

25

प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	स्वास्थ्य जांच लाभार्थी केविवरण
नाम	DELHIRANI E
जन्म की तारीख	03-08-1989
कर्मचारी की पत्नी/पति के स्वास्थ्य	14-10-2023
जांच की प्रस्तावित तारीख	
बुकिंग संदर्भ सं.	23D171062100071586S
	पत्नी/पति केविवरण
कर्मचारी का नाम	MR. M ARUN KUMAR
कर्मचारी की क.कूसंख्या	171062
कर्मचारी का पद	CREDIT
कर्मचारी के कार्य का स्थान	CHENNAI,E C STREET
कर्मचारी के जन्म की तारीख	06-11-1986

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 09-10-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पित की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)

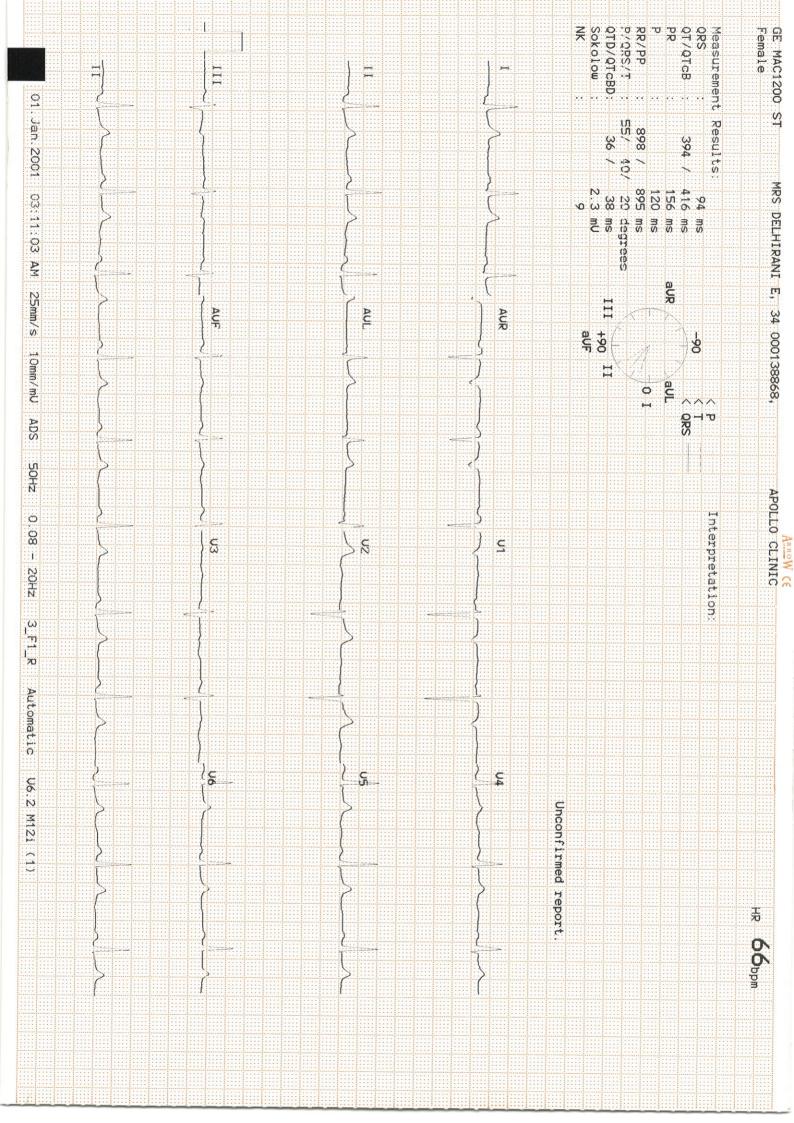
SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years)
	and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



ஏ டெல்லிராணி E Delhirani பிறந்த நாள்/DOB: 03/08/1989 பெண்/ FEMALE

2572 6025 2917 VD: 9114 9361 3943 9206 எனது ஆதார். எனது அடையாளம்



DEPT. OF APOLLO HEALTH CHECK

Apollo Medical

GYNAECOLOGY CONSULT

Name:	Mh	s. Delli A	lari. F	UHID: 38868	Date: 14	10	23.
Age :	4			Consultant Gynaecolo	ogist: DR , Pa	wi	thra.

DRUG ALLERGIES

Complaints (related to Gynaec) - NIL SPECIFIC / YES

Known to have Diabetes / Hypertension / IHD / Asthma / Thyroid / Others

Past Medical / Surgical History:

Family History:

OTHER SYSTEMS:

GYNAEC HISTORY:

Marital Status - S/M/Others

Children **Deliveries**

L.C.B.

