

Patient Name : Mrs.PAVITHRA R B	Collected : 27/Jan/2024 10:29AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 27/Jan/2024 03:48PM
UHID/MR No : CBAS.0000091356	Reported : 27/Jan/2024 07:29PM
Visit ID : CBASOPV99576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337611	

DEPARTMENT OF HAEMATOLOGY

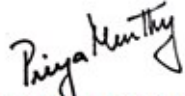
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	11.2	L	g/dL	12-15	Spectrophotometer
PCV	34.50	L	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.39	L	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	101.6	H	fL	83-101	Calculated
MCH	33	H	pg	27-32	Calculated
MCHC	32.5	L	g/dL	31.5-34.5	Calculated
R.D.W	14.2	H	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,980	L	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYCYTIC COUNT (DLC)					
NEUTROPHILS	50.5	L	%	40-80	Electrical Impedence
LYMPHOCYTES	39.5	L	%	20-40	Electrical Impedence
EOSINOPHILS	1.2	L	%	1-6	Electrical Impedence
MONOCYTES	8.3	L	%	2-10	Electrical Impedence
BASOPHILS	0.5	L	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	3524.9	L	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2757.1	L	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.76	L	Cells/cu.mm	20-500	Calculated
MONOCYTES	579.34	L	Cells/cu.mm	200-1000	Calculated
BASOPHILS	34.9	L	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	448000	H	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	47	H	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		L			

Page 1 of 16



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SIN No: BED240020045

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

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DEPARTMENT OF HAEMATOLOGY

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

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

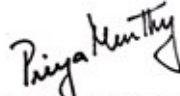
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

In view of increased MCV, suggested further evaluation with Vitamin B12/Folic acid levels /other causes of macrocytosis.

Kindly correlate clinically.



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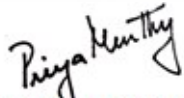
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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	A	N			Microplate Hemagglutination
Rh TYPE	Positive	N			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	89	L	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	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					
HBA1C, GLYCATED HEMOGLOBIN	6.1	H	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	N	mg/dL		Calculated

Comment:

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

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

Page 4 of 16




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DEPARTMENT OF BIOCHEMISTRY


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

UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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




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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM					
TOTAL CHOLESTEROL	207	H	mg/dL	<200	CHO-POD
TRIGLYCERIDES	75	L	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	L	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	H	mg/dL	<130	Calculated
LDL CHOLESTEROL	146.9	H	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15	L	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.60	L		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.64	L	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	L	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.54	L	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	L	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	L	U/L	<35	IFCC
ALKALINE PHOSPHATASE	63.00	L	U/L	30-120	IFCC
PROTEIN, TOTAL	6.57	L	g/dL	6.6-8.3	Biuret
ALBUMIN	3.72	L	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	L	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31	L		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.



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 1860 500 7788
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Patient Name : Mrs.PAVITHRA R B
Age/Gender : 32 Y 6 M 0 D/F
UHID/MR No : CBAS.0000091356
Visit ID : CBASOPV99576
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 337611

Collected : 27/Jan/2024 10:29AM
Received : 27/Jan/2024 04:06PM
Reported : 27/Jan/2024 05:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

- 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.



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

SIN No:SE04611129



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 |
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.38	L	mg/dL	0.51-0.95	Jaffe's, Method
UREA	9.30	L	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.4	L	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.17	L	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.50	L	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	L	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	L	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	L	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	L	mmol/L	101-109	ISE (Indirect)



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

SIN No:SE04611129



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Patient Name : Mrs.PAVITHRA R B	Collected : 27/Jan/2024 10:29AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 27/Jan/2024 04:06PM
UHID/MR No : CBAS.0000091356	Reported : 27/Jan/2024 05:18PM
Visit ID : CBASOPV99576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337611	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	L	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
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Age/Gender : 32 Y 6 M 0 D/F	Received : 27/Jan/2024 04:06PM
UHID/MR No : CBAS.0000091356	Reported : 27/Jan/2024 05:53PM
Visit ID : CBASOPV99576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337611	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1	L	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.50	L	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	7.019	H	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

- 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



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

SIN No:SPL24013242



Patient Name : Mrs.PAVITHRA R B	Collected : 27/Jan/2024 10:29AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 27/Jan/2024 04:06PM
UHID/MR No : CBAS.0000091356	Reported : 27/Jan/2024 05:53PM
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Emp/Auth/TPA ID : 337611	

DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
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SIN No:SPL24013242

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Patient Name : Mrs.PAVITHRA R B	Collected : 27/Jan/2024 10:29AM
Age/Gender : 32 Y 6 M 0 D/F	Received : 27/Jan/2024 04:41PM
UHID/MR No : CBAS.0000091356	Reported : 27/Jan/2024 06:12PM
Visit ID : CBASOPV99576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337611	

