

Patient Name : Mrs. Deepthi Honnappa

Age/Gender : 40 Y/F

UHID/MR No. : CBAS.0000089393

OP Visit No : CBASOPV95302

Sample Collected on :

Reported on : 20-09-2023 13:47

LRN# : RAD2101063

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE45979

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

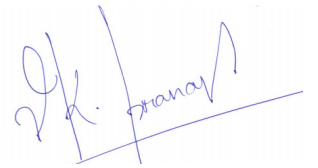
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology



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Age/Gender : 40 Y/F

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Age/Gender : 40 Y/F

UHID/MR No. : CBAS.0000089393

OP Visit No : CBASOPV95302

Sample Collected on :

Reported on : 16-09-2023 13:58

LRN# : RAD2101063

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE45979

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.8 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen simple cyst in upper pole measuring 2.0x1.6 cm

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.7x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 11.3x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

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

Uterus appears normal in size and measuring 9.2x4.1x4.5 cm. It shows normal shape & echopattern. Endometrial echo-complex appears normal and measures 1.0 cm.

Both ovaries appear normal in size, shape and echotexture.
Right ovary measuring 3.2x3.0 cm and left ovary measuring 3.2x2.1 cm.
No evidence of any adnexal pathology noted.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

Grade I Fatty Liver.
Simple cyst in spleen

Suggested clinical correlation.

The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRNAV VENKATESH
MBBS, MD
Radiology

Deepthi honnappa
40 Y. IF



pt has come for General
Check up

Dec 4

Cant

Adm

- > oral prophylaxis
- > composite filling 4/

Dr. Deepthi
080 26616555

Alliance Dental Care Limited
GSTIN: 36AAECA118N1ZR

Corporate & Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp to: Ameerpet Metro Station,
Ameerpet, Hyderabad 500038, Telangana.

Our Network: Bengaluru | Chennai | Delhi | Hyderabad | Kolkata | Madurai | Mumbai | Mysore | Nasik | Nellore |
Pune | Trichy | Chandigarh | Coimbatore | Dehradun | Guwahati | Kurnool | Surat | Tirupati | Vijayawada | Gurugram

To book an appointment

1800 702 0288

ECHOCARDIOGRAPHY REPORT

Name: MRS DEEPTI HONNAPPA **Age: 40 YEARS** **GENDER: FEMALE**

Consultant: Dr.VISHAL KUMAR.H. **Date : 16/09/2023**

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

| | | | | | | | |
|----------------------|------|------|-------|---|------|-------|-------|
| Mitral Valve | E | 0.84 | m/sec | A | 0.67 | m/sec | No MR |
| Tricuspid Valve | E | 0.52 | m/sec | A | 0.37 | m/sec | No TR |
| Aortic Valve | Vmax | 1.26 | m/sec | | | | No AR |
| Pulmonary Valve | Vmax | 1.00 | m/sec | | | | No PR |
| Valvular Dysfunction | | | | | | | |

MULTI-MODE MEASUREMENTS


| P | Parameter | Observed Value | Normal Range | |
|----|-------------------------|----------------|--------------|----|
| A | Aorta | 2.5 | 2.6-3.6 | cm |
| LI | left Atrium | 3.4 | 2.7-3.8 | cm |
| A | Aortic Cusp Separation | 1.6 | 1.4-1.7 | cm |
| II | IVS - Diastole | 1.0 | 0.9-1.1 | cm |
| L | left Ventricle-Diastole | 4.4 | 4.2-5.9 | cm |
| P | Posterior wall-Diastole | 0.8 | 0.9-1.1 | cm |
| I | IVS-Systole | 1.1 | 1.3-1.5 | cm |
| LL | left Ventricle-Systole | 2.9 | 2.1-4.0 | cm |
| P | Posterior wall-Systole | 1.2 | 1.3-1.5 | cm |
| E | Ejection Fraction | 60 | ≥ 50 | % |
| F | Fractional shortening | 30 | ≥ 20 | % |
| R | Right Ventricle | 2.4 | 2.0-3.3 | cm |

