

| | |
|------------------------------------|--|
| Patient Name : Mrs.HEMALATHA VINAY | Collected : 09/Sep/2023 08:51AM |
| Age/Gender : 42 Y 5 M 23 D/F | Received : 09/Sep/2023 10:43AM |
| UHID/MR No : CMAR.0000204138 | Reported : 09/Sep/2023 12:26PM |
| Visit ID : CMAROPV716265 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845364447D | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 14.8 | g/dL | 12-15 | Spectrophotometer |
| PCV | 43.50 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 5.26 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 83 | fL | 83-101 | Calculated |
| MCH | 28.1 | pg | 27-32 | Calculated |
| MCHC | 34 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,300 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 60.5 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 30.5 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 3.5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.4 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.1 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|----------------------|
| NEUTROPHILS | 4416.5 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 2226.5 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 255.5 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 394.2 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 7.3 | Cells/cu.mm | 0-100 | Electrical Impedance |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 331000 | cells/cu.mm | 150000-410000 | Electrical impedance |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|----|-------------------------|------|---------------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 22 | 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 normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



SIN No:BED230217114

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| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
|--|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| | | | | |
|--------------------------------------|----|-------|--------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 98 | 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:

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| | | | | |
|---|-----|-------|--------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 102 | mg/dL | 70-140 | HEXOKINASE |
|---|-----|-------|--------|------------|

Comment:

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

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

Ref: Marks medical biochemistry and clinical approach

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| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 4.9 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 94 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

A: HbF >25%

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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B: Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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| LIPID PROFILE , SERUM | | | | |
|-----------------------|-------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 215 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 131 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 51 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 164 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 137.5 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 26.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.21 | | 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

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|-----------|--------|------|-----------------|--------|

cholesterol is recommended.

6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.70 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 23 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 18.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 65.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.77 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.46 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.31 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.35 | | 0.9-2.0 | Calculated |



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|-----------|--------|------|-----------------|--------|

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------------|--------|-------------|--------------------------|
| CREATININE | 0.63 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 34.00 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 15.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.17 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.60 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.37 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 103 | mmol/L | 101–109 | ISE (Indirect) |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 46.00 | U/L | <38 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------------------------------|--------------|--------|-----------------|--------|
| TRI-iodothyronine (T3, TOTAL) | 1.21 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 12.32 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 0.430 | µIU/mL | 0.35-4.94 | CMIA |

Comment:

Note:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |

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| | | | | |
|-------|------|------|------|--|
| 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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DEPARTMENT OF CLINICAL PATHOLOGY

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 5.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

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



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| Patient Name : Mrs.HEMALATHA VINAY | Collected : 09/Sep/2023 08:51AM |
| Age/Gender : 42 Y 5 M 23 D/F | Received : 09/Sep/2023 11:12AM |
| UHID/MR No : CMAR.0000204138 | Reported : 09/Sep/2023 12:11PM |
| Visit ID : CMAROPV716265 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845364447D | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - 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.HEMALATHA VINAY | Collected : 09/Sep/2023 03:47PM |
| Age/Gender : 42 Y 5 M 23 D/F | Received : 10/Sep/2023 01:56PM |
| UHID/MR No : CMAR.0000204138 | Reported : 11/Sep/2023 04:44PM |
| Visit ID : CMAROPV716265 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845364447D | |

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 15204/23 |
| 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

| | |
|------------------------------------|--|
| Patient Name : Mrs.HEMALATHA VINAY | Collected : 09/Sep/2023 03:47PM |
| Age/Gender : 42 Y 5 M 23 D/F | Received : 10/Sep/2023 01:56PM |
| UHID/MR No : CMAR.0000204138 | Reported : 11/Sep/2023 04:44PM |
| Visit ID : CMAROPV716265 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 9845364447D | |

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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

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

Reshma
Dr.Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

Shobha
Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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

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



SIN No:CS067701

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





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 | HEMALATHA VINAY |
| DATE OF BIRTH | 17-03-1981 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 09-09-2023 |
| BOOKING REFERENCE NO. | 23S157734100066720S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MR. A VINAY B |
| EMPLOYEE EC NO. | 157734 |
| EMPLOYEE DESIGNATION | TASK FORCE - RECOVERY CELL |
| EMPLOYEE PLACE OF WORK | BANGALORE SOUTH,REGIONAL SARB |
| EMPLOYEE BIRTHDATE | 19-09-1977 |

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 **18-08-2023** 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))



HP Well Beyond Health Assessment – 2023 Appointment Confirmation



Dear SUGANDHA AGRAWAL,

Greetings from Healthquarters!

Thank You for prioritizing your health and availing the HP Well Beyond Health Assessment – 2023.

Your appointment is confirmed as per the request submitted by you. Details are as below

| | |
|---------------------|---|
| Time & Date | 9:00AM, 09/09/2023 |
| Center | Apollo Clinic - Marathahalli |
| Venue | 673/A, Shriram Samruddhi Apartments, Varthur Road, Near Kundalahalli Signal, Whitefield, BEML Layout, Brookefield, Bengaluru, Karnataka 560066 |
| SPOC Contact | 18605007788 |
| Center Remarks | NA |
| Appointment Remarks | The appointment is scheduled based on the availability of doctors & tests at the center. Due to unavoidable circumstances, if any test is pending then the center will accommodate the same later. Request you to kindly cooperate. |

Health Check-up General Guidelines

- Reach the centre 30 minutes prior to your appointment
- A minimum of 10 to 12 hours fasting is essential prior to check up. Only Water can be consumed.
- Abstain from alcohol for at least 12 hours prior to the check-up
- Avoid smoking or exercising prior to the check-up.
- If you wear lenses, please wear spectacles on the day of health check up
- Wear loose clothing, easily removable footwear and no jewelry (necklaces/ chains)
- If you are on any medication (insulin injections/ anti-diabetic tablets etc) carry it with you and can be taken as instructed by the Doctor.
- Important instructions for women
 - Pregnant women or women with suspected pregnancies should not undergo any X-ray procedures
 - A health checkup during your menstrual period is not advisable as Pap smear & Urine test cannot be done
- Soft copies of the reports will be shared within 48 to 72 business hours via portal on completion of the check-up. Hard copies of the reports can be collected from the respective center.
- Health check-ups will take 4 to 5 hours to perform all the tests on weekdays and it might take a bit longer for appointments booked for Saturdays. Please plan accordingly.

For any queries related to the HP Annual Health Check-up please call our 24*7 helpline number at [02262697777](tel:02262697777) or write to us at contactus@healthquarters.in from your official mail ID.

Wishing you good health and happiness!

On behalf of **HP Well Beyond Health Assessment – 2023**

HQ representative.



