

Patient Name : Mrs.M NETHRAVATHI	Collected : 06/Jul/2023 08:52AM
Age/Gender : 39 Y 1 M 5 D/F	Received : 06/Jul/2023 11:22AM
UHID/MR No : CINR.0000153874	Reported : 06/Jul/2023 12:52PM
Visit ID : CINROPV198591	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9591037252	

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	34.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.62	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	74.9	fL	83-101	Calculated
MCH	25.1	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,760	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55.2	%	40-80	Electrical Impedence
LYMPHOCYTES	34.6	%	20-40	Electrical Impedence
EOSINOPHILS	3.3	%	1-6	Electrical Impedence
MONOCYTES	6.4	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4835.52	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3030.96	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	289.08	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	560.64	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	43.8	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	451000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	68	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBCs: are normocytic hypochromic. Few microcytes are seen.

WBCs: are normal in total number with absolute increase in lymphocytes

PLATELETS: increased in number.

HEMOPARASITES: negative

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**IMPRESSION: NORMOCYTIC HYPOCHROMIC ANEMIA AND THROMBOCYTOSIS**

**Note: Kindly evaluate for incipient iron deficiency status.**



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UHID/MR No : CINR.0000153874	Reported : 06/Jul/2023 02:58PM
Visit ID : CINROPV198591	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

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

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Visit ID : CINROPV198591	Status : Final Report
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Emp/Auth/TPA ID : 9591037252	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE

**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 , NAF PLASMA	153	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

Patient Name : Mrs.M NETHRAVATHI	Collected : 06/Jul/2023 08:52AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	126	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





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Age/Gender : 39 Y 1 M 5 D/F	Received : 06/Jul/2023 11:37AM
UHID/MR No : CINR.0000153874	Reported : 06/Jul/2023 01:16PM
Visit ID : CINROPV198591	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

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

TOTAL CHOLESTEROL	220	mg/dL	<200	CHO-POD
TRIGLYCERIDES	147	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	58	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.80		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.



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.28	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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

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

CREATININE	0.50	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	14.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.81	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.34	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.00	U/L	<38	IFCC



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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. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.61	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.517	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



Patient Name : Mrs.M NETHRAVATHI	Collected : 06/Jul/2023 08:51AM
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UHID/MR No : CINR.0000153874	Reported : 06/Jul/2023 11:51AM
Visit ID : CINROPV198591	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9591037252	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

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



SIN No:UR2141263

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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. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Patient Name : Mrs.M NETHRAVATHI	Collected : 06/Jul/2023 12:20PM
Age/Gender : 39 Y 1 M 5 D/F	Received : 07/Jul/2023 02:12PM
UHID/MR No : CINR.0000153874	Reported : 08/Jul/2023 03:19PM
Visit ID : CINROPV198591	Status : Final Report
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**DEPARTMENT OF CYTOLOGY**

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

**LBC PAP TEST (PAPSURE) , LBC FLUID**

	<b>CYTOLOGY NO.</b>	11395/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

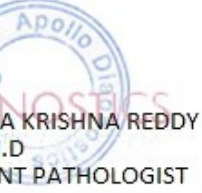

Result/s to Follow:  
PERIPHERAL SMEAR





Patient Name : Mrs.M NETHRAVATHI	Collected : 06/Jul/2023 12:20PM
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DEPARTMENT OF CYTOLOGY



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



DR. K. RAMA KRISHNA REDDY  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST



Dr. Prasanna  
M.B.B.S, M.D  
Consultant Pathologist



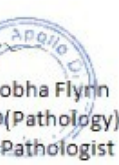

Dr. Anita Shobha Flynn  
M.B.B.S MD(Pathology)  
Consultant Pathologist



DR.SPOORTHY GURAJALA  
M.B.B.S,M.D(PATHOLOGY),DNB,DipRCPath(UK)  
Consultant Pathologist