- ALI | CEB-LEYISS. - LMP - 10/10/23. Abortion

Contraception -

Periods

L.M.P.

Menopause

GYNAEC EXAMINATION:

S/E

PN

P/R

PAP SMEAR: Taken / Not Taken (Reason)

OPINION & ADVICE:

Present Medication:

GENERAL EXAMINATION:

Height:

Weight:

BMI:

General Condition:

Blood Pressure:

Thyroid:

Others:

BREASTS:

REVIEW DETAILS: (with date) With Patient / With reports only

OPTHALMOLOGY



Name Mes. Del	hirami.	E	,	Date 114 10	2023.
Age SH YB.				THE WORLD	68 .
Sex: Male Femal	le				
	OPHT	HAL F	ITNESS CERTI	FICATE	
		ai	RE	LE	
DV-UCVA	:		6/684	6/6	BE 6/6
DV-BCVA	:		•		
NEAR VISION	:		Nb	N6.	
ANTERIOR SEGMENT	:				
IOP	: -				
FIELDS OF VISION	:				
EOM	:				
COLOUR VISION	:		Normal	Noma	\int ,
FUNDUS	:		,		
IMPRESSION	:				
ADVICE	:	fit	for work	PA- 6 mont	ts /

Inlie parts,

Date	Δ	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	('irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
14-1 16:2	10-2023 25			18 Rate/min	98 F	-	58.7 Kgs	%	%	Years	25.41	78 cms	98 cms	cms		AHLL05400

Date	Δ	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	('irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
14-1 16:2	10-2023 25			18 Rate/min	98 F	-	58.7 Kgs	%	%	Years	25.41	78 cms	98 cms	cms		AHLL05400

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14-1 16:2	10-2023 25			18 Rate/min	98 F	-	58.7 Kgs	%	%	Years	25.41	78 cms	98 cms	cms		AHLL05400

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14-1 16:2	10-2023 25			18 Rate/min	98 F	-	58.7 Kgs	%	%	Years	25.41	78 cms	98 cms	cms		AHLL05400

Doctor:

Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CVEL.0000138868 CVELOPV192082 14-10-2023 09:10

Discharge Date:

Referred By:

SELF

Date	Δ	Pulse (Beats/min)	_	Resp (Rate/min)	Temp (F)	Height (cms)	(Kgs)	Percentage	Fat Level	Body Age (Years)	BMI	('irciim	Hip (cms)	Waist	Waist & Hip Ratio	Hear
14-1 16:2	10-2023 25			18 Rate/min	98 F	-	58.7 Kgs	%	%	Years	25.41	78 cms	98 cms	cms		AHLL05400

Doctor:

Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

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IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CVEL.0000138868 CVELOPV192082 14-10-2023 09:10

Discharge Date:

Patient Name : Mrs. DELHIRANI E Age : 34 Y/F

UHID : CVEL.0000138868 OP Visit No : CVELOPV192082 Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 14-10-2023 14:08

Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed) 2.3 CM 3.4 CM LA (es) LVID (ed) 4.3 CM LVID (es) 2.6 CM IVS (Ed) 0.7 CM LVPW (Ed) 1.0 CM EF 69.00% %FD 39.00%

MITRAL VALVE: NORMAL

AML NORMAL NORMAL

AORTIC VALVE NORMAL

TRICUSPID VALVE NORMAL

RIGHT VENTRICLE NORMAL

INTER ATRIAL SEPTUM INTACT

INTER VENTRICULAR SEPTUM INTACT

AORTA NORMAL

RIGHT ATRIUM NORMAL

LEFT ATRIUM NORMAL

Pulmonary Valve NORMAL

PERICARDIUM NORMAL

LEFT VENTRICLE:

Patient Name

: Mrs. DELHIRANI E

Age

: 34 Y/F

UHID

: CVEL.0000138868

OP Visit No

: CVELOPV192082

Conducted By:

: Dr. SHANMUGA SUNDARAM D

Conducted Date

: 14-10-2023 14:08

Referred By : SELF

NO REGIONAL WALL MOTION ABNORMALITY

Doppler studies

AV max 1.2 m/s; PG 6.1 mmHg;

PV max 1.0m/s; PG 4.4 mmHg;

MV E 0.6 m/s; MV A 0.8 m/s;

TV E 0.3 m/s; TV A 0. 2 m/s.