DEPARTMENT OF CLINICAL PATHOLOGY

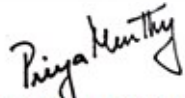
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW	N		PALE YELLOW	Visual
TRANSPARENCY	CLEAR	N		CLEAR	Visual
pH	6.5	L		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025	L		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION					
URINE PROTEIN	NEGATIVE	N		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE	N		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE	N		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE	N		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL	N		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE	N		NEGATIVE	Peroxidase
NITRITE	NEGATIVE	N		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE	N		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	1-2	L	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	N	/hpf	<10	MICROSCOPY
RBC	NIL	N	/hpf	0-2	MICROSCOPY
CASTS	NIL	L		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT	N		ABSENT	MICROSCOPY

Page 14 of 16



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



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



SIN No: UR2269622

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Age/Gender : 32 Y 6 M 0 D/F	Received : 27/Jan/2024 04:41PM
UHID/MR No : CBAS.0000091356	Reported : 27/Jan/2024 06:12PM
Visit ID : CBASOPV99576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 337611	

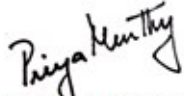
DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 15 of 16



Dr. Shobha Emmanuel
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Patient Name	: Mrs.PAVITHRA R B	Collected	: 27/Jan/2024 02:14PM
Age/Gender	: 32 Y 6 M 0 D/F	Received	: 28/Jan/2024 04:50PM
UHID/MR No	: CBAS.0000091356	Reported	: 30/Jan/2024 02:07PM
Visit ID	: CBASOPV99576	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 337611		

DEPARTMENT OF CYTOLOGY

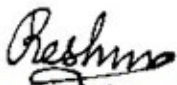
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1681/24
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	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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

SIN No:CS073555

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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Page 16 of 16
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 **1860 500 7788**
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Patient Name : Mrs. Pavithra R B

Age/Gender : 32 Y/F

UHID/MR No. : CBAS.0000091356

OP Visit No : CBASOPV99576

Sample Collected on :

Reported on : 27-01-2024 16:13

LRN# : RAD2218411

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 337611

DEPARTMENT OF RADIOLOGY

Liver: appears normal in size (13.9 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 9.4x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.6x1.4 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.

Uterus appears normal in size with anteverted position and measuring 8.9x3.4x3.9 cm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 0.8 cm.

Both ovaries are normal in size with peripherally arranged tiny non dominant follicle and central echogenic stroma. No dominant follicle/cyst. Right ovary measuring 3.2x2.5x2.9 cm volume 9 cc and left ovary measuring 3.6x2.5x2.7 cm volume 9.5 cc. No evidence of any adnexal pathology noted.

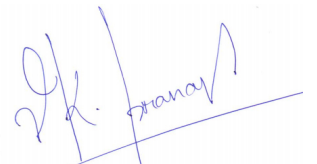
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-


GRADE I FATTY LIVER.
BILATERAL MILD POLYCYCTIC OVARIAN RESPONSE.

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



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Name : Mrs. Pavithra R B Address : blr Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 32 Y Sex : F	UHID :CBAS.0000091356  <small>* CBAS . 0 0 0 0 9 1 3 5 6 *</small> OP Number :CBASOPV99576 Bill No :CBAS-OCR-60564 Date : 27.01.2024 10:17
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	HbA1c, GLYCATED HEMOGLOBIN	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	ENT CONSULTATION	
7	FITNESS BY GENERAL PHYSICIAN	
8	GYNAECOLOGY CONSULTATION ✓	
9	DIET CONSULTATION	
10	COMPLETE URINE EXAMINATION	
11	PERIPHERAL SMEAR	
12	ECG	
13	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	LBC PAP TEST- PAPSURE ✓	
17	OPHTHAL BY GENERAL PHYSICIAN	
18	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
19	ULTRASOUND - WHOLE ABDOMEN	
20	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
21	DENTAL CONSULTATION - 10	

~~Physio~~ → (6)
 Se β HCG ✓

HA → 152cm
 WA → 62.4kg 36.5
 BP → 103/65
 PR → 82
37.5 - HWB

Date: IST: 2024-01-27 12:48:41

Personal Details

UHID: 01P3FGAT6S90ZKH
PatientID: 91356
Name: PAVITHRA RB
Age: 32
Gender: Female
Mobile: 65997897597

Pre-Existing Medical-Conditions

Vitals

Measurements
HR : 78 BPM
PR: 168 ms
PD: 125 ms
QRS: 101 ms
QRS Axis: 49 deg
QT/QTc: 383.437 ms