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name : Mrs. Deepthi Honnappa Address : BLORE Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT | Age : 40 Y Sex : F | UHID :CBAS.0000089393  OP Number :CBASOPV95302 Bill No :CBAS-OCR-58120 Date : 16.09.2023 09:27 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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 | 2 D ECHO | |
| 5 | LIVER FUNCTION TEST (LFT) | |
| 6 | X-RAY CHEST PA 4 | |
| 7 | GLUCOSE, FASTING | |
| 8 | HEMOGRAM + PERIPHERAL SMEAR | |
| 9 | ENT CONSULTATION | |
| 10 | FITNESS BY GENERAL PHYSICIAN | |
| 11 | GYNAECOLOGY CONSULTATION ✓ | |
| 12 | DIET CONSULTATION | |
| 13 | COMPLETE URINE EXAMINATION | |
| 14 | URINE GLUCOSE(POST PRANDIAL) | |
| 15 | PERIPHERAL SMEAR | |
| 16 | ECG 3 | |
| 17 | BLOOD GROUP ABO AND RH FACTOR | |
| 18 | LIPID PROFILE | |
| 19 | BODY MASS INDEX (BMI) | |
| 20 | LBC PAP TEST- PAPSURE ✓ | |
| 21 | OPHTHAL BY GENERAL PHYSICIAN | |
| 22 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 23 | ULTRASOUND - WHOLE ABDOMEN | |
| 24 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |
| 25 | DENTAL CONSULTATION | |
| 26 | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) | |

Dr. Se Vit D
 Dr. Se Vit B12

Ht - 161 cms
 wt - 68.3188
 BP - 121/66
 PR - 75
 HR - 84
 WAIST - 92

Apollo Clinic

CONSENT FORM

Patient Name: Deepthi Honappa Age: 40
UHID Number: 89393 Company Name: Arcofemi

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

ENT on Tuesday

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

Diet

And I claim the above statement in my full consciousness.

Patient Signature: Deepthi Honappa Date: 16/9/23

Personal Details
 UHID: 01P3FGAT6OK10A6
 PatientID: 89393
 Name: MRS DEEPTHI H
 Age: 40
 Gender: Female
 Mobile: 6463733737373

