

Patient Name : Mrs.LEKSHMI GANESAN	Collected : 18/Mar/2024 09:07AM
Age/Gender : 34 Y 7 M 27 D/F	Received : 18/Mar/2024 01:11PM
UHID/MR No : CVEL.0000142592	Reported : 18/Mar/2024 04:14PM
Visit ID : CVELOPV201253	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 9754 8436 8151	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic.
RBC MORPHOLOGY	: Predominantly normocytic normochromic RBC's noted.
WBC MORPHOLOGY	: Normal in number, morphology and distribution. No abnormal cells seen.
PLATELETS	: Adequate in number.
PARASITES	: No haemoparasites seen.
IMPRESSION	: Normocytic normochromic blood picture.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:BED240072836

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.
This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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	12.2	g/dL	12-15	Spectrophotometer
PCV	35.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.22	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.5	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.5	%	40-80	Electrical Impedance
LYMPHOCYTES	29.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3630	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1764	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	132	Cells/cu.mm	20-500	Calculated
MONOCYTES	444	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.06		0.78- 3.53	Calculated
PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

METHODOLOGY : Microscopic.

RBC MORPHOLOGY : Predominantly normocytic normochromic RBC's noted.

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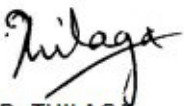
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Visit ID : CVELOPV201253	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Negative			Microplate technology
Confirmed by Du testing.				


Dr.KASULA SIDDARTHA
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Consultant Pathologist



SIN No:HA06668344

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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
GLUCOSE, FASTING , NAF PLASMA	83	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)	69	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. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:PLP1433017

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 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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SIN No:EDT240033419

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	56	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	88	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.32		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:

- 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

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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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Patient Name	: Mrs.LEKSHMI GANESAN	Collected	: 18/Mar/2024 09:07AM
Age/Gender	: 34 Y 7 M 27 D/F	Received	: 18/Mar/2024 02:05PM
UHID/MR No	: CVEL.0000142592	Reported	: 18/Mar/2024 03:34PM
Visit ID	: CVELOPV201253	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 9754 8436 8151		

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	49.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		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.



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SE04665876

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Emp/Auth/TPA ID	: ADHAAR NO 9754 8436 8151		

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	0.61	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.50	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.40	g/dL	6.6-8.3	Biuret
ALBUMIN	3.80	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.46		0.9-2.0	Calculated

Page 10 of 14



DR. R. SRIVATSAN
M.D.(Biochemistry)



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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	11.00	U/L	<38	IFCC



DR.R.SRIVATSAN
M.D.(Biochemistry)



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Patient Name : Mrs.LEKSHMI GANESAN	Collected : 18/Mar/2024 09:07AM
Age/Gender : 34 Y 7 M 27 D/F	Received : 18/Mar/2024 02:21PM
UHID/MR No : CVEL.0000142592	Reported : 18/Mar/2024 03:28PM
Visit ID : CVELOPV201253	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 9754 8436 8151	

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)	0.82	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.55	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.670	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

TSH	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



DR. R. SRIVATSAN
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SIN No: SPL24048898

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Patient Name : Mrs.LEKSHMI GANESAN	Collected : 18/Mar/2024 09:07AM
Age/Gender : 34 Y 7 M 27 D/F	Received : 18/Mar/2024 01:50PM
UHID/MR No : CVEL.0000142592	Reported : 18/Mar/2024 03:17PM
Visit ID : CVELOPV201253	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 9754 8436 8151	

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 STRAW		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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

SIN No:UR2308598

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Patient Name	: Mrs.LEKSHMI GANESAN	Collected	: 18/Mar/2024 09:07AM
Age/Gender	: 34 Y 7 M 27 D/F	Received	: 18/Mar/2024 01:48PM
UHID/MR No	: CVEL.0000142592	Reported	: 18/Mar/2024 03:18PM
Visit ID	: CVELOPV201253	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 9754 8436 8151		

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 ***

Page 14 of 14



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

SIN No:UF011215

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Patient Name	: Mrs. LEKSHMI GANESAN	Age/Gender	: 34 Y/F
UHID/MR No.	: CVEL.0000142592	OP Visit No	: CVELOPV201253
Sample Collected on	:	Reported on	: 18-03-2024 13:32
LRN#	: RAD2271194	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: ADHAAR NO 9754 8436 8151		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size (11.0 cms) and echotexture. No focal lesion is seen. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen. PV and CBD normal.

Spleen appears normal (8.6 cm). No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 8.8 x 3.7 cms. **Left kidney** - 10.7 x 3.4 cms.

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 7.3 x 3.0 x 3.9 cms. It shows normal shape & echo pattern.

Endometrium appears thickened and measuring 12 mm.

Both ovaries are polycystic.

Right ovary - 3.8 x 1.9 x 3.5 cms. (Vol 13.3 ml)

Left ovary - 3.6 x 2.6 x 3.3 cms. (Vol 16.9 ml) Exophytic cyst measuring 2.9 x 2.4 x 4.1 cms in left ovary

IMPRESSION:-

* **BILATERAL POLYCYSTIC OVARIES.**

* **THICKENED ENDOMETRIUM.**

* **LEFT SIMPLE EXOPHYTIC OVARIAN CYST.**

(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.

Patient Name : Mrs. LEKSHMI GANESAN

Age/Gender : 34 Y/F



Dr. PASUPULETI SANTOSH KUMAR
M.B.B.S., DNB (RADIODIAGNOSIS)
Radiology

Name: Mrs. LEKSHMI GANESAN
Age/Gender: 34 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASODHA KUMARA REDDY MOKKALA

MR No: CVEL.0000142592
Visit ID: CVELOPV201253
Visit Date: 18-03-2024 08:47
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. LEKSHMI GANESAN
Age/Gender: 34 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. BENITA JAYACHANDRAN

MR No: CVEL.0000142592
Visit ID: CVELOPV201253
Visit Date: 18-03-2024 08:47
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. LEKSHMI GANESAN
Age/Gender: 34 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. V J NIRANJANA BHARATHI

MR No: CVEL.0000142592
Visit ID: CVELOPV201253
Visit Date: 18-03-2024 08:47
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. LEKSHMI GANESAN
Age/Gender: 34 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SHILFA NIGAR N

MR No: CVEL.0000142592
Visit ID: CVELOPV201253
Visit Date: 18-03-2024 08:47
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. LEKSHMI GANESAN
Age/Gender: 34 Y/F
Address: CHENNAI
Location: CHENNAI, TAMIL NADU
Doctor:
Department: GENERAL
Rate Plan: VELACHERY_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PAVITHRA RAMAKRISHNAN

MR No: CVEL.0000142592
Visit ID: CVELOPV201253
Visit Date: 18-03-2024 08:47
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
18-03-2024 13:33	80 Beats/min	90/60 mmHg	18 Rate/min	98.4 F	152 cms	47.3 Kgs	%	%	Years	20.47	cms	cms	cms		AHLL05400

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
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**Health Check up Booking Confirmed Request(bobS15832),Package Code-PKG10000377,
Beneficiary Code-297003**

message

142592

Mediwheel <wellness@mediwheel.in>
To: muralipondicherry@gmail.com
Cc: customercare@mediwheel.in

Sat, 16 Mar, 2024 at 5:53 pm

8



011-41195959

Dear **MR. S MURALI**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Annual Plus Check

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Apollo Clinic - Velachary

Address of Diagnostic/Hospital- : Apollo Clinic, Plot no:46, 7th street, Near Vijayanagar bus stand, Tansi nagar, Velachery - 600042

City : Chennai

State :

Pincode : 600042

Appointment Date : 18-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
LEKSHMI GANESAN	34 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

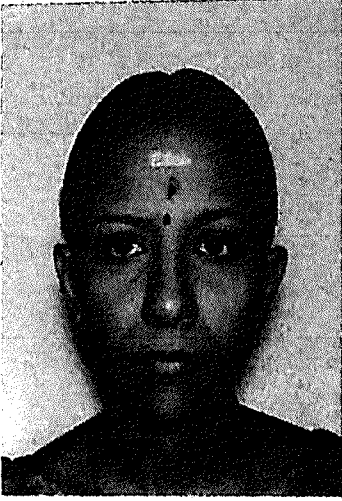
Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



இந்திய அரசாங்கம்

Government of India



லெட்சுமி கணேசன்

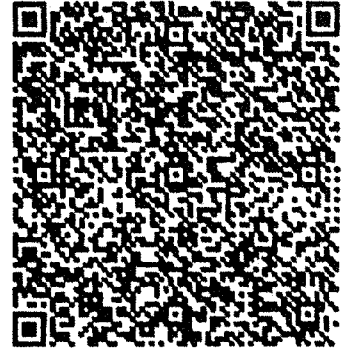
Lekshmi Ganesan

தந்தை : கணேசன்

Father : GANESAN

பிறந்தவருடம் / Year of Birth : 1989

பெண்பால் / Female



9754 8436 8151

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Apollo Clinic

CONSENT FORM

Patient Name: Lekshmi. G Age: 34
UHID Number: 142592 Company Name: Bank of Baroda

I Mr/Mrs/Ms G. Lekshmi Employee of Bank of Baroda (Husband)

(Company) Want to inform you that I am not interested in getting Chest X-Ray

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Planning for Pregnancy.

Patient Signature: G. Lekshmi Date: 18-03-2024

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

APOLLO CLINICS NETWORK

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Jubilee Hills | Kondapur | Nallakunta | Nizampet | SR Nagar | Vanasthalipuram) Andhra Pradesh: **Vizag** (Seethamma Peta) Karnataka: **Bangalore** (Basavanagudi | Bellandur | Fraser Town)

 **1860 500 7788**

Patient Name : Mrs. LEKSHMI GANESAN Age : 34 Y/F
UHID : CVEL.0000142592 OP Visit No : CVELOPV201253
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 18-03-2024 11:37
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.3CM
LA (es)	3.3 CM
LVID (ed)	3.4 CM
LVID (es)	2.2 CM
IVS (Ed)	0.9 CM
LVPW (Ed)	0.9 CM
EF	65.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL
LEFT VENTRICLE:	

Patient Name	: Mrs. LEKSHMI GANESAN	Age	: 34 Y/F
UHID	: CVEL.0000142592	OP Visit No	: CVELOPV201253
Conducted By:	: Dr. SHANMUGA SUNDARAM D	Conducted Date	: 18-03-2024 11:37
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

Doppler studies:

AV max 1.1 m/s ; PG 5.1 mmHg;

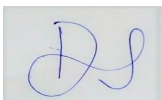
PV max 1.0 m/s; PG 3.5 mmHg;

MV E 0.7 m/s ; MV A 0.5 m/s;

TV E 0.6 m/s; TV A 0.3 m/s.

Impression

- * NO REGIONAL WALL MOTION ABNORMALITY;
- * NORMAL LEFT VENTRICULAR IN SIZE & SYSTOLIC FUNCTION;
- * NO PERICARDIAL EFFUSION/ PULMONARY ARTERY HYPERTENSION.

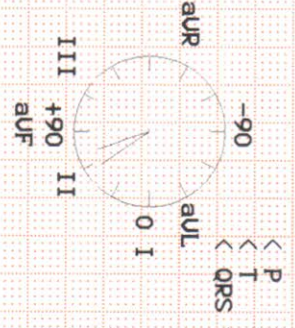


Dr. SHANMUGA SUNDARAM D

Patient Name : Mrs. LEKSHMI GANESAN Age : 34 Y/F
UHID : CVEL.0000142592 OP Visit No : CVELOPV201253
Conducted By: : Dr. SHANMUGA SUNDARAM D Conducted Date : 18-03-2024 11:37
Referred By : SELF

CONSULTANT CARDIOLOGIST

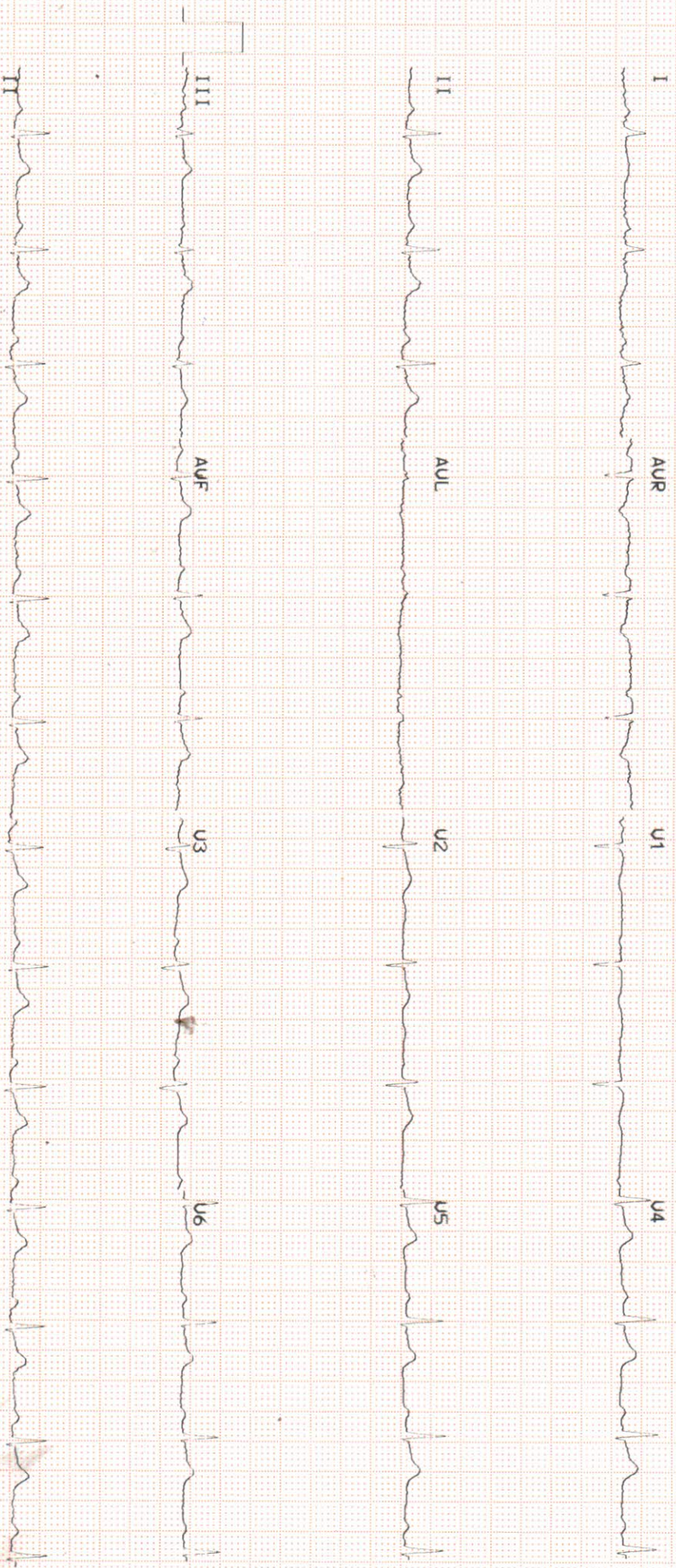
Measurement Results:
 QRS : 78 ms
 QT/QTcB : 366 / 412 ms
 PR : 168 ms
 P : 96 ms
 RR/PP : 790 / 785 ms
 P/QRS/T : 70 / 55 / 70 degrees
 QTd/QTcBd : 24 / 27 ms
 Sokolow : 11 mV
 NK : 11



Interpretation:

M2

Unconfirmed report.



GYNAECOLOGY CONSULT

Name: Mrs. Lekshmi.	UHID: 142592	Date: 18-03-2024
Age: 34y/F	Consultant Gynaecologist: Dr. Pavitra.	

DRUG ALLERGIES

Complaints (related to Gynaec) - NIL SPECIFIC / YES

Known to have Diabetes / Hypertension / IHD / Asthma / Thyroid / Others *Nil*

Past Medical / Surgical History: *LSCS.*

Family History :

OTHER SYSTEMS:

GYNAEC HISTORY :

Marital Status - S/M/Others

Children - *P11 / LSCS. / 2CB-9yrs*

Deliveries - *LMP - 09/03/24*

L.C.B. -

Abortion -

Contraception -

Periods -

L.M.P. -

Menopause -

RMP

Present Medication :

GYNAEC EXAMINATION:

P/A *Soft*

S/E

P/V

P/R

Not willing

GENERAL EXAMINATION :

Height :

Weight :

BMI :

General Condition :

Blood Pressure:

Thyroid :

Others :

PAP SMEAR Taken / Not Taken (Reason)

OPINION & ADVICE :

BREASTS : *BLS soft*

REVIEW DETAILS : (with date)
With Patient / With reports only

Signature with Date & Time :

P.T.O. for more space

Name Mrs. Lekshmi Ganesan	Date 18/3/2024
Age 34 yrs	UHID No. 142592
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

OPHTHAL FITNESS CERTIFICATE

	RE	LE	
DV-UCVA :	6/60 st	6/60 st	PGM T 6/6 st 6/6 st
DV-BCVA :			
NEAR VISION :	N ₆ st	N ₆ st	PGM T N ₆ N ₆
ANTERIOR SEGMENT :			
IOP :			
FIELDS OF VISION :	(N)	(N)	
E O M :			
COLOUR VISION :	normal	Normal	
FUNDUS :			
IMPRESSION :	(BE) Refractive Error		
ADVICE :	fit	R/D - 6 months	
	⇒ Change of specs is required.		

[Signature]
18/3/2024

CERTIFICATE OF MEDICAL FITNESS

Height : 152 . Cm	Weight : 47.3 kg	BMI : 20.3.	BP : 90 / 60 mmHg
OPTHAL CHECK : Right Eye : 6/6.		Left Eye : 6/6.	Colour vision : @

This is to certify that I have conducted the clinical examination

Of Mrs. Lekshmi ganesan . on 18/3/24.

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

- Medically Fit ✓
FIT FOR WORK
- Fit with restrictions/recommendations

*Adv
vit. D Supplement*

Though following restrictions have been revealed, in my opinion, these are not impediments to the job.

1.....

2.....

3.....

However the employee should follow the advice/medication that has been communicated to him/her.

Review after _____

- Currently Unfit.
Review after NIL recommended

- Unfit NIL

M3

Dr. _____
Medical officer
Apollo clinic(Location)

This certificate is not meant for medico-legal purposes



Dr. M S KOUTILYA CHOUDARY
Sqn Ldr (Retd), MBBS., MD.,
Reg. No. TNMC 167543