

Patient Name : Mrs.C A KRISHNAVENI	Collected : 23/Mar/2024 09:19AM
Age/Gender : 49 Y 8 M 3 D/F	Received : 23/Mar/2024 01:51PM
UHID/MR No : CINR.0000164772	Reported : 23/Mar/2024 05:20PM
Visit ID : CINROPV222986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9844670393	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	35.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.1	fL	83-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	62.5	%	40-80	Electrical Impedance
LYMPHOCYTES	27.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	7.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4000	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1766.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	134.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	467.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.26		0.78- 3.53	Calculated
PLATELET COUNT	275000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240079444

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

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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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)

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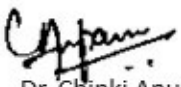
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

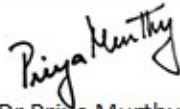
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	123	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	169	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				
HBA1C, GLYCATED HEMOGLOBIN	8	%		HPLC

Page 4 of 15


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ESTIMATED AVERAGE GLUCOSE (eAG)	183	mg/dL	Calculated
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Comment:

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

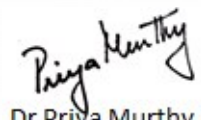
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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	239	mg/dL	<200	CHO-POD
TRIGLYCERIDES	292	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	52	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	187	mg/dL	<130	Calculated
LDL CHOLESTEROL	128.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	58.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.39		<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:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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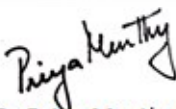
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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	0.60	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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 diseases, Cirrhosis, but the increase is usually not >2.

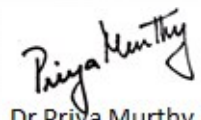
2. Cholestatic Pattern:

- 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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SIN No:SE04672553

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 Karnataka- 560034


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Patient Name : Mrs.C A KRISHNAVENI	Collected : 23/Mar/2024 09:19AM
Age/Gender : 49 Y 8 M 3 D/F	Received : 23/Mar/2024 01:32PM
UHID/MR No : CINR.0000164772	Reported : 23/Mar/2024 04:29PM
Visit ID : CINROPV222986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9844670393	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	5.11	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.46	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated


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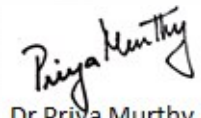
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<38	IFCC


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Patient Name : Mrs.C A KRISHNAVENI	Collected : 23/Mar/2024 09:19AM
Age/Gender : 49 Y 8 M 3 D/F	Received : 23/Mar/2024 01:44PM
UHID/MR No : CINR.0000164772	Reported : 23/Mar/2024 04:18PM
Visit ID : CINROPV222986	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	9.648	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No: SPL24053238

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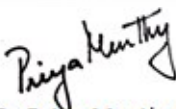

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DEPARTMENT OF IMMUNOLOGY

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


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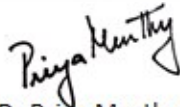
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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	1.010		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2313812

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Patient Name : Mrs.C A KRISHNAVENI	Collected : 23/Mar/2024 09:19AM
Age/Gender : 49 Y 8 M 3 D/F	Received : 23/Mar/2024 05:23PM
UHID/MR No : CINR.0000164772	Reported : 23/Mar/2024 09:50PM
Visit ID : CINROPV222986	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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



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SIN No:UPP017209

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Collected : 23/Mar/2024 09:19AM
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Reported : 23/Mar/2024 03:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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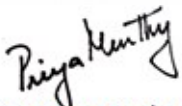
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)

Page 15 of 15



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SIN No:UF011320

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Name : Mrs. C A Krishnaveni

Age: 49 Y

Sex: F

UHID: CINR.0000164772



OP Number: CINROPV222986

Bill No : CINR-OCR-95465

Date : 23.03.2024 08:34

Address : Bangalore

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Sno	Service Type/Service Name	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2 D ECHO - (9) Time 9:40 AM	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST - PAPSURE	
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	SONO MAMOGRAPHY - SCREENING - 15	
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA	
20	ENT CONSULTATION	
21	FITNESS BY GENERAL PHYSICIAN	
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN	
26	ULTRASOUND - WHOLE ABDOMEN	
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	