Pre-Existing Medical- Conditions

Symptoms

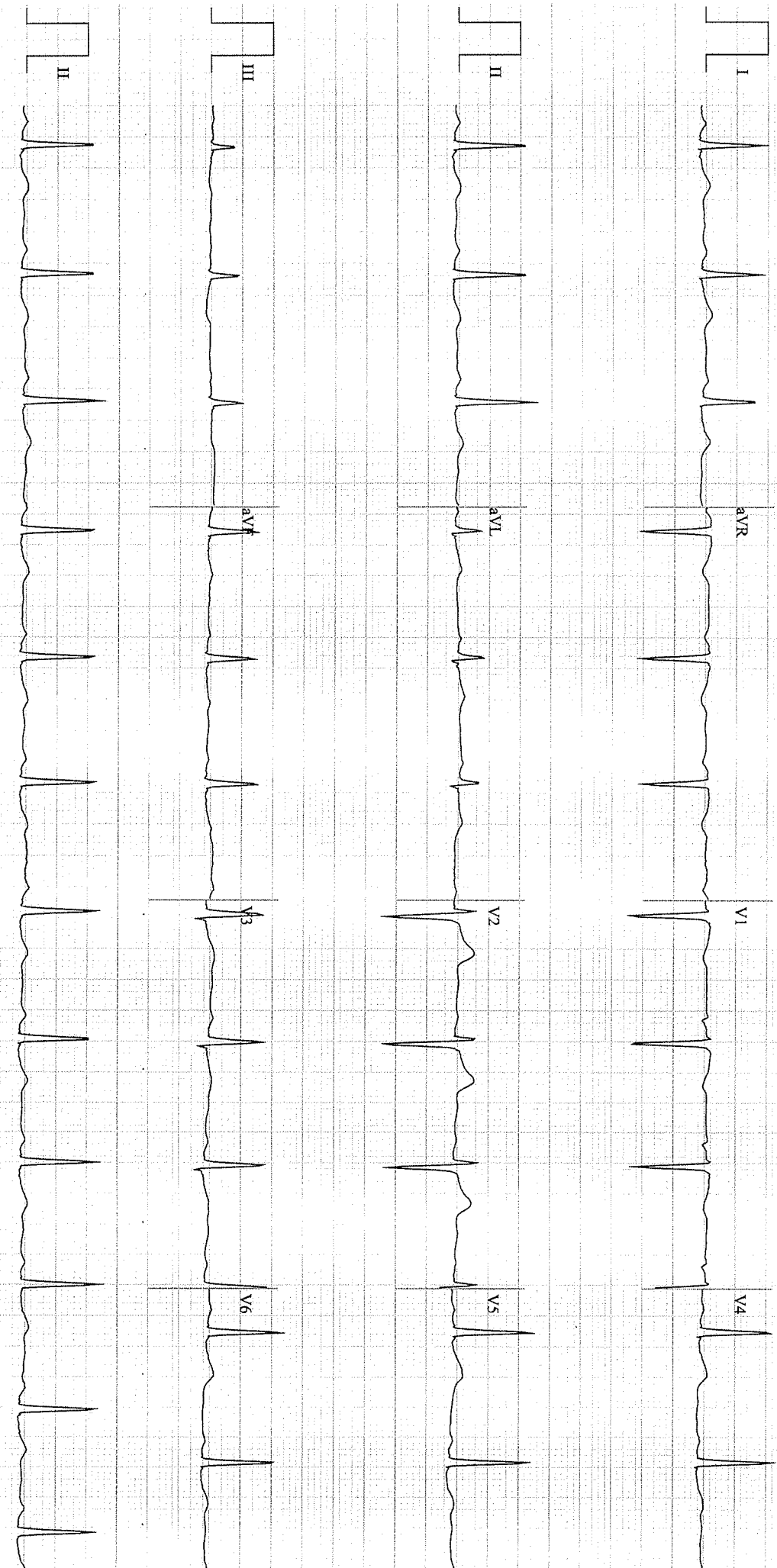
Vitals

Measurements
 HR : 72 BPM
 PR: 175 ms
 PD: 118 ms
 QRS: 78 ms
 QRS Axis: 41 deg
 QT/QTc: 390/427 ms

Interpretation(Unconfirmed)

Normal Sinus Rhythm
Normal Axis

This trace is generated by KardiaScreen; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform, from IMEDRIX



Speed: 25 mm/sec F: 0.05 - 40 Hz I limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: ECG plot for inference by qualified Medical Practitioners only

EYE CHECK UP REPORT

Mrs. Deepthi

40/P 89393 16/9/23

Vision 6/6
Unaided
Acuity 6/6
Digital (2)
IOP (2)

Near N26
Unaided
Vision N26
Colour Normal
Vision Normal

• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

Pupil: N/A

KAC

RE: Health checkup Booking 14 Annual

Corporate Apollo Clinic <corporate@apolloclinic.com>

Fri 9/8/2023 1:42 PM

To: 'Wellness : Mediwheel : New Delhi' <wellness@mediwheel.in>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>; Indiranagar Apolloclinic <indiranagar@apolloclinic.com>; Rahul Rai <rahul.rai@apolloclinic.com>; Pritam Padyal <pritam.padyal@apolloclinic.com>; Devendra Singh <devendra.singh@apolloclinic.com>; Dilip Baniya <Dilip.b@apolloclinic.com>; Fo Kanpur <fo.kanpur@apollospectra.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

1 attachments (18 KB)

Copy of 08092023 Booking (002).xlsx;

Namaste Team,

Greetings from Apollo clinics,

With regards to the below request ,please check with the Above Attached File for Appointment status.

Thanks & Regards,

Sanjeev kumar | Apollo Clinics | Pan India Toll No: 1860 500 7788| Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: 08 September 2023 10:30

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>; deepak <deepak.c@apolloclinic.com>

Subject: Health checkup Booking 14 Annual

Dear Team

Please find the attached health checkup booking and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

Corporate Apollo Clinic

Mob :
Direct :
Board No : 040 4904 7777

Apollo Health & Lifestyle Limited
#7-1-617/A, 615 & 616, Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad 500038, Telangana.

Apollo Health and Lifestyle Ltd. Partnerships for Health

| | | | |
|----------------------------------|---------------------------------|-------------------------------------------------------|---------------------------------------------------|
| Over 1.75 Lakh Deliveries | Over 10,000 IVF Cycles | Specialists in Surgery Over 1.3 Lakh Surgeries | Over 10 million High-quality Diagnostic Tests |
| Over 2 million Health Checks | Over 4.2 Lakh Lives touched | Over 3.9 Lakh Healthy Smiles | Over 6 Lakh Dialysis Sessions |

ಬೆಂಗಳೂರು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
ಬೆಂಗಳೂರು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ

ಶಿಲ್ಪ ಕಲಾಕೃತಿ ವಿಭಾಗ
Deepthi Hornappa B.A.
ಜನ್ಮ ತಾರೀಖು: 1992
ಶಿಲ್ಪ Female

7321 8535 2801

ಬೆಂಗಳೂರು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ



Fwd: Health Check up Booking Request(bobS45980), Beneficiary Code-66875

Honnappa Gowda <kabaddihonnappa@gmail.com>

Thu 07-09-2023 13:20

To: V S Branch, Dollors Colny, Banga, Bengaluru North Region <VJVSAM@bankofbaroda.com>

