

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:07PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 05:10PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs: Show microcytic hypochromic RBCs, moderate anisopoikilocytosis with presence of good number of elliptocytes and few target cells.
 WBCs: are normal in total number with increase in eosinophilia.
 PLATELETS: appear adequate in number.
 HEMOPARASITES: negative
 IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH MILD EOSINOPHILIA.
 Note: Kindly evaluate for iron deficiency status



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

HAEMOGLOBIN	9.6	g/dL	12-15	Spectrophotometer
PCV	29.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.28	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	69.9	fL	83-101	Calculated
MCH	22.6	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,620	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	46.5	%	40-80	Electrical Impedence
LYMPHOCYTES	30.4	%	20-40	Electrical Impedence
EOSINOPHILS	16.5	%	1-6	Electrical Impedence
MONOCYTES	5.8	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3078.3	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2012.48	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	1092.3	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	383.96	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	52.96	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	272000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	48	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230222172

NABL renewal accreditation under process

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Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 12:07PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 04:48PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - 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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	111	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.



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 12:05PM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:57PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:34PM
Visit ID : CINROPV204890	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	140	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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	128	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.
- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	233	mg/dL	<200	CHO-POD
TRIGLYCERIDES	76	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	56	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	177	mg/dL	<130	Calculated
LDL CHOLESTEROL	161.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.16		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04481284

NABL renewal accreditation under process

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DEPARTMENT OF BIOCHEMISTRY

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

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

BILIRUBIN, TOTAL	0.30	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.24	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.92	g/dL	6.6-8.3	Biuret
ALBUMIN	3.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.2		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.52	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.75	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	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)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - 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)	1.41	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.40	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.810	µIU/mL	0.35-4.94	CMIA

Comment:

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

1. 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.
2. 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.
3. 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.
4. 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

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DEPARTMENT OF IMMUNOLOGY

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

Test Name				Result	Unit	Bio. Ref. Range	Method
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes			
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma			



SIN No:SPL23131016

NABL renewal accreditation under process

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 01:29PM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 02:50PM
Visit ID : CINROPV204890	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9886028279	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - 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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	5-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2183856

NABL renewal accreditation under process

Patient Name : Mrs.GNANA SOUNDARI K	Collected : 14/Sep/2023 09:30AM
Age/Gender : 41 Y 0 M 30 D/F	Received : 14/Sep/2023 11:31AM
UHID/MR No : CINR.0000156561	Reported : 14/Sep/2023 12:02PM
Visit ID : CINROPV204890	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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:
LBC PAP TEST (PAPSURE)

Prasanna B.K.P
Dr PRASANNA B.K.P
Md.Path.Pathologist

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



Name : Mrs. Gnana Soundari K Address : bangalore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 41 Y Sex : F	UHID :CINR.0000156561  <small>* CINR . 0000156561 *</small> OP Number :CINROPV204890 Bill No :CINR-OCR-88717 Date : 14.09.2023 09:24
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	SONO MAMOGRAPHY - SCREENING - 15	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	2D ECHO - 9 11:30 AM	
6	LIVER FUNCTION TEST (LFT)	
7	X-RAY CHEST PA - 10	
8	GLUCOSE, FASTING	
9	HEMOGRAM + PERIPHERAL SMEAR	
10	ENT CONSULTATION	
11	FITNESS BY GENERAL PHYSICIAN	
12	GYNAECOLOGY CONSULTATION - 30	
13	DIET CONSULTATION	
14	COMPLETE URINE EXAMINATION	
15	URINE GLUCOSE(POST PRANDIAL)	
16	PERIPHERAL SMEAR	
17	ECG	
18	BLOOD GROUP ABO AND RH FACTOR	
19	LIPID PROFILE	
20	BODY MASS INDEX (BMI)	
21	LBC PAP TEST- PAPSURE - 3	
22	OPHTHAL BY GENERAL PHYSICIAN - 5	
23	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
24	ULTRASOUND - WHOLE ABDOMEN - 9 After 2 Pm	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
26	DENTAL CONSULTATION - 1	
27	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

Date : 14-09-2023

Department : GENERAL

MR NO : CINR.0000156561

Doctor :

Name : Mrs. Gnana Soundari K

Registration No :

Age/ Gender : 41 Y / Female

Qualification :

Consultation Timing: 09:23

Height : 150 cm	Weight : 67.90 kg	BMI : 30.2	Waist Circum : 89/98-c
Temp : 98.6°F	Pulse : 86 bpm	Resp : 18 bpm	B.P : 119/81 mmHg

General Examination / Allergies
History

Sept 14/2023

Clinical Diagnosis & Management Plan

Atypical P2 C2 Myocardial infarction - Sept 1st
 Dysrhythmia + PE
 xcv PA. soft
 mild
 M/Cx healthy
 Hbc pap don't

CBA
 CA 125

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. Gnana Sunderi. K. DATE : 14/9/23
UHID NO : 156561 AGE : 44y
OPTOMETRIST NAME: Mr Gowtham M H GENDER: F


This is to certify that I have examined
years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	+0.25	-2.25	160	6/6	+1.00	-0.75	10	6/6
Add	+1.00	-2.25	160	6/6	+1.00	-0.75	10	6/6

PD – RE: _____ LE: _____

Colour Vision: Normal (BR)

Remarks:


Apollo Clinic Indiranagar

Ghana
ID: 156561

15.08.1982
41 Years

Female

14.09.2023 10:10:42
APOLLO CLINIC
INDIRANAGAR
BANGALORE

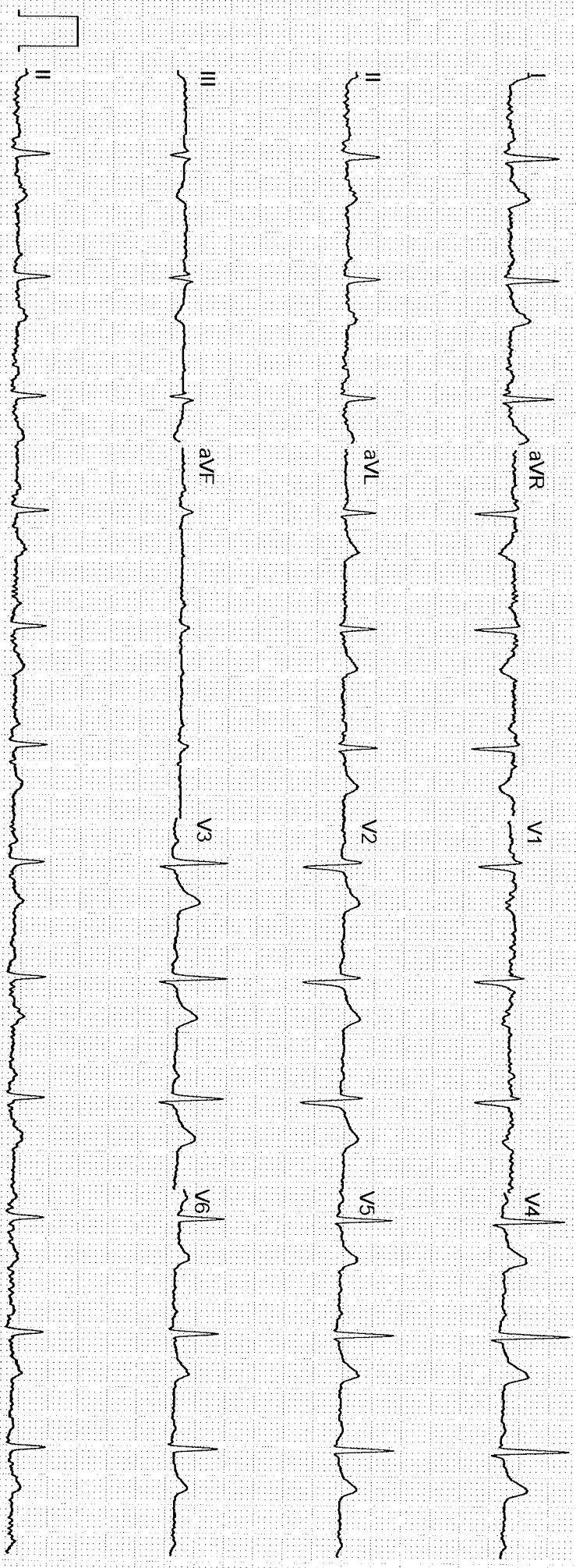
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

76 bpm
- / - mmHg

QRS : 76 ms
QT / QTcBaz : 390 / 438 ms
PR : 162 ms
P : 96 ms
RR / PP : 790 / 789 ms
P / QRS / T : 14 / 20 / 8 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

10/10/23
[Signature]



Unconfirmed

Fwd: Health Check up Booking Confirmed Request(bobE46204),Package Code-
PKG10000313, Beneficiary Code-81537

gnana soundari <gnanasoundari.k@gmail.com>

Wed 13-09-2023 17:05

To: vjmsri <vjmsri@bankofbaroda.com>

क डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें य
AIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OF

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, 13 Sep, 2023, 4:28 pm

Subject: Health Check up Booking Confirmed Request(bobE46204),Package Code-PKG10000313,

Beneficiary Code-81537

To: <gnanasoundari.k@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959
[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MS. K GNANA SOUNDARI**,

Please find the confirmation for following request.

Booking Date : 12-09-2023

Package Name : Arcofemi MediWheel Full Body Annual Plus Check Advanced Female
2D ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar

Address of Diagnostic/Hospital : Plot 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet
road, HAL 2nd stage, Indiranagar - 560038

Contact Details : (080) 2521 4614 - 15

City : Bangalore

State : Karnataka

Pincode : 560038

Appointment Date : 14-09-2023

Confirmation Status : Confirmed

Preferred Time : 8:00am-9:00am

Comment : APPOINTMENT TIME 9:00AM

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:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
 2. It is advisable not to undergo any Health Check during menstrual cycle.
- Request you to reach half an hour before the scheduled time.
In case of further assistance, Please reach out to Team Mediwheel.



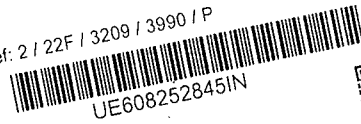
ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1096/01294/01183

To,
ಜ್ಞಾನ ಸುಂದರಿ
Gnana Soundari
W/O M Kumar
#T S 16, 1st Cross, Muneshwara Block Palace Guttahalli
Bangalore
Malleswaram Bangalore
Karnataka 560003
9480050800

13/12/2011

Ref: 2 / 22F / 3209 / 3990 / P



UE608252845IN



ನಿಮ್ಮ ಅಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
5479 0355 5727

ಅಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಜ್ಞಾನ ಸುಂದರಿ
Gnana Soundari
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1982
ಸ್ತ್ರೀ / Female



5479 0355 5727

ಅಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Patient Name : Mrs. Gnana Soundari K

Age/Gender : 41 Y/F

UHID/MR No. : CINR.0000156561

OP Visit No : CINROPV204890

Sample Collected on :

Reported on : 14-09-2023 15:31

LRN# : RAD2098545

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9886028279

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

ULTRASOUND OF BOTH BREASTS

Bilateral breast shows predominantly fatty and glandular breast parenchyma.

No evidence of abnormal focal lesions.


No evidence of any architectural distortion noted.

No ductal ectasia noted.

Skin and Subcutaneous tissue appears normal.

Right and left axilla: No significant lymphadenopathy .

**IMPRESSION : NO SIGNIFICANT PATHOLOGY NOTED IN BILATERAL
BREAST PARENCHYMA.**



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. Gnana Soundari K

Age/Gender : 41 Y/F

UHID/MR No. : CINR.0000156561

OP Visit No : CINROPV204890

Sample Collected on :

Reported on : 14-09-2023 15:27

LRN# : RAD2098545

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9886028279

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

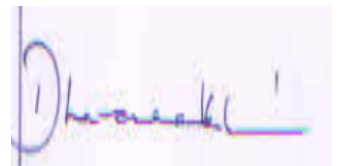
Both costophrenic and cardiophrenic angles are clear .

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