

Patient Name : Mrs.VIJAYALAKSHMI S	Collected : 26/Oct/2024 09:27AM
Age/Gender : 50 Y 3 M 4 D/F	Received : 26/Oct/2024 11:23AM
UHID/MR No : CIND.0000172818	Reported : 26/Oct/2024 01:02PM
Visit ID : CINDOPV243849	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7663	


DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.9	g/dL	12-15	Spectrophotometer
PCV	40.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	72.7	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,590	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70.1	%	40-80	Electrical Impedance
LYMPHOCYTES	22.6	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	5.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5320.59	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1715.34	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	151.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	394.68	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.59	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.1		0.78- 3.53	Calculated
PLATELET COUNT	313000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: Show mild anisopoikilocytosis with Microcytic hypochromic RBCs. Few elliptocytes seen

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


 Dr. Rajalakshmi D
 M.B.B.S, M.D
 Consultant Pathologist


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE.

Note: Kindly evaluate for iron deficiency status.


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

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Patient Name : Mrs.VIJAYALAKSHMI S	Collected : 26/Oct/2024 09:27AM
Age/Gender : 50 Y 3 M 4 D/F	Received : 26/Oct/2024 12:28PM
UHID/MR No : CIND.0000172818	Reported : 26/Oct/2024 12:45PM
Visit ID : CINDOPV243849	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	77	mg/dL	70-100	HEXOKINASE


Comment:

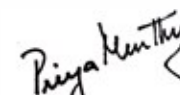
As per American Diabetes Guidelines, 2023

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:

- 1.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.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


Dr.Govinda Raju N L
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This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory.

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Patient Name : Mrs.VIJAYALAKSHMI S	Collected : 26/Oct/2024 09:27AM
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UHID/MR No : CIND.0000172818	Reported : 26/Oct/2024 11:58AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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)

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 Consultant Pathologist



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APOLLO HEALTH AND LIFESTYLE LIMITED | APOLLO HEALTH AND LIFESTYLE LIMITED - RRL BANGALORE

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Regd. Office: 10/22/20, Anand Nagar, 4th Cross, 4th Stage, 4th Cross, Anand Nagar, Hyderabad, Telangana - 500016 |

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APOLLO CLINICS NETWORK

Telangana: Hyderabad | Andhra Pradesh: Vizag | Karnataka: Bangalore | Kerala: Kochi | Maharashtra: Mumbai | Odisha: Bhubaneswar | West Bengal: Kolkata | Gujarat: Gandhinagar | Rajasthan: Jaipur | Madhya Pradesh: Bhopal | Uttar Pradesh: Lucknow | Bihar: Patna | Jharkhand: Ranchi | Assam: Dispur | Arunachal Pradesh: Itanagar | Manipal: Imphal | Mizoram: Aizawl | Nagaland: Kohima | Tripura: Agartala | Meghalaya: Shillong | Assam: Dispur | Arunachal Pradesh: Itanagar | Manipal: Imphal | Mizoram: Aizawl | Nagaland: Kohima | Tripura: Agartala | Meghalaya: Shillong

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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.04	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.89	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	89.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.98	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	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 > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*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.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	25.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.13	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.02	g/dL	6.6-8.3	Biuret
ALBUMIN	4.98	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<38	IFCC

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Visit ID : CINDOPV243849	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. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	11.5	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.320	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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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APOLLOCLINIC'S NETWORK

Telangana: Hyderabad (45) | Raichur (1) | Chanda (1) | Karnataka: Bangalore (1) | Kerala: Thiruvananthapuram (1) | Tamil Nadu: Chennai (1) | Andhra Pradesh: Visakhapatnam (1) | Maharashtra: Mumbai (1) | Gujarat: Gandhinagar (1) | Odisha: Bhubaneswar (1) | West Bengal: Kolkata (1) | Rajasthan: Jaipur (1) | Haryana: Gurgaon (1) | Punjab: Chandigarh (1) | Uttar Pradesh: Lucknow (1) | Bihar: Patna (1) | Jharkhand: Ranchi (1) | Assam: Dispur (1) | Arunachal Pradesh: Itanagar (1) | Mizoram: Aizawl (1) | Manipal: Imphal (1) | Nagaland: Kohima (1) | Tripura: Dispur (1) | West Bengal: Kolkata (1) | Assam: Dispur (1) | Arunachal Pradesh: Itanagar (1) | Mizoram: Aizawl (1) | Manipal: Imphal (1) | Nagaland: Kohima (1) | Tripura: Dispur (1) | West Bengal: Kolkata (1)

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.021		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	5	/hpf	< 10	Automated Image based microscopy
RBC	2	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

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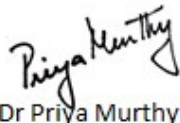
Patient Name	: Mrs.VIJAYALAKSHMI S	Collected	: 26/Oct/2024 09:27AM
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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