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



Dr. Anita Shobha Flynn  
M.B.B.S MD(Pathology)  
Consultant Pathologist



Name : Mrs. M Nethravathi

Age: 39 Y

Sex: F

UHID: CINR.0000153874



OP Number: CINROPV198591

Bill No : CINR-OCR-86560

Date : 06.07.2023 08:48

Address : bangalore  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING)	
2	GAMMA-GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 9 19:30	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 10	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION - 3 ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE (POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST - PAPSURE - 3 ✓ after 11:00	
21	OPHTHAL BY GENERAL PHYSICIAN - 5 ✓	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 1	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 12:10 pm	

27. Niramai Breast Screening - 15

- 1520

ophy - 14  
physiotherapy

Date : 06-07-2023  
MR NO : CINR.0000153874

Department : GENERAL  
Doctor :

Name : Mrs. M Nethravathi

Registration No :  
Qualification :

Age/ Gender : 39 Y / Female

Consultation Timing: 08:47

(10-30 - 12-30 N3M)

Height : 150 cm	Weight : 78.4 kg	BMI : 33.77	Waist Circum :
Temp : 98.4	Pulse : 72 bpm	Resp : 20 bpm	B.P : 140/80

General Examination / Allergies  
History

July 5  
2023

Clinical Diagnosis & Management Plan

39yr M L2 Myeloma comp - 10  
 vit complications PE  
 Airway obstruction PA 80%  
 wt d. Adv Ps. cx healthy  
 CARS } Pap smear done  
 CEA }  
 Global pain

Tab TRICUM Active - 1  
 food intake

- VOLINI Join & PERT C&L  
 Itihis

- Tab Zerodal - p 1 - 1  
 m n

Follow up date:

food 3 days Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. M R Gethaseethi

UHID NO : 153874

OPTOMETRIST NAME: Mr Gowtham M H

DATE : 6/7/23

AGE : 39y

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	—	Plane	—	6/6	—	Plane	—	6/6
Add	—	—	—	—	—	—	—	—

PD - RE: \_\_\_\_\_ LE: \_\_\_\_\_

Colour Vision: Normal

Remarks:

  
Apollo Clinic Indiranagar

Nethravathi  
ID: 153874

01.06.1984  
39 Years

Female

QRS : 90 ms  
QT / QTcBaz : 408 / 461 ms  
PR : 98 ms  
P : 58 ms  
RR / PP : 774 / 779 ms  
P / QRS / T : 61 / 73 / 20 degrees

06.07.2023 9:54:19  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

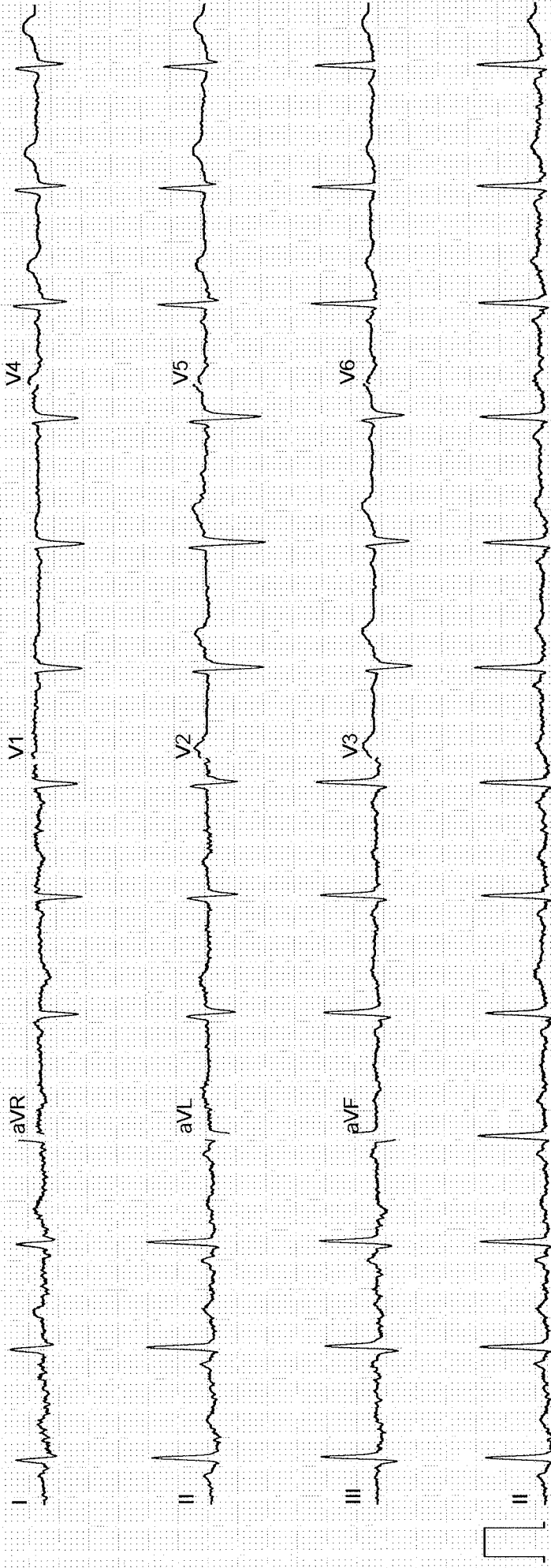
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Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