Impression

*NO REGIONAL WALL MOTION ABNORMALITY;

*NORMAL LEFT VENTRICULAR IN SIZE AND SYSTOLIC FUNCTION;

GRADE 1 LEFT VENTRICULAR DIASTOLIC DYSFUNCTION

MILD MITRAL REGURGITATION / TRICUSPID REGURGITATION

* NO PERICARDIAL EFFUSION/PULMONARY ARTERY HYPERTENSION;

Patient Name : Mrs. DELHIRANI E Age : 34 Y/F

UHID : CVEL.0000138868 OP Visit No : CVELOPV192082 Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 14-10-2023 14:08

Referred By : SELF



DR SHANMUGA SUNDARAM

CONSULTANT CARDIOLOGIST

Doctor:

Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

MR No: Visit ID: Visit Date: CVEL.0000138868 CVELOPV192082 14-10-2023 09:10

Discharge Date:



Patient Name : Mrs. DELHIRANI E Age/Gender : 34 Y/F

Sample Collected on : Reported on : 14-10-2023 17:16

Ref Doctor : SELF

Emp/Auth/TPA ID : 257260252917

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears enlarged in size (16.0 cms) with increased echogenecity. No focal lesion is seen.

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. PV and CBD normal.

Spleen appears normal (8.1 cm). No focal lesion seen. 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 - 10.0 x 3.8 cms. **Left kidney** -10.3 x 4.1 cms.

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

<u>Uterus</u> measures 9.9 x 3.1 x 4.3 cms. **Post LSCS elongate uterus with anterior end pulled up and abutting anterior abdominal wall - likely pelvic adhesion.**

Endometrial echo-complex appears normal and measures 4.8 mm.

Both ovaries are polycystic.

Right ovary - 3.2 x 2.1 x 2.8 cms. (Vol 10.4 ml)

Left ovary - 3.0 x 2.3 x 3.1 cms. (Vol 11.7 ml)

Early umbilical defect measuring 9 mm.

IMPRESSION:-

- * HEPATOMEGALY WITH GRADE 1 FATTY CHANGES.
- * POST LSCS ELONGATED UTERUS WITH PELVIC ADHESION.
- * BILATERAL POLYCYSTIC OVARIES.

(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.



Patient Name : Mrs. DELHIRANI E Age/Gender : 34 Y/F

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

Radiology



Patient Name : Mrs. DELHIRANI E Age/Gender : 34 Y/F

UHID/MR No. : CVEL.0000138868

Sample Collected on

LRN#

: RAD2125380

Ref Doctor : SELF

Emp/Auth/TPA ID : 257260252917

OP Visit No : CVELOPV192082

: 14-10-2023 13:05 Reported on Specimen

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







Patient Name

: Mrs.DELHIRANI E

Age/Gender

: 34 Y 2 M 11 D/F

UHID/MR No

: CVEL.0000138868

Visit ID Ref Doctor : CVELOPV192082

Emp/Auth/TPA ID

: Dr.SELF

: 257260252917

Collected

: 14/Oct/2023 09:33AM : 14/Oct/2023 01:18PM

Reported

Received

: 14/Oct/2023 05:15PM

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

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.

Page 1 of 14











Patient Name : Mrs.DELHIRANI E Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868 Visit ID : CVELOPV192082

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917

Collected : 14/Oct/2023 09:33AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82.2	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)			
NEUTROPHILS	55.3	%	40-80	Electrical Impedance
LYMPHOCYTES	34.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT	•			
NEUTROPHILS	3428.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2120.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	204.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	415.4	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	31	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	271000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	44	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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.

Page 2 of 14









Patient Name Age/Gender

: Mrs.DELHIRANI E

: 34 Y 2 M 11 D/F : CVEL.0000138868

UHID/MR No Visit ID

: CVELOPV192082

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 257260252917

Collected

: 14/Oct/2023 09:33AM

Received

: 14/Oct/2023 01:18PM

Reported Status

: 14/Oct/2023 05:15PM

Sponsor Name

: Final Report

: 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. Range

Method

IMPRESSION

: Normocytic normochromic blood picture.

NOTE/ COMMENT

: Please correlate clinically.

Page 3 of 14

SIN No:BED230252324







Patient Name : Mrs.DELHIRANI E Age/Gender

: 34 Y 2 M 11 D/F

UHID/MR No

: CVEL.0000138868 : CVELOPV192082

Visit ID Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917 Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:18PM

Reported : 14/Oct/2023 07:07PM

: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPART	JENT	OF F	1AFN	ΙΔΤΟΙ	OGY
DLFANII		\mathbf{v}_{Γ}			_001

Status

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Result	Unit	Rio Ref Range	Method			

BLOOD GROUP ABO AND RH FACTOR, WHOLE BLOOD EDTA							
BLOOD GROUP TYPE	A	Microplate Hemagglutination					
Rh TYPE	Positive	Microplate Hemagglutination					

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

Page 4 of 14

SIN No:BED230252324







Patient Name : Mrs.DELHIRANI E

Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868

Visit ID : CVELOPV192082
Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917

Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 05:06PM

Reported : 14/Oct/2023 06:22PM Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEPARTMENT OF BIOGRAMOTIC						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

GLUCOSE, FASTING, NAF PLASMA	105 mg/dL	. 70-100	HEXOKINASE
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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.

