

Physical Medical Examination Format

NAME:- Jagdeesh Kumar	DATE:- 23/3/24
DESIGNATION:-	AGE:- 47
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:-MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	NO
Personal /family history	NO
Past Medical /Surgical	NO
Sensitivity/Allergy (if any)	NO
Habits	NO
Occupational History	

Height: 165	Weight: 71	BMI: 26.08	Pulse: 73
Temp: 98.6	Spo2: 99	Resp: 18	B.P: 110/80

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. Jagdeesh Kumar for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically..... fit

Fit

Unfit

Signature Of Employee

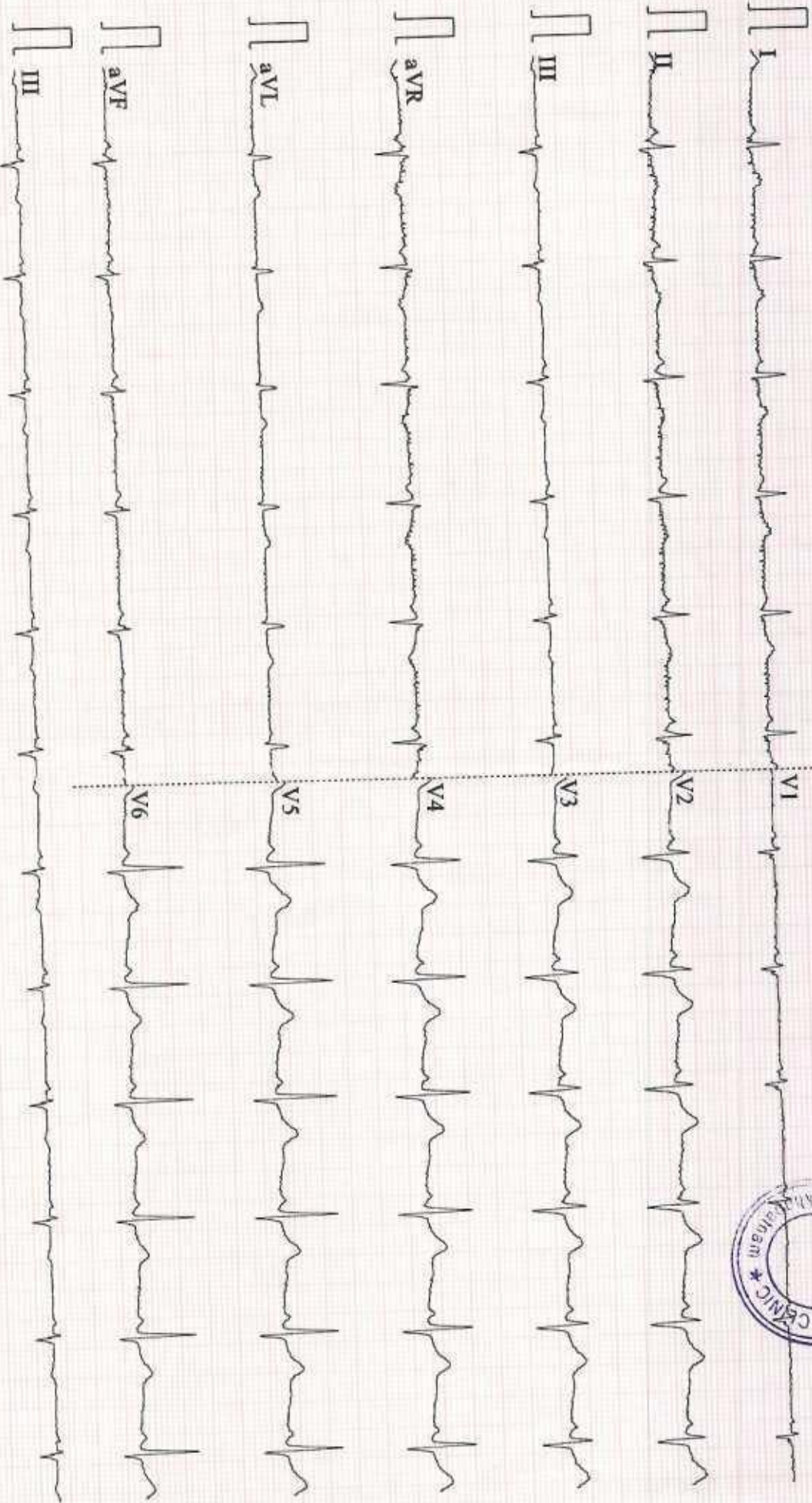
Dr.G. INDIRA PRIYADARSHINI
MBBS
Regd No. 63148
Signature & Seal Of Medical Examiner With
Apollo Family Pr. Sect.
Registration No. Seethammampet, Vizag

