





Patient Name : Mrs.MEGHA MEGHA

Age/Gender : 33 Y 8 M 1 D/F

UHID/MR No : CHSR.0000166030

Visit ID : CHSROPV335374

Ref Doctor : Self

Emp/Auth/TPA ID : 22S34347 Collected : 02/Oct/2024 12:01PM

Received : 02/Oct/2024 04:44PM Reported : 02/Oct/2024 06:03PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	34.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.32	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	80.3	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,620	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	64.6	%	40-80	Electrical Impedance
LYMPHOCYTES	26.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5568.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2284.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	163.78	Cells/cu.mm	20-500	Calculated
MONOCYTES	586.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	17.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.44		0.78- 3.53	Calculated
PLATELET COUNT	264000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) <sup>™</sup>Consultant Pathologist

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

AND LIFSTYLE LIMITED- RRL BANGALORE

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Page 1 of 11











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

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology)

<sup>™</sup>Consultant Pathologist Apolic Conv. - U85110TG2000PLC115819)

Reg SON CRASS A STATE OF THE REST OF THE PROPERTY OF TH

M.B.B.S, M.D (Pathology) Consultant Pathologist

AND LIFSTYLE LIMITED- RRL BANGALORE

address: 323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru,

Page 2 of 11

1860









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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACT	<b>FOR</b> , WHOLE BLOOD EDT	A		
BLOOD GROUP TYPE	В		1	Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Dr. Vidya Aniket Gore M.B.B.S,M.D(Pathology) <sup>™</sup>Consultant Pathologist

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	96	mg/dL	70-140	HEXOKINASE

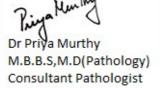
#### **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Page 4 of 11











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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN), WA	IOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	5.3	%	1	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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.

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

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.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 5 of 11



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE SIN NO:HSR241000187

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	209	mg/dL	<200	CHO-POD
TRIGLYCERIDES	251	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	63	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	146	mg/dL	<130	Calculated
LDL CHOLESTEROL	95.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	50.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.24		<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

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 6 of 11



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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.26	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.4		<1.15	Calculated
ALKALINE PHOSPHATASE	113.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		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. AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.
- 2. Cholestatic Pattern:\*ALP Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
- 3. Synthetic function impairment:\*Albumin-Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S,M.D(Pathology) Consultant Pathologist Page 7 of 11



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE SIN No:HSR241000186

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.66	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	23.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.36	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.46	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priya Murthy M.B.B.S, M.D(Pathology) Consultant Pathologist

Page 8 of 11



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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<38	IFCC

Page 9 of 11

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

THISTNESTNESS PERFECT AND PROPERTY APOLLO HEALTH AND LIFSTYLE LIMITED- RRL BANGALORE









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#### **DEPARTMENT OF IMMUNOLOGY**

Status

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM	'		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.9	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.984	μIU/mL	0.34-5.60	CLIA

#### **Comment:**

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

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

TSH	<b>T3</b>	<b>T4</b>	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	econdary and Tertiary Hypothyroidism	
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy	
Low	N	N	N	ubclinical 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	

Page 10 of 11

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry M.B.B.S, M.D(Pathology) Consultant Pathologist



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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\*\*\* End Of Report \*\*\*

Result/s to Follow:

GLUCOSE (POST PRANDIAL) - URINE, PERIPHERAL SMEAR, GLUCOSE (FASTING) - URINE, COMPLETE URINE EXAMINATION (CUE)

Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry Dr Priva Murthy M.B.B.S, M.D(Pathology) Consultant Pathologist

Page 11 of 11



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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

2.~ Dr.Govinda Raju N L MSc,PhD(Biochemistry) Consultant Biochemistry

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

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: Mrs. MEGHA MEGHA

**UHID** 

: CHSR.0000166030

Printed On Department : 02-10-2024 05:53 AM

Referred By

: Self

Employeer Id

: 22\$34347

: Radiology

Age

: 33Yrs 7Mths 30Days

OP Visit No.

: CHSROPV335374

Advised/Pres Doctor : --

Qualification

Registration No.

# **DEPARTMENT OF RADIOLOGY**

# **ULTRASONOGRAPHY OF ABDOMEN &**

#### **PELVIS**

LIVER: Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

GALL BLADDER: Minimally distended. No intraluminal calculi seen. Wall thickness is normal.

