

Patient Name : Mrs.SONA K	Collected : 29/Mar/2024 09:11AM
Age/Gender : 47 Y 2 M 28 D/F	Received : 29/Mar/2024 12:55PM
UHID/MR No : CMAR.0000345211	Reported : 29/Mar/2024 03:51PM
Visit ID : CMAROPV792534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9164611636..	

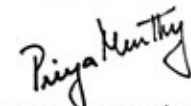
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	36.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.25	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	32.9	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48	%	40-80	Electrical Impedence
LYMPHOCYTES	44.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	4	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3408	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3159.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	241.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	284	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.1	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.08		0.78- 3.53	Calculated
PLATELET COUNT	294000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				



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SIN No:BED240086872

This test has been performed at Apollo Health & Lifestyle Lab, BANGALORE Laboratory

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RBCs: are normocytic normochromic

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

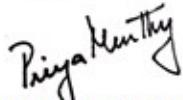
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LYMPHOCYTOSIS.



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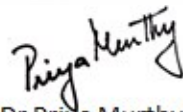
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

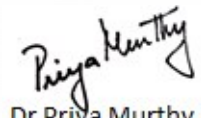
Comment:

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

Page 4 of 14


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SIN No:EDT240040251

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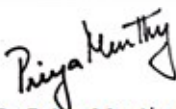
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UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	250	mg/dL	<200	CHO-POD
TRIGLYCERIDES	127	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	196	mg/dL	<130	Calculated
LDL CHOLESTEROL	170.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.64		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

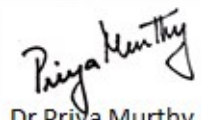
Comment:

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:


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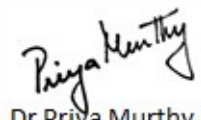
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	42.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		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:

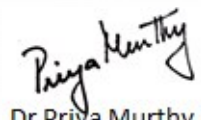
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


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SIN No:SE04680261

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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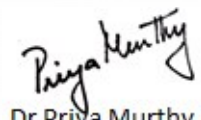
Patient Name : Mrs.SONA K	Collected : 29/Mar/2024 09:11AM
Age/Gender : 47 Y 2 M 28 D/F	Received : 29/Mar/2024 01:05PM
UHID/MR No : CMAR.0000345211	Reported : 29/Mar/2024 02:44PM
Visit ID : CMAROPV792534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9164611636..	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.71	mg/dL	0.51-0.95	Jaffe's, Method
UREA	15.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.67	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.50	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.05	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated


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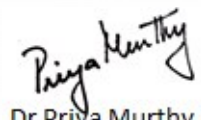
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC


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Patient Name : Mrs.SONA K	Collected : 29/Mar/2024 09:11AM
Age/Gender : 47 Y 2 M 28 D/F	Received : 29/Mar/2024 01:13PM
UHID/MR No : CMAR.0000345211	Reported : 29/Mar/2024 02:34PM
Visit ID : CMAROPV792534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.791	µIU/mL	0.34-5.60	CLIA

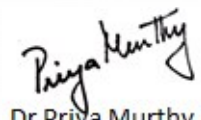
Comment:

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


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SIN No: SPL24058794

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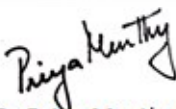
Patient Name : Mrs.SONA K	Collected : 29/Mar/2024 09:11AM
Age/Gender : 47 Y 2 M 28 D/F	Received : 29/Mar/2024 01:13PM
UHID/MR No : CMAR.0000345211	Reported : 29/Mar/2024 02:34PM
Visit ID : CMAROPV792534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9164611636..	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Patient Name : Mrs.SONA K	Collected : 29/Mar/2024 09:11AM
Age/Gender : 47 Y 2 M 28 D/F	Received : 29/Mar/2024 12:44PM
UHID/MR No : CMAR.0000345211	Reported : 29/Mar/2024 03:21PM
Visit ID : CMAROPV792534	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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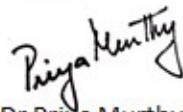
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



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SIN No:UR2319739

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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Patient Name	: Mrs.SONA K	Collected	: 29/Mar/2024 03:07PM
Age/Gender	: 47 Y 2 M 28 D/F	Received	: 30/Mar/2024 10:45AM
UHID/MR No	: CMAR.0000345211	Reported	: 02/Apr/2024 04:37PM
Visit ID	: CMAROPV792534	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9164611636..		

