

Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 12:38PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 02:49PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.2	g/dL	12-15	Spectrophotometer
PCV	42.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.65	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.6	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,410	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48	%	40-80	Electrical Impedance
LYMPHOCYTES	43.6	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3556.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3230.76	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	81.51	Cells/cu.mm	20-500	Calculated
MONOCYTES	518.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.23	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.1		0.78- 3.53	Calculated
PLATELET COUNT	286000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	17	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

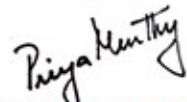
WBCs: are normal in total number with relative increase in lymphocytes.

PLATELETS: appear adequate in number.



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

APOLLO HEALTH & LIFESTYLE LTD - BANGALORE



Patient Name : Mrs.BHARATHI MATAM
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DEPARTMENT OF HAEMATOLOGY

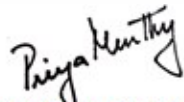
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.



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



Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 01:46PM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 04:38PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 05:28PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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	92	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:

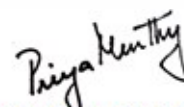
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 02:09PM
UHID/MR No : CJPN.000098729	Reported : 26/Oct/2024 03:40PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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
 MSc,PhD(Biochemistry)
 Consultant Biochemistry

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 Consultant Pathologist



SIN No: JPR241003061

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

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

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Chennai: Chennai | Coimbatore: Coimbatore | Delhi: Delhi | Guwahati: Guwahati | Jaipur: Jaipur | Lucknow: Lucknow | Patna: Patna | Pune: Pune |

Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 12:57PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 02:56PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	91	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	108	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.95		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

Govinda Raju
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Dr Priya Murthy

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Consultant Pathologist



SIN No: JPR241003054

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

Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 12:57PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 02:48PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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	10.00	U/L	<38	IFCC

Priya Murthy

Dr Priya Murthy
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Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 12:44PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 01:40PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.3	µg/dL	5.48-14.28	CLIA
Thyroid Stimulating Hormone (TSH)	2.826	µIU/mL	0.34-5.60	CLIA

Comment:

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Dr.Govinda Raju N L
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Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
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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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Govinda Raju

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Priya Murthy

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SIN No: JPR241003059

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Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 05:05PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 05:21PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
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. 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.BHARATHI MATAM	Collected : 26/Oct/2024 10:15AM
Age/Gender : 31 Y 3 M 27 D/F	Received : 26/Oct/2024 05:05PM
UHID/MR No : CJPN.0000098729	Reported : 26/Oct/2024 05:39PM
Visit ID : CJPNOPV210668	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

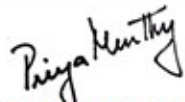
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Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD



Dr.Vidya Aniket Gore
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Consultant Pathologist



Dr Priya Murthy
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Patient Name : Mrs.BHARATHI MATAM	Collected : 26/Oct/2024 01:11PM
Age/Gender : 31 Y 3 M 27 D/F	Received : 27/Oct/2024 12:32PM
UHID/MR No : CJPN.0000098729	Reported : 28/Oct/2024 05:06PM
Visit ID : CJPNOPV210668	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7353016901	

DEPARTMENT OF CYTOLOGY

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	23735/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	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

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



SIN No: PR241002148

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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Patient Name	: Mrs. Bharathi Matam	Age	: 31Yrs 3Mths 29Days
UHID	: C.JPN.0000098729	OP Visit No.	: C.JPNOPV210668
Printed On	: 26-10-2024 10:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 7353016901		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER : Normal in size (13.3cm)and echotexture. No focal lesion seen.
No intra hepatic biliary / venous radicular dilation.
CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size (10.2cm)and echotexture. No focal lesion was seen.

PANCREAS : Normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures: 8.9 X 1.0cm.

Left kidney measures : 9.3 X 1.1cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. It measures : 6.3 X 3.1 X 3.8cm. Uniform myometrial echoes are normal. Endometrial thickness measuring- 7mm.

No focal lesion was noted.

OVARIES : Both ovaries are normal in size.

Right ovary measures : 2.3 X 2.7 cm.

Left ovary measures : 3.0 X 1.7 cm.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : NORMAL STUDY.

Please Note :No preparation done before scanning.

---End Of The Report---



Dr. ABID HUSSAIN GULLENPET
MBBS, DMRD, FRCR
26066
Radiology

Patient Name	: Mrs. Bharathi Matam	Age	: 31Yrs 4Mths
UHID	: C.JPN.0000098729	OP Visit No.	: C.JPNOPV210668
Printed On	: 28-10-2024 07:56 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 7353016901		

DEPARTMENT OF CARDIOLOGY

ECG

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 72 beats per minutes.
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.

