y/F
UHID/MR No.	: CVEL.0000137662	OP Visit No	: CVELOPV188556
Sample Collected on	:	Reported on	: 12-08-2023 15:57
LRN#	: RAD2071900	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 853935427882		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears enlarged in size (16.6 cms) with increased echogenicity. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears enlarged (12.8 cms). Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.
Right kidney - 11.0 x 3.8 cms Left kidney - 11.3 x 4.2 cms

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus : Post LSCS elongated uterus 7.9 x 4.4 x 3.9 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 10 mm.

Both ovaries are polycystic.

Right ovary -3.8 x 2.0 x 2.9 cms (vol 12.2 cc) **Left ovary** - 3.8 x 2.2 x 3.6 cms (vol 16.4 cc)

Early umbilical defect measuring 11 mm with possible herniation.

IMPRESSION:

- * **HEPATOMEGALY WITH GRADE 1 FATTY CHANGES.**
- * **SPLENOMEGALY.**
- * **BILATERAL POLYCYSTIC OVARIES.**
- * **EARLY UMBILICAL HERNIA.**

Patient Name : Mrs. JAYARANI ARUNACHALAM

Age/Gender : 33 Y/F

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Patient Name : Mrs. JAYARANI ARUNACHALAM

Age/Gender : 33 Y/F

UHID/MR No. : CVEL.0000137662

OP Visit No : CVELOPV188556

Sample Collected on :

Reported on : 12-08-2023 14:30

LRN# : RAD2071900

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 853935427882

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. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)

Radiology

Name: Mrs. JAYARANI ARUNACHALAM
Age/Gender: 33 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: CVEL.0000137662
Visit ID: CVELOPV188556
Visit Date: 12-08-2023 10:23
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. JAYARANI ARUNACHALAM
Age/Gender: 33 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: CVEL.0000137662
Visit ID: CVELOPV188556
Visit Date: 12-08-2023 10:23
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. JAYARANI ARUNACHALAM
Age/Gender: 33 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PAVITHRA RAMAKRISHNAN

MR No: CVEL.0000137662
Visit ID: CVELOPV188556
Visit Date: 12-08-2023 10:23
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. JAYARANI ARUNACHALAM
Age/Gender: 33 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000137662
Visit ID: CVELOPV188556
Visit Date: 12-08-2023 10:23
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. JAYARANI ARUNACHALAM
Age/Gender: 33 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. BENITA JAYACHANDRAN

MR No: CVEL.0000137662
Visit ID: CVELOPV188556
Visit Date: 12-08-2023 10:23
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
12-08-2023 16:29	Beats/min	110/80 mmHg	Rate/min	98.4 F	165 cms	68 Kgs	%	%	Years	24.98	cms	cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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12-08-2023 16:29	Beats/min	110/80 mmHg	Rate/min	98.4 F	165 cms	68 Kgs	%	%	Years	24.98	cms	cms	cms		AHLL05400

CERTIFICATE OF MEDICAL FITNESS

Height : 165 Cm	Weight : 68.5 kg	BMI : 25.2	BP : 110 / 80 mmHg
OPTHAL CHECK : Right Eye : 6/6.		Left Eye : 6/6.	Colour vision : (M)

This is to certify that I have conducted the clinical examination

Of Mrs. Jayasani Arunachalam on 12.8.23

After reviewing the medical history and on clinical examination it has been found that he/she is

- Medically Fit

Handwritten: FIT FOR WORK

- Fit with restrictions/recommendations

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

- 1.....
- 2.....
- 3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after _____

- Currently Unfit.

Review after NIL recommended

- Unfit NIL

Dr. _____
 Medical officer
 Apollo clinic(Location)