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 के विवरण | |
|---|--------------------------------|
| नाम | HEMALATHA VINAY |
| जन्म की तारीख | 17-03-1981 |
| कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख | 09-09-2023 |
| बुकिंग संदर्भ सं. | 23S157734100066720S |
| पत्नी/पति के विवरण | |
| कर्मचारी का नाम | MR. A VINAY B |
| कर्मचारी की क.कू.संख्या | 157734 |
| कर्मचारी का पद | TASK FORCE - RECOVERY CELL |
| कर्मचारी के कार्य का स्थान | BANGALORE SOUTH, REGIONAL SARB |
| कर्मचारी के जन्म की तारीख | 19-09-1977 |

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 **18-08-2023** 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/पति 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

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 |

204138.



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Hemalatha Vinay on 09/09/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

| | Tick |
|--|-------------------------------------|
| <ul style="list-style-type: none"> • Medically Fit | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | |
| <ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p> | |
| <ul style="list-style-type: none"> • Unfit | |

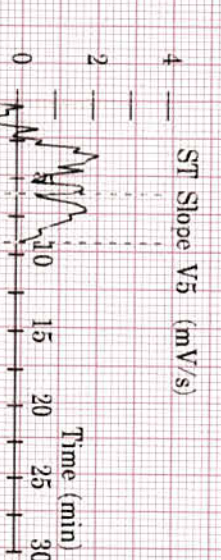
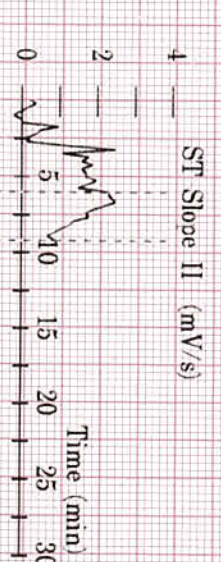
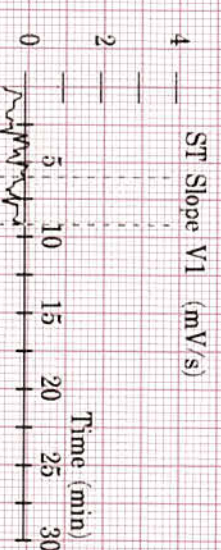
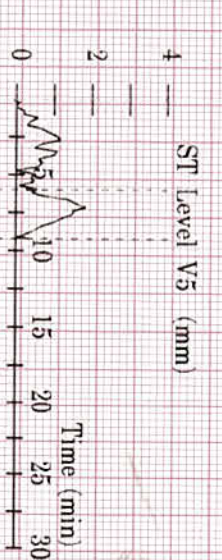
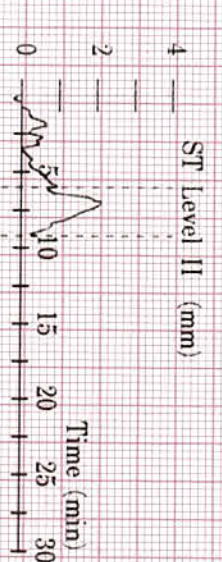
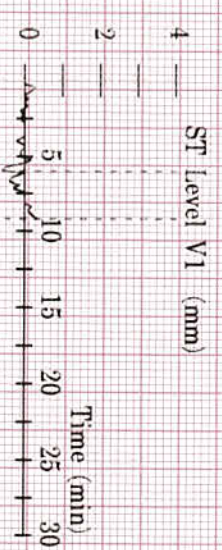
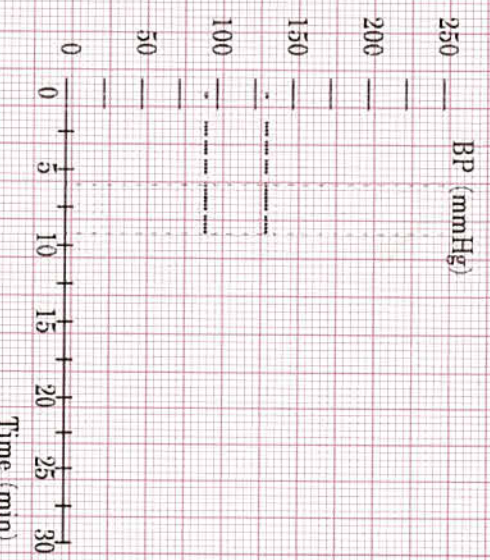
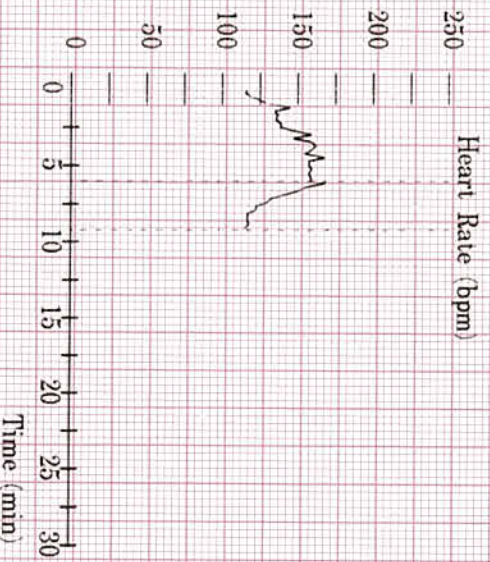
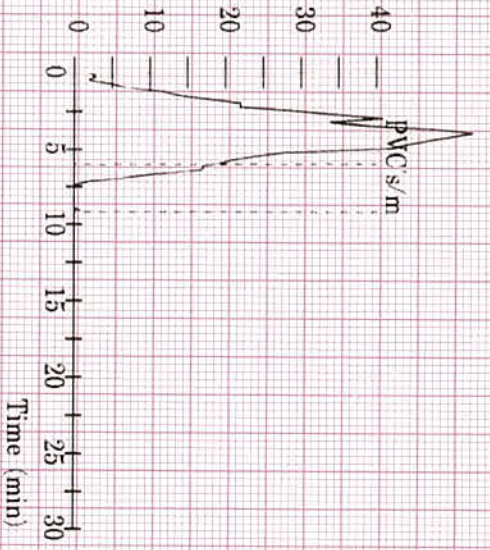
Dr. 
Medical Officer