ID: 124599
Jagdish patnayak
Male 47 Years
Req. No. :

23-03-2024 09:59:55
HR : 73 bpm
P : 88 ms
PR : 108 ms
QRS : 84 ms
QT/QTcBz : 384/424 ms
P/QRS/T : 56/8/20 °
RV5/SV1 : 0.998/0.251 mV

Diagnosis Information:
Sinus rhythm
Short PR interval
Borderline ECG

Report Confirmed by:



Name: Mr. Jagdish Kumar Patnayak
 Age/Gender: 47 Y/M
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124599
 Visit ID: CVISOPV122666
 Visit Date: 23-03-2024 09:21
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 13:06	73 Beats/min	110/80 mmHg	18 Rate/min	98.6 F	165 cms	71 Kgs	%	%	Years	26.08	cms	cms	cms		AHL.L09094



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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 Vizag (Seethamma Peta)
 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

UNION BANK

NAME : MR. P. JAGADESA
AGE : 47

GENDER : M
DATE : 23/3/14

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6
DISTANCE : 26 26
NEAR VISION :
COLOUR VISION : WNL
ANT.SEGMENT :
CONJUNCTIVA :
CORNEA :
PUPIL :
FUNDUS :
IMPRESSION : WNL

— dull
— clear
— R/O P



SIGNATURE

Patient Name : Mr. Jagdesh Kumar Patnayak
UHID : CVIS.0000124599
Reported By : Dr. APPALA NAIDU L S
Referred By : SELF

Age : 47 Y/M
OP Visit No : CVISOPV122666
Conducted Date : 23-03-2024 13:57

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 73 beats per minutes.
3. No pathological Q wave or S-T, T changes seen.
4. Normal P, Q, R, S, T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. APPALA NAIDU L S



Patient Name : Mr. Jagdesh Kumar Patnayak
UHID : CVIS.0000124599
Reported on : 23-03-2024 15:26
Adm/Consult Doctor :

Age : 47 Y M
OP Visit No : CVISOPV122666
Printed on : 23-03-2024 15:26
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:23-03-2024 15:26

---End of the Report---



Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Patient Name : Mr.JAGDESH KUMAR PATNAYAK
Age/Gender : 47 Y 6 M 0 D/M
UHID/MR No : CVIS.0000124599
Visit ID : CVISOPV122666
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : na@na.com

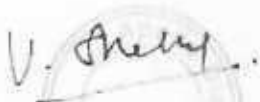
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Reported : 23/Mar/2024 02:08PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN

Page 1 of 8



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No: BED240080210

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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	43.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	52.1	%	40-80	Electrical Impedance
LYMPHOCYTES	35.6	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3959.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2705.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	395.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	532	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	286000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.

Page 2 of 8.



V. Snehal

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

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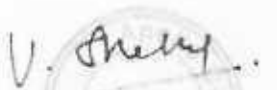
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Emp/Auth/TPA ID	: na@na.com		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

NO HEMOPARASITES SEEN




DR. V. SNEHAL
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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



V. Snehal
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	GOD - POD

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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	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

DR. V. SNEHAL
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SIN NO:EDT240036849

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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

- 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)



V. Snehal
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 M.D (PATH)
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SIN No: EDT240036849

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DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.28	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	8.69	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	2.910	µIU/mL	0.3-4.5	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

- 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.
- 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.
- 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.
- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



V. Sneh
 DR. V. SNEHAL
 M.D (PATH)
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SIN No: SPL24053872

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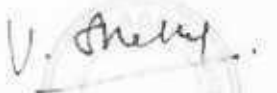
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DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD MALE - PAN INDIA - FY2324