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



Patient Name	: Mrs. Vijayalakshmi S	Age	: 50Yrs 3Mths 7Days
UHID	: CIND.0000172818	OP Visit No.	: CINDOPV243849
Printed On	: 28-10-2024 06:56 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35ES7663		

DEPARTMENT OF CARDIOLOGY

ECG

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is Normal
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 INVERSION

NOTE:-KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr.M SUDHAKAR RAO
MBBS, MD, DM (Cardio)
0000018
Cardiology

Patient Name	: Mrs. Vijayalakshmi S	Age	: 50Yrs 3Mths 5Days
UHID	: CIND.0000172818	OP Visit No.	: CINDOPV243849
Printed On	: 26-10-2024 08:58 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35ES7663		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

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: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

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

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

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

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

UTERUS: Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 5 mm.

OVARIES: Both ovaries atrophic.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

---End Of The Report---



Dr.DHANALAKSHMI B
MBBS, DMRD
29543
Radiology

Name : Mrs. Vijayalakshmi S

Age : 50Y 3M 4D

UHID : CIND.0000172818

Address : Indiranagar Bangalore Karnataka INDIA 560038

sex : Female



CIND.0000172818

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CINDOPV243849

Bill No: CIND-OCR-103249

Date: Oct 26th, 2024, 9:20 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324		
1	GYNAECOLOGY CONSULTATION - 3 after Nam	Consultation	<input type="checkbox"/>
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
3	LBC PAP TEST- PAPSURE - 3 (Pap test) after Nam	Histopathology	<input type="checkbox"/>
4	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
5	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
6	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
7	DIET CONSULTATION	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI) - 6	General	<input type="checkbox"/>
9	ECG - 0	Cardiology	<input type="checkbox"/>
10	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
11	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
12	ULTRASOUND - WHOLE ABDOMEN - 9 after 11:30am	Ultrasound Radiology	<input type="checkbox"/>
13	ENT CONSULTATION	Consultation	<input type="checkbox"/>
14	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
15	DENTAL CONSULTATION - 1 after 10am	Consultation	<input type="checkbox"/>
16	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
17	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
18	FITNESS BY GENERAL PHYSICIAN	Consultation	<input type="checkbox"/>
19	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
20	OPHTHAL BY GENERAL PHYSICIAN - 5 after 10am	Consultation	<input type="checkbox"/>
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>

22: Hearing Screening - B/L Minimal hearing loss.

Ms. Vijayalakshmi. S.
17/2/18 / 50 yrs.

Height : 154 cm	Weight : 61.5 kg	BMI : 25.9	Waist Circum : 87
Temp : 98.4 F	Pulse : 83 bpm	Resp : 18 rpm	B.P : 110/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : vijay laxmi

DATE : 26.10.24

UHID NO :

AGE :

OPTOMETRIST NAME Ms.Swathi

GENDER:

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	BCVA	SPH	CYL	AXIS	BCVA
Distance	-0.50	—	—	6/6	-0.50	—	—	6/6
Add	+3.00	BE						