Date HOSPITALS: 23-03-2024

Department : GENERAL

MR NO : CINR.0000164772

Doctor :

Name : Mrs. C A Krishnaveni

Registration No :

Age/ Gender : 49 Y / Female

Qualification :

Consultation Timing: 08:34

Height : 163 cm	Weight : 87.5 Kg	BMI : 32.9 Kg/m ²	Waist Circum : 119 cm
Temp : 98.6 F	Pulse : 92 bpm	Resp : 18 cpm	B.P : 140/70 mmHg

General Examination / Allergies History

M. 23/03/24

Clinical Diagnosis & Management Plan

49 yr old female with hypertension, low proteinuria
LBC pap done P.E

Adv
CA125
CEA.

PA - soft mtd
PS - no heaving

Phls SF66CAC HD ——— N
K food (mats)

Follow up date:

Doctor Signature

OPHTHAL PRESCRIPTION

PATIENT NAME : *MRS C.A Krishnaweni* DATE : *23/3/24*
UHID NO : *164772* AGE : *19*
OPTOMETRIST NAME: Ms.Swathi GENDER: *F*

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	<i>1.50</i>	<i>0.75</i>	<i>148</i>	<i>6/6</i>	<i>1.75</i>	<i>0.50</i>	<i>155</i>	<i>6/6</i>
Add	<i>2.25</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>2.25</i>	<i>-</i>	<i>-</i>	<i>-</i>

PD - RE: *31* - LE: *31* -

Colour Vision: *normal (BD)*

Remarks:

Apollo clinic Indiranagar

Mrs. Krishnaveni
ID: 16477

20.07.1997
26 Years

Female

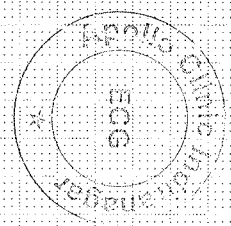
23.03.2024 9:49:36
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Arrow CE

