

Patient Name : Mrs.SHILPA A G	Collected : 29/Mar/2024 10:01AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 29/Mar/2024 11:25AM
UHID/MR No : CBAS.0000092258	Reported : 29/Mar/2024 01:57PM
Visit ID : CBASOPV101672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17936	

DEPARTMENT OF HAEMATOLOGY

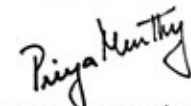
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.47	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.1	%	40-80	Electrical Impedence
LYMPHOCYTES	38.6	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	7.8	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3117.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2354.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	109.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	475.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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SIN No:BED240087218

This test has been performed at Apollo Health & Lifestyle Lab, BANGALORE Laboratory

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RBCs: are normocytic normochromic

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

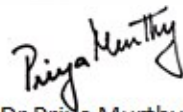
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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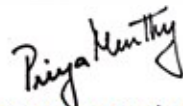
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	121	mg/dL	70-140	HEXOKINASE


Comment:

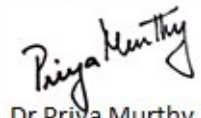
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

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SIN No:EDT240040468

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HBA1C, GLYCATED HEMOGLOBIN	6.0	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated


Comment:

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic 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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	152	mg/dL	<200	CHO-POD
TRIGLYCERIDES	65	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.11		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

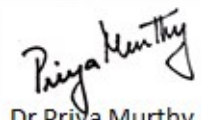
Comment:

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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:


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SIN No:SE04680622

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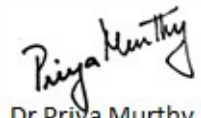
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.76	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	121.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

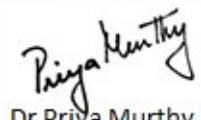
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


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 Consultant Biochemist


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 Consultant Pathologist



SIN No:SE04680622

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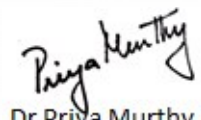
Patient Name : Mrs.SHILPA A G	Collected : 29/Mar/2024 10:01AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 29/Mar/2024 05:08PM
UHID/MR No : CBAS.0000092258	Reported : 29/Mar/2024 09:28PM
Visit ID : CBASOPV101672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17936	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.51-0.95	Jaffe's, Method
UREA	21.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.52	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.64	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.41	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated


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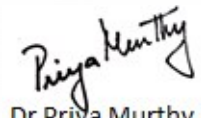
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<38	IFCC


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Patient Name : Mrs.SHILPA A G	Collected : 29/Mar/2024 10:01AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 29/Mar/2024 05:10PM
UHID/MR No : CBAS.0000092258	Reported : 29/Mar/2024 06:21PM
Visit ID : CBASOPV101672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17936	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.3	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.330	µIU/mL	0.34-5.60	CLIA

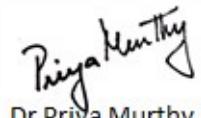
Comment:

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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SIN No: SPL24059079

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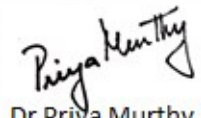
Patient Name : Mrs.SHILPA A G	Collected : 29/Mar/2024 10:01AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 29/Mar/2024 05:10PM
UHID/MR No : CBAS.0000092258	Reported : 29/Mar/2024 06:21PM
Visit ID : CBASOPV101672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17936	

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No: SPL24059079

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Patient Name : Mrs.SHILPA A G	Collected : 29/Mar/2024 10:00AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 29/Mar/2024 04:23PM
UHID/MR No : CBAS.0000092258	Reported : 29/Mar/2024 06:55PM
Visit ID : CBASOPV101672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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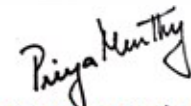
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



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Consultant Pathologist



SIN No:UR2320066

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Patient Name : Mrs.SHILPA A G	Collected : 29/Mar/2024 10:01AM
Age/Gender : 36 Y 6 M 0 D/F	Received : 29/Mar/2024 05:17PM
UHID/MR No : CBAS.0000092258	Reported : 29/Mar/2024 06:51PM
Visit ID : CBASOPV101672	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17936	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

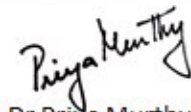
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

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SIN No:UF011555

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Customer Pending Tests

LBC pap


test,gynecology

consultation,dental,ent,

opthal, fitness by

general physician

pending

Name : Mrs. Shilpa A G Address : blr Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 36 Y Sex : F	UHID :CBAS.0000092258  OP Number :CBASOPV101672 Bill No :CBAS-OCR-61644 Date : 29.03.2024 09:41
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION → pending	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE → pending	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION → pending	
20	FITNESS BY GENERAL PHYSICIAN	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

→ Physio

Ht - 153

Wt - 68.4

BP - 108/72

PII - 85

Wd - 91

H.P - 102

ECHOCARDIOGRAPHY REPORT

Name: MR SHILPA

Age: 36 YEARS

GENDER: FEMALE

Consultant: Dr. VISHAL KUMAR H. Date : 29/03/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	0.66	m/sec	A	0.44	m/sec	No MR
Tricuspid Valve	E	0.48	m/sec	A	0.28	m/sec	No TR
Aortic Valve	Vmax	1.06	m/sec				No AR
Pulmonary Valve	Vmax	0.78	m/sec				No PR
Diastolic Dysfunction							

M-Mode Measurements


Parameter	Observed Value	Normal Range	
Aorta	2.6	2.6-3.6	cm
left Atrium	2.9	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.9	0.9-1.1	cm
left Ventricle-Diastole	4.2	4.2-5.9	cm
Posterior wall-Diastole	0.8	0.9-1.1	cm
IVS-Systole	1.1	1.3-1.5	cm
left Ventricle-Systole	2.6	2.1-4.0	cm
Posterior wall-Systole	1.1	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.1	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
-

DR. VISHAL KUMAR H.

CLINICAL CARDIOLOGIST

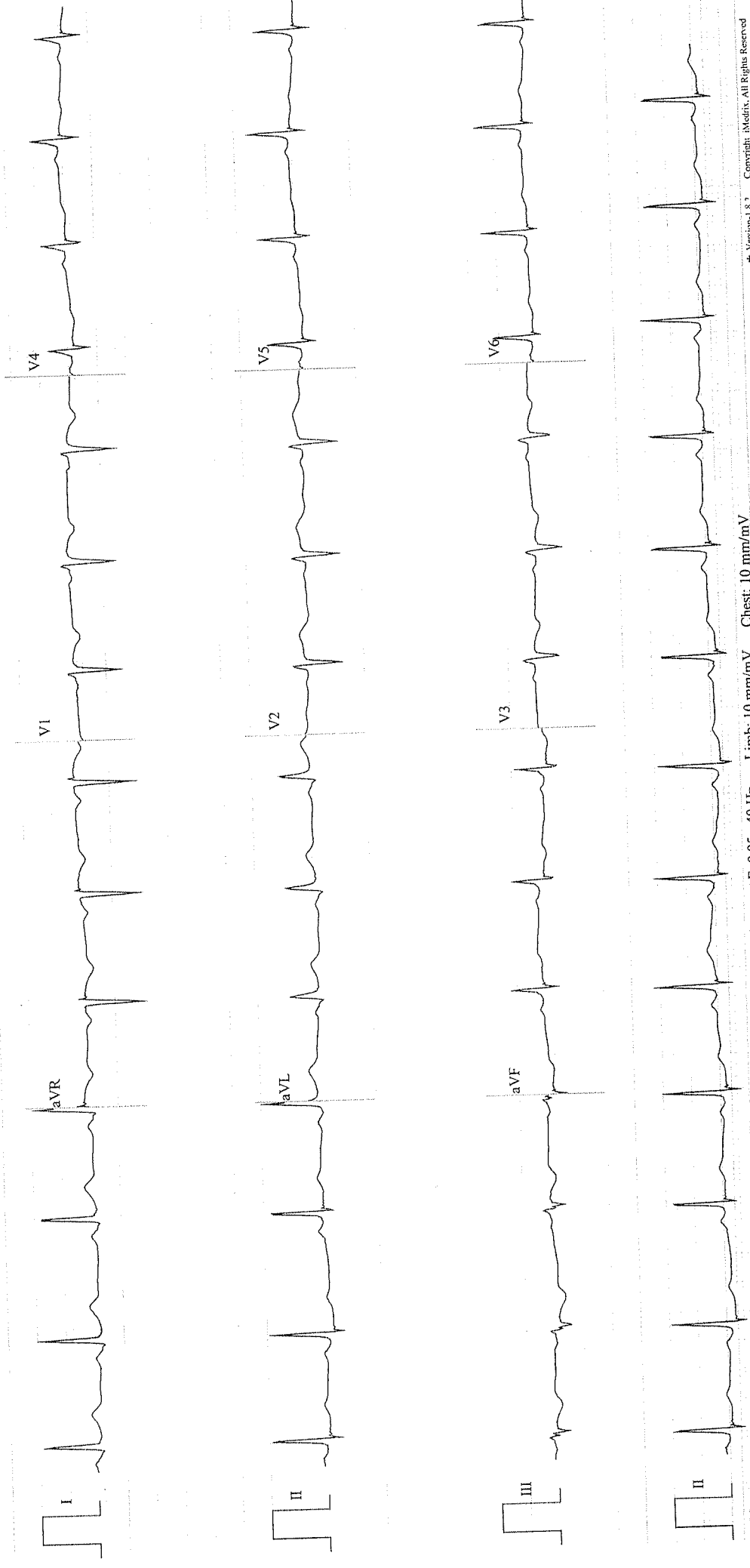
Authorized by


Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

Date: IST: 2024-03-29 12:52:18	
Personal Details	Pre-Existing Medical-Conditions
UHID: 01P3FGAT6TZ0ZQM	
PatientID: 92258	
Name: SHILPA, AG	
Age: 36	
Gender: Female	
Mobile: 659798959595	
Measurements	Symptoms
HR: 76 BPM	
PR: 141 ms	
PD: 111 ms	
QRSD: 88 ms	
QRS Axis: 11 deg	
QT/QTc: 366/366 ms	
Vitals	

Interpretation

Normal sinus rhythm
 Normal axis



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
 Disclaimer: This report is based on ECG alone and 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 & report is based on available data, clinical correlation is important.

Mrs. Shilpa, 36 yr,

29/3/24

C-section. Postnatal 10 wks.

Subst 1800kcal. High fibre diet.

IBW → 50-55kg

Height : 150cm	Weight : 66.	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P. :

General Examination / Allergies
History

WALK →
BF by Dinner →

* water →

* Milk 300-400ml/dy.

* fruits → whole fruit

* oil / ghee → cholesterol

Clinical Diagnosis & Management Plan

20 min - 20-25 min / dy.
Regi habits / milk / oil.
(3-4)

* veg. → no milk, eggs,
@

1 child - 63 kg
2 child - 60 kg
3 child - 57 kg
4 child - 55-57 kg
5 child - 52 kg
12 yr.

Dr. Romina A. M. V.
9449349333

Follow up date:

Doctor Signature



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ಎ ಜಿ ಶಿಲ್ಪಾ
A G Shilpa
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1987
ಸ್ತ್ರೀ / Female



9694 2870 4124

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. G SHILPA A
EC NO.	162452
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	TUMKUR,CARIAPPA ROAD
BIRTHDATE	21-11-1987
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M162452100103308E

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 **20-03-2024** till **31-03-2024** 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 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.

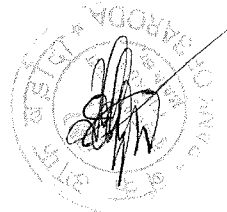
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





National Insurance Co. Ltd.

BANK OF BARODA-EMPLOYEE

Name : Ms G Shilpa A

Age : 35 Yrs EmpCode: 162452

Relation : Self

UHID : NIER 4025862

Gender : F

Policy No. : 251100502310000171

Valid From : 01-10-2023 Valid Upto: 30-09-2024



Ericson Insurance TPA Pvt. Ltd.

An ISO 9001:2015 Certified Organisation

INSTRUCTIONS

1. This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
2. In case of photoless identity cards issued to beneficiaries, others acceptable proof of identity such as : Unique ID Card / Passport / Driver's License / Ration Card / Voter's ID Card / PAN Card / should be presented at hospitals. Subject to the terms & conditions of the underlying insurance policy.
3. This non-transferable identification card is valid at network hospitals only.
4. The Card will be enable you to avail cashless hospitalization only on the basis of preauthorization by Ericson TPA.
5. All preauthorization and/or settlement of claim is subject to the terms and conditions of the relevant policy.
6. For the latest updated hospital list, login to www.ericsontpa.com

Ericson Insurance TPA Pvt. Ltd.



11-C, 2nd Floor, Corporate Park, Sion Trombay Road, Chembur, Mumbai-400071. Tel: 022-25280280 * Fax: 022-25270200
Toll Free No.: 1800 202 2034.
E-mail: care@ericsontpa.com * Website: www.ericsontpa.com



National Insurance Co. Ltd.

BANK OF BARODA-EMPLOYEE

Name : Harsha Ram R

Age : 36 Yrs EmpCode: 162452

Relation : Husband

UHID : NIER 4200390

Gender : M

Policy No. : 251100502310000171

Valid From : 01-10-2023 Valid Upto: 30-09-2024



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Ericson Insurance TPA Pvt. Ltd.



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Toll Free No.: 1800 202 2034.
E-mail: care@ericsontpa.com * Website: www.ericsontpa.com



National Insurance Co. Ltd.

BANK OF BARODA-EMPLOYEE

Name : Karan Ram H Ram H

Age : 3 Yrs EmpCode: 162452

Relation : Son

UHID : NIER 4200391

Gender : M

Policy No. : 251100502310000171

Valid From : 01-10-2023 Valid Upto: 30-09-2024



Ericson Insurance TPA Pvt. Ltd.

An ISO 9001:2015 Certified Organisation

INSTRUCTIONS

1. This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
2. In case of photoless identity cards issued to beneficiaries, others acceptable proof of identity such as : Unique ID Card / Passport / Driver's License / Ration Card / Voter's ID Card / PAN Card / should be presented at hospitals. Subject to the terms & conditions of the underlying insurance policy.
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Ericson Insurance TPA Pvt. Ltd.



11-C, 2nd Floor, Corporate Park, Sion Trombay Road, Chembur, Mumbai-400071. Tel: 022-25280280 * Fax: 022-25270200
Toll Free No.: 1800 202 2034.
E-mail: care@ericsontpa.com * Website: www.ericsontpa.com

Patient Name	: Mrs. Shilpa A G	Age/Gender	: 36 Y/F
UHID/MR No.	: CBAS.0000092258	OP Visit No	: CBASOPV101672
Sample Collected on	:	Reported on	: 29-03-2024 16:49
LRN#	: RAD2286330	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17936		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mrs. Shilpa A G	Age/Gender	: 36 Y/F
UHID/MR No.	: CBAS.0000092258	OP Visit No	: CBASOPV101672
Sample Collected on	:	Reported on	: 29-03-2024 16:17
LRN#	: RAD2286330	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17936		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears enlarged in size (15.5 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. Three echogenic calculi measuring 0.3x0.6x0.5 cm in lumen. 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 10.4x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 9.8x1.3 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 abnormality detected.

Uterus appears normal in size with anteverted position and measuring 7.8x3.4x4.5 cm. Posterior wall seedling intramural fibroid measuring 2.1x1.5 cm. Endometrial echo-complex appears normal and measures 0.9 cm.

Both ovaries appear normal in size, shape and echotexture. Right ovary measuring 2.7x2.3 cm and left ovary measuring 3.0x1.9 cm. No evidence of any adnexal pathology noted.

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

IMPRESSION:-

FATTY HEPATOMEGALY.
CHOLELITHIASIS.
FIBROID UTERUS.

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 opinion, Not valid for medico legal purpose.



Dr. V K PRANAV VENKATESH



Patient Name : Mrs. Shilpa A G

Age/Gender : 36 Y/F

MBBS,MD
Radiology