***** End Of Report *****

Result/s to Follow:
LIPID PROFILE, RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), GAMMA GLUTAMYL TRANFERASE (GGT), LIVER FUNCTION TEST (LFT)

Page 8 of 8



DR. V. SNEHAL
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TO BOOK AN APPOINTMENT

 **1860 500 7788**

నమోదు సంఖ్య / Enrollment No. : 1027/00391/06705

P. O. Box No. 194
ed please return to:

04/11/2011

To
Jagadeesh Kumar Patnaik
జగదీశ్ కుమార్ పట్నాయక్
S/O Prakash Chandra Patnaik
51-8-43/83, Flat-S1,S2
Bobby Residency
Seethammadhara
Visakhapatnam
Visakhapatnam
Andhra Pradesh - 530013
9848083321



UF337134499IN

33713449



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

7333 4897 0642

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం
GOVERNMENT OF INDIA

జగదీశ్ కుమార్ పట్నాయక్
Jagadeesh Kumar Patnaik



పుట్టిన సంవత్సరం / Year of Birth: 1976
పురుషుడు / Male



7333 4897 0642

ఆధార్ - సామాన్యని హక్కు

Pin Code: 530013

Patnaik

Authority of the

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 3/21/2024 6:22 PM

To:mudavathbharathi123@gmail.com <mudavathbharathi123@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



Dear Jagdesh kumar patnayak,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-03-23** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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: 50-81-1/2, PLOT 5, SHEETHAMMAPETA, VISAKHAPATNAM.

Contact No: (0891) 258 5511 - 2.

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

Patient Name : Mrs.BHARATHI M	Collected : 23/Mar/2024 08:45AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124585	Reported : 23/Mar/2024 02:07PM
Visit ID : CVISOPV122647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 548555	

DEPARTMENT OF HAEMATOLOGY

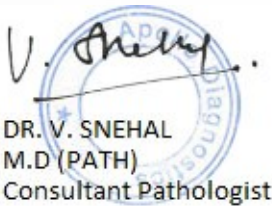
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia, No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079077

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

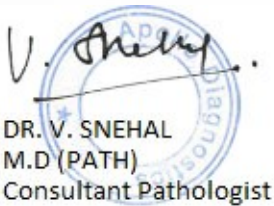
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Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.2	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.81	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	62	fL	83-101	Calculated
MCH	19.3	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	17	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5640	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2838.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	366.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	554.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.99		0.78- 3.53	Calculated
PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079077

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Patient Name : Mrs.BHARATHI M	Collected : 23/Mar/2024 08:45AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
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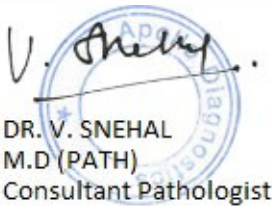
DEPARTMENT OF HAEMATOLOGY

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

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079077

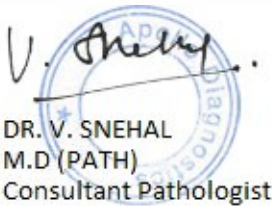
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Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 12:07PM
UHID/MR No : CVIS.0000124585	Reported : 23/Mar/2024 04:48PM
Visit ID : CVISOPV122647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 548555	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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	91	mg/dL	70-100	GOD - POD

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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

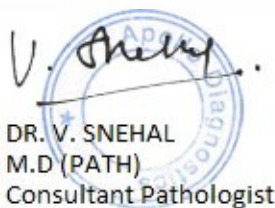
Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic



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SIN No:EDT240036152

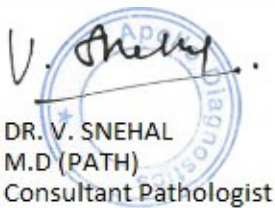
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DEPARTMENT OF BIOCHEMISTRY

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

- 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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SIN No:EDT240036152

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Patient Name : Mrs.BHARATHI M	Collected : 23/Mar/2024 08:46AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 12:11PM
UHID/MR No : CVIS.0000124585	Reported : 23/Mar/2024 05:16PM
Visit ID : CVISOPV122647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 548555	

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	240	mg/dL	0-200	CHOD-PAP
TRIGLYCERIDES	104	mg/dL	0-149	Enzymatic
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	202	mg/dL	<130	Calculated
LDL CHOLESTEROL	180.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.83	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<0.11	Calculated

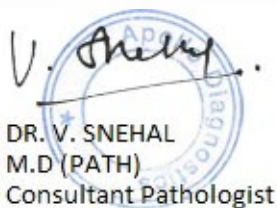
Comment:

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:

- 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.



