

Patient Name : Mrs.THRIVENI THALARI  
 Age/Gender : 35 Y 6 M 25 D/F  
 UHID/MR No : CIND.0000173165  
 Visit ID : CINDOPV244855  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E36559

Collected : 09/Nov/2024 10:09AM  
 Received : 09/Nov/2024 01:57PM  
 Reported : 09/Nov/2024 03:08PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.2	g/dL	12-15	Spectrophotometer
PCV	36.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>79.3</b>	fL	83-101	Calculated
MCH	<b>26.4</b>	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,270	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	47.5	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>43.2</b>	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2978.25	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2708.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	181.83	Cells/cu.mm	20-500	Calculated
MONOCYTES	395.01	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.27	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.1		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	395000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>47</b>	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

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

**Dr. Vidya Aniket Gore**  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

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



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**DEPARTMENT OF HAEMATOLOGY**

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

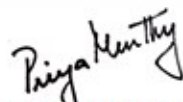
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



**Dr. Rajalakshmi D**  
 M.B.B.S,M.D  
 Consultant Pathologist



**Dr. Vidya Aniket Gore**  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



Patient Name : Mrs.THRIVENI THALARI	Collected : 09/Nov/2024 01:26PM
Age/Gender : 35 Y 6 M 25 D/F	Received : 09/Nov/2024 05:42PM
UHID/MR No : CIND.0000173165	Reported : 09/Nov/2024 06:18PM
Visit ID : CINDOPV244855	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E36559	

**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	88	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

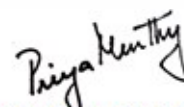
**Note:**

- 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)	99	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.

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



Patient Name : Mrs.THRIVENI THALARI	Collected : 09/Nov/2024 10:09AM
Age/Gender : 35 Y 6 M 25 D/F	Received : 09/Nov/2024 02:44PM
UHID/MR No : CIND.0000173165	Reported : 09/Nov/2024 04:15PM
Visit ID : CINDOPV244855	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)

Dr.Govinda Raju N L  
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SIN No:IRA241101043

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

Apollo Health and Lifestyle Limited, RRL BANGALORE Laboratory

Regd. Office: 10/22/20, Anand Nagar, Bangalore-560025, Karnataka, India. Phone: 9845678901 | Email: info@apollohealth.com

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad | Andhra Pradesh: Visakhapatnam | Karnataka: Bangalore | Kerala: Kochi | Maharashtra: Mumbai | Gujarat: Gandhinagar | Odisha: Bhubaneswar | West Bengal: Kolkata | Tamil Nadu: Chennai | Punjab: Chandigarh | Haryana: Gurgaon | Rajasthan: Jaipur | Uttar Pradesh: Lucknow | Bihar: Patna | Jharkhand: Ranchi | Assam: Dispur | Arunachal Pradesh: Itanagar | Manipal: Imphal | Mizoram: Aizawl | Nagaland: Kohima | Meghalaya: Shillong | Tripura: Agartala | Assam: Dispur | West Bengal: Kolkata | Jharkhand: Ranchi | Odisha: Bhubaneswar | Andhra Pradesh: Hyderabad | Karnataka: Bangalore | Kerala: Kochi | Maharashtra: Mumbai | Gujarat: Gandhinagar | Punjab: Chandigarh | Haryana: Gurgaon | Rajasthan: Jaipur | Uttar Pradesh: Lucknow | Bihar: Patna | Jharkhand: Ranchi | Assam: Dispur | Arunachal Pradesh: Itanagar | Manipal: Imphal | Mizoram: Aizawl | Nagaland: Kohima | Meghalaya: Shillong | Tripura: Agartala

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	61	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>134</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>121.7</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.85		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