This certificate is not meant for medico-legal purposes

9-Sep-2023
12:12:35

BRUCE

ST @ 10mm/mV 40
80ms post J
EXERCISE
0:00



MAC55 009C

HEMALATHA VINAY
ID: 000204138

9-Sep-2023
12:12:35

42years
138cm
79kg

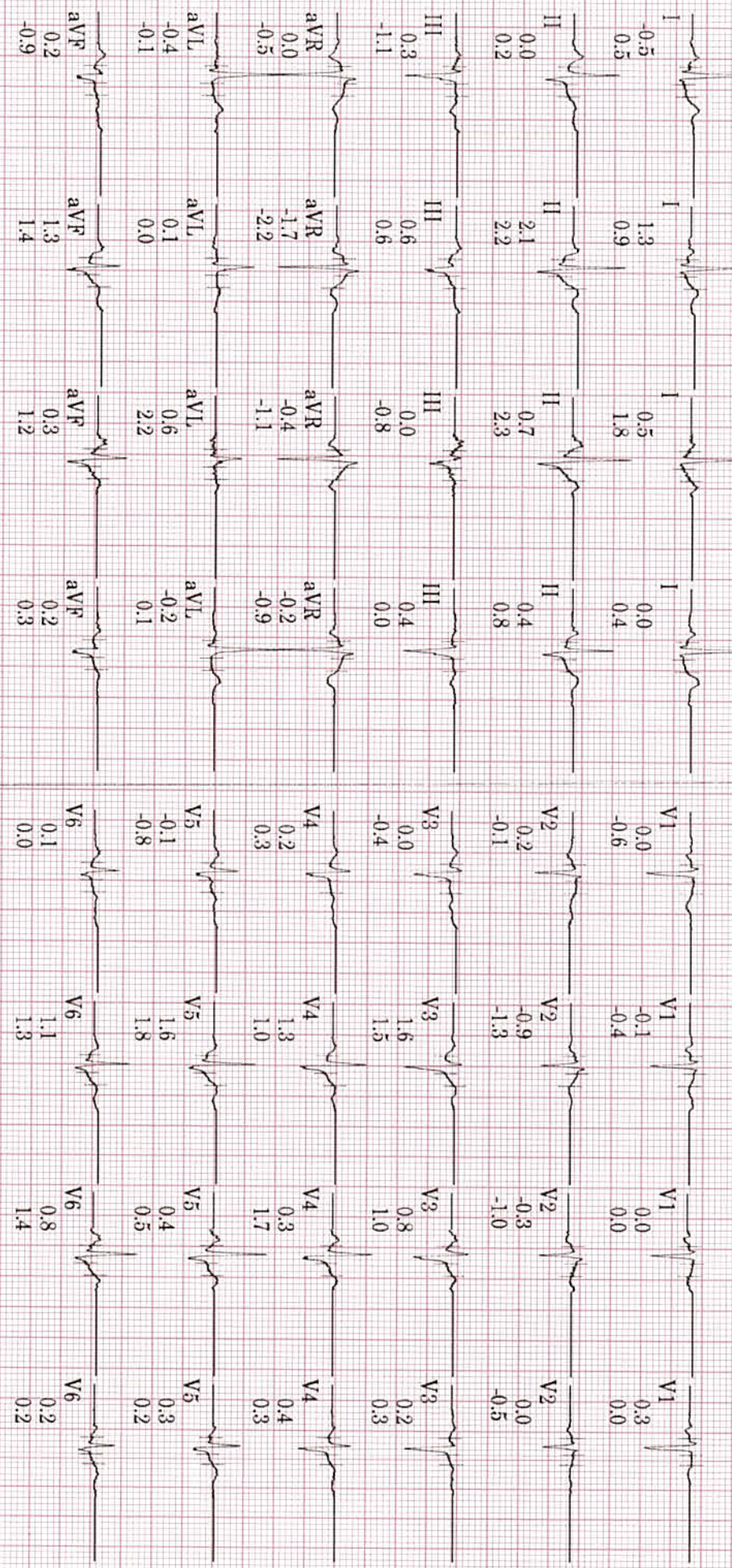
Female

Referred by: ARCOFEMI
Test ind: SCREENING FOR IHD

BRUCE
Total Exercise time: 6:10
Max HR: 170bpm 95% of max predicted 178bpm
Max BP: 130/90
Maximum workload: 7.2METs
Reason for Termination:
Comments: MODERATE EXERCISE TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA / NO ARRHYTHMIAS
NO SIGMFIACNT ST-Tc HANGES DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

| BASELINE EXERCISE | MAX ST RECOVERY | PEAK EXERCISE | TEST END RECOVERY | BASELINE EXERCISE | MAX ST RECOVERY | PEAK EXERCISE | TEST END RECOVERY |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| 0:00 118bpm BP: 130/90 | 0:48 141bpm BP: 130/90 | 6:10 170bpm BP: 130/90 | 3:03 116bpm BP: 130/90 | 0:00 118bpm BP: 130/90 | 0:48 141bpm BP: 130/90 | 6:10 170bpm BP: 130/90 | 3:03 116bpm BP: 130/90 |



Technician:

APOLLO MEDICAL CENTER MARATHAHALLI
Unconfirmed

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

HEMALATHA VINAY
ID: 000204138

42years
158cm
79kg

Female

Referred by: ARCOFEMI
Test ind: SCREENING FOR IHD

BRUCE
Total Exercise time: 6:10
Max HR: 170bpm 95% of max predicted 178bpm
Max BP: 130/90
Maximum workload: 7.2METS

Reason for Termination:
Comments: MODERATE EXERCISE TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA / NO ARRRHYTHMIAS
NO SIGNIFICANT ST-Tc CHANGES DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (*100) |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------|
| PRETEST | SUPINE | 0:46 | *** | *** | 1.0 | 107 | 130/90 | 139 |
| | STANDING | 0:02 | *** | *** | 1.0 | 109 | 130/90 | 142 |
| | HYPERVENT | 0:31 | 1.8 | 0.0 | 1.3 | 118 | 130/90 | 153 |
| EXERCISE | STAGE 1 | 3:00 | 1.7 | 10.0 | 4.6 | 160 | 130/90 | 208 |
| | STAGE 2 | 3:00 | 2.5 | 12.0 | 7.0 | 160 | 130/90 | 208 |
| | STAGE 3 | 0:10 | 3.4 | 14.0 | 7.2 | 170 | 130/90 | 221 |
| RECOVERY | Post | 3:03 | *** | *** | 1.0 | 116 | 130/90 | 151 |

Technician:

APOLLO MEDICAL CENTER MARATHAHALLI
Unconfirmed

MAG55 009C

HEMALATHA VINAY
ID: 000204138

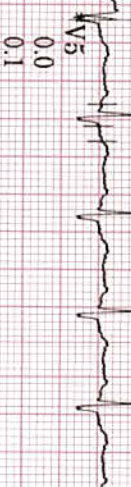
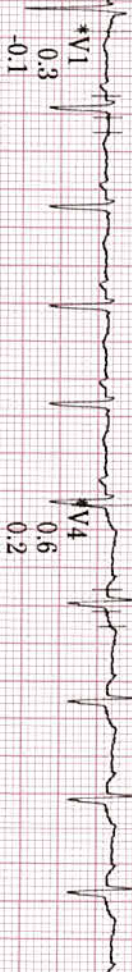
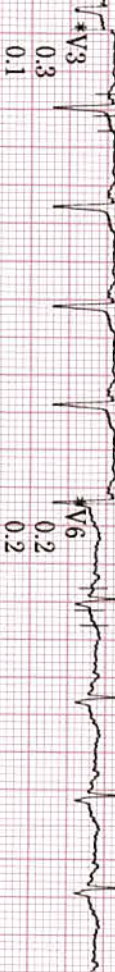
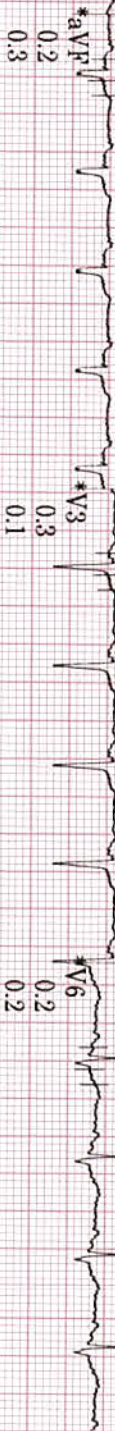
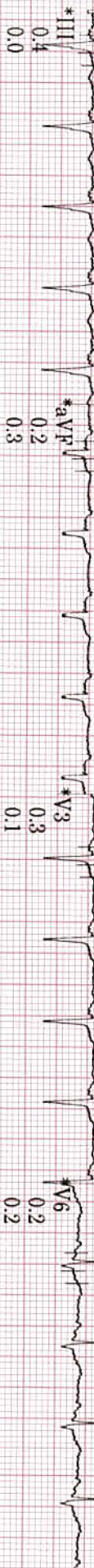
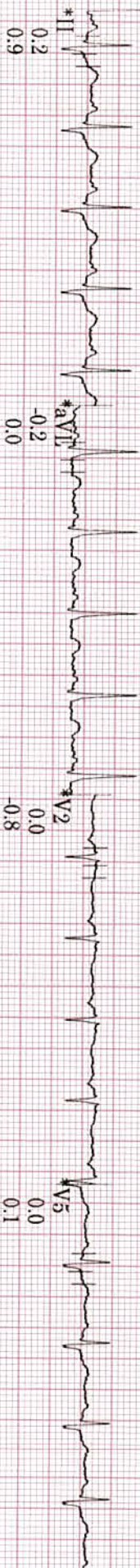
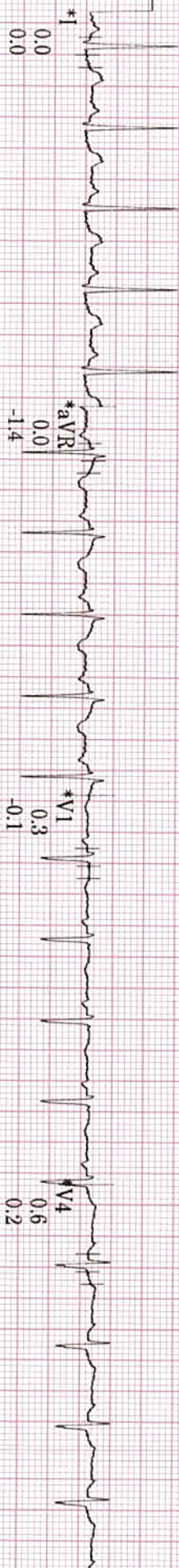
9-Sep-2023
12:23:04

115bpm
BP: 130/90
Post 3:00

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

ARROW

72

HEMALATHA VINAY
ID: 000204138

9-Sep-2023
12:21:04

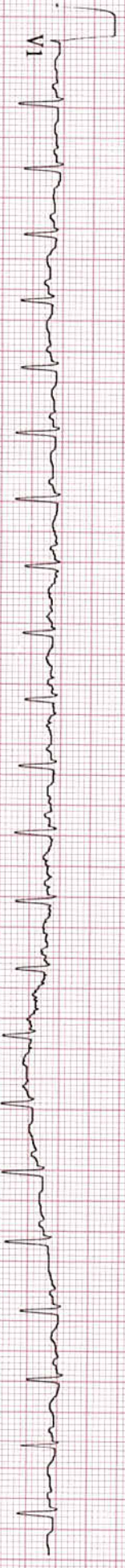
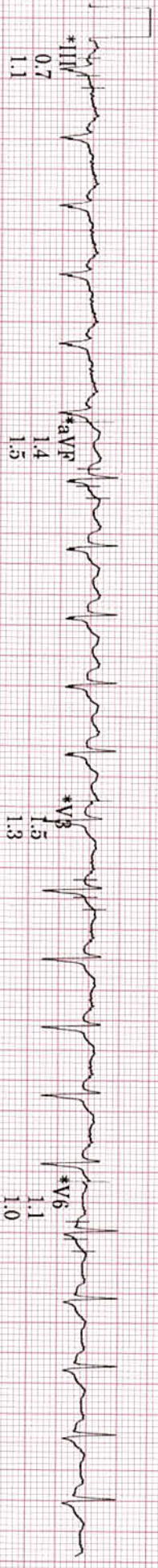
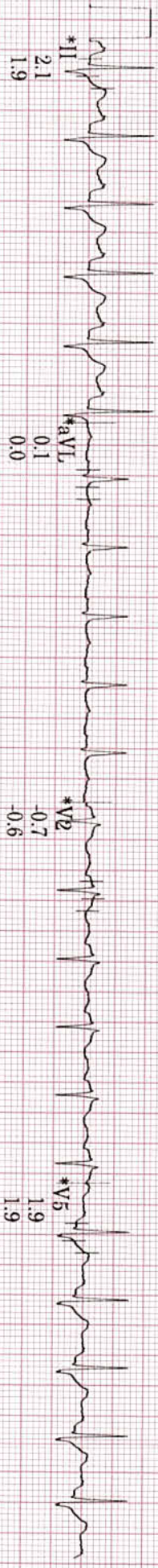
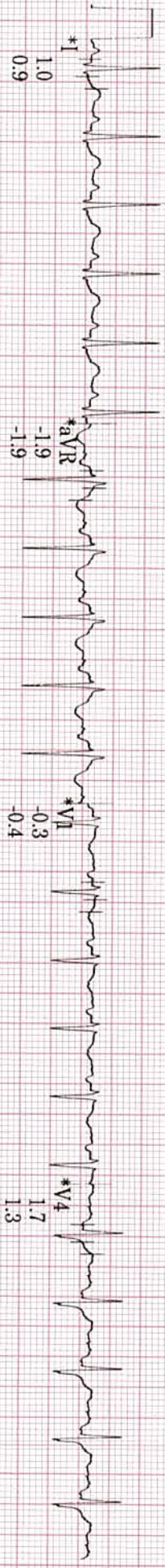
133bpm
BP: 130/90