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SIN No:SE04672171

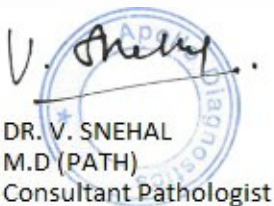
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DEPARTMENT OF BIOCHEMISTRY

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

- 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.97	mg/dL	0.10-1.20	Diazotized 2,4? Dichloroaniline
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.77	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.8	U/L	0-34	IFCC Modified method without PLP
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.1	U/L	0-34	IFCC
ALKALINE PHOSPHATASE	95.30	U/L	42-98	IFCC
PROTEIN, TOTAL	8.03	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.34	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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:

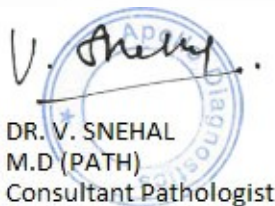
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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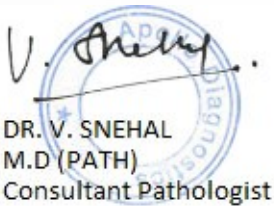
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.5-0.9	Jaffe
UREA	18.33	mg/dL	15-40	Urease with GLDH
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.29	mg/dL	2.6-6	URICASE/PEROXIDASE
CALCIUM	9.54	mg/dL	8.6-10.3	Arsenazo-III
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.7-4.5	PHOSPHOMOLYBDATE
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.03	g/dL	6.4-8.3	Biuret METHOD
ALBUMIN	4.34	g/dL	3.5-5.2	Bromocresol Green
GLOBULIN	3.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated



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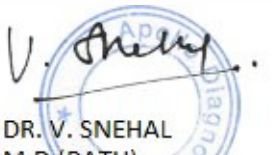
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UHID/MR No : CVIS.0000124585	Reported : 23/Mar/2024 05:05PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.70	U/L	0-38	IFCC



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SIN No:SE04672171

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Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 12:11PM
UHID/MR No : CVIS.0000124585	Reported : 23/Mar/2024 02:12PM
Visit ID : CVISOPV122647	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

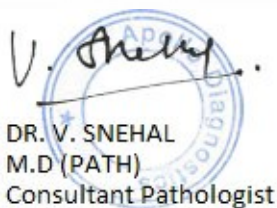
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.31	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.98	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	5.160	µIU/mL	0.3-4.5	CLIA

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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:SPL24052940

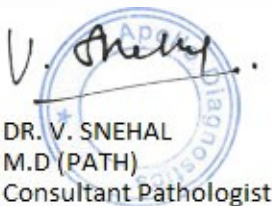
This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.BHARATHI M	Collected : 23/Mar/2024 08:46AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 23/Mar/2024 01:18PM
UHID/MR No : CVIS.0000124585	Reported : 23/Mar/2024 04:23PM
Visit ID : CVISOPV122647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 548555	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:UR2313463

This test has been performed at Apollo Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

Patient Name : Mrs.BHARATHI M	Collected : 23/Mar/2024 11:15AM
Age/Gender : 40 Y 6 M 0 D/F	Received : 24/Mar/2024 05:27PM
UHID/MR No : CVIS.0000124585	Reported : 26/Mar/2024 04:30PM
Visit ID : CVISOPV122647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 548555	

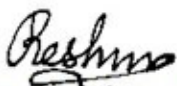
DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	7025/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



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

Page 14 of 14
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS077337

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

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)

GSTIN: 37AADCA0733E1Z6

Address: 50-81-1/2, Plot no. 5, Seethammampeta,
Visakhapatnam, Andhra Pradesh

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

Physical Medical Examination Format

NAME:- M. Bharathi	DATE:- 23.3.24
DESIGNATION:-	AGE:- 40
EMP CODE:-	UNIT/DEPARTMENT:-
BLOOD GROUP:-	MARTIAL STATUS:- MARRIED/UNMARRIED