77 bpm  
- / - mmHg

normal

d  
Jagadev





NAME: MRS M NETHRAVATHI	AGE/SEX: 39Y/M	OP NUMBER: 153874
Ref By : SELF	DATE: 06-07-2023	

**M mode and doppler measurements:**

CM	CM	M/sec	
AO: 1.5	IVS(D): 0.4	MV: E Vel: 0.8	A Vel : 0.3
LA: 2.0	LVIDD(D): 4.5	AV Peak: 1.5	
	LVPW(D): 0.7	PV Peak: 0.8	
	IVS(S): 0.8		
	LVID(S): 3.1		
	LVPW(S): 0.7		
	LVEF: 60%		

**Descriptive findings:**

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

IVC: HOSPITALS	Normal
Others	---
TRICUSPID VALVE	Normal, Trivial TR RVSP 10 mmHg

**IMPRESSION :**

**Normal cardiac Valves and chambers**

**No Regional wall motion abnormality**

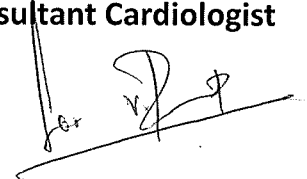
**Good Biventricular function, LVEF 60%**

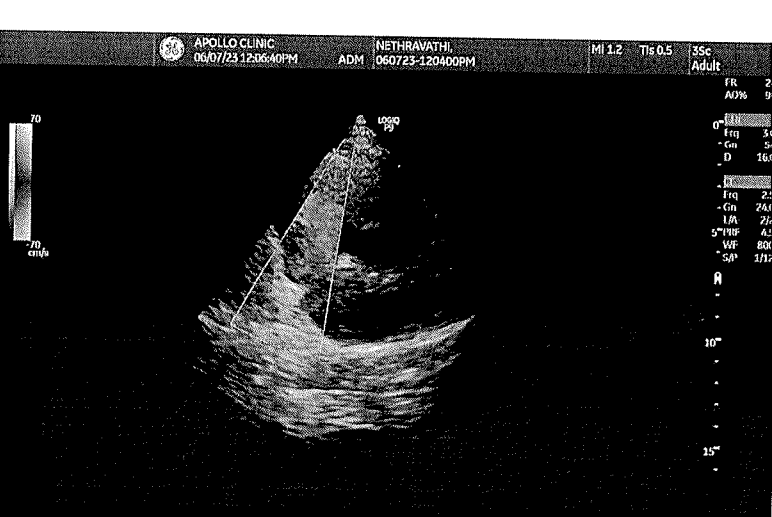
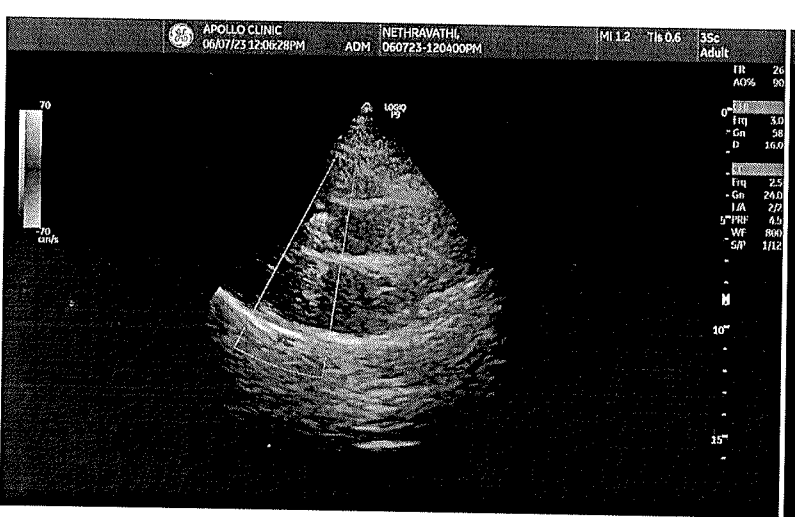
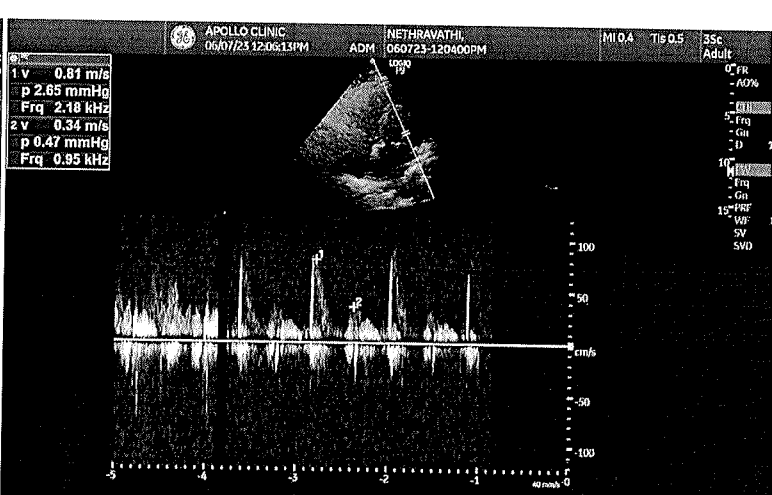
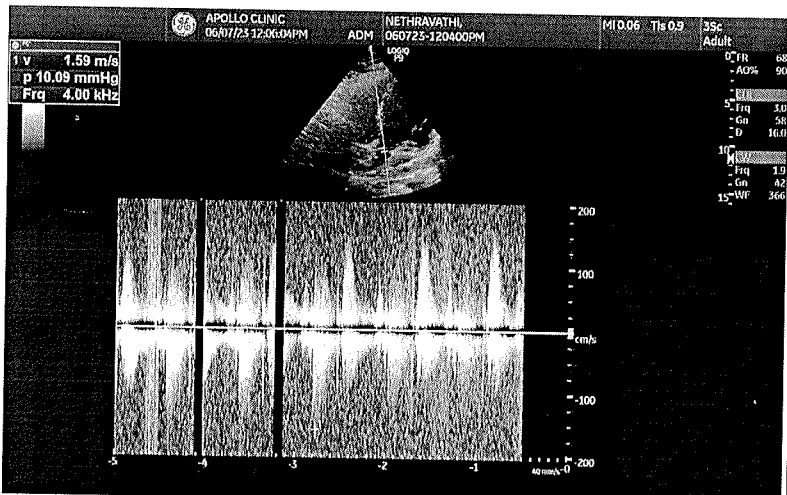
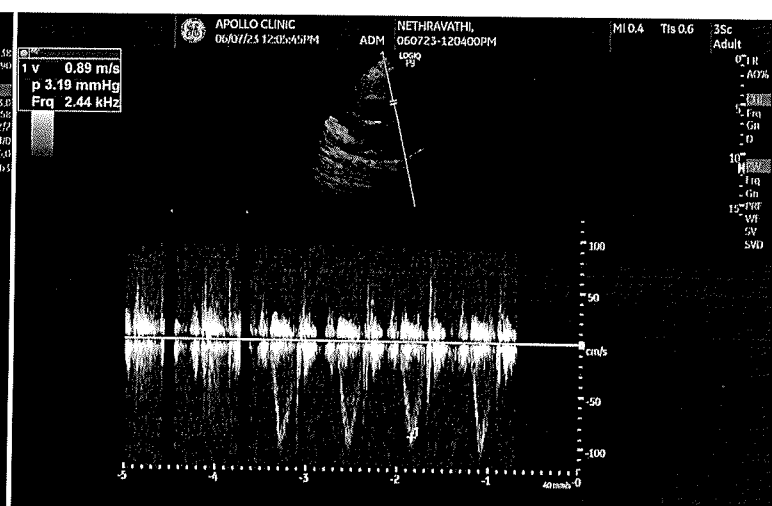
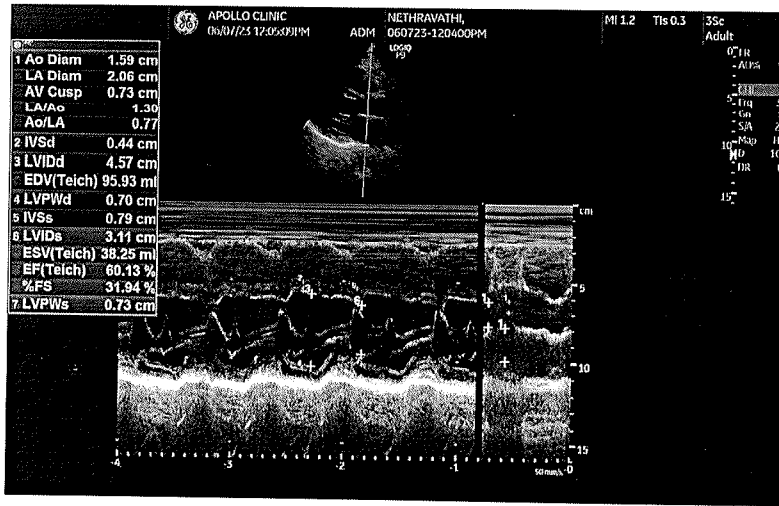
**Normal Diastolic function**