RECOVERY
Post
1:00

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

HEMALATHA VINAY
ID: 000204138

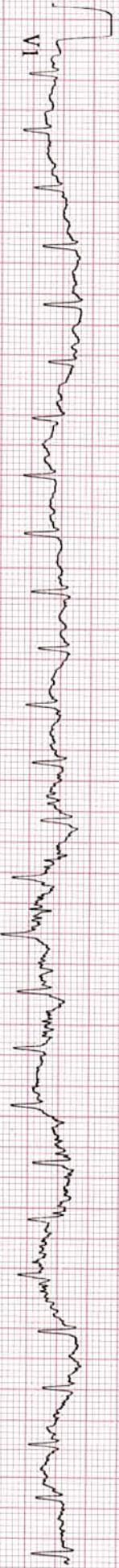
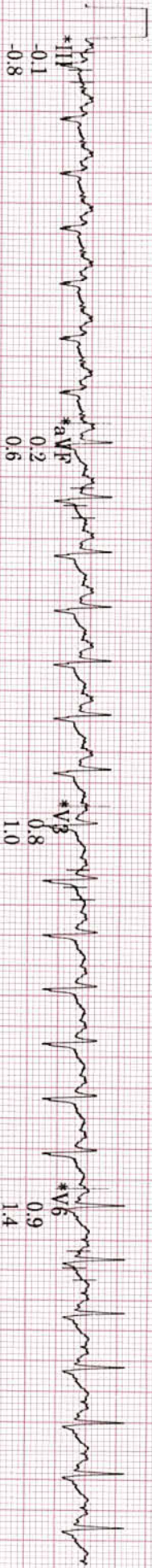
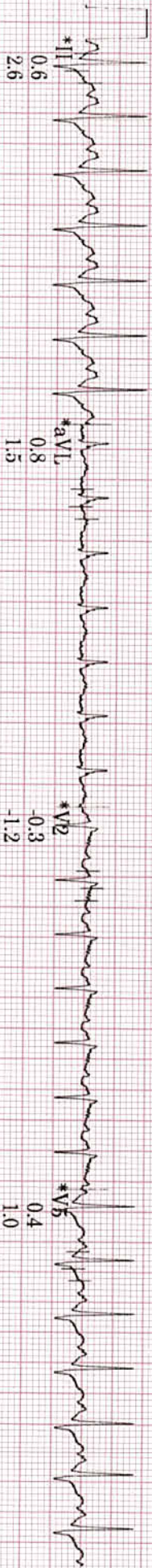
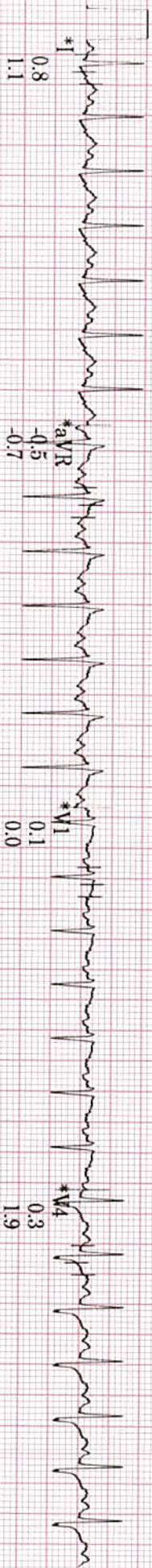
9-Sep-2023
12:20:05

169bpm
BP: 130/90
Post 0:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

HEMALATHA VINAY
ID: 000204138

9-Sep-2023
12:19:44

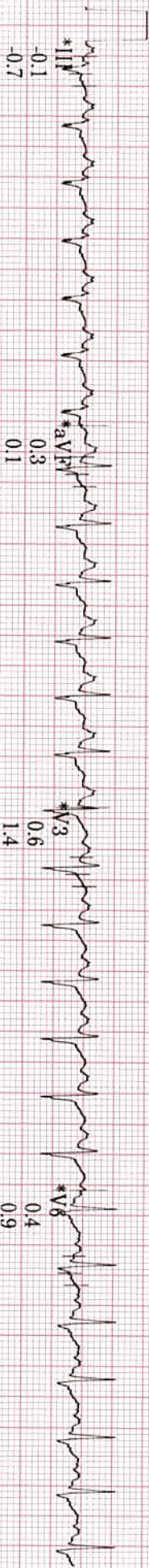
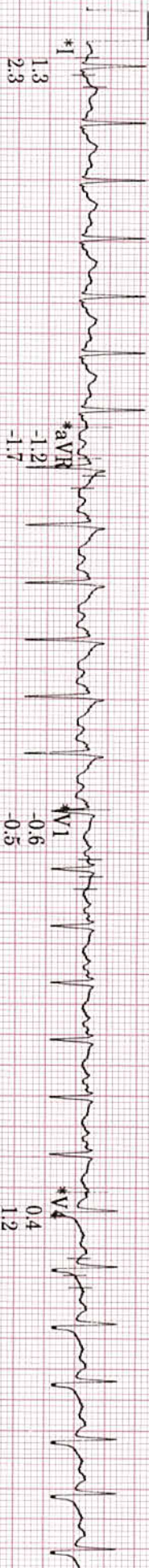
160bpm
BP: 130/90

EXERCISE
STAGE 2
5:51

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mV)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

MAC55 009C

II

HEMALATHA VINAY

ID: 000204138

9-Sep-2023

12:16:44

140bpm

BP: 130/90

EXERCISE
STAGE 1
2:50

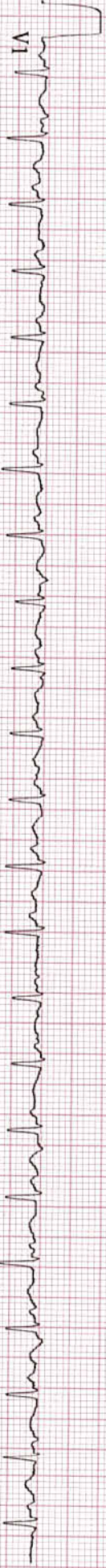
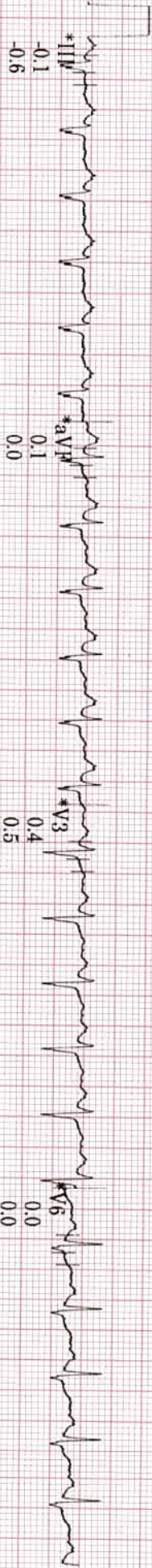
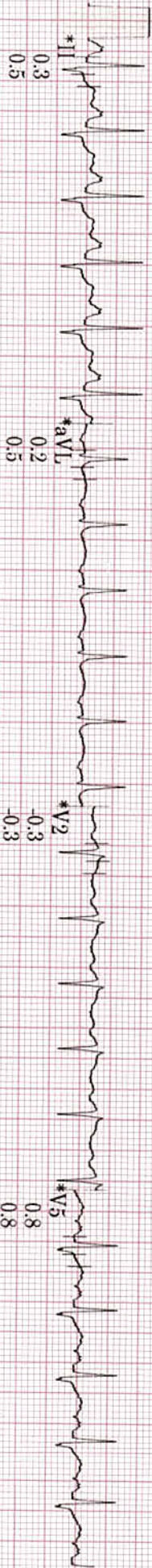
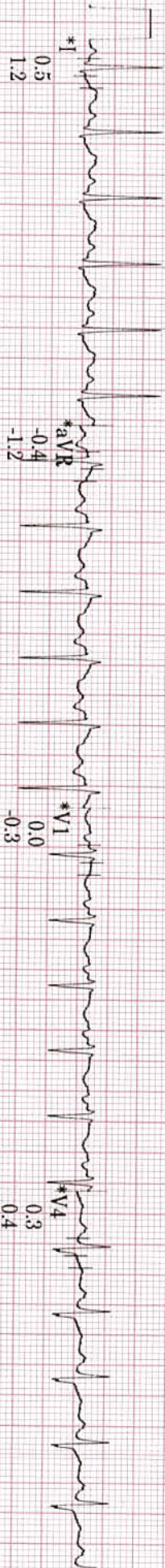
BRUCE

1.7mph

10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

ARROW

HEMALATHA VINAY
ID: 000204138

9-Sep-2023
12:13:34

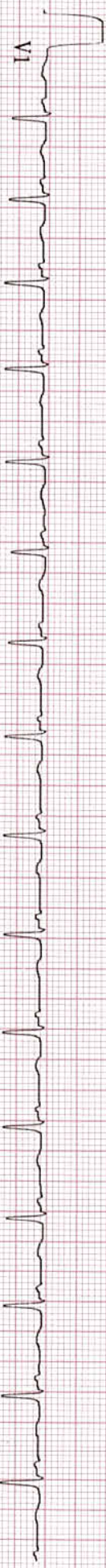
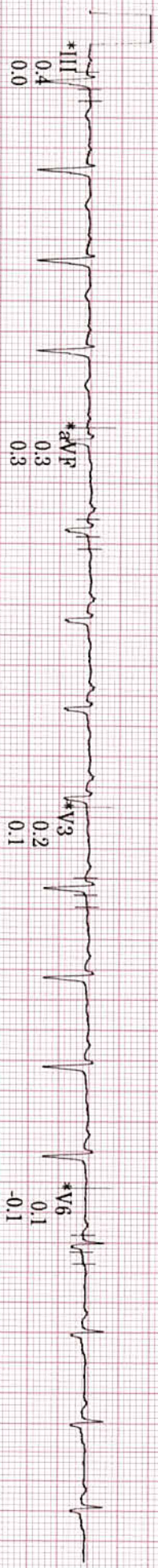
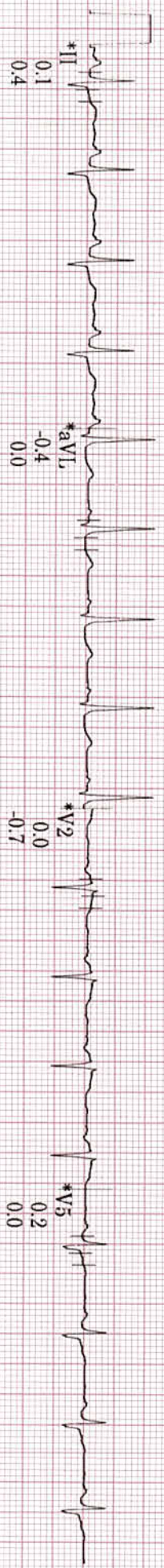
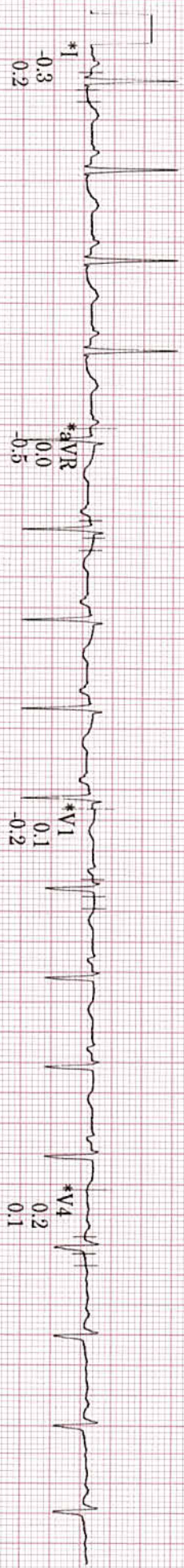
102bpm
BP: 130/90