MEDICAL EXAMINATION

Complaints (if any)	No
Personal /family history	No
Past Medical /Surgical	No
Sensitivity/Allergy (if any)	No
Habits	No
Occupational History	No

Height: 145	Weight: 44	BMI: 20.93	Pulse: 79
Temp: 98.6	Spo2: 99	Resp: 18	B.P: 100/70

Remarks

Treatment Recommended (if any):

I Hereby Certify that I have examined Mr/Ms. M. Bharathi for pre-employment /periodical medical examination, I have found / not found any disease, illness, contagious illness

I Certify That Employee Is Medically fit

Fit Unfit

[Signature]
Signature Of Employee

Dr. G. INDIRA PRIYADARSHINI
Regd. No. 68148 MBBS
Apollo Family Physician
Apollo Clinic, Seethamma Peta
Signature & Seal Of Medical Examiner With
Registration No:

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad 500016, Telangana. | Email ID: enquiry@apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Name: Mrs. BHARATHI M
 Age/Gender: 40 Y/F
 Address: vskp
 Location: VISAKHAPATNAM, ANDHRA PRADESH
 Doctor:
 Department: LABORATORY
 Rate Plan: VISHAKAPATNAM_06042023
 Sponsor: ARCOFEMI HEALTHCARE LIMITED

MR No: CVIS.0000124585
 Visit ID: CVISOPV122647
 Visit Date: 23-03-2024 08:15
 Discharge Date:
 Referred By: SELF

Vitals:

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 12:43	79 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	145 cms	44 Kgs	%	%	Years	20.93	cms	cms	cms		AHL.L09094