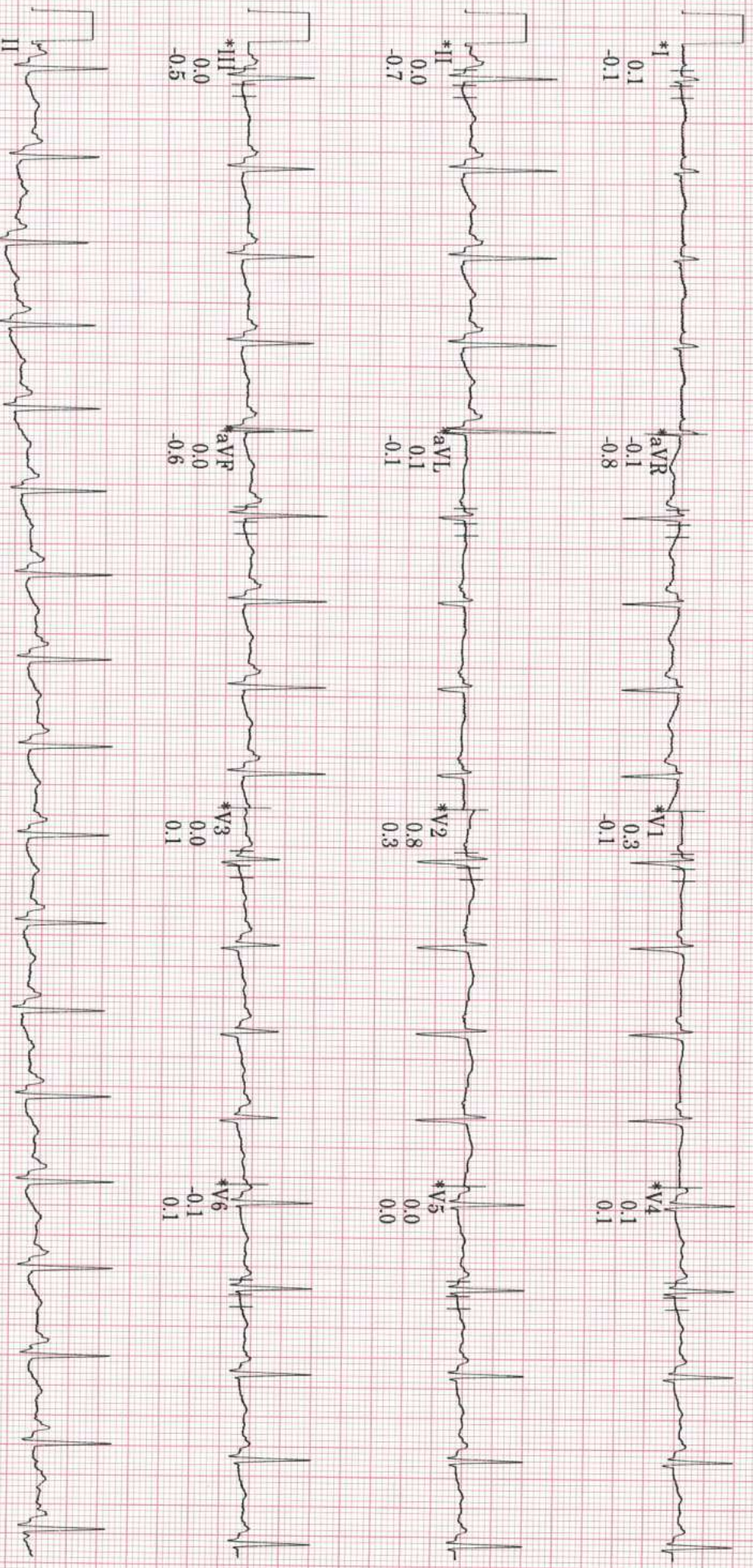


This certificate is not meant for medico-legal purposes

Dr. YASODH REDDY
 M.B.B.S., F sp Diabetology
 CLIN - Cardiology
 Reg. No: 93787
 Apollo Family Physician

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 010B

AutoW CE

Apollo Clinic

CONSENT FORM

Patient Name: Mrs. Jayarani Age: 33

UHID Number: 137662 Company Name: Arcofemi

Want to inform you that I am not interested in getting , otherwise will later on given PAP- SMEAR .

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

And I claim the above statement in my full consciousness.

Patient Signature: Date: 12:8:23.....



Name: <i>Mrs. Jayasami Arunachalam</i>	Date: <i>12/08/2023</i>
Age: <i>33 yrs</i>	UHID No: <i>137662</i>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE
DV-UCVA :	<i>6/6^r</i>	<i>6/6</i> <i>(BE) 6/6</i>
DV-BCVA :		
NEAR VISION :	<i>N₆</i>	<i>N₆</i>
ANTERIOR SEGMENT :		
IOP :		
FIELDS OF VISION :	<i>(N)</i>	<i>(N)</i>
E O M :		
COLOUR VISION :	<i>Normal</i>	<i>Normal</i>
FUNDUS :		
IMPRESSION :		
ADVICE :	<i>fit for work / R/A - 6 months</i>	

Your Apollo order has been confirmed

CVEL: 137662

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

Wed 8/9/2023 5:26 PM

To:jayarani.arunachalam@bankofbaroda.com <jayarani.arunachalam@bankofbaroda.com>

Cc:Velachery Apolloclinic <velachery@apolloclinic.com>;Martin Amalraj I H
<martin.amalraj@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>

Dear **MS. ARUNACHALAM JAYARANI,**

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **VELACHERY clinic** on **2023-08-12** at **08:35-08:40**.