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

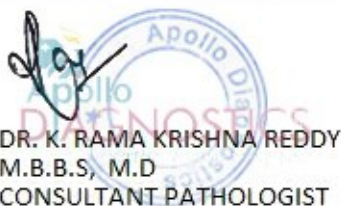
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7923/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
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:CS078236

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

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Government of India

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and Center No 01
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UID-1852467324



ನಿಮ್ಮ ಆಡ್ಹಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3248 1402 5888

ಆಡ್ಹಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



ವಿಳಾಸ
ಕೋಡೆ
ಕೇಂದ್ರೀಯ ಕಛೇರಿ / Year of Birth : 1977
ಪುರುಷ / Female

3248 1402 5888

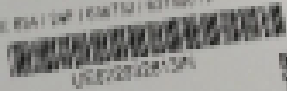
ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ಕೇಂದ್ರೀಯ ಕಛೇರಿ / Head Office / Bangalore No. 10/14/10004/0007

To:
ವಿಳಾಸ
ಕೋಡೆ
AUID 0001
and Center No. 01
Haveriger
Begur
Kannada 567133
0843201976

ಹೆಲ್ಪ್ ಡೆಸ್ಕ್ / 24x7 / 1807490 / 1807025 / P



UID-20202134



ನಿಮ್ಮ ಆಡ್ಹಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

2275 5020 5587

ಆಡ್ಹಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



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ಕೇಂದ್ರೀಯ ಕಛೇರಿ / Year of Birth : 1972
ಪುರುಷ / Male

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ಆಡ್ಹಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ

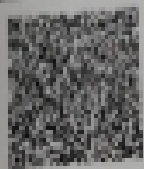
ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
ಭಾರತ ಸರ್ಕಾರ
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AUID Data
and Center No 24
Haverage
Begur
Kannada 567133
0843201976

ಹೆಲ್ಪ್ ಡೆಸ್ಕ್ / 24x7 / 9374901937/925119



UGA9852467324



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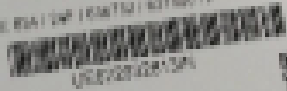
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To:
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AUID Data
and Center No. 20
Haverage
Begur
Kannada 567133
0843201976

ಹೆಲ್ಪ್ ಡೆಸ್ಕ್ / 24x7 / 9374901937/925119



UGA9852467324



ನಿಮ್ಮ ಆಡ್ಹಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

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ಆಡ್ಹಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



ವಿಳಾಸ
ಕೋಡೆ
ಕೇಂದ್ರೀಯ ಕಛೇರಿ / Year of Birth : 1972
ಪುರುಷ / Male

2275 5020 5587

ಆಡ್ಹಾರ್ - ಶ್ರೀಮಾನ್ಯನ ಅಧಿಕಾರ



Dear Sona K,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MARATHAHALLI clinic** on **2024-03-29** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.

2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI APTS,WHITEFIELD,BANGALORE-.

Contact No: (080) 43351444 - 45/.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

CERTIFICATE OF MEDICAL FITNESS

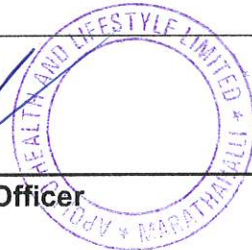
This is to certify that I have conducted the clinical examination

of Mr. Sona K on 29/13/24

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

Date : 29-03-2024
MR NO : CMAR.0000345211
Name : Mr. Sona K
Age/ Gender : 47 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:42

Height : 154cm.	Weight : 58.9kg.	BMI :	Waist Circum :
Temp :	Pulse : 80 bpm	Resp :	B.P : 120/70mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

GE MAC1200 ST SONA, 00345211, APOLLO
47 Years (25.01.1977)

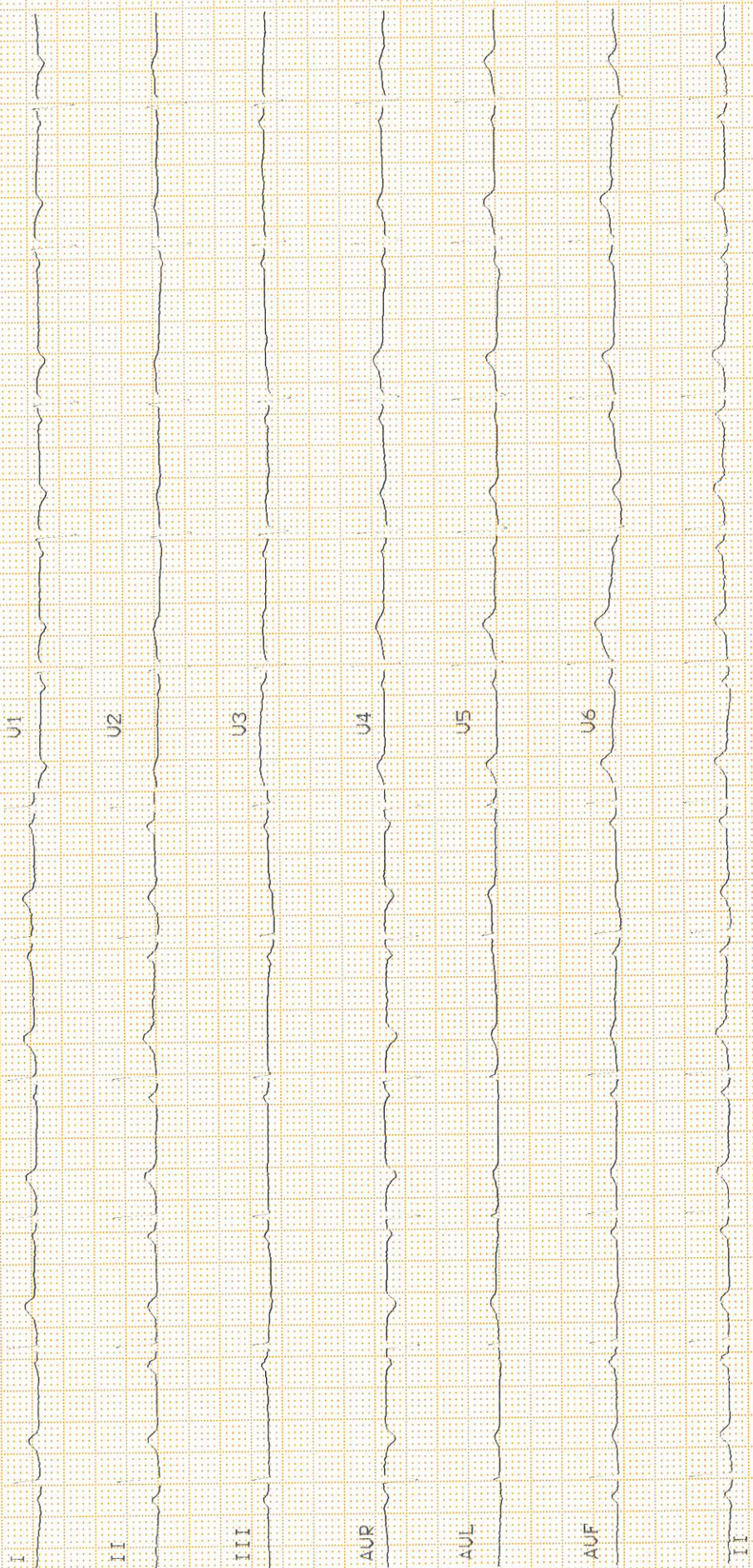
HR 68 bpm

Measurement Results:

QRS	:	400 /	86 ms	< P	-90
QT/QTcB	:	400 /	427 ms	< T	
PR	:	132 ms	aUR	< QRS	
P	:	104 ms		aVL	
RR/PP	:	878 /		O I	
P/QRS/T	:	65 / 50 / 30 degrees			
QTd/QTcBd	:	40 / 43 ms	III		
Sokolow	:	1.3 mV	+90 II		
NK	:	9	aUF		

Interpretation:
low QRS amplitudes
probably abnormal ECG

Unconfirmed report.



DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>Sono. K</i>	Date: <i>29/03/24</i>
Employee No:	Sex: <i>F</i>
Age: <i>47</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	<u>Normal</u> /Abnormal	<u>Normal</u> /Abnormal
Vision Distance	<i>6/6</i>	<i>6/6</i>
Near vision	<i>N/B</i>	<i>N/B</i>
Colour (Ishihara)	<u>Normal</u> /Abnormal	Normal /Abnormal
Refractive Error	<u>Present</u> /Absent	<u>Present</u> /Absent
New Glass power	<i>- plano -</i>	<i>- plano - 6/6</i>
Add Power	<i>+1.50</i>	<i>+1.50 - N/A</i>
Glass If any	To Continue / <u>Change</u>	To Continue / <u>Change</u>
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/ <u>Presbyopic BE</u> /Others	

Advice/Comments	<i>- Only For Reading</i>
-----------------	---------------------------

[Signature]

Signature of Consultant & Optometrist

Patient Name : Mrs. Sona K	Age/Gender : 47 Y/F
UHID/MR No. : CMAR.0000345211	OP Visit No : CMAROPV792534
Sample Collected on :	Reported on : 29-03-2024 14:42
LRN# : RAD2285881	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : 9164611636..	

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:

Left kidney not seen in all visualized locations.

Right kidney measures 10.1cm and parenchymal thickness measures 1.2cm. appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on right side.

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

Pervoid vol - 600cc

Postvoid vol - 193cc significant.

UTERUS: appears bulky in size, measuring 10.1x8.4x7.0cm. and shows multiple intramural/ subserosal fibroids, largest in posterior wall measuring 3.5x2.0cm. The endometrial lining appears intact. Endometrium measures 13.3mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.7x2.1cm.

Left ovary measures 2.9x1.9cm.

No free fluid is seen.

Visualized bowel loops appears normal.

IMPRESSION:

NON VISUALIZED LEFT KIDNEY

BULKY UTERINE FIBROIDS

SIGNIFICANT POSTVOID RESIDUE.

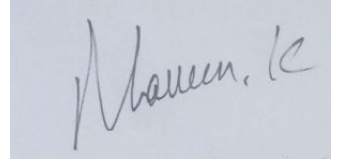
Suggested clinical correlation and further evaluation with CT KUB. if needed.

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.

Patient Name : Mrs. Sona K

Age/Gender : 47 Y/F



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



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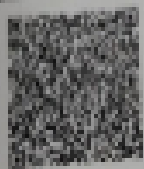
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To:
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AUID 0401
and Center No 04
Haveriger
Begur
Kannada 567133
0843201976

ಹೆಲ್ಪ್ ಡೆಸ್ಕ್ / 24x7 / 9374901937/925119
USSR4852467324



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :
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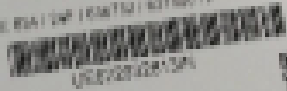
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