ST @ 10mm/mV
80ms postJ

PRETEST
HYPERVENT
1:00

BRUCE
**mph
**%
**%

Lead
ST(mV)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

Arrow CE

HEMALATHA VINAY
ID: 000204138

9-Sep-2023
12:13:21

DIANUD MEDICAL A&P UNIT

AT VELLO MEDICAL CENTER MAHAJALANDHUR

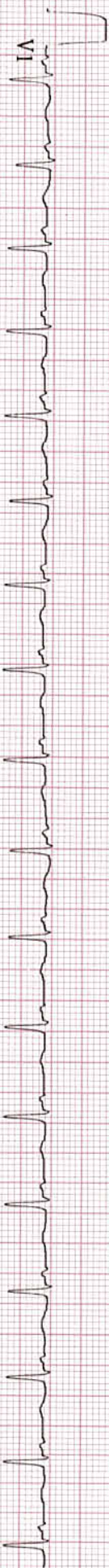
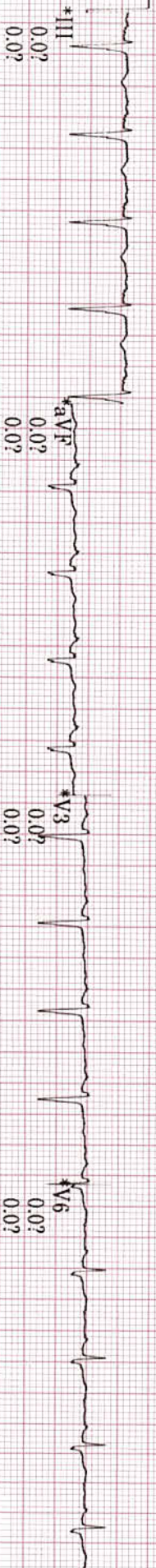
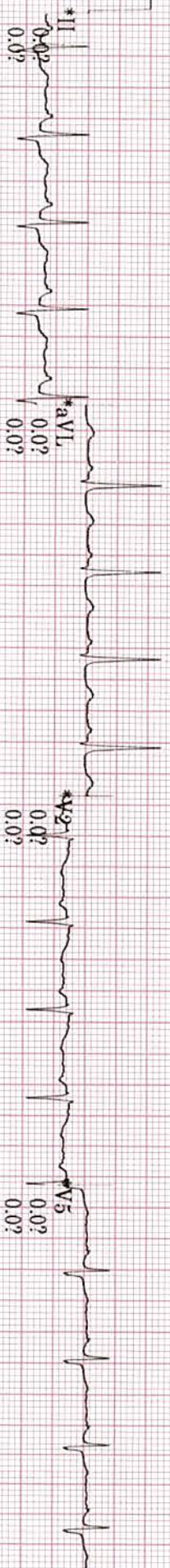
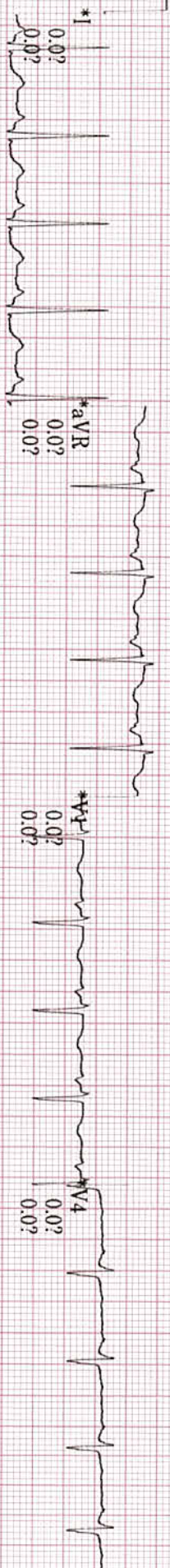
112bpm
BP: 130/90

PRETEST
SUPINE
0.46

BRUCE
**mph
**%
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

* Computer Synthesized Rhythm

MAC35 009C

Arrow

42years
Female
158cm
79kg

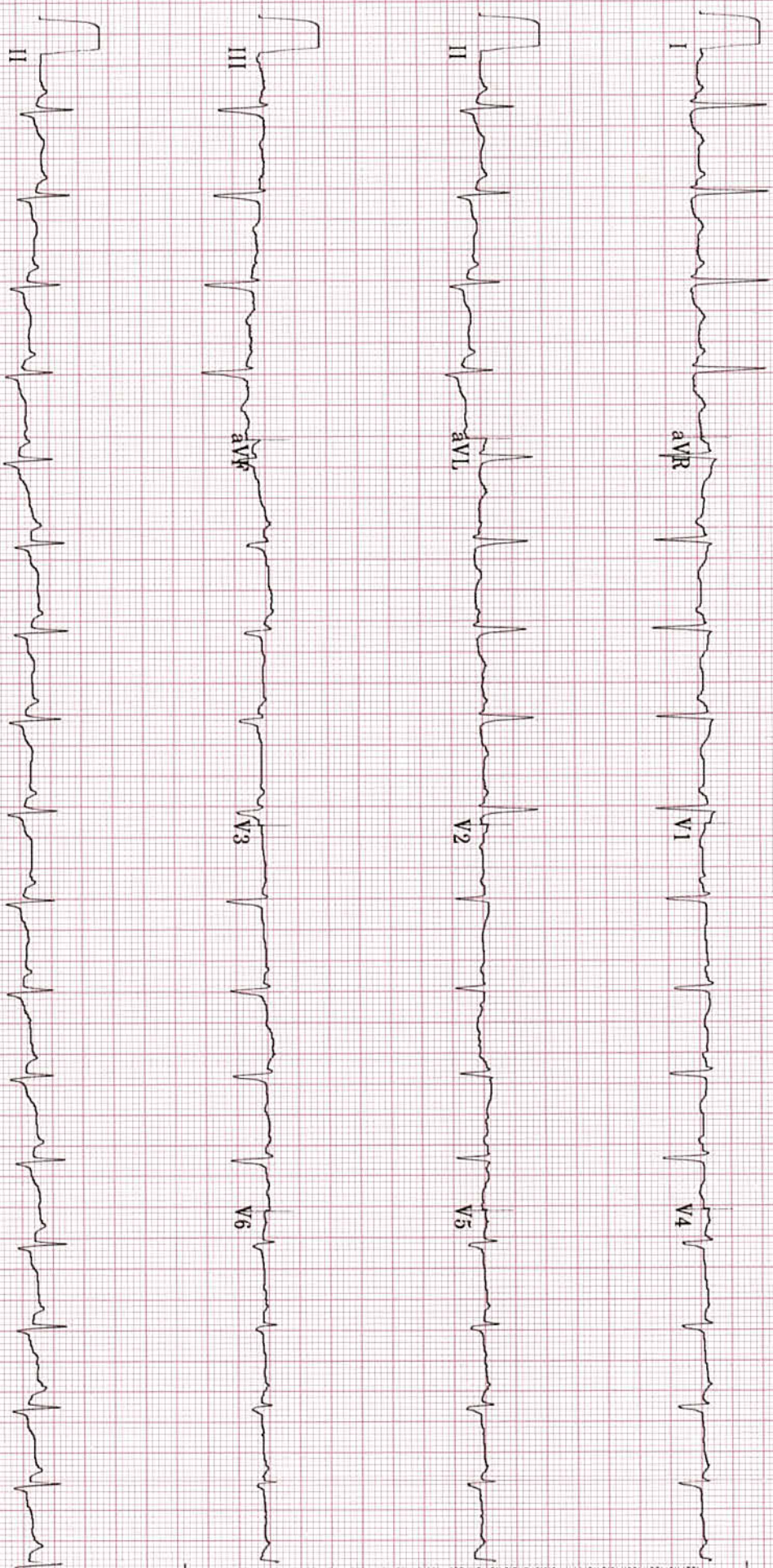
Vent. rate 108 bpm
PR interval 130 ms
QRS duration 74 ms
QT/QTc 324/434 ms
P-R-T axes 42 -8 31

