

Patient Name	: Miss.SHWETA S A	Collected	: 10/Aug/2024 10:01AM
Age/Gender	: 33 Y 1 M 26 D/F	Received	: 10/Aug/2024 10:55AM
UHID/MR No	: CMAR.0000359819	Reported	: 10/Aug/2024 12:44PM
Visit ID	: CMAROPV847090	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30812		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

.....



Dr. Varsha Narayanan
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:BED240208790



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Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	12.5-15	Spectrophotometer
PCV	39.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.5	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	11.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedence
LYMPHOCYTES	28.6	%	20-40	Electrical Impedence
EOSINOPHILS	2.6	%	1-6	Electrical Impedence
MONOCYTES	3.2	%	2-10	Electrical Impedence
BASOPHILS	1.6	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3904	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1744.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	158.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	195.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	97.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
PLATELET COUNT	358000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

Page 2 of 19



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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

Kindly correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Interval	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



Dr.Nisha
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Consultant Pathologist

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Patient Name : Miss.SHWETA S A	Collected : 10/Aug/2024 12:57PM
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-110	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	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.



Dr. Varsha Narayanan
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Consultant Pathologist

SIN No:PLP1481362



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Test Name	Result	Unit	Bio. Ref. Interval	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.

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. Nisha
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SIN No:EDT240085450



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	182	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	60	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	61	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.02	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.97		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.28	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.23	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.4	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.3	U/L	14-36	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	92.27	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.76	g/dL	6.3-8.2	Biuret
ALBUMIN	4.34	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		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 > 1 In 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



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- 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.



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



Patient Name	: Miss.SHWETA S A	Collected	: 10/Aug/2024 10:01AM
Age/Gender	: 33 Y 1 M 26 D/F	Received	: 10/Aug/2024 11:55AM
UHID/MR No	: CMAR.0000359819	Reported	: 10/Aug/2024 03:09PM
Visit ID	: CMAROPV847090	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30812		

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) , SERUM				
CREATININE	0.62	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	17.87	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.92	mg/dL	2.5-6.2	Uricase
CALCIUM	9.68	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.84	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142.6	mmol/L	135-145	Direct ISE
POTASSIUM	5.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102.8	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.76	g/dL	6.3-8.2	Biuret
ALBUMIN	4.34	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.42	g/dL	2.0-3.5	Calculated
A/G RATIO	1.27		0.9-2.0	Calculated



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04805541



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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	22.75	U/L	12-43	Glycylglycine Nitoranalide

Page 12 of 19



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Visit ID : CMAROPV847090	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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				
TRI-IODOTHYRONINE (T3, TOTAL)	0.93	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.792	µIU/mL	0.38-5.33	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



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SIN No:SPL24130615

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Visit ID	: CMAROPV847090	Status	: Final Report
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Emp/Auth/TPA ID	: 22E30812		

DEPARTMENT OF IMMUNOLOGY

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

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.Nisha
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Consultant Pathologist

SIN No:SPL24130615



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Patient Name : Miss.SHWETA S A	Collected : 10/Aug/2024 10:01AM
Age/Gender : 33 Y 1 M 26 D/F	Received : 10/Aug/2024 11:59AM
UHID/MR No : CMAR.0000359819	Reported : 10/Aug/2024 12:44PM
Visit ID : CMAROPV847090	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30812	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 15 of 19



Dr. Varsha Narayanan
M.B.B.S., M.D (Pathology)
Consultant Pathologist

SIN No:UR2402285



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Patient Name	: Miss.SHWETA S A	Collected	: 10/Aug/2024 10:01AM
Age/Gender	: 33 Y 1 M 26 D/F	Received	: 10/Aug/2024 11:59AM
UHID/MR No	: CMAR.0000359819	Reported	: 10/Aug/2024 12:44PM
Visit ID	: CMAROPV847090	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30812		

DEPARTMENT OF CLINICAL PATHOLOGY

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

and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 19



Dr. Varsha Narayanan
M.B.B.S.,M.D(Pathology)
Consultant Pathologist

SIN No:UR2402285



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Patient Name : Miss.SHWETA S A	Collected : 10/Aug/2024 12:57PM
Age/Gender : 33 Y 1 M 26 D/F	Received : 10/Aug/2024 03:17PM
UHID/MR No : CMAR.0000359819	Reported : 10/Aug/2024 04:09PM
Visit ID : CMAROPV847090	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 17 of 19



Dr.Nisha
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SIN No:UPP017837



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Age/Gender : 33 Y 1 M 26 D/F	Received : 10/Aug/2024 11:59AM
UHID/MR No : CMAR.0000359819	Reported : 10/Aug/2024 12:48PM
Visit ID : CMAROPV847090	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30812	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Dr. Varsha Narayanan
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Consultant Pathologist

SIN No:UF012035



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Patient Name : Miss.SHWETA S A	Collected : 10/Aug/2024 04:11PM
Age/Gender : 33 Y 1 M 26 D/F	Received : 12/Aug/2024 11:34AM
UHID/MR No : CMAR.0000359819	Reported : 14/Aug/2024 10:02PM
Visit ID : CMAROPV847090	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30812	

DEPARTMENT OF CYTOLOGY

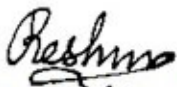
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	17949/24
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

SIN No:CS084669

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

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

APOLLO CLINICS NETWORK

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

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

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CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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

Date : 10-08-2024
MR NO : CMAR.0000359819
Name : Miss. SHWETA S A
Age/ Gender : 33 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 09:30

Height : 149cm.	Weight : 48kg	BMI :	Waist Circum :
Temp :	Pulse : 110bpm.	Resp :	B.P : 90/60 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CP 10 ENT

BK FAC 1.0m ~
IPT ~

Phew : ~

(Signature)

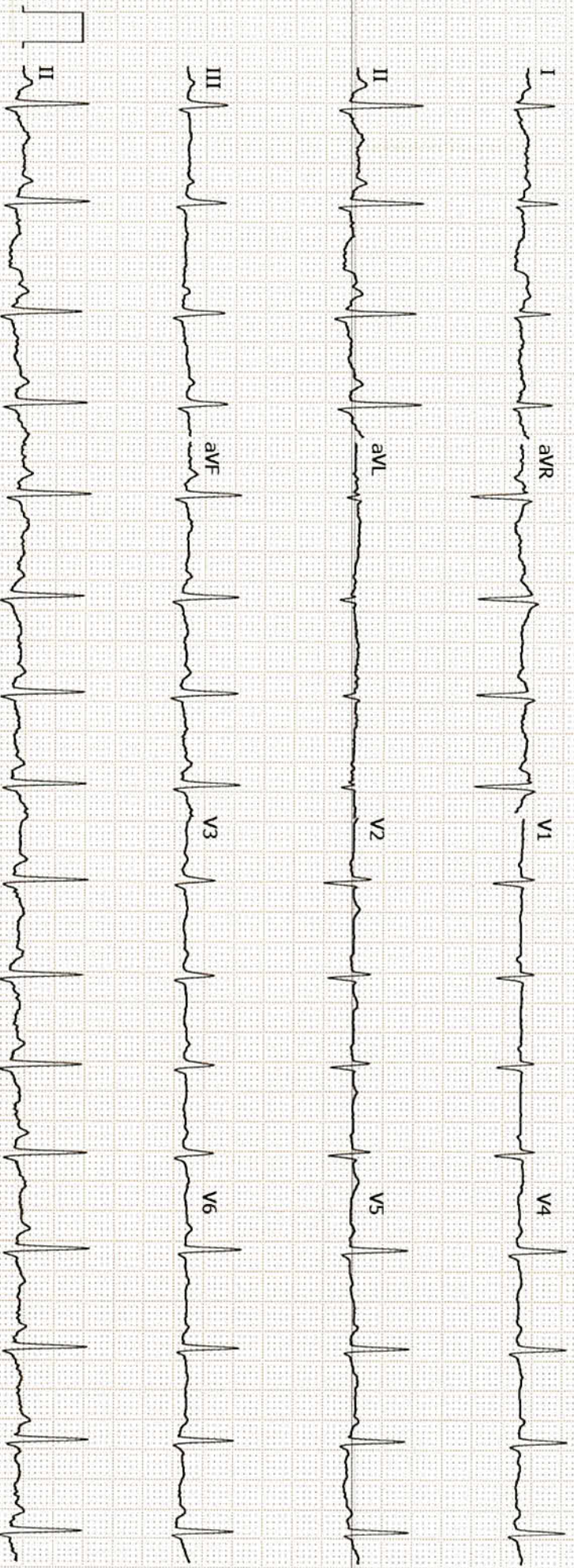
Follow up date:

Doctor Signature

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 326 / 407 ms
PR : 146 ms
P : 92 ms
RR / pp : 634 / 638 ms
P / QRS / T : 58 / 64 / 38 degrees

Normal sinus rhythm with sinus arrhythmia
Nonspecific T wave abnormality
Abnormal ECG



DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>Miss Shweta SA</i>	Date: <i>10.08.21</i>
Employee No:	Sex: <i>F</i>
Age: <i>33 yrs</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	Normal/Abnormal	Normal/Abnormal
Vision Distance	<i>6/12</i>	<i>6/6 (1)</i>
Near vision	<i>Ng</i>	<i>Ng</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/Absent	Present/Absent
New Glass power	<i>-0.75 dsph 6/6</i>	<i>-0.50 dsph 6/6</i>
Add Power	<i>---</i>	<i>---</i>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments

Mukherjee
10.08.21
Signature of Consultant & Optometrist

359819



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shweta SA on 10/8/24

After reviewing the medical history and on clinical examination it has been found that he/she is

<ul style="list-style-type: none"> • Medically Fit 		<p>Tick</p> <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>		
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>		
<ul style="list-style-type: none"> • Unfit 		

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Patient Name : Miss. SHWETA S A

Age/Gender : 33 Y/F

UHID/MR No. : CMAR.0000359819

OP Visit No : CMAROPV847090

Sample Collected on :

Reported on : 10-08-2024 17:48

LRN# : RAD2400181

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E30812

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

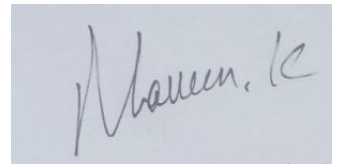
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



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

Patient Name	: Miss. SHWETA S A	Age/Gender	: 33 Y/F
UHID/MR No.	: CMAR.0000359819	OP Visit No	: CMAROPV847090
Sample Collected on	:	Reported on	: 10-08-2024 14:51
LRN#	: RAD2400181	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E30812		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.4cm and parenchymal thickness measures 1.4cm.

Left kidney measures 9.9cm and parenchymal thickness measures 1.4cm.

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

UTERUS: appears normal in size, measuring 7.9x5.9x4.7cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.6mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.8x2.4cm.

Left ovary measures 3.5x2.4cm.

No free fluid is seen.

Visualized bowel loops appears normal.

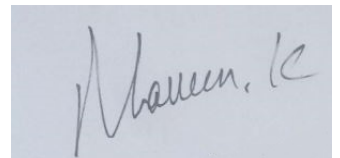
IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose.
3. Printing mistakes should immediately be brought to notice for correction.



Dr. NAVEEN KUMAR K



Patient Name : Miss. SHWETA S A

Age/Gender : 33 Y/F

MBBS, DMRD Radiology, (DNB)
Radiology



Dear MS. A SHWETA S,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **MARATHAHALLI clinic** on **2024-08-10** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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: THE APOLLO CLINIC,#673/A,VARTHUR MAIN ROAD,NEAR
KUNDANAHALII SIGNAL,OPP.SHRIRAM SAMRUDDHI
APTS,WHITEFIELD,BANGALORE-.**

Contact No: (080) 43351444 - 45/.

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

Warm Regards,
Apollo Clinic



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No 1074/15514/01049

To,
ಶ್ವೇತಾ ಎಸ್ ಎ
Shweta S A
D/O Sunanda A Shet
Nityananda Road
Lal Bahaddhur Nagar Marathikoppa Sirsi
Sirsi
Uttara Kannada
Karnataka 581402
8722775601

02/12/2011

Ref: 179 / 22F / 355646 / 357105 / P



UE614731749IN



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6846 0184 5905

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

GOVERNMENT OF INDIA



ಶ್ವೇತಾ ಎಸ್ ಎ
Shweta S A
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1991
ಸ್ತ್ರೀ / Female



6846 0184 5905

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Patient Name : Miss. SHWETA S A Age : 33 Y/F
 UHID : CMAR.0000359819 OP Visit No : CMAROPV847090
 Conducted By: : Dr. KAPIL RANGAN Conducted Date : 10-08-2024 17:45
 Referred By : SELF

ECHO (2D&COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	23mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	28mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	10mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	36mm	35 - 55 mm	%FD	35%	(25 – 40%)
LVID(es)	18mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Miss. SHWETA S A Age : 33 Y/F
 UHID : CMAR.0000359819 OP Visit No : CMAROPV847090
 Conducted By: : Dr. KAPIL RANGAN Conducted Date : 10-08-2024 17:45
 Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Kapil Rangan
Consultant Cardiologist
KMC No. 88625