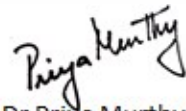
**Comment:**

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



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



SIN No:IRA241101037

Apollo Health and Lifestyle Limited, RRL BANGALORE Laboratory

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APOLLO CLINIC'S NETWORK

Telangana: Hyderabad | AS Rao Nagar | Chanda Nagar | Korriguda | Halakurki | Hyderabad | Karnataka: Bangalore | Bannerghatta | Bellandur | Electronics City | Frimmet | HSR Layout | Indira Nagar | JP Nagar | Kalyan Nagar | Old Bannerghatta | Sarjapur | Whitefield | Andhra Pradesh: Vijaya Vittala | Venkateswara | Chaitanya | Guntur | Mahabubnagar | Odisha: Bhubaneswar | Uttarakhand: Dehra Dun | Uttar Pradesh: Lucknow | West Bengal: Kolkata | Kerala: Kochi | Tamil Nadu: Chennai | Maharashtra: Pune | Gujarat: Gandhinagar | Karnataka: Mysore | Kerala: Thiruvananthapuram | Maharashtra: Mumbai | Karnataka: Bengaluru | Andhra Pradesh: Hyderabad | Odisha: Bhubaneswar | West Bengal: Kolkata | Gujarat: Gandhinagar | Karnataka: Mysore | Kerala: Thiruvananthapuram | Maharashtra: Mumbai





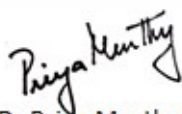


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	11.00	U/L	<38	IFCC



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



Patient Name : Mrs.THRIVENI THALARI	Collected : 09/Nov/2024 10:09AM
Age/Gender : 35 Y 6 M 25 D/F	Received : 09/Nov/2024 03:35PM
UHID/MR No : CIND.0000173165	Reported : 09/Nov/2024 04:30PM
Visit ID : CINDOPV244855	Status : Final Report
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.24	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.77	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.960	µIU/mL	0.34-5.60	CLIA

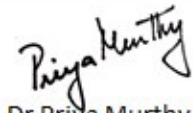
**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

  
**Dr. Govinda Raju N L**  
MSc,PhD(Biochemistry)  
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**Dr Priya Murthy**  
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Consultant Pathologist




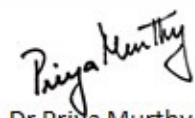
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**DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**Dr.Govinda Raju N L**  
 MSc,PhD(Biochemistry)  
 Consultant Biochemistry

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



SIN No:IRA241101040

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

APOLLO HEALTH AND LIFESTYLE LIMITED | APOLLO HEALTH AND LIFESTYLE LIMITED - RRL BANGALORE

APOLLO Health and Lifestyle Limited | Apollo Health and Lifestyle Limited - RRL BANGALORE

APOLLO CLINIC'S NETWORK

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

**Dr. Vidya Aniket Gore**  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

**Dr Priya Murthy**  
M.B.B.S,M.D(Pathology)  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

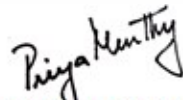
\*\*\* End Of Report \*\*\*

Result/s to Follow:

PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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





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Patient Name	: Mrs. Thriveni Thalari	Age	: 35Yrs 6Mths 26Days
UHID	: CIND.0000173165	OP Visit No.	: CINDOPV244855
Printed On	: 09-11-2024 09:06 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36559		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND ABDOMEN AND PELVIS

**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.

No free fluid is seen.

---

**IMPRESSION:**

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**

---End Of The Report---



Dr.DHANALAKSHMI B  
MBBS, DMRD  
29543  
Radiology



Patient Name	: Mrs. Thriveni Thalari	Age	: 35Yrs 6Mths 29Days
UHID	: CIND.0000173165	OP Visit No.	: CINDOPV244855
Printed On	: 12-11-2024 09:39 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36559		

## DEPARTMENT OF CARDIOLOGY

### ECG

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is Normal
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### Impression:-

NORMAL RESTING ECG.

**NOTE:-**KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr.M SUDHAKAR RAO  
MBBS, MD, DM (Cardio)  
0000018  
Cardiology

---

Patient Name	: Mrs. Thriveni Thalari	Age	: 35Yrs 6Mths 28Days
UHID	: CIND.0000173165	OP Visit No.	: CINDOPV244855
Printed On	: 11-11-2024 11:44 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36559		

---

**DEPARTMENT OF CARDIOLOGY**

---

**M mode and doppler measurements:**

**CM    CM            M/sec**

**AO: 2.4 IVS(D): 0.8    MV: E Vel: 0.7 A Vel : 0.4**

**LA: 2.8 LVIDD(D): 4.4 AV Peak: 0.8**

**LVPW(D): 1.0    PV peak: 0.6**

**IVS(S): 1.3**

**LVID(S): 2.5**

**LVPW(S): 1.1**

**LVEF: 60%**

**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 chamber and valves  
No Regional wall motion abnormality  
Normal PA pressure  
No clot/vegetation/pericardial effusion  
Normal LV systolic function - LVEF= 60%