Technician:
Test ind: SCREENING FOR IHD

Sinus tachycardia
Minimal voltage criteria for LVH, may be normal variant
Septal infarct, age undetermined
Abnormal ECG

Referred by: ARCOFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 009C

12SL™ V239

ARROW CE



Date : 09-09-2023
MR NO : CMAR.0000204138

Department : GENERAL
Doctor :

Name : Mrs. HEMALATHA VINAY

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 08:41

| | | | |
|----------------|---------------|--------|------------------|
| Height : 158cm | Weight : 72kg | BMI : | Waist Circum : |
| Temp : | Pulse : - | Resp : | B.P : 130/90mmHg |

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

DEPARTMENT OF OPHTHALMOLOGY

| | |
|------------------------------------|--------------------|
| Employee Name: <i>Hemalatha V.</i> | Date: |
| Employee No: | Sex: <i>Female</i> |
| Age: <i>42</i> | Systemic illness: |

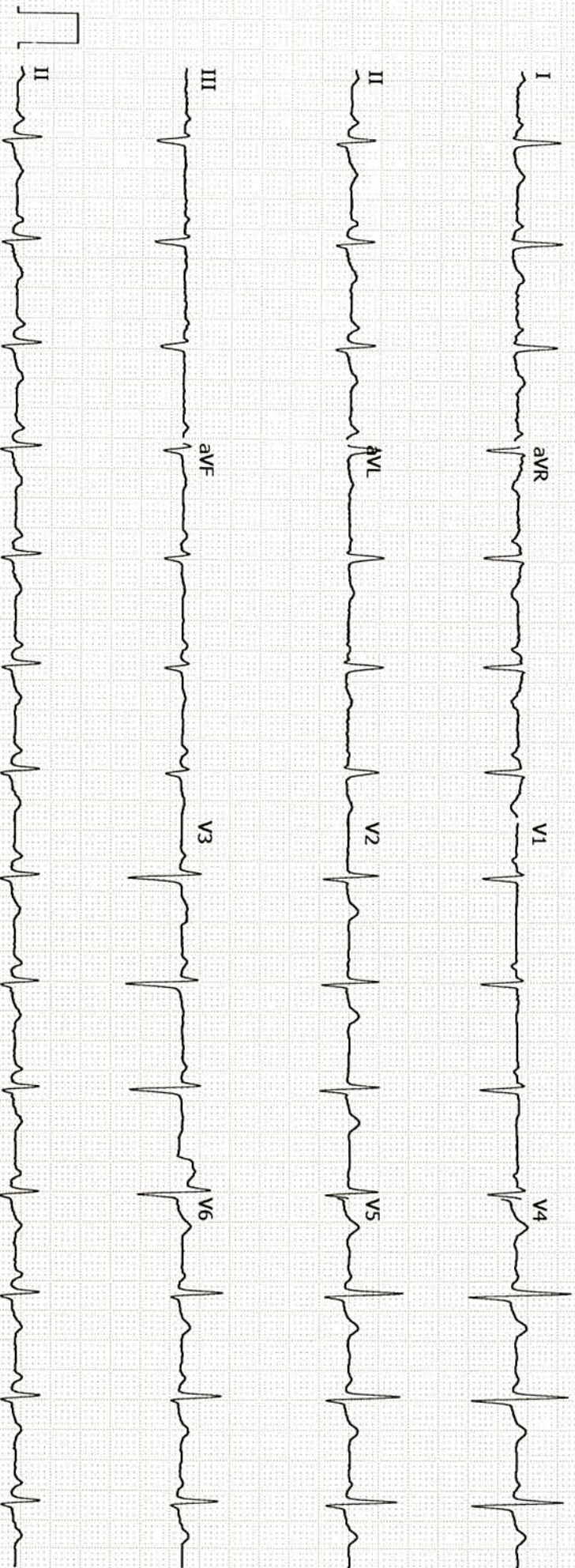
| Examination | RE | LE |
|-------------------|---|---------------------------------|
| Anterior Segment | Normal/Abnormal | Normal/Abnormal |
| Vision Distance | <i>6/6</i> | <i>6/6</i> |
| Near vision | <i>24/24</i> | <i>24/24</i> |
| Colour (Ishihara) | Normal/Abnormal | Normal/Abnormal |
| Refractive Error | Present/Absent | Present/Absent |
| New Glass power | <i>plu</i> | <i>plu</i> |
| Add Power | | |
| Glass If any | To Continue / Change | To Continue / Change |
| IOP (mm of Hg) | Normal/Abnormal | Normal/Abnormal |
| Posterior Segment | Normal/Abnormal | Normal/Abnormal |
| Impression | Normal/Refractive Error/Presbyopic BE/Others | |

| |
|--|
| Advice/Comments <i>VA is normal</i> |
|--|

[Signature]
Signature of Consultant & Optometrist

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG
QRS : 82 ms
QT / QTcBaz : 356 / 426 ms
PR : 128 ms
P : 96 ms
RR / PP : 696 / 697 ms
P / QRS / T : 46 / 4 / 43 degrees



Patient Name : Mrs. HEMALATHA VINAY Age : 42 Y F
UHID : CMAR.0000204138 OP Visit No : CMAROPV716265
Reported on : 09-09-2023 16:49 Printed on : 09-09-2023 18:09
Adm/Consult Doctor : Ref Doctor : SELF

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

Printed on:09-09-2023 16:49

---End of the Report---


Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

| | | | |
|--------------------|------------------------|-------------|--------------------|
| Patient Name | : Mrs. HEMALATHA VINAY | Age | : 42 Y F |
| UHID | : CMAR.0000204138 | OP Visit No | : CMAROPV716265 |
| Reported on | : 09-09-2023 15:56 | Printed on | : 09-09-2023 16:03 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

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 9.4cm and parenchymal thickness measures 1.2cm.

Left kidney measures 10.0cm and parenchymal thickness measures 1.2cm.

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

UTERUS: appears grossly enlarged in size, measuring 16.3x12.7x10.8cm. and shows few large fibroids distorting the uterine architecture measuring 13.2x9.6cm. Few macro calcifications noted.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.5x1.5cm.

Left ovary measures 3.1x2.2cm.

No free fluid is seen.

Visualized bowel loops appear normal.

Patient Name : Mrs. HEMALATHA VINAY
UHID : CMAR.0000204138
Reported on : 09-09-2023 15:56
Adm/Consult Doctor :

Age : 42 Y F
OP Visit No : CMAROPV716265
Printed on : 09-09-2023 16:03
Ref Doctor : SELF

IMPRESSION:

BULKY FIBROID UTERUS.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 09-09-2023 15:56

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology