


Name : Mrs. S RAJESHWARI Address :alore Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 44 Y Sex : F	UHID :CBAS.0000086689  OP Number :CBASOPV99446 Bill No :CBAS-OCR-60501 Date : 22.01.2024 08:48
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNÆCOLOGY CONSULTATION ✓	
7	DHPT CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Physio → (6)

HT → 158cm

WT → 76.2kg

B.P → 147/85mm

BP -
 walking 4-57
 25-3

PR → 89b/m

HIP → 90cm

water
 walk - BK

Wid → 116cm

Date: IST: 2024-01-22 10:38:00

Personal Details
UHID: 01P3FGA T6S40TIF
PatientID: 86689
Name: MRS RAJESHWARI
Age: 44
Gender: Female
Mobile: 955255398555

**Pre-Existing Medical-
Conditions**

Vitals

Measurements
HR: 81 BPM
PR: 147 ms
PD: 122 ms
QRS: 85 ms
QRS Axis: 35 deg
QT/QTc: 340/395 ms

Interpretation

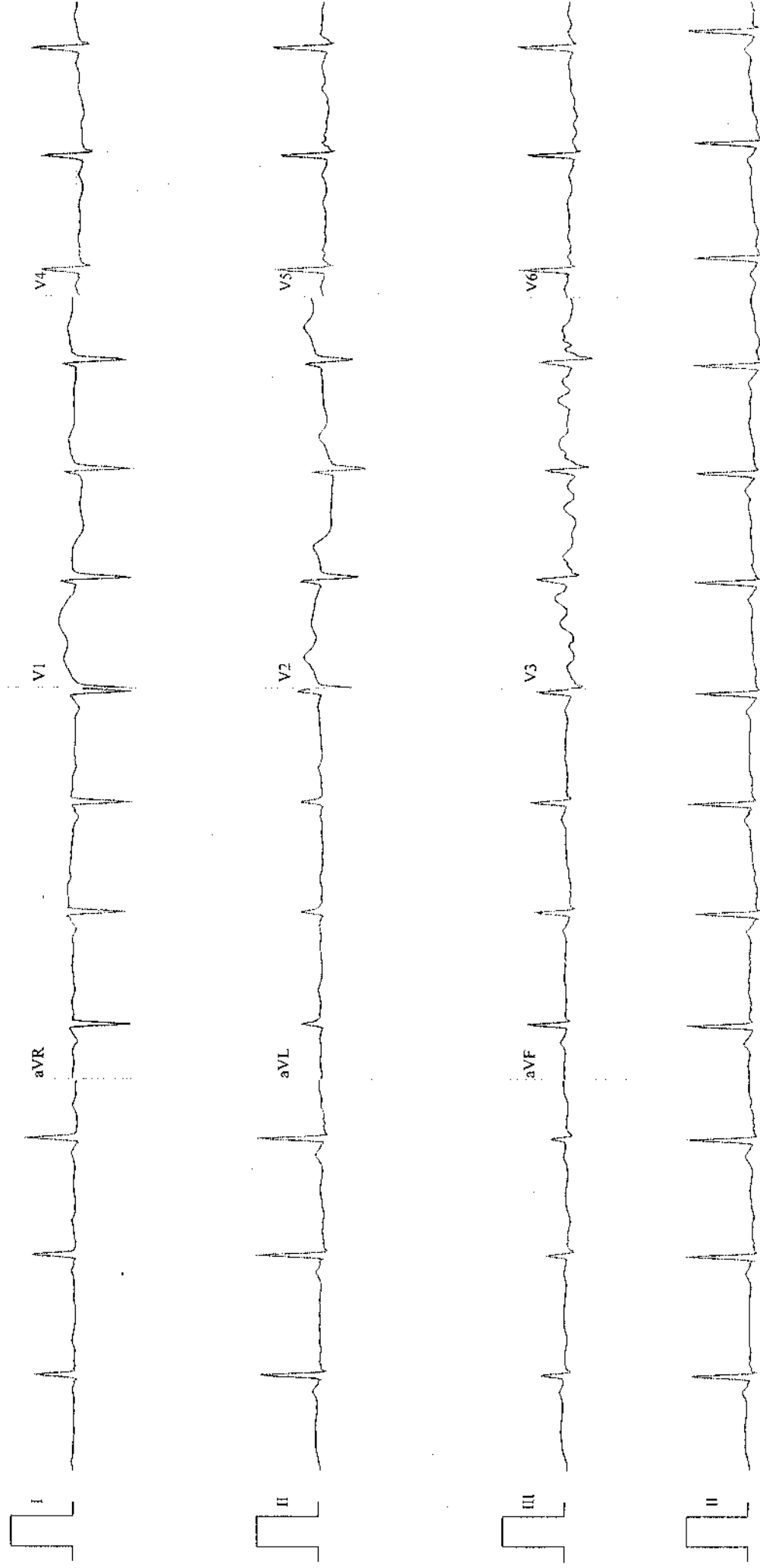
Normal sinus rhythm
Normal axis

Author:

jo

Dr. Yogesh
MD, DNB, I
Reg No- K

This report generated by: *KardiScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from MEDRIX*



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Always consult your physician as appropriate.

Report ID: AUULLF_01P3FGA T6S40TIF_V05401JA

Apoll

ECHOCARDIOGRAPHY REPORT

Name: MRS RAJESHWARI Age: 44 YEARS GENDER: FEMALE

Consultant: Dr.VISHAL KUMAR.H. Date : 22/01/2024

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	0.68	m/sec	A	0.82	m/sec	TRIVAL MR
Tricuspid Valve	E	0.42	m/sec	A	0.56	m/sec	No TR
Aortic Valve	Vmax	1.06	m/sec				TRIVAL AR
Pulmonary Valve	Vmax	0.84	m/sec				No PR
Istolic Dysfunction	GRADE 1 LVDD						

MULTIPLE MEASUREMENTS

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.7	2.6-3.6	cm
L	left Atrium	2.9	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	0.9	0.9-1.1	cm
L	left Ventricle-Diastole	4.2	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	2.7	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	2.3	2.0-3.3	cm

Impression -

- MILD LVH NOTED
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves,MILD AR,MR
- No Pericardial Effusion/Vegetation/Clot
- **GRADE 1 LVDD**

DR. VISHAL KUMAR .H

CLINICAL CARDIOLOGIST

Mr. Rajeshwar, 44 yrs,

22/1/24

Pre-Diabetic status.

Ht - 158 cm

Wt - 76.2 kg

Admit, HbA1c ->
1600ml Diabetic diet.

IBW - 58-60 kg

Social multi sed
(14 top) -> active smoker.

WALK -> 45-60 min.

BRISK.

afm. walk den -> 30-40 min.
(mod)

BF 4 times, white / veg / milk / Edly No fat
(3) V (2)

Dinner 7 pm No gum.

water - 1.5-2 liter / day
(1) (2)

[Signature]
9449349333

Mrs. Rajeshwari
44/F

Dr Anilthe Puarik
MBBS, MS, DNB, FRCO.

22/1/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Came for regular health checkup
NO ENT related complaints

Ear
Nose
Oral cavity } W.M.

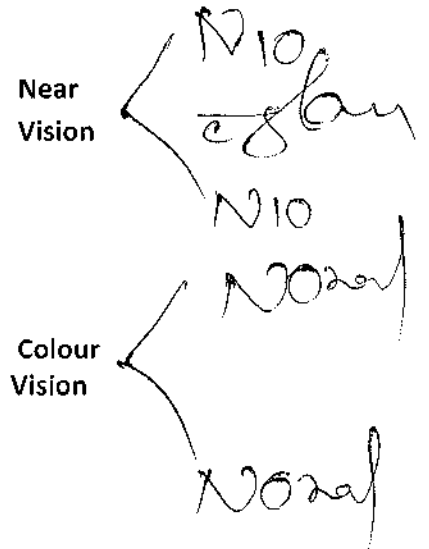
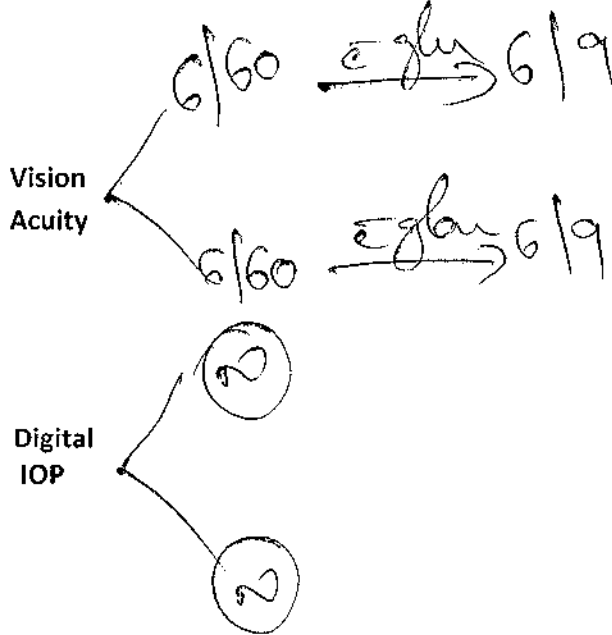
Follow up date:

Dr Anilthe
Doctor Signature

Mrs. Rajeshwari

44/F 86689 22/1/24

EYE CHECK UP REPORT



• Fundus:

• Ant. Segment :-

• Media:

• Pupil:

} Need retine Evaluation

nor

Re Myopic Astigmatism Presbyopia, partially corrected by glau. Adx for dilated rebractim + retine opinion.

GH



ಭಾರತ ಸರ್ಕಾರ
Government of India

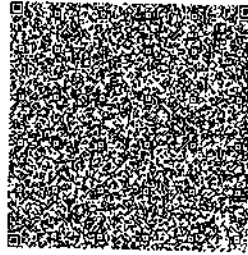
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Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0648/90764/00972

To
ಎಸ್ ರಾಜೇಶ್ವರಿ
S Rajeshwari
W/O: S Srihari
38
1st Main Kathriguppe Road Siddhartha Layout
Vivekananda Nagar Banashankari 3rd Stage
Bangalore South
Bangalore Karnataka - 560085
8217847458

Signature valid

Digitally signed by
S Rajeshwari
DN: cn=S Rajeshwari, o=UIDAI, ou=Unique Identification Authority of India, email=S.Rajeshwari@uidai.gov.in, c=IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6148 4218 0271

VID : 9159 4477 2940 8715

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಎಸ್ ರಾಜೇಶ್ವರಿ
S Rajeshwari
ಜನ್ಮ ದಿನಾಂಕ/DOB: 02/10/1978
♀/FEMALE

6148 4218 0271

VID : 9159 4477 2940 8715

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Government of India



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಢೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ
- ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ ದಾಖಲೆ ಇದಾಗಿದೆ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ಸಹಾಯವಾಗಲಿದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ಸವಿಕೆರಿಸಿಡಿ
- ಆಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ಕೊಂಡೊಯ್ಯಿರಿ- mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

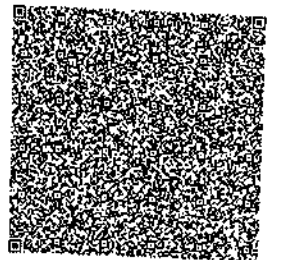


ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India



ವಿಳಾಸ:
W/O: ಎಸ್ ಶ್ರೀಹರಿ, # 38, 1ನೇ ಮುಖರಸ್ತೆ ಕತ್ತಿಗುಪ್ಪೆ
ರಸ್ತೆ ಸಿದ್ಧಾರ್ಥ ಲೇಔಟ್, ವಿವೇಕಾನಂದ ನಗರ ಬನಶಂಕರಿ
3ನೇ ಹಂತ, ಬೆಂಗಳೂರು ದಕ್ಷಿಣ, ಬೆಂಗಳೂರು,
ಕರ್ನಾಟಕ - 560085

Address:
W/O: S Srihari, # 38, 1st Main Kathriguppe
Road Siddhartha Layout, Vivekananda Nagar
Banashankari 3rd Stage, Bangalore South,
Bangalore,
Karnataka - 560085



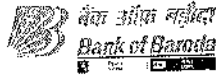
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VID : 9159 4477 2940 8715

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help@uidai.gov.in

www.uidai.gov.in



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. S RAJESHWARI
EC NO.	158183
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	BANGALORE, VANIVILAS ROAD
BIRTHDATE	02-10-1978
PROPOSED DATE OF HEALTH CHECKUP	22-01-2024
BOOKING REFERENCE NO.	23M158183100084578E

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 **18-01-2024** 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 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))

PAP SMEAR CONSENT FORM

PATIENT NAME: Rajeshwari AGE: 44 GENDER: F DATE: 22-1-24

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE : 15
AGE OF MENOPAUSAL IF APPLICABLE :
MENSTRUAL REGULARITY : REGULAR/ IRREGULAR 3d/25d
FIRST DAY OF LAST MENSTRUATION PERIOD: 16-1-24
AGE AT MARRIAGE : 22
YEAR'S OF MARRIED LIFE : 22
CONTRACEPTION : YES/ NO IF YES WHAT KIND?
HORMONAL TREATMENT : YES/ NO IF YES WHAT KIND?
GRAVIDA (NO OF TIME'S CONCEIVED) :
PARA (NO OF CHILDBIRTH) : P₂ L₂
LIVE (NO OF LIVING CHILDREN) :
ABORTIONS :
MISCARRIAGES/ABORTION : A₁ - D₂C₁ / 07 - 19 / 07 - 14
AGE OF FIRST CHILD :
AGE OF LAST CHILD :
PREVIOUS PAP SMEAR REPORT : both USG
Sube Kany done

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA
VAGINA
CERVIX
SMEAR THAKEN FROM - ENDOCERVIX
ECTOCERVIX
POSTERIOR VAGINA

| (N)

HEREBY DECLARE THAT THE ABOVE INFORMINFORMATION TRUE I HAVE BEEN EXPLAINED THE PROCEDURE AND GIVEN MY CONSENT TO UNDERGO THE SAME.

SIGNATURE OF THE PATEINT

SIGNATURE OF THE DOCTOR

[Signature]

Rajeshwari
414/F

22/1/2028

Pt has come for general dental
check up

On Examination

Deep Caries rt +6.

Co+

Adv

oral prophylaxis

Composite filling +6.

Dr. Deepthi

9900018997

08026616555

Customer Pending Tests
fitness by gp is pending

Patient Name : Mrs. S RAJESHWARI

Age/Gender : 44 Y/F

UHID/MR No. : CBAS.0000086689

OP Visit No : CBASOPV99446

Sample Collected on :

Reported on : 23-01-2024 08:42

LRN# : RAD2213697

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 332884

DEPARTMENT OF RADIOLOGY

Liver: appears enlarged in size (15.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation.

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 appears normal. No focal lesion seen. Splenic vein appears normal.

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 10.3x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.6x1.6 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 pathology.

Uterus appears normal in size with retroverted position and measuring 8.0x3.9x4.2 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.9 cm.

Both ovaries appear normal in size, shape and echotexture. No evidence of any adnexal pathology noted.

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

IMPRESSION:-

FATTY HEPATOMEGALY.

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.



Dr. V K PRANAV VENKATESH
MBBS, MD
Radiology

Patient Name : Mrs. S RAJESHWARI

Age/Gender : 44 Y/F

UHID/MR No. : CBAS.0000086689

OP Visit No : CBASOPV99446

Sample Collected on :

Reported on : 23-01-2024 08:49

LRN# : RAD2213697

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 332884

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breasts show normal echotexture and distribution of fibro glandular breast parenchyma.

No evidence of focal, solid or cystic lesion.

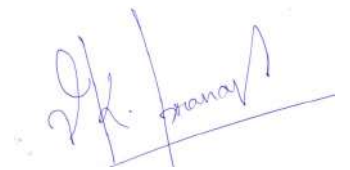
No obvious asymmetry or distortion is noted.

No abnormal axillary lymphadenopathy is detected.

IMPRESSION

No significant abnormality is seen in this study.

(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

Patient Name : Mrs. S RAJESHWARI

Age/Gender : 44 Y/F

UHID/MR No. : CBAS.0000086689

OP Visit No : CBASOPV99446

Sample Collected on :

Reported on : 23-01-2024 08:31

LRN# : RAD2213697

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 332884

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.

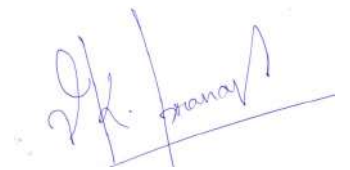
Both costophrenic and cardiophrenic angles are clear.

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

Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 22/Jan/2024 11:58AM
UHID/MR No : CBAS.0000086689	Reported : 22/Jan/2024 03:19PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.4	g/dL	12-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.4	%	40-80	Electrical Impedance
LYMPHOCYTES	35.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3601	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2320.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	162.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	351	Cells/cu.mm	200-1000	Calculated
BASOPHILS	65	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	167000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No: BED240015511

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
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DEPARTMENT OF HAEMATOLOGY

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

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



SIN No: BED240015511

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Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 22/Jan/2024 11:58AM
UHID/MR No : CBAS.0000086689	Reported : 22/Jan/2024 05:09PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF HAEMATOLOGY

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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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Visit ID : CBASOPV99446	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	124	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	157	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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SIN No:EDT240006512



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HBA1C, GLYCATED HEMOGLOBIN	6.9	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	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%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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Visit ID : CBASOPV99446	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	189	mg/dL	<200	CHO-POD
TRIGLYCERIDES	157	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	66	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	91.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.86		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 cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.75	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.67	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		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.
- ALP elevation also seen in pregnancy, impacted by age and sex.



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• 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.51-0.95	Jaffe's, Method
UREA	22.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.47	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)



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Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 22/Jan/2024 12:43PM
UHID/MR No : CBAS.0000086689	Reported : 22/Jan/2024 01:31PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF BIOCHEMISTRY

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

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



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

SIN No:SE04606320



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APOLLO CLINICS NETWORK

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Karnataka- 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 22/Jan/2024 12:17PM
UHID/MR No : CBAS.0000086689	Reported : 22/Jan/2024 01:27PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.20	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.371	µIU/mL	0.34-5.60	CLIA


Comment:

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

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes




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

SIN No:SPL24010197

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APOLLO CLINICS NETWORK

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Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034



Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 22/Jan/2024 12:17PM
UHID/MR No : CBAS.0000086689	Reported : 22/Jan/2024 01:27PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24010197



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Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:53AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 23/Jan/2024 01:40PM
UHID/MR No : CBAS.0000086689	Reported : 23/Jan/2024 02:17PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	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



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



SIN No: C02551990

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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Karnataka- 560034

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Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 08:56AM
Age/Gender : 44 Y 3 M 25 D/F	Received : 22/Jan/2024 12:30PM
UHID/MR No : CBAS.0000086689	Reported : 22/Jan/2024 01:51PM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



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



SIN No: UF010255

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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APOLLO CLINICS NETWORK

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Patient Name : Mrs.S RAJESHWARI	Collected : 22/Jan/2024 12:19PM
Age/Gender : 44 Y 3 M 25 D/F	Received : 24/Jan/2024 02:34PM
UHID/MR No : CBAS.0000086689	Reported : 27/Jan/2024 11:47AM
Visit ID : CBASOPV99446	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332884	

DEPARTMENT OF CYTOLOGY

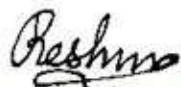
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1387/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH CANDIDA SPP
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH CANDIDIASIS

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

SIN No:CS073327

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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