**DR JAGADEESH H V MD,DM  
CONSULTANT CARDIOLOGIST**

---End Of The Report---



Dr.JAGADEESH H V

---

---

MBBS, MD, DM  
86848  
Cardiology

Patient Name	: Mrs. Thriveni Thalari	Age	: 35Yrs 6Mths 26Days
UHID	: CIND.0000173165	OP Visit No.	: CINDOPV244855
Printed On	: 09-11-2024 11:58 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E36559		

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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**

For clinical correlation.

---End Of The Report---



**Dr.DHANALAKSHMI B**  
MBBS, DMRD  
29543  
Radiology

Name : Mrs. Thriveni Thalari Age : 35Y 6M 25D  
Address : Doorvananagar Bangalore Karnataka INDIA 560016 sex : Female  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

UHID : CIND.0000173165



CIND.0000173165

OP No: CINDOPV244855  
Bill No: CIND-OCR-103625  
Date: Nov 9th, 2024, 9:35 AM

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

24. Niramai Breast Screening - 15

paid



09.11.2024

173165  
Mrs. Jhivani Thalani

35y/F

Height : 158 cm	Weight : 77.1 kg	BMI :	Waist Circum : 98 cm
Temp : 98.6°	Pulse : 99 bpm	Resp : 18/r	B.P : 100/70 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Araofemi - AHe

Ears: MD

Nose: MD

Throat: MD.

Follow up date:

Dr. RAVINDRANATH SUDVA  
M.B.B.S.  Doctor Signature  
E.N.T. SURGEON

KMC REG. No: 18654

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Website : www.apolloclinic.com

# PATIENT CASE SHEET



Name: Therese Age: 35 Gender: F

Address: \_\_\_\_\_

UHID / Emp Id: \_\_\_\_\_

Ref. by Doctor

Treating Doctor

Dr. Suetin

Past Dental History:

—

Past Medical History:

—

Chief Complaint(s):

Investigation:

RVG

OPG

CBCT



OPHTHAL PRESCRIPTION

PATIENT NAME : *Thiriveeni thalaxi*

DATE : *09.11.24*

UHID NO : *193165*

AGE : *35y*

OPTOMETRIST NAME :

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	<i>Plano</i>	<i>-</i>	<i>-</i>	<i>6/6</i>	<i>-0.50</i>	<i>-</i>	<i>-</i>	<i>6/6</i>
Add								

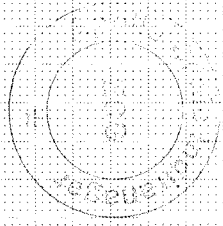
PD - RE: *32* - LE: *32* -

Colour Vision: *Normal*

Remarks: *for Computer Glass only*

Apollo clinic Indiranagar

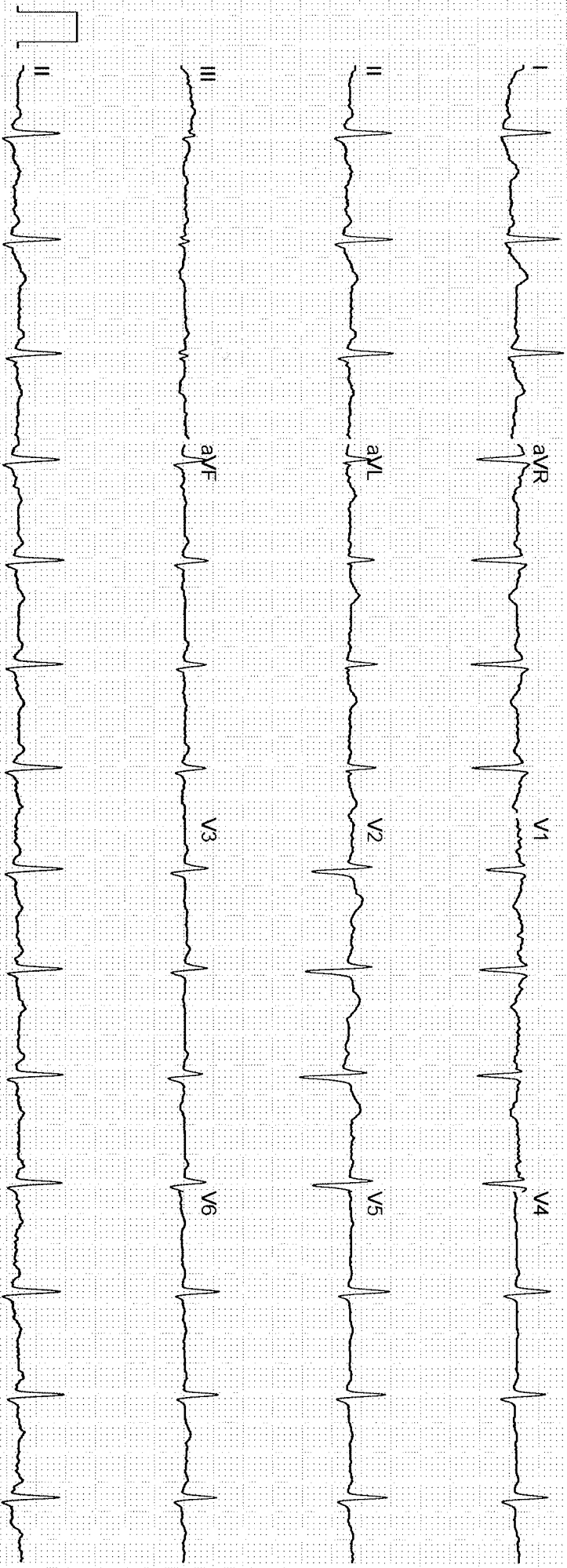
QRS : 94 ms  
QT / QTcBaz : 366 / 437 ms  
PR : 126 ms  
P : 100 ms  
RR / PP : 700 / 697 ms  
P / QRS / T : 51 / 29 / 2 degrees



*Handwritten signature*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Handwritten signature*



NAME: Mrs. Thriveni Thalari	AGE/SEX: 35Y/F	OP NUMBER: 173165
Ref By : SELF	DATE: 09-11-2024	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 2.4	IVS(D): 0.8	MV: E Vel: 0.7	A Vel : 0.4
LA: 2.8	LVIDD(D): 4.4	AV Peak: 0.8	
	LVPW(D): 1.0	PV peak: 0.6	
	IVS(S): 1.3		
	LVID(S): 2.5		
	LVPW(S): 1.1		
	LVEF: 60%		

**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 chamber and valves**

**No Regional wall motion abnormality**

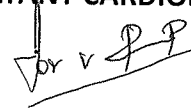
**Normal PA pressure**

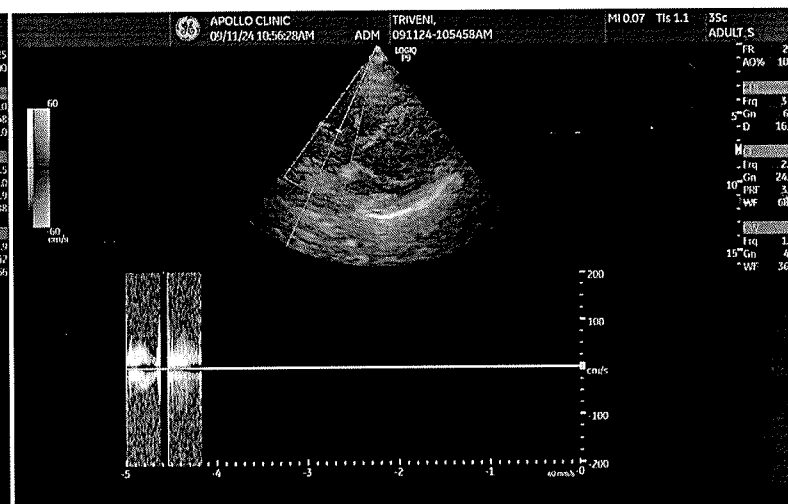
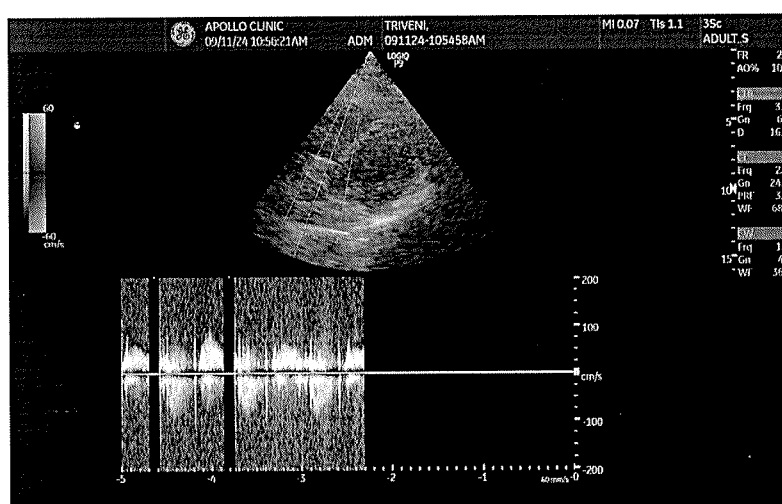
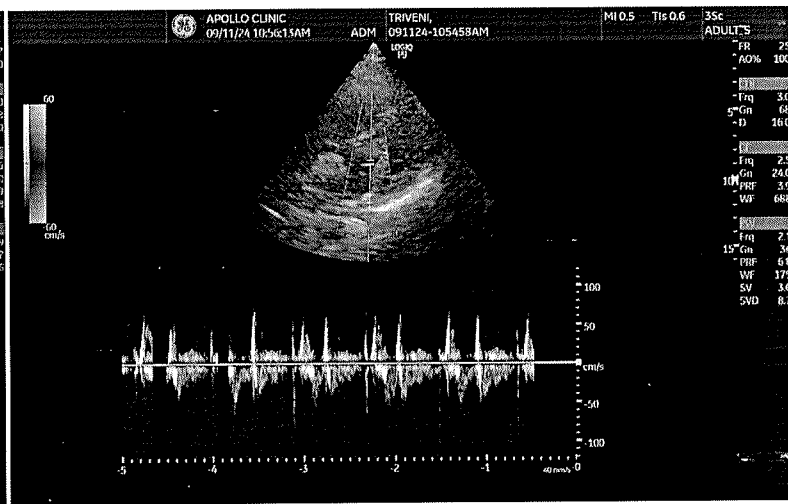
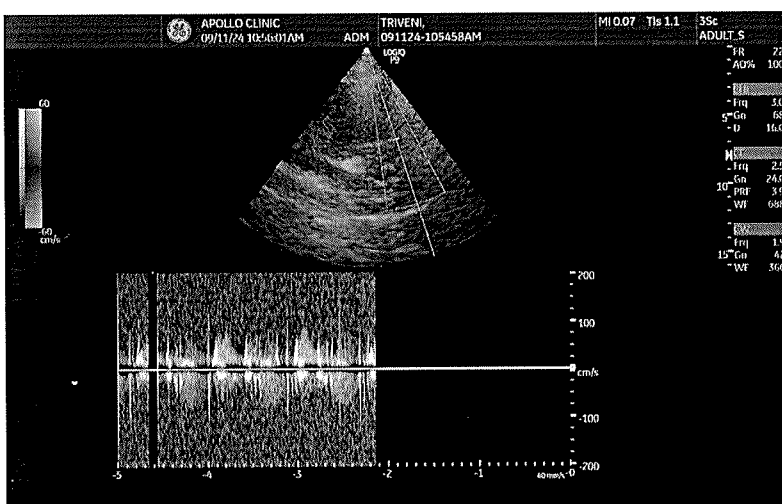
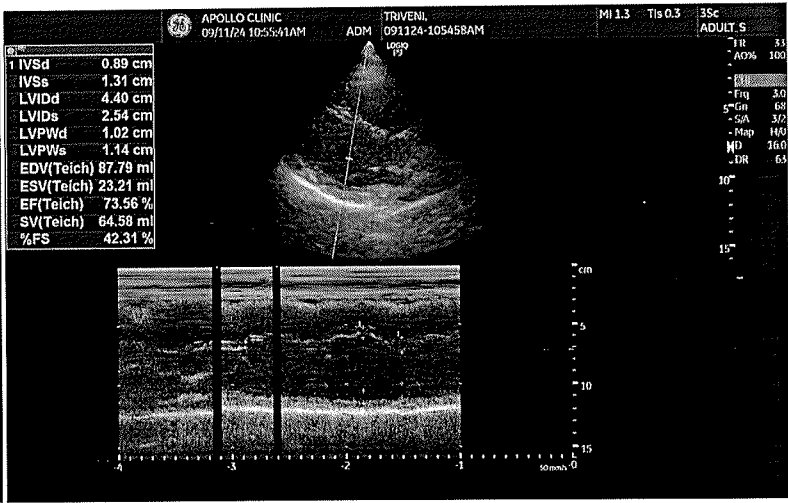
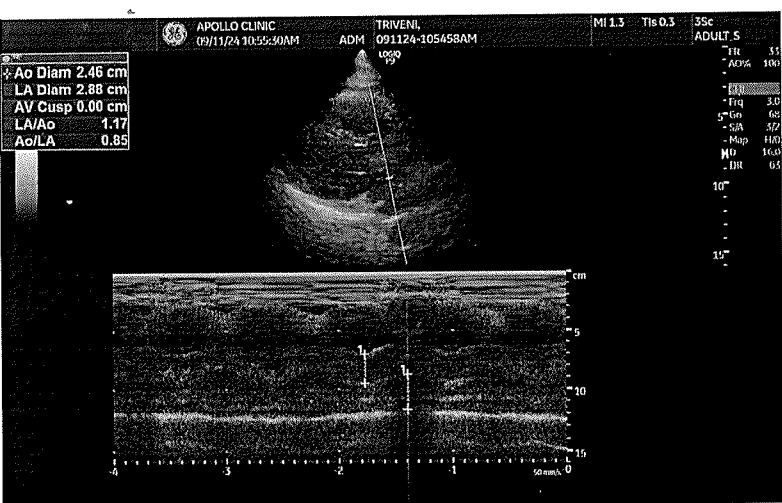
**No clot/vegetation/pericardial effusion**

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

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**





# Apollo Clinic

## CONSENT FORM

Patient Name: Thiruvani Thalarani Age: 35  
UHID Number: 173165 Company Name: Avco Lem?

I Mr/Mrs/Ms Thiruvani Thalarani Employee of Bank of Baroda

(Company) Want to inform you that I am ~~not~~ interested in getting the consultation on

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

And I claim the above statement in my full consciousness.

Gynaecology pending.  
CBC phb not done.  
-topher.

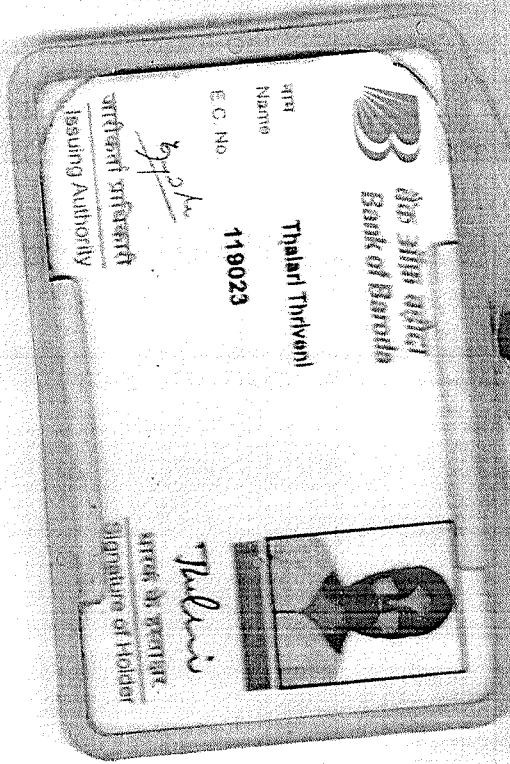
Patient Signature: [Signature] Date: 9/11/24

**Apollo Health and Lifestyle Limited**

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

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Bank of Burmali

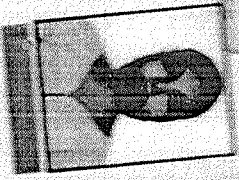
Thaler Thiyonl

ชื่อ  
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E.C. No.

119023

ออกโดย  
issuing Authority



ชื่อ  
Signature of Holder