**No clot/vegetation/pericardial effusion**

**Dr. Anupama S Kakade**

**Consultant Cardiologist**







To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NETRAVATHI
DATE OF BIRTH	01-06-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-06-2023
BOOKING REFERENCE NO.	23J154992100062366S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. N NATARAJA
EMPLOYEE EC NO.	154992
EMPLOYEE DESIGNATION	DAFTARY
EMPLOYEE PLACE OF WORK	BANGALORE, BRIGADE ROAD
EMPLOYEE BIRTHDATE	03-11-1966

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-06-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Name : Mrs. M Nethravathi

Age: 39 Y

Sex: F

UHID: CINR.0000153874



OP Number: CINROPV198591

Bill No : CINR-OCR-86560

Date : 06.07.2023 08:48

Address : bangalore  
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE (FASTING)	
2	GAMMA-GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2D ECHO - 9 19:30	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA - 10	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	GYNAECOLOGY CONSULTATION - 3 ✓	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE (POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	LBC PAP TEST - PAPSURE - 3 ✓ after 11:00	
21	OPHTHAL BY GENERAL PHYSICIAN - 3 ✓	
22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION - 1	
26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - 12:10 pm	

27. Niramai Breast Screening - 15

- 1520

ophy - 14  
physiotherapy



Date : 06-07-2023  
MR NO : CINR.0000153874

Department : GENERAL  
Doctor :

Name : Mrs. M Nethravathi

Registration No :  
Qualification :

Age/ Gender : 39 Y / Female

Consultation Timing: 08:47

(10-30 - 12-30 N3M)

Height : 150 cm	Weight : 78.4 kg	BMI : 33.77	Waist Circum :
Temp : 98.4	Pulse : 72 bpm	Resp : 20 bpm	B.P : 140/80

General Examination / Allergies  
History

July 5  
2023

Clinical Diagnosis & Management Plan

39yr M L2 Myeloma comp - 10  
 vit complications PE  
 Airway obstruction PA 80%  
 wt d. Adv Ps. cx healthy  
 CA125 } Pap smear done  
 CEA }  
 Global pain