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

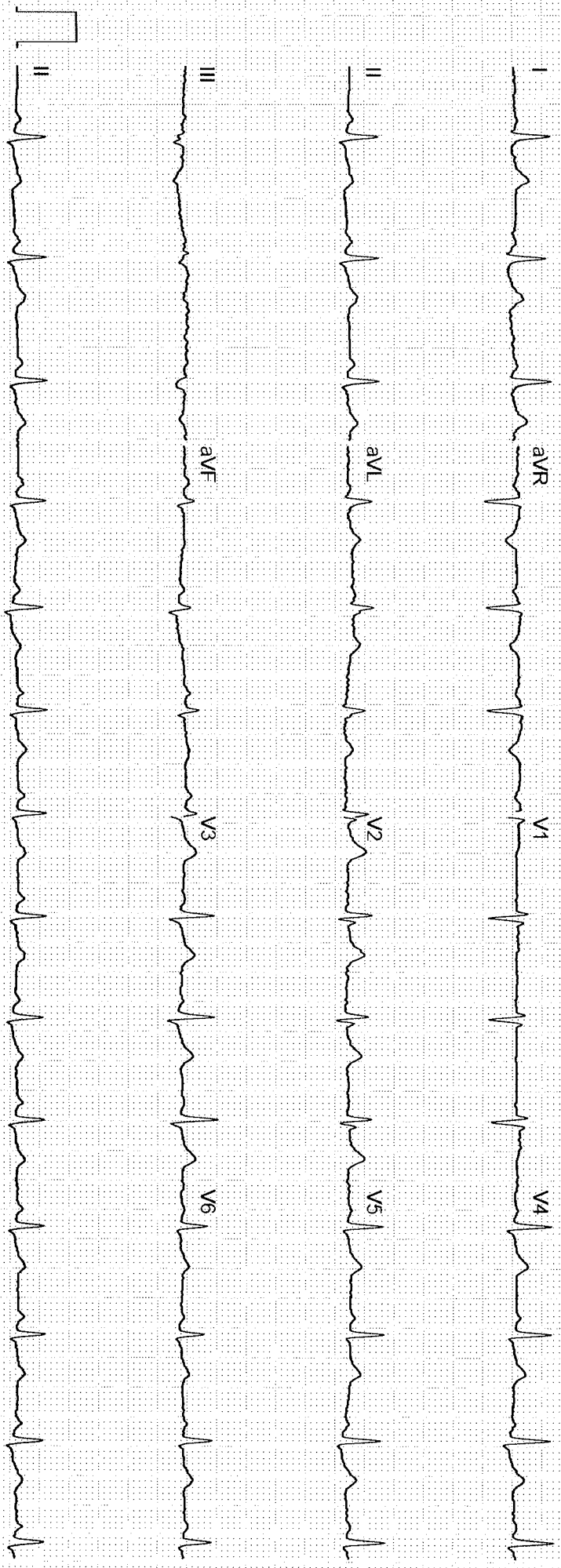
83 bpm
- / - mmHg

QRS : 84 ms
QT / QTcBaz : 386 / 453 ms
PR : 128 ms
P : 94 ms
RR / PP : 724 / 722 ms
P / QRS / T : 54 / 21 / 8 degrees



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

normal
[Signature]



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2.5X3.25_R1 1/1

Unconfirmed

NAME: MRS C A KRISHNAVENI	AGE/SEX: 49Y/F	OP NUMBER: 164772
Ref By : SLEF	DATE: 23-03-2024	

M mode and doppler measurements:

CM	CM	M/sec	
AO: 2.5	IVS(D): 1.0	MV: E Vel: 0.7	A Vel : 0.5
LA: 2.6	LVIDD(D): 4.8	AV Peak: 1.1	
	LVPW(D): 1.2	PV peak: 0.5	
	IVS(S): 1.2		
	LVID(S): 3.4		
	LVPW(S): 1.4		
	LVEF: 55%		
	TAPSE: 2.1		

Descriptive findings:

Left Ventricle	Normal
Right Ventricle:	Normal
Left Atrium:	Normal
Right Atrium:	Normal
Mitral Valve:	Normal
Aortic Valve:	Normal
Tricuspid Valve:	Normal
IAS:	Normal
IVS:	Normal

Pericardium:	Normal
IVC:	Normal
Others	---

IMPRESSION :