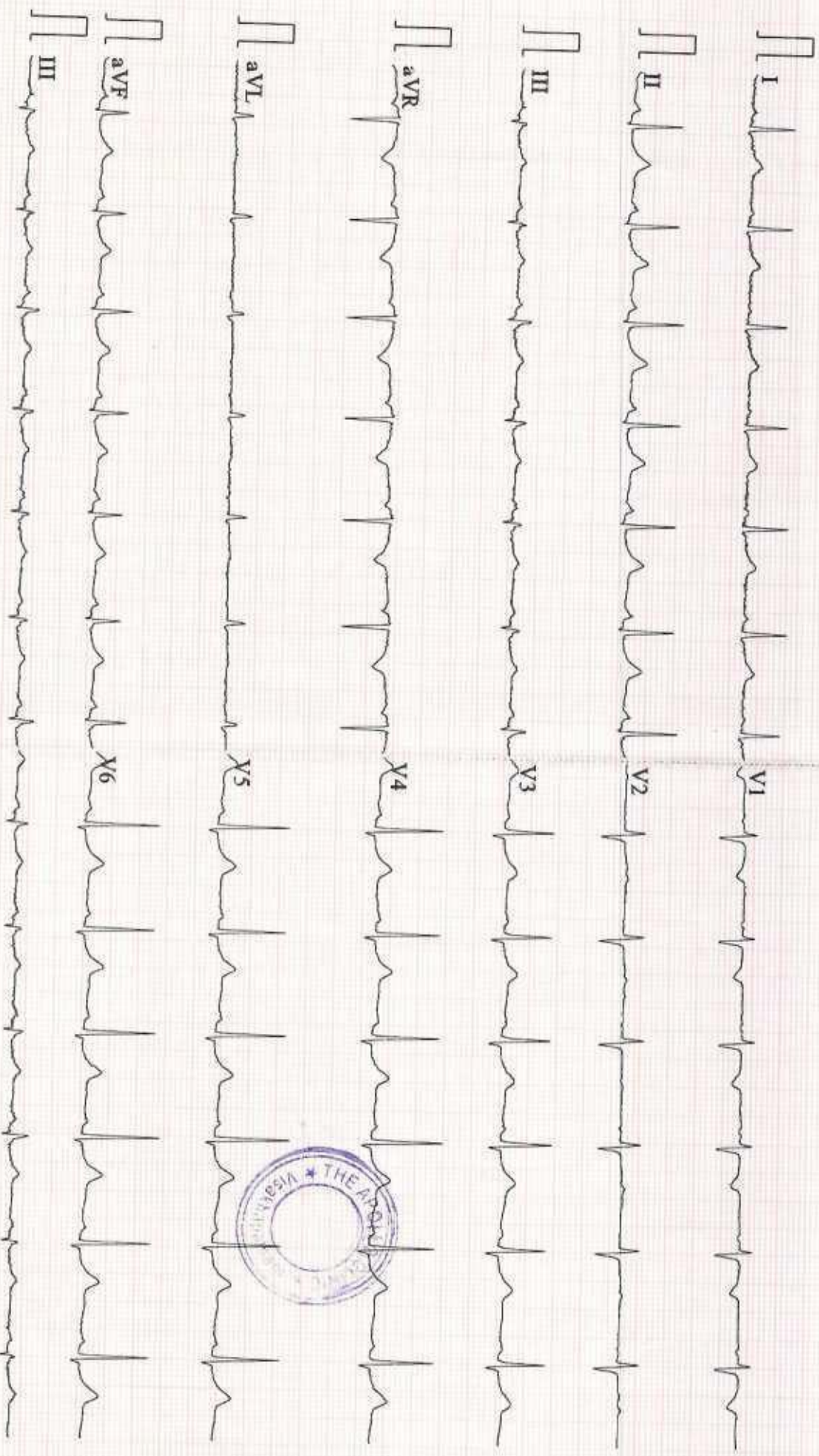


ID: 124585
bharathi m
Female 40Years
Req. No. :

23-03-2024 08:38:54
HR : 79 bpm
P : 92 ms
PR : 134 ms
QRS : 80 ms
QT/QTcBz : 402/461 ms
P/QRS/T : 66/36/56 °
RV5/SV1 : 1.242/0.426 mV

Diagnosis Information:
Sinus rhythm
Borderline prolonged QT interval
Borderline ECG

Report Confirmed by:



UNION

NAME : MRS. M. BHARATHI GENDER : F
 AGE : 40 DATE : 23/3/24

OPHTHALMOLOGY SCREENING REPORT

VISION : (OD) 6/6 (OS) 6/6
 DISTANCE : 26 26
 NEAR VISION :
 COLOUR VISION : - WNL -
 ANT.SEGMENT : - Quiet
 CONJUNCTIVA : - clear -
 CORNEA :
 PUPIL : - R/R -
 FUNDUS :
 IMPRESSION : WNL



[Signature]
SIGNATURE

Dr NAMRATHA ARISETTY

M.B.B.S, D,G,O

Consultant Obstetrician & Gynecologist

Reg No: -55899

Patient Name: - Mrs. Bhavani Age/Sex: - F / 40y Date: - 23/3/24

P/G -

O/E - G.L.F.

C/S/RS - NAD

P.S - Done

LMP - 28/2/24

PMH - Preg/28/4/5cd

No Lto HTA / Thy / DM

No significant Past family history

P.

Tab A.L.Z - 10

AM

Adm
Donor

Patient Name	: Mrs. BHARATHI M	Age	: 40 Y/F
UHID	: CVIS.0000124585	OP Visit No	: CVISOPV122647
Reported By	: Dr. APPALA NAIDU L S	Conducted Date	: 23-03-2024 13:30
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 79 beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. APPALA NAIDU L.S



Patient Name	: Mrs. BHARATHI M	Age	: 40 Y F
UHID	: CVIS.0000124585	OP Visit No	: CVISOPV122647
Reported on	: 23-03-2024 14:37	Printed on	: 23-03-2024 14:42
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.5cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD 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 appears normal. No focal lesion seen. Splenic vein appears normal.

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side.

Right kidney : 9.6 x 4.6 cm **Two calculi of size 4 mm- 5 mm in mid and lower pole.**

Left kidney : 8.8 x 4.1 cm **5mm calculus in mid pole.**

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. It shows normal shape and echo pattern.It measures 7.3 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 5 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2x 1.8 cm.

Left ovary: 3.5 x 1.9 cm.