---End Of The Report---

Dr. SHIVAKUMAR M P
MBBS MD
24348
Cardiology

Patient Name	: Mrs. Bharathi Matam	Age	: 31Yrs 3Mths 29Days
UHID	: C-JPN.0000098729	OP Visit No.	: CJPNOPV210668
Printed On	: 26-10-2024 12:18 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 7353016901		

DEPARTMENT OF CARDIOLOGY

2D ECHO WITH COLOR DOPPLER

DIMENSIONS:

AO (ed) 2.3 CM
LA (es) 2.2 CM
LVID (ed) 3.6 CM
LVID (es) 2.0 CM
IVS (Ed) 0.8 CM
IVS (Es) 1.1 CM
LVPWd 0.8 CM
LVPWs 1.2 CM
EF 65%
FD 38%
RVIDd 1.6 CM

2DVALVES

MITRAL VALVE -----: NORMAL
TRICUSPID VALVE-----: NORMAL
AORTIC VALVE-----: NORMAL
PULMONARY VALVE-----: NORMAL

CHAMBERS

LEFT ATRIUM-----: NORMAL.
RIGHT ATRIUM-----: NORMAL
LEFT VENTRICULAR-----: NORMAL

RIGHT VENTRICULAR---: NORMAL

DOPPLER

MV E Vel 1.1M/S

MV A Vel 0.6M/S

TRICUSPID VALVE-----: NORMAL

PERICARDIUM-----: NORMAL

CLOT/VEGETATION-----: NIL

IMPRESSION

NORMAL VALVES AND CHAMBERS

NORMAL LV SYSTOLIC FUNCTION

NO CLOT /VEGETATION/EFFUSION/PAH

NO REGIONAL WALL MOTION ABNORMALITIES

---End Of The Report---

Dr.NAGARAJA MOORTHY
MBBS, MD, DM (CARDIOLOGY)
64485
Cardiology

Patient Name	: Mrs. Bharathi Matam	Age	: 31Yrs 4Mths 8Days
UHID	: C.JPN.0000098729	OP Visit No.	: C.JPNOPV210668
Printed On	: 05-11-2024 07:47 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 7353016901		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

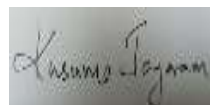
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED.

---End Of The Report---



Dr. KUSUMA JAYARAM
MBBS,DMRD

--
Radiology

Name : Mrs. Bharathi Matam
Address : J P Nagar Bangalore Karnataka INDIA 560078
Plan : ARCOFEMI MEDIWHEEL FEMALE AHIC
 CREDIT PAN INDIA OP AGREEMENT