Tab TRICUM Active - 1  
 food intake

- VOLINI Join & PERT C&L  
 Itihis

- Tab Zerodal - p 1 - 1  
 m n

Follow up date:

food 3 days Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME : Mrs. M R Gethaseethi

DATE : 6/7/23

UHID NO : 153874

AGE : 39y

OPTOMETRIST NAME: Mr Gowtham M H

GENDER: F

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Remarks:

  
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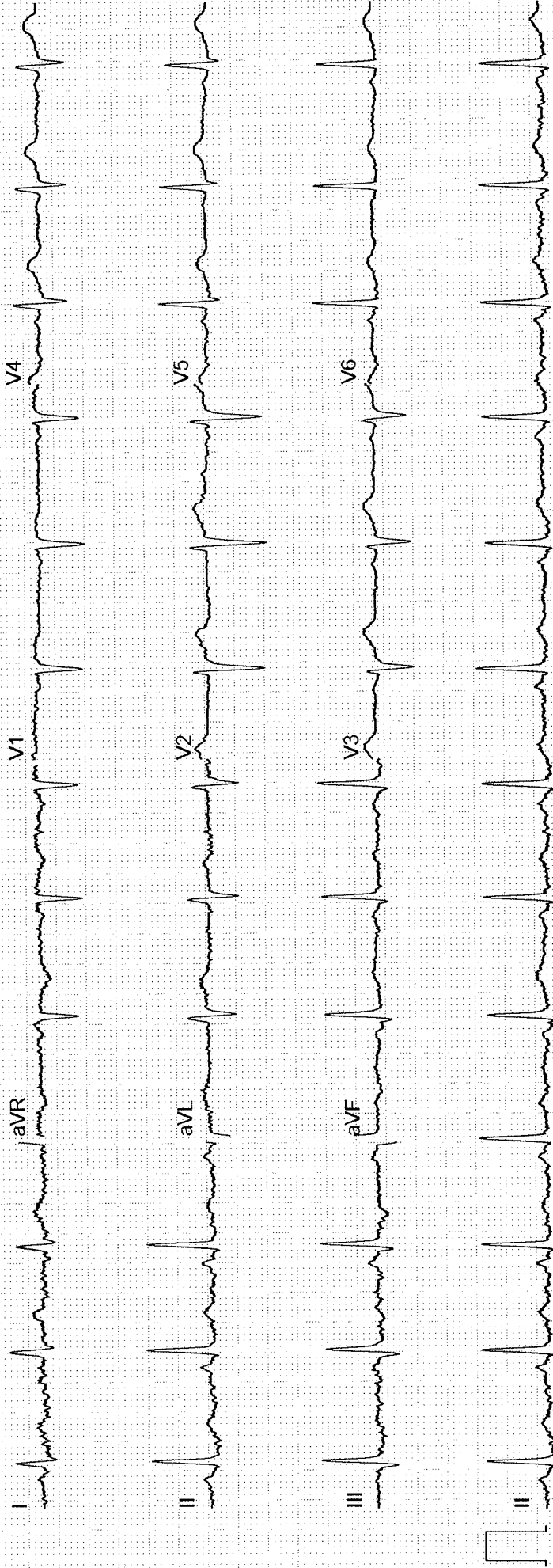
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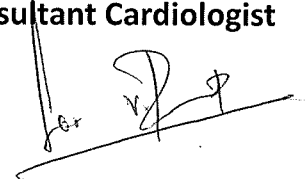
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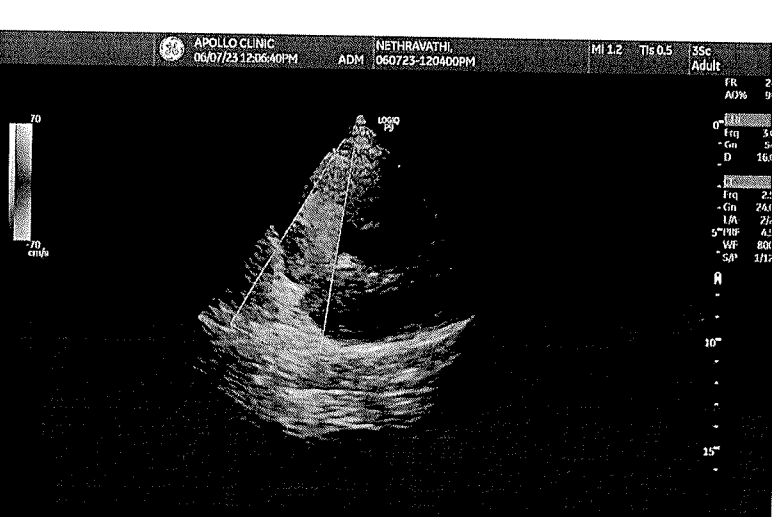
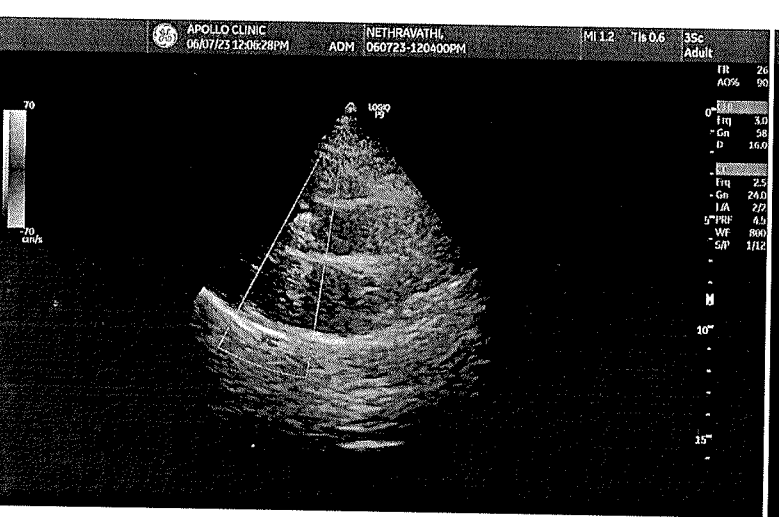
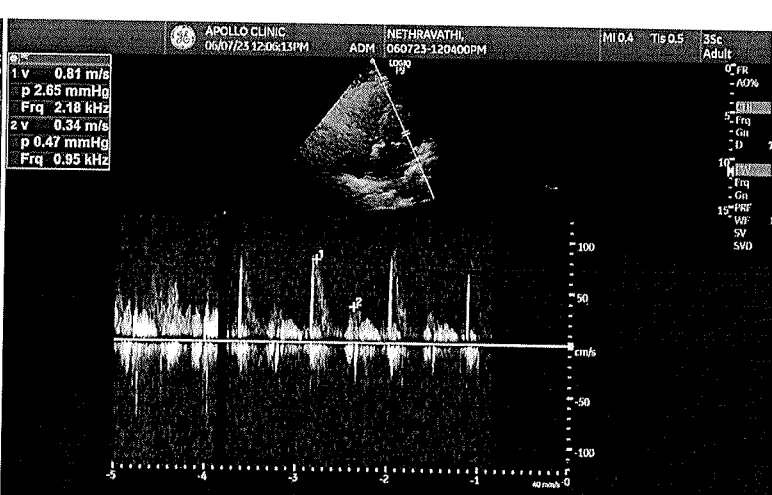