Patient Name : Mrs. BHARATHI M
UHID : CVIS.0000124585
Reported on : 23-03-2024 14:37
Adm/Consult Doctor :

Age : 40 Y F
OP Visit No : CVISOPV122647
Printed on : 23-03-2024 14:42
Ref Doctor : SELF

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***BILATERAL RENAL CALCULI.**

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Printed on:23-03-2024 14:37

---End of the Report---

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology



Patient Name : Mrs.BHARATHI M
Age/Gender : 40 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124585
Visit ID : CVISOPV122647
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 548555

Collected : 23/Mar/2024 08:45AM
Received : 23/Mar/2024 12:07PM
Reported : 23/Mar/2024 02:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

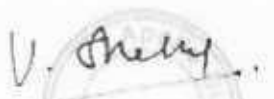
PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen , no NRBC . No polychromatophilia. No target cells seen . No intracellular hemo-parasite seen.

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No:BED240079077

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

ICIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mrs.BHARATHI M	Collected	: 23/Mar/2024 08:45AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124585	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 548555		

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	11.2	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.81	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	62	fL	83-101	Calculated
MCH	19.3	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	17	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.9	%	1-6	Electrical Impedance
MONOCYTES	5.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5640	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2838.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	366.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	554.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.99		0.78- 3.53	Calculated
PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

Red cells showed Microcytic hypochromic morphology. Moderate anisocytosis poikilocytosis present, no fragmented red cells seen, no NRBC. No polychromatophilia, No target cells seen. No intracellular hemo-parasite seen.

Page 2 of 8

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No. BED340070077

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1 617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apolloht.com

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Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



MC-2373

Patient Name : Mrs.BHARATHI M
Age/Gender : 40 Y 6 M 0 D/F
UHID/MR No : CVIS.0000124585
Visit ID : CVISOPV122647
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 548555

Collected : 23/Mar/2024 08:45AM
Received : 23/Mar/2024 12:07PM
Reported : 23/Mar/2024 02:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

TLC within normal limits , No toxic granules, no shift to the left in nuclear index. Lymphocytes normal in morphology. No atypical leukocytes seen.

Platelets are in adequate numbers

Microcytic hypochromic anemia.

V. Snehal

DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

Page 3 of 8



SIN No: BEI9240079077

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab : Vizag-530017

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APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



MC-2373

Patient Name	: Mrs. BHARATHI M	Collected	: 23/Mar/2024 08:45AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124585	Reported	: 23/Mar/2024 04:48PM
Visit ID	: CVISOPV122647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 548555		

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with Slide/Tube Agglutination
Rh TYPE	POSITIVE			

V. Snehal
DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist

Page 4 of 8



SIN No. BFD240079077
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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
Vizag (Seethamma Peta)
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs.BHARATHI M	Collected	: 23/Mar/2024 08:46AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124585	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 548555		

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	91	mg/dL	70-100	GOD - POD

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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic

DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No. EDT240036132

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohl.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
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TO BOOK AN APPOINTMENT

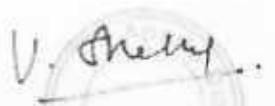
1860 500 7788

Patient Name	: Mrs.BHARATHI M	Collected	: 23/Mar/2024 08:46AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 23/Mar/2024 12:07PM
UHID/MR No	: CVIS.0000124585	Reported	: 23/Mar/2024 02:07PM
Visit ID	: CVISOPV122647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 548555		

DEPARTMENT OF BIOCHEMISTRY

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

- Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



SIN No. EDT240030152

Apollo Health and Lifestyle Limited Health and Lifestyle Ltd/Vizag Lab: Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

APOLLO CLINICS NETWORK TELANGANA & AP

Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)

Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs.BHARATHI M
 Age/Gender : 40 Y 6 M 0 D/F
 UHID/MR No : CVIS.0000124585
 Visit ID : CVISOPV122647
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 548555

Collected : 23/Mar/2024 08:46AM
 Received : 23/Mar/2024 12:11PM
 Reported : 23/Mar/2024 02:12PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.31	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	9.98	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	<u>5.160</u>	µIU/mL	0.3-4.5	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

- 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.
- 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.
- 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.
- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist



SIN No: SPL24032940

Apollo Health and Lifestyle Limited and Lifestyle Ltd/Vizag Lab : Vizag-530017

(CIN - U85110TG2000PLC046089) Regd. Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana. | Email ID: enquiry@apollohi.com