**PANCREAS**: Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

**SPLEEN**: Normal in size & echotexture normal. No focal / diffuse lesions.

KIDNEYS: Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

URINARY BLADDER: Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

UTERUS: Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal.Endometrial thickness: 6 mm.

POD - clear.

**OVARIES:** Both ovaries are normal in size & echopattern. No obvious mass noted.

IMPRESSION: No sonologically detectable abnormality seen in the present study.

(The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable ). It is only a professional opinion. Not valid for medico-legal purpose ) Higher imaging techniques to be done, depending on the condition of the patient, if clinically needed.

---End Of The Report---



Dr. ARSHAD IQBAL MBBS, DMRD 53817 Radiology



: Mrs. MEGHA MEGHA

: 33Yrs 7Mths 30Days : CHSROPV335374

UHID

: CHSR.0000166030

Printed On Department : 02-10-2024 01:15 PM

Advised/Pres Doctor : --

: Cardiology

Qualification : --

Reffered By

: Self

: --

Employeer Id

: 22\$34347

Registration No.

# **DEPARTMENT OF CARDIOLOGY**

Age

OP Visit No.

# Observation:-

- 1. Sinus Rhythm.
- 2. Heart rate is 72 beats per minutes.
- 3. No pathological Q wave or ST-T changes seen.
- 4. Normal P,QRS,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

# Impression:

T WAVE IMPRESSION.

---End Of The Report---

Dr.RAMNARESH SOUDRI MBBS, MD (General Medicine), DM Cardiology

Cardiology

81603



: Mrs. MEGHA MEGHA

UHID

: CHSR.0000166030

. Спак.оо

Printed On Department : 02-10-2024 06:36 AM

Referred By

: Self

Employeer Id

: 22\$34347

: Radiology

Age

: 33Yrs 7Mths 30Days

OP Visit No.

: CHSROPV335374

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

# **DEPARTMENT OF RADIOLOGY**

# X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

Dr. ARSHAD IQBAL MBBS, DMRD 53817

Radiology





Name : Mrs. MEGHA MEGHA Age: 33Y 7M 29D

Address: Hsr Layout Bangalore Karnataka INDIA 560102

sex: Female

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC

CREDIT PAN INDIA OP AGREEMENT

UHID: CHSR.0000166030



OP No: CHSROPV335374 Bill No: CHSR-OCR-72382 Date: Oct 2nd, 2024, 9:25 AM

		Date: Oct 2nd, 2024, 9:23 AW		
Sno.	Service Type/Service Name	Department		
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS C INDIA - FY2324	HECK - FEMALE - 2D ECHO - PAN		
1	ULTRASOUND - WHOLE ABDOMEN	Ultrasound Radiology		
1/2	OPTHAL BY GENERAL PHYSICIAN	Consultation		
3	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology		
4	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry		
5	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry		
6	GYNAECOLOGY CONSULTATION	Consultation		
- 7	DIET CONSULTATION	General		
8	BODY MASS INDEX (BMI)	General		
9	ECG DECEMBER OF THE PROPERTY O	Cardiology		
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry		
11	2 DÉCHO	Cardiology		
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank		
1/3	X-RAY CHEST PA	X Ray Radiology		
14	URINE GLUCOSE(FASTING)	Clinical Pathology		
15	LBC PAP TEST- PAPSURE	Histopathology		
16	FITNESS BY GENERAL PHYSICIAN	Consultation		
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry		
18	GLUCOSE, FASTING	Biochemistry		
(19	ENT CONSULTATION	Consultation		
20	LIPID PROFILE	Biochemistry		
21	DENTAL CONSULTATION	Consultation		
22	HEMOGRAM + PERIPHERAL SMEAR	Haematology		
23	PERIPHERAL SMEAR	Haematology		
24	COMPLETE URINE EXAMINATION	Clinical Pathology		
25	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry		



Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Regd. Office: #7-1-617-7A, 615 & 616, Imperial Towers, 7th Floor; Ameerpet, Hyderabad 500038, Telangana, www.apollohi.com | Email ID: enquiry@apollohi.com , Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK
Talangana: Hyderabad (A5 Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampat | Manikonda | Uppal ) Andhra Pradesh: Vizag
(Seethamma Peta) Karnataka: Bangalora (Basavanagud) | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalshalli |
Koramangala | Sarjapur Road) Mysacs (VV Mohalla) Tamilinadur Channal ( Annangala | Koturpuram | T Nagar | Valasinavakkum |
Maharashira Puna ( Kundih | Nigidi Pradhikaran | Uman Nagar | Wanowire | Kharadi) Uttar Pradesh: Ghazilabad (Indirapuram)

GSTIN: 29AADCA0733E1Z3

Address:

54, First Floor, 12th Main Road, HSR Layout-560102



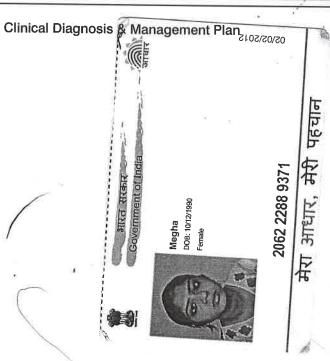




My. nagl

Height: 154	Weight:	Golce	BMI: 27 4/4	Waist Circum :
Temp :	Pulse :	261	Resp:	B.P: 125 (85 m)

General Examination / Allergies History



Follow up date:

**Doctor Signature** 





Mrs. MEGHA MEGHA

Age

: 33Yrs 7Mths 29Days

UHID

CHSR.0000166030

OP Visit No.

: CHSROPV335374

Printed On Department 02-10-2024 11:23 AM

Advised/Pres Doctor

Referred By

: Radiology

Qualification

: Self

Registration No.

Employeer Id

: 22\$34347

#### **DEPARTMENT OF RADIOLOGY**

# **ULTRASONOGRAPHY OF ABDOMEN & PELVIS**

LIVER: Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

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POD - clear.

OVARIES: Both ovaries are normal in size & echopattern. No obvious mass noted.

IMPRESSION: No sonologically detectable abnormality seen in the present study.

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---End Of The Report---

Dr. ARSHAD IQBAL MBBS, DMRD 53817

Radiology







# **Apollo Clinic**

# CONSENT FORM

r/Mrs/Ms Megha Age: 33
T/Mrs/Ms Megha Age: 33
Employee of Bank of Baroda  2 Urine & 1 Fasting, blood 914 cose Consultation will be taking on Saturday, 5/10 /2024  Urine and fasting Sugar
Consultation will be taking on Sattar order of Sugar (Sompany) Want to inform you that I am not interested in getting Urine and fasting Sugar ests done which is a part of my routine health check package. LBC. general Consultation,
ests done which is a part of my routine health check package.
and I claim the above statement in my full consciousness.

Date: 2/10/2024





To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam.

# Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY					
NAME	MEGHA MEGHA				
DATE OF BIRTH	10-12-1990				
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	02-10-2024				
BOOKING REFERENCE NO.	24D168038100115458S				
SPOUSE DETAILS					
EMPLOYEE NAME	MR. GUPTA APOORV				
EMPLOYEE EC NO.	168038				
EMPLOYEE DESIGNATION	BRANCH HEAD				
EMPLOYEE PLACE OF WORK	BANGALORE,ANNAPOORNESWARI NAGA				
EMPLOYEE BIRTHDATE	17-03-1989				

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 26-09-2024 till 31-03-2025. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM & Marketing Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

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Apollo Clinic

Expertise. Closer to you.
33Yrs 7Mths 29Days

Patient Name

: Mrs. MEGHA MEGHA

: CHSR.0000166030

Printed On

UHID

02-10-2024 12:06 PM

Department Referred By Radiology

Employeer Id

: Self

22834347

Age

OP Visit No.

//3/10/

Advised/Pres Doctor

Qualification

Registration No.

CHSROPV335374

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# DEPARTMENT OF RADIOLOGY

# X-RAY CHEST PA VIEW

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Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION:** 

No obvious abnormality seen

For clinical correlation.

---End Of The Report---

Dr. ARSHAD IQBAL MBBS, DMRD 53817 Radiology



Lab Address: Apollo Clinic No 54 First Floor 12Th Main Road Behind Bda Complex HSR Layout Bangalore

Lab Center Location: https://s.medibuddy.in/?t7vH1V

Lab Center SPOC: Mr. Sambit Kesori

Lab Center Contact Details: (080) 2572 4235 - 8

Request ID	Test/Package Name	Appointment Status	Appointment Date	Appointment Time	
58722388	TCS Package I	Confirmed	02/10/2024	08:00 AM-09:00 AM	

This confirmation letter is valid only for the above-mentioned appointment dates. Should you like to reschedule, you will receive a revised confirmation letter for the next preferred dates.

If you want to reschedule/cancel the appointment, please click the link https://link.medibuddy.app/xC76GdL8lNb



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