GLUCOSE, POST PRANDIAL (PP), 2	211	mg/dL	70-140	HEXOKINASE
HOURS, SODIUM FLUORIDE PLASMA (2				
HR)				

Comment:

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

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

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SIN No:PLF02041049,PLP1377756

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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







Patient Name : Mrs.DELHIRANI E Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868

Visit ID : CVELOPV192082 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917 Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:18PM Reported : 14/Oct/2023 02:54PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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			
HBA1C, GLYCATED HEMOGLOBIN , 6.7 % HPLC WHOLE BLOOD EDTA							
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	146	mg/dL		Calculated			

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF > 25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT230094741





Patient Name : Mrs.DELHIRANI E Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868 Visit ID : CVELOPV192082

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917 Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:13PM Reported : 14/Oct/2023 02:46PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEL ARTIMETER OF BIOCHERINOTER							
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324							
Test Name Result Unit Bio. Ref. Range Method							
I IDID PROFILE SERLIM							

LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	152	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.47		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.

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SIN No:SE04511984





Patient Name : Mrs.DELHIRANI E
Age/Gender : 34 Y 2 M 11 D/F
UHID/MR No : CVEL.0000138868

Visit ID : CVELOPV192082

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917

Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:13PM Reported : 14/Oct/2023 02:46PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

DEL ARTIMENT OF BIOGRAMMOTIVE						
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method						

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.49	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.80	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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Patient Name

: Mrs.DELHIRANI E

Age/Gender

: 34 Y 2 M 11 D/F

UHID/MR No

: CVEL.0000138868

Visit ID Ref Doctor : CVELOPV192082

Emp/Auth/TPA ID

: 257260252917

: Dr.SELF

Collected

: 14/Oct/2023 09:33AM

Received

: 14/Oct/2023 01:13PM : 14/Oct/2023 02:46PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

Page 9 of 14



SIN No:SE04511984





Patient Name : Mrs.DELHIRANI E

Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868

Visit ID : CVELOPV192082
Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917

Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:13PM Reported : 14/Oct/2023 02:46PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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						

RENAL PROFILE/KIDNEY FUNCTION TES	RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM						
CREATININE	0.58	mg/dL	0.72 – 1.18	JAFFE METHOD			
UREA	15.00	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	3.30	mg/dL	2.6-6.0	Uricase PAP			
CALCIUM	8.60	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	139	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)			

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SIN No:SE04511984

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





Patient Name : Mrs.DELHIRANI E

Age/Gender : 34 Y 2 M 11 D/F UHID/MR No : CVEL.0000138868

Visit ID : CVELOPV192082

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917

Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:13PM Reported : 14/Oct/2023 02:46PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

·						
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						
GAMMA GLUTAMYL TRANSPEPTIDASE	14.00	U/L	<38	IFCC		

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SIN No:SE04511984

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







Patient Name : Mrs.DELHIRANI E Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868 Visit ID : CVELOPV192082

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 257260252917 Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 01:17PM Reported : 14/Oct/2023 02:14PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BOD'	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - E	PAN INDIA - FY2324
/		. 200 02011		,
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM						
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA		
THYROXINE (T4, TOTAL)	9.15	μg/dL	5.48-14.28	CLIA		
THYROID STIMULATING HORMONE (TSH)	1.291	μIU/mL	0.34-5.60	CLIA		

Comment:

lkor nregnant 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	Т3	Т4	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

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SIN No:SPL23147090









Patient Name

: Mrs.DELHIRANI E : 34 Y 2 M 11 D/F

Age/Gender UHID/MR No

: CVEL.0000138868

Visit ID

: CVELOPV192082

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 257260252917

Collected

: 14/Oct/2023 09:33AM

Received

: 14/Oct/2023 05:43PM

Reported

Status

: 14/Oct/2023 06:16PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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ARCOFEMI - MEDIWHEEL - FULL BODY	Y HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR O
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	POSITIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	4-6	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2202469



Ref Doctor



Patient Name : Mrs.DELHIRANI E

Age/Gender : 34 Y 2 M 11 D/F

UHID/MR No : CVEL.0000138868

: Dr.SELF

: CVELOPV192082 Visit ID

Emp/Auth/TPA ID : 257260252917 Collected : 14/Oct/2023 09:33AM

Received : 14/Oct/2023 02:17PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 14/Oct/2023 03:04PM

DEPARTMENT OF CLINICAL PATHOLOG	Υ
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Test Name	Result	Unit	Bio. Ref. Range	Method

Reported

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

*** End Of Report ***

M.D.(Biochemistry)

Dr THILAGA

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

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