Interpretation

Sinus Rhythm Regular
Normal Axis

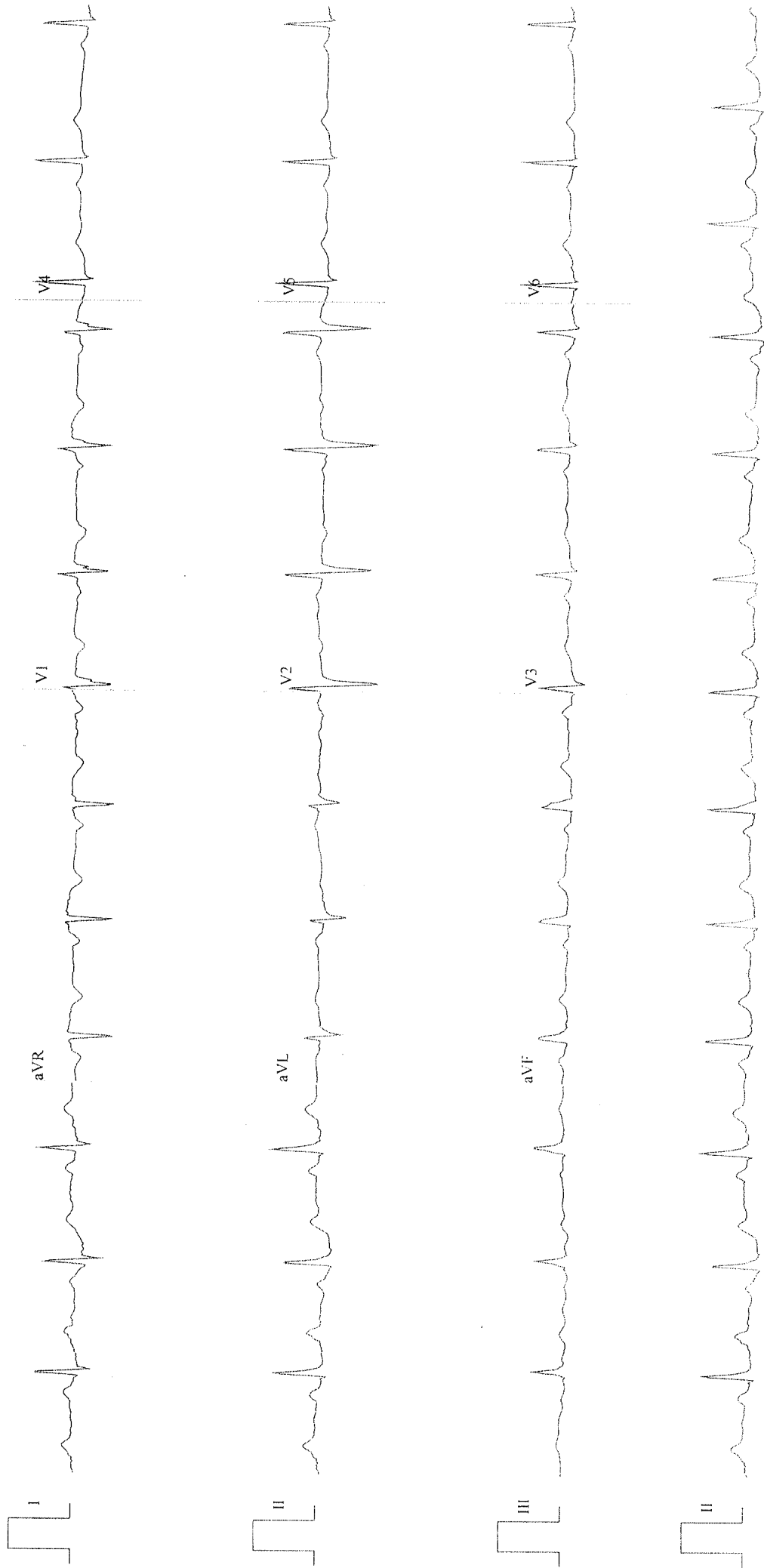
Author:

Jee

Dr. Yogesh
MD,DNB,
Reg No- K

Apdik

This trace is generated by **KardiaScreen: Chest-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from MEDRIA**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Note: Analysis in this report is based on ECG. It 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. Comments & repair values are scalable data. Time of correction is important.

Pavithra R.B.
 P/32
 9972051259.

25/1/24

pt has come for general dental
 check up.

on examination

Dental deep Caries

6/7.
 8/78

Adm

Ret

6/7
 8/78

Dr. Deepika
 08026616555

Mrs. Parvitha RB
32/F

Dr Anukthe Purnani
MBBS, MS, DNB, FRCO.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- Came for regular health check up,
- H/o open heart sx - 3 vsd at the age of 12 years.
- H/o burning sensation while having food / sleeping ⊕

o/e:

ear

Nose

Oral cavity

nm ..