Age : 31Y 3M 28D
sex : Female

UHID : CJPN.0000098729

 CJPN.0000098729

OP No: CJPNOPV210668
Bill No: CJPN-OCR-75714
Date: Oct 26th, 2024, 10:09 AM

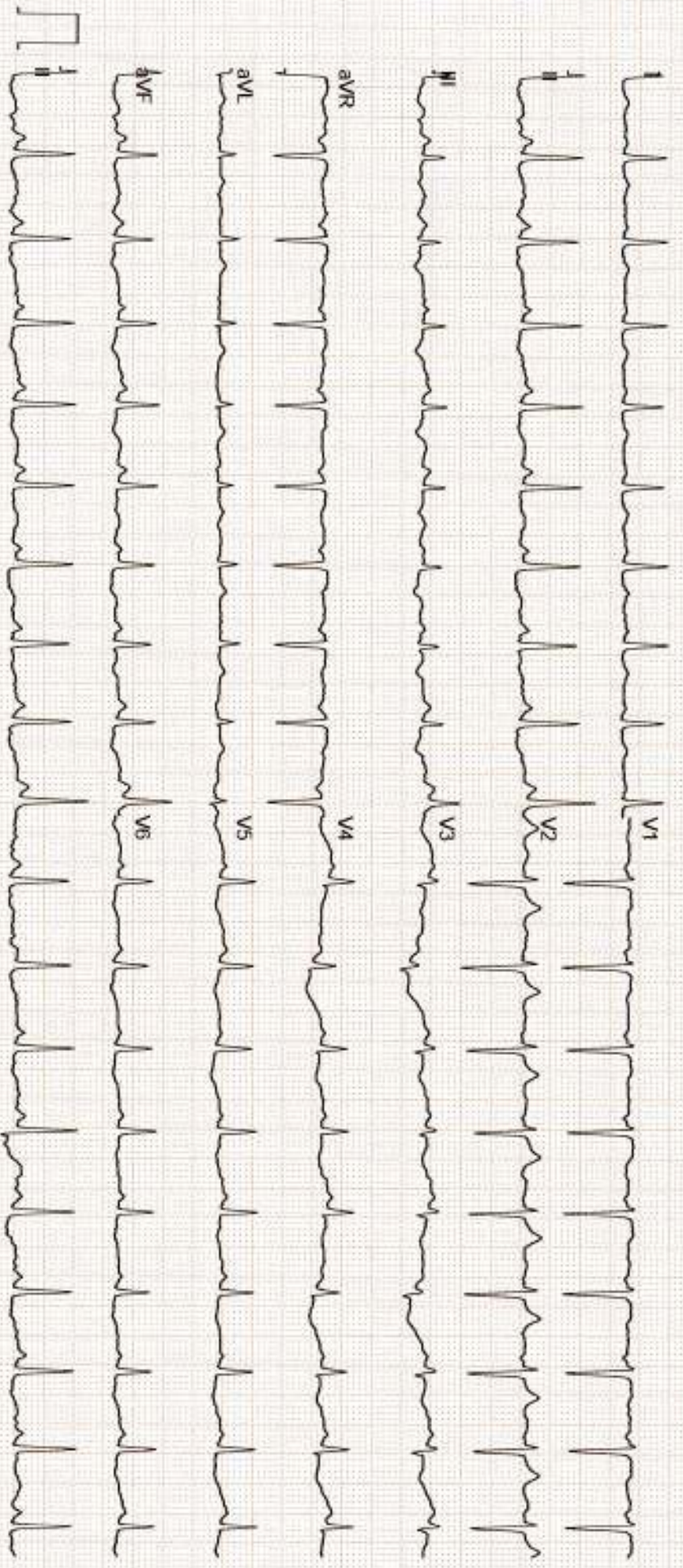
Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324		
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology	<input type="checkbox"/>
2	OPHTHAL BY GENERAL PHYSICIAN - <i>front</i>	Consultation	<input type="checkbox"/>
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	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION - <i>19</i>	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
9	EKG	Cardiology	<input type="checkbox"/>
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
11	2 D ECHO - <i>10</i>	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST- PAPSURE - <i>1</i>	Histopathology	<input type="checkbox"/>
16	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) - <i>OC</i>	Biochemistry	<input type="checkbox"/>
18	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
19	ENT CONSULTATION - <i>OS</i>	Consultation	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION - <i>LS</i>	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"/>

Weight = 45.7 kg.
 Height = 141 cm
 BP = 122/79 mmHg
 PR = 106/min

31 Years 141 cm Female
45.0 kg

QRS	74 ms
QT / QTcBaz	294 / 399 ms
PR	130 ms
P	80 ms
RR / PP	542 / 540 ms
P / QRS / T	66 / 53 / -48 degrees

Sinus tachycardia
ST & T wave abnormally, consider inferior ischemia
Abnormal ECG



Unconfirmed



Issue Date: 22/04/2011

Sodani Jy
Parthangi Sritja
ಜನನ ತಾರೀಖು/DOB: 16/04/1994
FEMALE

8598 8155 0134
VID : 9122 1775 0849 2462

ನಾ ಆಧಾರ್, ನಾ ಸುತ್ತಂಜು

Mrs. Bhavathi Metam. 31yrs. 98729

Height: 160cm.	Weight: 45-47kg.	BMI:	Waist Circum:
Temp: Afebrile	Pulse: 120/min.	Resp:	B.P: 122/79 mm Hg.

General Examination / Allergies History

No Family H/O DM/HHT or Malignancy.

Clinical Diagnosis & Management Plan

for Routine Screening.

8/11 82 days

Short stature.

PA: All soft LSCS scar
No Mass Palpable

PS: Ent. genitalia Normal
Cerv + Vagina Healthy
w/ BV w/ no fun.
to free.

LBC done + sent for HPE

MC: 4 yrs.

P, G, Girl:

2 yrs old.

LSCS (Telangana)

Menstr: 12 yrs.

MC: 3-4/28-30 fr.

LMP: 17-10-24

Can Plan another pregnancy.

Follow up date: 5/08

K. S. Nal
Doctor Signature