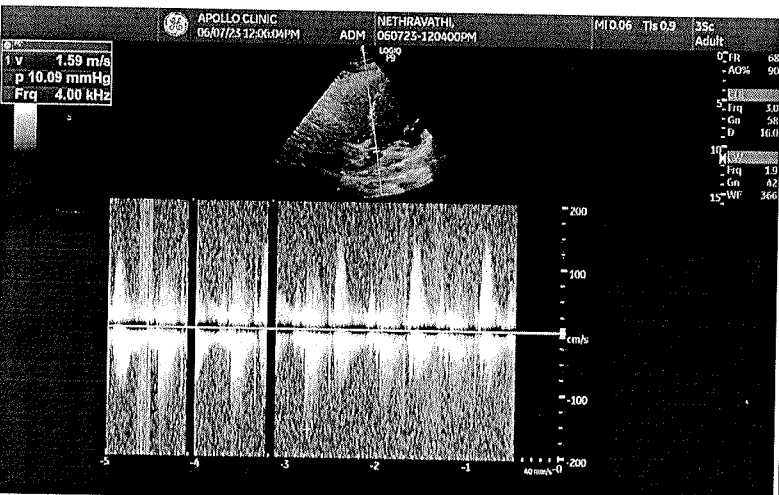
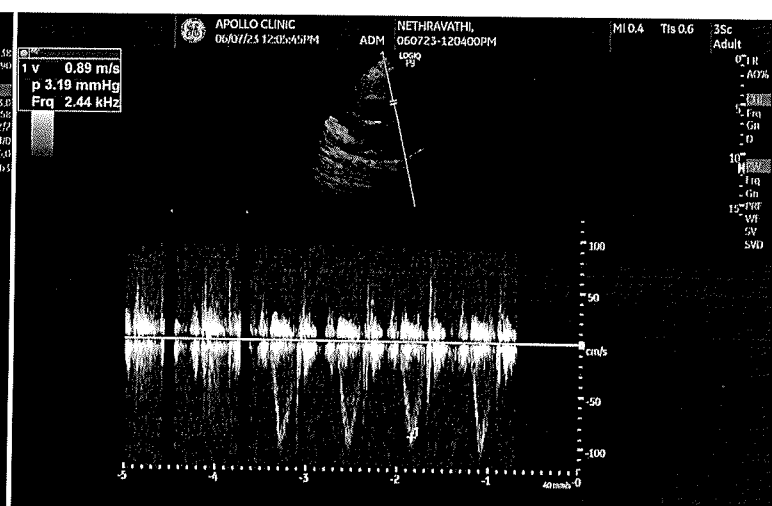
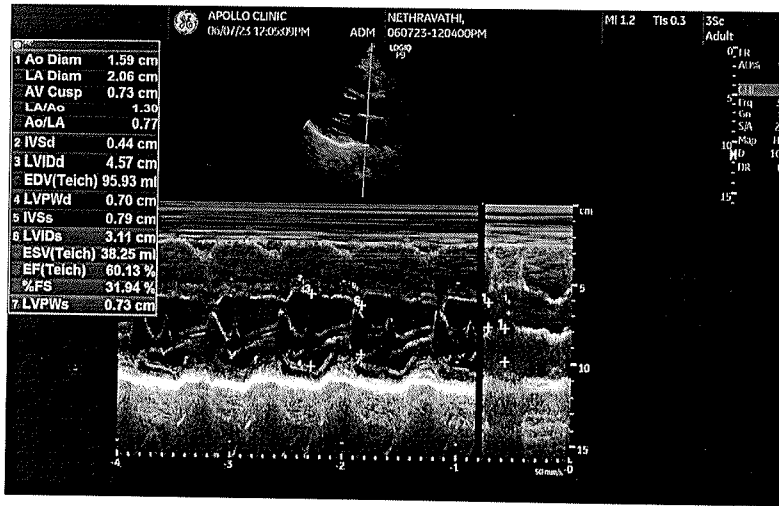
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**Bank of Baroda**

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**Patient Name** : Mrs. M Nethravathi

**Age/Gender** : 39 Y/F

**UHID/MR No.** : CINR.0000153874

**OP Visit No** : CINROPV198591

**Sample Collected on** :

**Reported on** : 06-07-2023 19:10

**LRN#** : RAD2039358

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9591037252

---

**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. PRIYA B**  
**MBBS, MD (Radiology)**  
Radiology

**Patient Name** : Mrs. M Nethravathi

**Age/Gender** : 39 Y/F

**UHID/MR No.** : CINR.0000153874

**OP Visit No** : CINROPV198591

**Sample Collected on** :

**Reported on** : 06-07-2023 13:07

**LRN#** : RAD2039358

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9591037252

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size(15.2cm), shape and echopattern **mildly increased**. 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.

Right kidney measures 9.0X3.8 cm.

Left kidney measures 10.8X6.1 cm.

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

**UTERUS:** **Retroverted** and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 10 mm.

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

No free fluid is seen.

#### IMPRESSION:

**1. GRADE I FATTY LIVER.**

**2. RETROVERTED UTERUS.**

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