PD - RE: _____ LE: _____

Colour Vision: Normal

Remarks: For Glasses

Apollo clinic Indiranagar

Vijayalakshmi S
ID: 172818

26.10.2024 9:26:27
APOLLO CLINIC
INDIRANAGAR
BANGALORE

22.07.1974
50 Years
Female

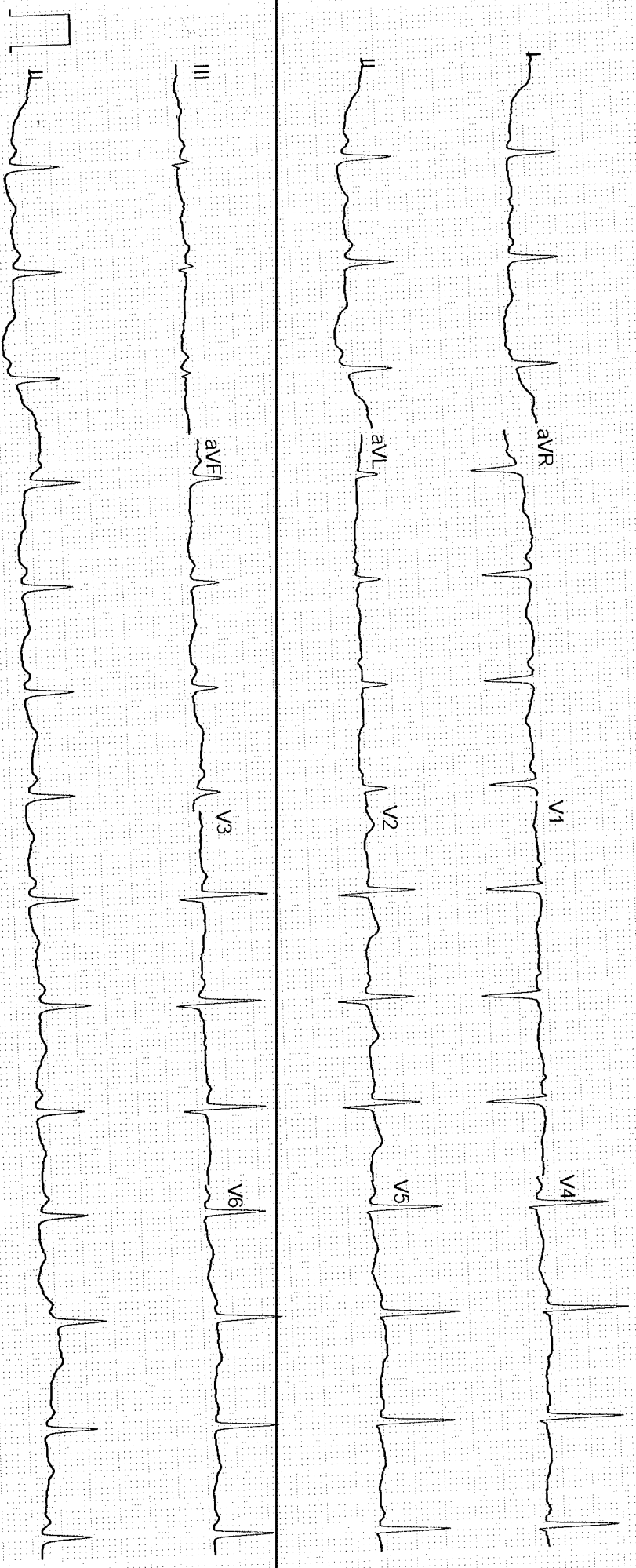
QRS : 76 ms
QT / QTcBaz : 390 / 464 ms
PR : 132 ms
P : 102 ms
RR / PP : 706 / 705 ms
P / QRS / T : 61 / 31 / 46 degrees

Location: _____
Room: _____
Order Number: _____
Indication: _____
Medication 1: _____
Medication 2: _____
Medication 3: _____

Technician:
Ordering Ph: _____
Referring Ph: _____
Attending Ph: _____

Normal
hr

85 bpm
-- / -- mmHg



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2 5x3_25_R1

Unconfirmed

1/1

नवीनतम संशोधन / Latest Amendments

1. निष्क्रिय खाते के संबंध में / About Dormant Accounts

- लगातार 12 माह तक परिचालित न हुए बचत खाते को निष्क्रिय खाते के रूप में वर्गीकृत कर दिया जायेगा. फिर को सक्रिय कराने के लिए ग्राहक कृपया शाखा प्रबंधक से संपर्क करे तथा निष्क्रिय खाते को पुनः सक्रिय करा
- Saving Banks Accounts, which are inoperative for a continuous period of 12 months, will be treated as Dormant. Operations will not be allowed in Dormant Account. Customers are requested to contact the Branch Manager for re-activating the account and are requested not to issue any cheque before they are reactivated.

2. चेक पर परिवर्तन / अधिलेखन के संबंध में / About Alterations / Overwritings on cheques

- चेक पर कोई परिवर्तन / संशोधन न किया जाए, आदाता के नाम, रकम (पुनः वैधीकरण की दृष्टि से दिनांक नया चेक प्रयोग करें).
- No changes/corrections should be carried out on the cheques. For any change in the payee's name, the amount (other than date for validation on purpose) etc, fresh cheque forms should be used.



लि नहीं होगी. खाते
में.

as
the Branch
Manager

परिवर्तन के लिए

यूनियन बैंक Union Bank of India

ऑफ इंडिया



of India

भारत सरकार का उपक्रम

A Government of India Undertaking



9731458409

शाखा / Branch :

BANGALORE-WHITEFIELD

शाखा का पता / Branch Address :

NO. 77, GROUND FLOOR,

शाखा का फोन नं. / Branch Phone No. :

HOPE FARM CIRCLE, NEAR ITPL, BANG - 560066

KAR

9535625429

IFSC Code : UBIN0907057

खाता क्र. / Account No.:

520101256300883 (SB GENERAL)

In the Name of :

MS S VIJAYA LAKSHMI

नाम / Name i)

ii)

iii)

HOUSEWIFE

पेशा / Occupation:

W/O G K LAKSHMIPATHI

पता / Address

NO 93 5TH CROSS NEAR FLOUR MILL OLD - 560048. KAR

खाता खोलने की तारीख

10-03-2016 00:00:00

Date of Opening A/c

Branch Phone NO: 9535625429

Y/Reg No. 2016-510

नामांकन पंजीकृत / Nomination Registered हैं Y / नहीं N

लेखाकार Accountant