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]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

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 undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check Centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India



E-Aadhaar Letter

பதிவேட்டு எண்/Enrolment No.: 1092/20521/32128

Jayarani Arunachalam (ஜெயராணி அருணாசலம்)

முகவரி

D/O: Arunachalam, 69/D4, ARATTU ROAD,
VADASERY, NAGERCOIL, Agasteeswaram,
Kanniyakumari,
Tamil Nadu - 629001

- ஆதார் அடையாளத்திற்கான சான்று, குடியரிமைக்கு அல்ல.
- அடையாள சான்றை ஆன்லைன் ஆதரங்கேடுகள் மூலமாகப் பெறவும்.
- இது எலக்ட்ரானிக் செயல்முறை மூலம் தயாரிக்கப்பட்ட கடிதமாகும்.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

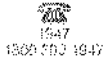
Date: 27/09/2015

உங்கள் ஆதார் எண்/ Your Aadhaar No.:

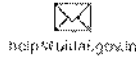
8539 3542 7884



ஆதார் -சாதாரண மனிதனின் அதிகாரம்



1800 552 1947



help@uidai.gov.in



www.uidai.gov.in

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- ஆதார் ஆதார் பெறுவதற்கு ஒரே ஒரு முறை மட்டுமே நீங்கள் விண்ணப்பத்தை பூர்த்தி செய்து பதிவு செய்ய வேண்டிய அவசியம் ஏற்படும்.
- தயவுசெய்து உங்களின் சமீபத்தைய புதிய மொபைல் நம்பர் மற்றும் e-மெயில் முகவரியை பதிவு செய்யவும். இதனால் உங்களுக்கு பல்வேறு வசதிகளை பெற்றுக் கொள்ளும் சௌகரியம் கிடைக்கும்.

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



ஜெயராணி அருணாசலம்
Jayarani Arunachalam
பிறந்த நாள்/ DOB: 23/06/1990
பெண் / FEMALE



முகவரி:

D/O: அருணாசலம், 69/உ4,
ஆராட்டு ஆராட்டு, வடசேரி,
நாகர்கோவில்,
அகஸ்தீஸ்வரம்,
கன்னியாகுமரி,
தமிழ் நாடு - 629001

Address:

D/O: Arunachalam, 69/D4, ARATTU
ROAD, VADASERY, NAGERCOIL,
Agasteeswaram, Kanniyakumari,
Tamil Nadu - 629001

8539 3542 7884

8539 3542 7884

ஆதார் -சாதாரண மனிதனின் அதிகாரம்

Aadhaar-Aam Admi ka Adhikar

Patient Name : Mrs. JAYARANI ARUNACHALAM Age : 33 Y/F
UHID : CVEL.0000137662 OP Visit No : CVELOPV188556
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 12-08-2023 17:25
Referred By : SELF

CARDIOLOGY
CARDIAC STRESS TEST – (TMT)

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

WITHIN NORMAL LIMITS

Standing:

WITHIN NORMAL LIMITS

Patient Name	: Mrs. JAYARANI ARUNACHALAM	Age	: 33 Y/F
UHID	: CVEL.0000137662	OP Visit No	: CVELOPV188556
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 12-08-2023 17:25
Referred By	: SELF		

Protocol Used:

BRUCE

Monitoring Leads:

12 LEADS

Grade Achieved:

89% HR /10.4 METS:

Reason for Terminating Test:

FATIGUE

Total Exercise Time:

9.14

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

Patient Name : Mrs. JAYARANI ARUNACHALAM Age : 33 Y/F
UHID : CVEL.0000137662 OP Visit No : CVELOPV188556
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 12-08-2023 17:25
Referred By : SELF

III Blood Pressure Response :
NORMAL

IV Fitness Response :
GOOD

Impression:

Cardiac stress analysis is **NEGATIVE** for inducible myocardial

ischaemia at 10.4 METS good work load and 89% of maximum heart rate



Dr. SHANMUGA SUNDARAM D
CONSULTANT CARDIOLOGIST

---- END OF THE REPORT ----

Patient Name : Mrs. JAYARANI ARUNACHALAM Age : 33 Y/F
UHID : CVEL.0000137662 OP Visit No : CVELOPV188556
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 12-08-2023 17:25
Referred By : SELF

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram) **Andhra Pradesh: Vizag** (Seethamma Peta)

Karnataka: Bangalore (Basavanagudi | Bellandur | Fraser Town | HSR Layout | Indira Nagar | Koramangala | Kundalahalli | Sadashivanagar | Sarjapur Road) **Mysore** (VV Mohalla)

Tamilnadu: Chennai (Alwarpet | Annanagar | Kotturpuram | Mogappair | T Nagar | Velachery) **Maharashtra: Pune** (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Uttar Pradesh: Ghaziabad (Indrapuram) **Gujarat: Ahmedabad** (Satellite)

Online appointments: www.apolloedoc.in | Online reports: <https://phr.apolloclinic.com> | www.apolloclinic.com

---- END OF THE REPORT ----

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