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Hyderabad (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Manikonda | Nallakunta | Nizampet | Uppal)
 Vizag (Seethamma Peta)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name	: Mrs.BHARATHI M	Collected	: 23/Mar/2024 08:46AM
Age/Gender	: 40 Y 6 M 0 D/F	Received	: 23/Mar/2024 01:18PM
UHID/MR No	: CVIS.0000124585	Reported	: 23/Mar/2024 04:23PM
Visit ID	: CVISOPV122647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 548555		

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	0.00	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:
 RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), LIPID PROFILE, LIVER FUNCTION TEST (LFT), GAMMA GLUTAMYL TRANFERASE (GGT), LBC PAP TEST (PAPSURE)



V. Snehal
 DR. V. SNEHAL
 M.D (PATH)
 Consultant Pathologist

Your appointment is confirmed

noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 1/21/2024 6:25 PM

To:mudavathbharathi123@gmail.com <mudavathbharathi123@gmail.com>

Cc:Vizag Apolloclinic <vizag@apolloclinic.com>;Ramakumar Vegi <ramakumar.v@apolloclinic.com>;Syamsunder M <syamsunder.m@apolfohl.com>



Dear BHARATHI M,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **VIZAG clinic** on **2024-03-23** 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:

Patient Name	: Mrs. BHARATHI M	Age/Gender	: 40 Y/F
UHID/MR No.	: CVIS.0000124585	OP Visit No	: CVISOPV122647
Sample Collected on	:	Reported on	: 23-03-2024 14:42
LRN#	: RAD2277768	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 548555		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver 12.5cm. appears normal in size and echotexture. No focal lesion is seen. PV and CBD 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 appears normal. No focal lesion seen. Splenic vein appears normal.

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

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side.

Right kidney : 9.6 x 4.6 cm **Two calculi of size 4 mm- 5 mm in mid and lower pole.**

Left kidney : 8.8 x 4.1 cm **5mm calculus in mid pole.**

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. It shows normal shape and echo pattern.It measures 7.3 x 4.6 x 4.4 cm. Endometrial echo-complex appears normal and measures 5 mm.No intra/extra uterine gestational sac seen.

Both ovaries :Normal in size and echotexture.

Right ovary: 3.2x 1.8 cm.

Left ovary: 3.5 x 1.9 cm.

There is no evidence of ascites/ pleural effusion seen.

IMPRESSION:-

***BILATERAL RENAL CALCULI.**

Patient Name : Mrs. BHARATHI M

Age/Gender : 40 Y/F

**For clinico-lab correlation / follow - up / further work up.
This is only a screening test.**

Dr. KARROTU SUDHA
MD RADIOLOGY
Radiology

Name: Mrs. BHARATHI M
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. GOLI INDIRA PRIYADARSHINI

MR No: CVIS.0000124585
Visit ID: CVISOPV122647
Visit Date: 23-03-2024 08:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. BHARATHI M
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ABHIJEET SINGH SACHAN

MR No: CVIS.0000124585
Visit ID: CVISOPV122647
Visit Date: 23-03-2024 08:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. BHARATHI M
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RANJANEE SRINIVASAN

MR No: CVIS.0000124585
Visit ID: CVISOPV122647
Visit Date: 23-03-2024 08:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. BHARATHI M
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. Namrata Dubey

MR No: CVIS.0000124585
Visit ID: CVISOPV122647
Visit Date: 23-03-2024 08:15
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. BHARATHI M
Age/Gender: 40 Y/F
Address: vskp
Location: VISAKHAPATNAM, ANDHRA PRADESH
Doctor:
Department: LABORATORY
Rate Plan: VISHAKAPATNAM_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. N MUKUNDA RAO

MR No: CVIS.0000124585
Visit ID: CVISOPV122647
Visit Date: 23-03-2024 08:15
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
23-03-2024 12:43	79 Beats/min	100/70 mmHg	18 Rate/min	98.6 F	145 cms	44 Kgs	%	%	Years	20.93	cms	cms	cms		AHLL09094

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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Established Patient: No

Vitals

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Established Patient: No

Vitals

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Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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