िन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या
S ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Thu, 7 Sep 2023 at 12:04 PM

Subject: Health Check up Booking Request(bobS45980), Beneficiary Code-66875

To: <Kabaddihonnappa@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959
Email:wellness@mediwheel.in

Dear **deepthi honnappa**,

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up ã€œ Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

Booking Date : 07-09-2023

Health Check up Name : Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi

Address of Diagnostic/Hospital : 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi -560019

| | |
|-------------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 09:49AM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 12:14PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 05:36PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

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

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|--------------------------------------------|--------|-------------------------|---------------|--------------------------------|
| HAEMOGLOBIN | 11.4 | g/dL | 12-15 | Spectrophotometer |
| PCV | 33.80 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.55 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 74.3 | fL | 83-101 | Calculated |
| MCH | 25.1 | pg | 27-32 | Calculated |
| MCHC | 33.8 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 17 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,400 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 62.8 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 25.3 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 6.7 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 4.8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.4 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4647.2 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 1872.2 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 495.8 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 355.2 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| BASOPHILS | 29.6 | Cells/cu.mm | 0-100 | Electrical Impedance |
| PLATELET COUNT | 297000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 19 | mm at the end of 1 hour | 0-20 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs.

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

PLATELETS: appear adequate in number.

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

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA

Note: Kindly evaluate for iron deficiency status.



| | |
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| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 12:14PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 04:28PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

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

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



SIN No:BED230224832

NABL renewal accreditation under process

| | |
|-------------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 01:18PM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 07:16PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 08:04PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

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 | 99 | 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) | 106 | 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

| | |
|-------------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 01:18PM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 07:16PM |
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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|



SIN No:PLF02028754,PLP1369809
NABL renewal accreditation under process

| | |
|-------------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 09:49AM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 12:11PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 02:38PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

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 | 6.1 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 128 | 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%

| | |
|-------------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 09:49AM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 12:11PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 02:38PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

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



| | |
|-------------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 09:49AM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 02:30PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 06:48PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

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

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

LIPID PROFILE , SERUM

| | | | | |
|---------------------|--------------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 192 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 137 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 41 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 151 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 123.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 27.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.68 | | 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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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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

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

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 0.56 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.09 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.47 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 18.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 68.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.22 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.25 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.97 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.43 | | 0.9-2.0 | Calculated |

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.

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

- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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

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

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

| | | | | |
|-----------------------|-------|--------|-------------|--------------------------|
| CREATININE | 0.58 | mg/dL | 0.72 – 1.18 | JAFFE METHOD |
| UREA | 17.90 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 8.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.57 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.50 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 4.10 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 138 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.4 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 105 | mmol/L | 101–109 | ISE (Indirect) |



SIN No:SE04483895

NABL renewal accreditation under process

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| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------------------------------------|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 20.00 | U/L | <38 | IFCC |



| | |
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| Age/Gender : 40 Y 6 M 0 D/F | Received : 16/Sep/2023 02:29PM |
| UHID/MR No : CBAS.0000089393 | Reported : 16/Sep/2023 03:44PM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE45979 | |

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

| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
|---------------------------------------------|-------|--------|------------|------|
| TRI-iodothyronine (T3, TOTAL) | 1.22 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 9.99 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 1.670 | 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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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 |
|-----------|--------|------|-----------------|--------------------------------------------------------|
| 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 |



SIN No:SPL23132412

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

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 | 1.015 | | 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 |



SIN No:UR2185626

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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.DEEPTHI HONNAPPA | Collected : 16/Sep/2023 12:46PM |
| Age/Gender : 40 Y 6 M 0 D/F | Received : 17/Sep/2023 12:16PM |
| UHID/MR No : CBAS.0000089393 | Reported : 20/Sep/2023 11:49AM |
| Visit ID : CBASOPV95302 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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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) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| | CYTOLOGY NO. | 15725/23 |
| 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

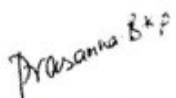
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


| | |
|-------------------------------------|--------------------------------------------|
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DEPARTMENT OF CYTOLOGY

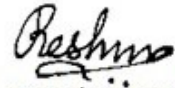
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



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



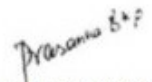
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