Normal cardiac chamber and valves

No Regional wall motion abnormality

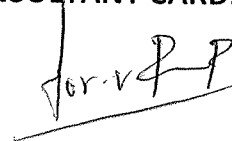
No MR/AR/TR

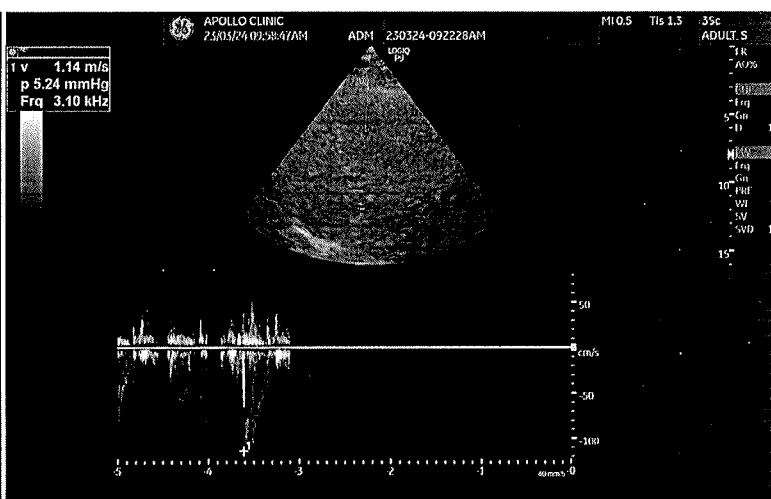
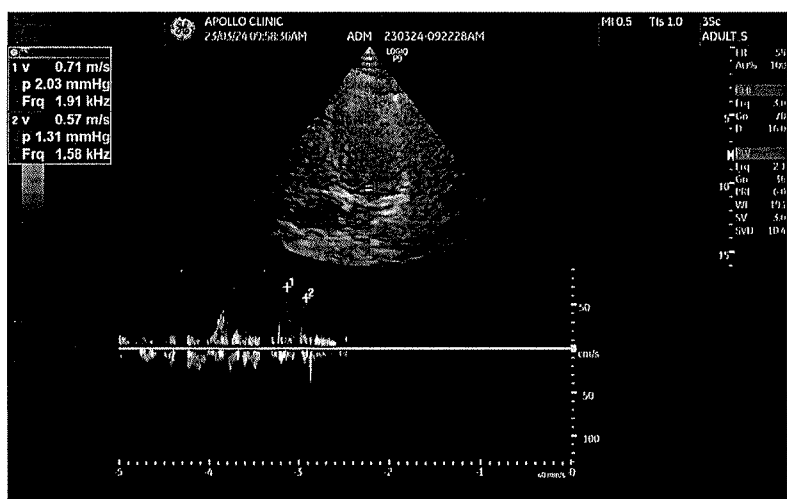
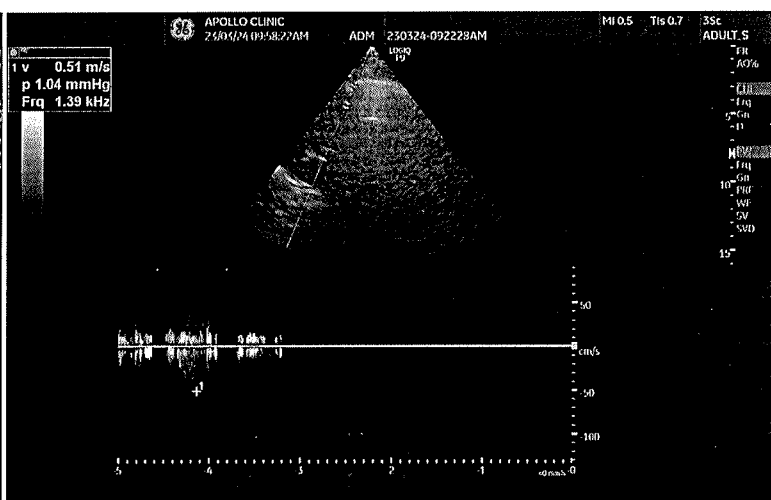
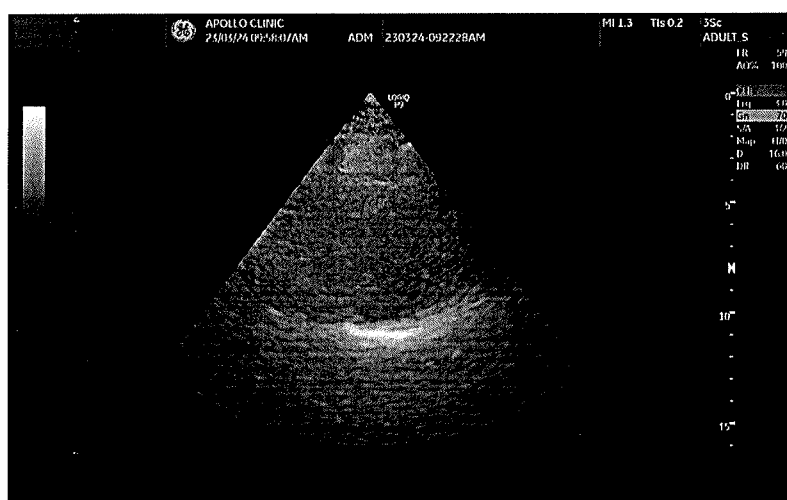
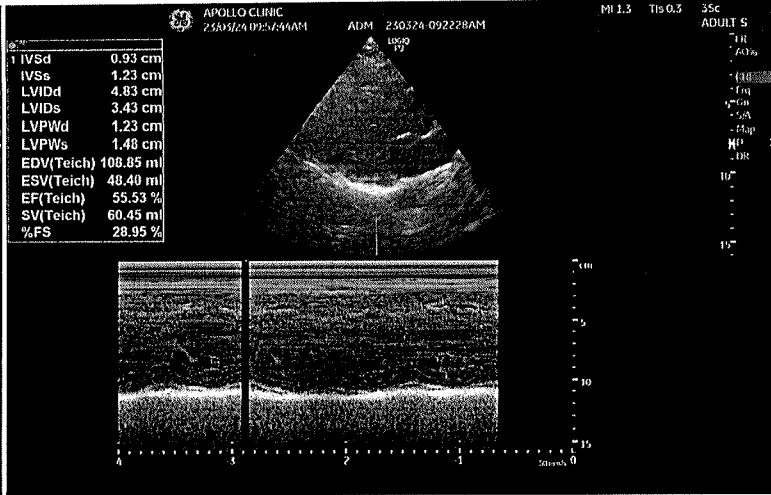
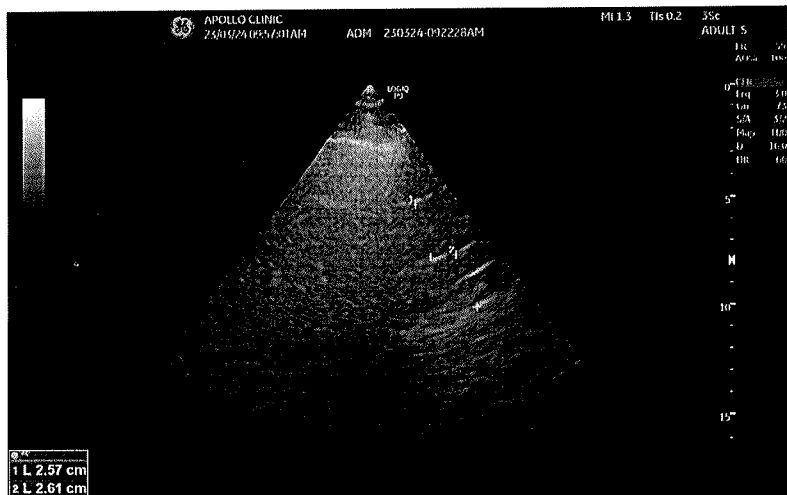
No clot/vegetation/pericardial effusion