Adv: ? LPRD

Follow up date:

Dr Anukthe Purnani
14/11/2020
Doctor Signature

Mrs. Pavithra, 32yr,

27/1/24

Diagn Hypolipidemia

Hts 152cm

Wts 62.4y

IBW 50-55y

Natln, (45-60mm)
~~RAAS~~

* Vegetable solid - Pichulayaru

BF & DM, Puzhukut 1mg.

↓

7pm.

Asal: calumal chud, Solan, jithru, kullal
kanyu its, dry jith its
bulu its.

* Cut jats.

" Oil -> 2 40ml cells

" Water, 2.5-3litly.

Dholi-glu

9449349333

Mrs. Paritha A B 32/R 91356 27/1/24

EYE CHECK UP REPORT

Vision Acuity { 6/6 unaided }
6/6

Digital IOP { (2) }
(2)

Near Vision { N26 unaided }
N26

Colour Vision { Normal }
Normal

• Fundus: Normal @ study

• Ant. Segment :- normal

• Media: Normal

• Pupil: normal

PHS

PAP SMEAR CONSENT FORM

PATIENT NAME: *Pamela*

AGE: *32y.*

GENDER: *F*

DATE: *27-1-24*

MENSTRUAL AND REPRODUCTIVE HISTORY

AGE OF MENARCHE : *13y*

AGE OF MENOPAUSAL IF APPLICABLE : *-*

MENSTRUAL REGULARITY : REGULAR/ IRREGULAR *missed periods*

FIRST DAY OF LAST MENSTRUATION PERIOD: *21-12-24*

AGE AT MARRIAGE : *20y*

YEAR'S OF MARRIED LIFE : *12y*

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) :

LIVE(NO OF LIVING CHILDREN) :

ABORTIONS :

MISCARRIAGES/ABORTION :

AGE OF FIRST CHILD :

AGE OF LAST CHILD :

PREVIOUS PAP SMEAR REPORT :

Pil - uses, 11y.

SPECULUM EXAMINATION FINDINGS

EXTERNAL GENITALIA

VAGINA

CERVIX

SMEAR THAKEN FROM - ENDOCERVIX

ECTOCERVIX

POSTERIOR VAGINA

| (N)

Fwd: Health Check up Booking Request(UBOIES3347), Beneficiary Code-169296

SHREEDHAR R GOWDA <hrs.sira@gmail.com>

Sat 1/27/2024 10:03 AM

To:Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

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

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

Date: Sat, 27 Jan 2024, 10:01 am

Subject: Health Check up Booking Request(UBOIES3347), Beneficiary Code-169296

To: <hrs.sira@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear R.Shreedhar,

We have received your booking request for the following health checkup, please upload HRM Letter as soon as possible.

Upload HRM Letter

Booking Date : 27-01-2024
User Package Name : MediWheel Full Body Health Checkup Male 40 To 50 For Self and Spouse
Hospital Package Name : Mediwheel Full Body Standard Plus
Health Check Code : PKG10000361
Name of Diagnostic/Hospital : Apollo Clinic - Basavanagudi
Address of Diagnostic/Hospital- Apollo Clinic, # 99, Bull Temple Road , Next to Ramakrishna mutt, Basavanagudi - 560019
Appointment Date : 27-01-2024
Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
R.Shreedhar	40 year	Male
Pavithra R B	32 year	Female

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Tests included in this Package :

- Bmi Check
- Thyroid Profile



भारत सरकार



आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಠ ಗುರುತು ಪಾಸ್‌ಕಾರ್ಡ್

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

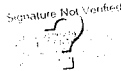
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0129/80021/02539

To
ಪವಿತ್ರ ಆರ್ ಬಿ
Pavithra R B
D/O: P Banappa
39
2nd Main 3rd Cross
B H E L Mini Colony Mallasandra T Dasarahalli
Bangalore North
Dasarahalli
Bengaluru Karnataka - 560057
9066116395

Download Date: 13/01/2018

Generation Date: 10/08/2016

Signature Not Verified



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7258 1965 8315

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಪವಿತ್ರ ಆರ್ ಬಿ
Pavithra R B
ಜನ್ಮ ದಿನಾಂಕ/DOB: 19/04/1991
ಸ್ತ್ರೀ/FEMALE



7258 1965 8315

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Apollo Clinic

CONSENT FORM

Patient Name: Mrs. Pallithera RB Age: 32 Y

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

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

general consultation

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

And I claim the above statement in my full consciousness.

Patient Signature: Date: 24/01/2024