Normal LV systolic function - LVEF= 55%

DR JAGADEESH H V MD,DM

CONSULTANT CARDIOLOGIST





Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_0164772

General Details

Name:	C A Krishnaveni	Centre:	Apollo Clinic Indiranagar
Age:	49	Report Generation Date:	Mar 25, 2024, 11:45 AM
Gender:	Female	Scan Date:	Mar 23, 2024, 12:38 PM

Clinical Details


LMP:	13/12/2023	Hormone Therapy:	None.
Pregnant/Lactating:	No.	Number of children breast-fed:	2
Patient Complaints:	None		
Cancer History:	No patient cancer history. No family cancer history.		
Surgeries:	None.		

Thermalytix Scores

Body Temperature:	27.40 °C to 36.95 °C		
Hotspot Score:	0.1	Hotspot Symmetry:	100 %
Areolar Score:	0.02	Areolar Symmetry:	100 %
Vascular Score:	0.16	Ensemble Score:	0.05
B Score:	1		

Thermal Analysis

Thermal Parameters	Right Breast	Left Breast
Number of Hotspots	0	0
Extent	N/A	N/A
Hotspot Shape	N/A	N/A
Temperature	N/A	N/A
Areolar Hotspot Detected	No	No
Lump Detected	N/A	N/A


 Dr. H.V. RAOPURAKASHI, DMRS, DMIBD, MND,
 CE, Thermography (ACCT, USA)
 IMAGING SPECIALIST

Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_0164772

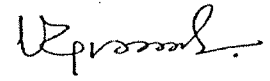
Impression

Right Breast No focal thermal increase is seen. No significant thermal pattern is seen.

Left Breast No focal thermal increase is seen. No significant thermal pattern is seen.

Recommendation

Normal Thermal Scan.



Dr.H.V.RAMPRAKASH MBBS.DMRD.,MD.
Cli.Thermography (ACCT,usa)
IMAGING SPECIALIST

Write to support@niramai.com for detailed report. Additional charges may apply.

Breast Health Report

Thermalytix[®] 180

Patient ID: CINR_0164772

About Niramai

Indication of Use :

Thermalytix[®] is a medical device intended to be used for screening and early diagnosis of breast cancer in women above 18 years in a hospital, healthcare practitioner facilities, or in an environment where patient care is provided by healthcare personnel. It can also be used as an adjunct to screening mammography or breast ultrasound. Women who are found to be suspicious for malignancy by Thermalytix[®] should be referred for a confirmatory diagnostic test. Primary diagnostic and patient management decisions are made by a qualified healthcare professional.

Intended Use :

Thermalytix[®] is a medical device for the detection of breast lesions with suspected malignancy. The device is intended to assist a trained healthcare professional in risk assessment, screening, and early diagnosis of breast cancer in both asymptomatic and symptomatic women.



No Touch



No Pain



No See



No Radiation

This report has been generated using novel algorithm developed by Niramai which uses artificial intelligence for quantitative analysis of thermal images.

NIRAMAI is a health tech company with a mission to save lives by enabling early detection of breast cancer. Thermalytix[™] is an AI-based computer-aided diagnostic engine developed by Niramai that detects breast abnormalities in privacy aware manner.

Thermalytix[®] uses a high resolution thermal sensing device and an intelligent software solution for analysing thermal images for reliable, early and accurate breast cancer screening.

To know more about Thermalytix[®] <https://www.niramai.com/about/thermalytix/>

From: Wellness : Mediwheel : New Delhi wellness@mediwheel.in

Sent: Wednesday, March 20, 2024 10:12 AM

To: Corporate Apollo Clinic corporate@apolloclinic.com

Cc: Customer Care :Mediwheel : New Delhi customercare@mediwheel.in;

deepak c deepak.c@apollohl.com; Network : Mediwheel : New Delhi network@mediwheel.in

Subject: Health Checkup Booking No. 105

Dear Team

Please find the attached Health checkup booking and confirm the same.

Thanks & Regards

Lav Gupta

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

Attendee panel closed

Patient Name : Mrs. C A Krishnaveni

Age/Gender : 49 Y/F

UHID/MR No. : CINR.0000164772

OP Visit No : CINROPV222986

Sample Collected on :

Reported on : 23-03-2024 22:00

LRN# : RAD2277972

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9844670393

DEPARTMENT OF RADIOLOGY

SONO MAMMOGRAPHY - SCREENING

THERMAL SONO MAMMOGRAPHY DONE.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name : Mrs. C A Krishnaveni

Age/Gender : 49 Y/F

UHID/MR No. : CINR.0000164772

OP Visit No : CINROPV222986

Sample Collected on :

Reported on : 23-03-2024 20:22

LRN# : RAD2277972

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9844670393

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. DHANALAKSHMI B
MBBS, DMRD
Radiology

Patient Name	: Mrs. C A Krishnaveni	Age/Gender	: 49 Y/F
UHID/MR No.	: CINR.0000164772	OP Visit No	: CINROPV222986
Sample Collected on	:	Reported on	: 23-03-2024 16:25
LRN#	: RAD2277972	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9844670393		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears **enlarged** in size(20.2cm), shape and echopattern **mildly increased**. 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.

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.

Right kidney measuring 10.5x3.8 cm.

Left kidney measuring 11.3x5.4 cm.

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 appearing normal in size and echopattern.

No free fluid is seen.

IMPRESSION:

HEPATOMEGALY WITH GRADE I FATTY LIVER.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY