

Patient Name : Mrs.NIVETHA P	Collected : 29/Mar/2024 10:52AM
Age/Gender : 29 Y 8 M 11 D/F	Received : 29/Mar/2024 04:07PM
UHID/MR No : CELE.0000131184	Reported : 29/Mar/2024 06:26PM
Visit ID : CELEOPV346257	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17859	

DEPARTMENT OF HAEMATOLOGY

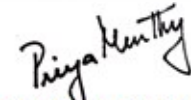
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.7	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.15	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	51.5	%	40-80	Electrical Impedance
LYMPHOCYTES	42.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	5	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3553.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2904.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	345	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.22		0.78- 3.53	Calculated
PLATELET COUNT	348000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	35	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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SIN No:BED240087423

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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WBCs: are normal in total number with normal distribution and morphology.

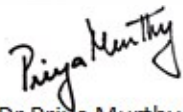
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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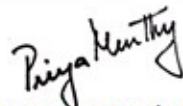
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			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	94	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)	104	mg/dL	70-140	HEXOKINASE

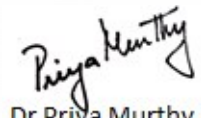
Comment:

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	6	%		HPLC


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SIN No: EDT240040582

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ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated
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Comment:

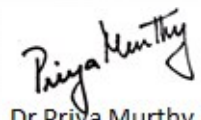
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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	228	mg/dL	<200	CHO-POD
TRIGLYCERIDES	90	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	181	mg/dL	<130	Calculated
LDL CHOLESTEROL	163.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

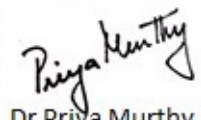
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.


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SIN No:SE04680829

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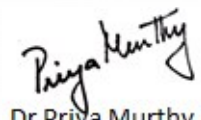
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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	0.37	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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.

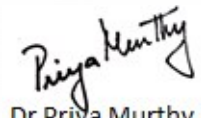
2. Cholestatic Pattern:

- 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:SE04680829

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Patient Name : Mrs.NIVETHA P	Collected : 29/Mar/2024 10:52AM
Age/Gender : 29 Y 8 M 11 D/F	Received : 29/Mar/2024 04:33PM
UHID/MR No : CELE.0000131184	Reported : 29/Mar/2024 06:39PM
Visit ID : CELEOPV346257	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS17859	

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	0.64	mg/dL	0.51-0.95	Jaffe's, Method
UREA	23.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.41	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.91	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.19	g/dL	6.6-8.3	Biuret
ALBUMIN	4.32	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.87	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated


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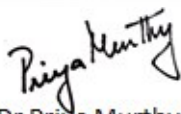
DEPARTMENT OF BIOCHEMISTRY

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	29.00	U/L	<38	IFCC



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Age/Gender : 29 Y 8 M 11 D/F	Received : 29/Mar/2024 04:39PM
UHID/MR No : CELE.0000131184	Reported : 29/Mar/2024 05:43PM
Visit ID : CELEOPV346257	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.6	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.327	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: SPL24059253

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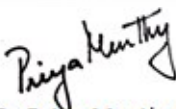

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Patient Name	: Mrs.NIVETHA P	Collected	: 29/Mar/2024 10:52AM
Age/Gender	: 29 Y 8 M 11 D/F	Received	: 29/Mar/2024 04:39PM
UHID/MR No	: CELE.0000131184	Reported	: 29/Mar/2024 05:43PM
Visit ID	: CELEOPV346257	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS17859		

DEPARTMENT OF IMMUNOLOGY

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


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Patient Name : Mrs.NIVETHA P	Collected : 29/Mar/2024 10:52AM
Age/Gender : 29 Y 8 M 11 D/F	Received : 29/Mar/2024 04:23PM
UHID/MR No : CELE.0000131184	Reported : 29/Mar/2024 07:14PM
Visit ID : CELEOPV346257	Status : Final Report
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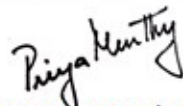
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6-8	/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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SIN No:UR2320233

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Patient Name : Mrs.NIVETHA P	Collected : 29/Mar/2024 10:52AM
Age/Gender : 29 Y 8 M 11 D/F	Received : 29/Mar/2024 04:23PM
UHID/MR No : CELE.0000131184	Reported : 29/Mar/2024 06:55PM
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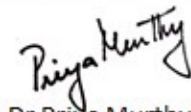
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



Dr. Vidya Aniket Gore
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Consultant Pathologist



Dr Priya Murthy
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SIN No:UF011570

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Patient Name	: Mrs.NIVETHA P	Collected	: 29/Mar/2024 05:59PM
Age/Gender	: 29 Y 8 M 11 D/F	Received	: 30/Mar/2024 10:54AM
UHID/MR No	: CELE.0000131184	Reported	: 02/Apr/2024 05:31PM
Visit ID	: CELEOPV346257	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CYTOLOGY

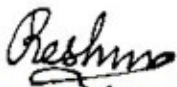
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	8025/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
c	NON NEOPLASTIC FINDINGS	INFLAMMATORY SMEAR
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

SIN No:CS078265

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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APOLLO CLINICS NETWORK

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

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

Page 15 of 15
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



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

Patient Name	: Mrs. Nivetha P	Age/Gender	: 29 Y/F
UHID/MR No.	: CELE.0000131184	OP Visit No	: CELEOPV346257
Sample Collected on	:	Reported on	: 31-03-2024 16:07
LRN#	: RAD2286545	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS17859		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

GALL BLADDER: moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

Pancreas: normal to the extend visualized.

SPLEEN: Normal in size and echo texture. No focal lesion noted

KIDNEYS: Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder well distended and appears normal in size, contour and wall thickness.

Uterus appear normal in size and echo texture . Myometrial echoes appear normal.
ET measures ~ 6.5 mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.

IMPRESSION:

- **No definitive sonological abnormality detected in present scan .**

To correlate clinically & with other investigations.

Not for medico-legal purpose

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Optical

Name : Mrs. Nivetha P

Age: 29 Y

UHID:CELE.0000131184

Address : e city

Sex: F



OP Number:CELEOPV346257

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :CELE-OCR-56369

Date : 29.03.2024 10:34

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) → 12	
2	2D ECHO → 11	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION → 16 Dr. Shreya	
7	DIET CONSULTATION → 25 - by physician	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG → 138	
12	LBC PAP TEST- PAPSURE → 16 Dr. Krishna Shreya	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION → 15 - consult	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA → 9	
19	ENT CONSULTATION → 6 - consult	
20	FITNESS BY GENERAL PHYSICIAN → 20	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN → 5	
25	ULTRASOUND - WHOLE ABDOMEN → 8	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mrs. Nivetha P
UHID : CELE.0000131184
Reported on : 29-03-2024 17:21
Adm/Consult Doctor :

Age : 29 Y F
OP Visit No : CELEOPV346257
Printed on : 29-03-2024 17:21
Ref Doctor : SELF

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

Printed on:29-03-2024 17:21

---End of the Report---


For **Dr. VIGNESH K**
MBBS, MD Radio-Diagnosis
Radiology

2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MRS NIVETHA P

DATE:29/03/2024

AGE/SEX: 29Y/ F

REF :ARCOFEMI

UHID:131184/03/145

***** MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TRIVIAL TR : PPG 23 mm of Hg; NO PAH.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE (IVS & IAS).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR (CAPT.)S.V KRISHNA RAO

MD (PGI), DNB (Card)

Senior Consultant – Cardiologist

Reg No : ANP 19780000746KTK

To correlate with clinical findings & other relevant investigations .

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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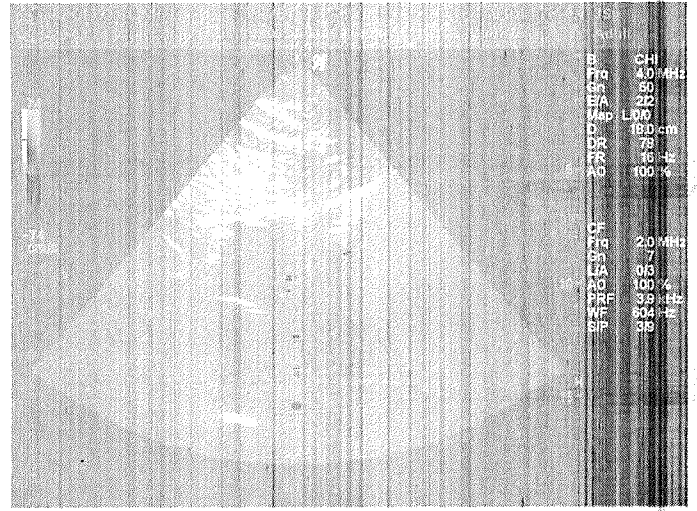
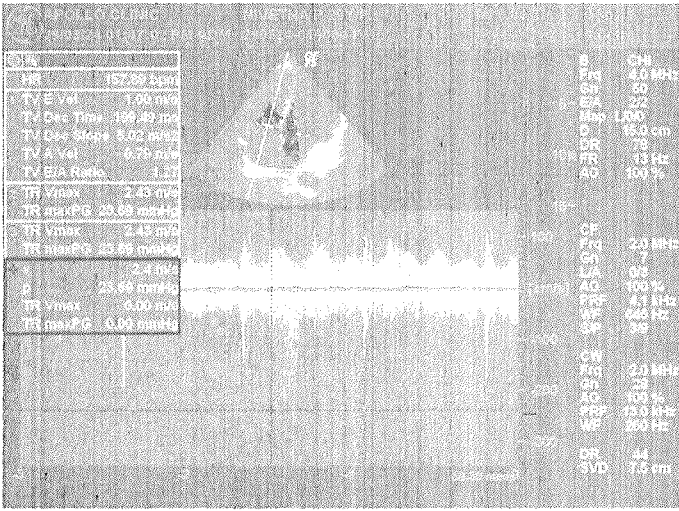
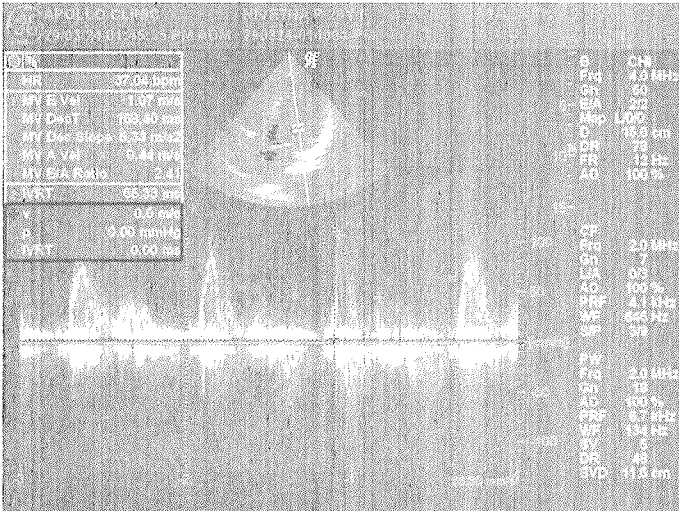
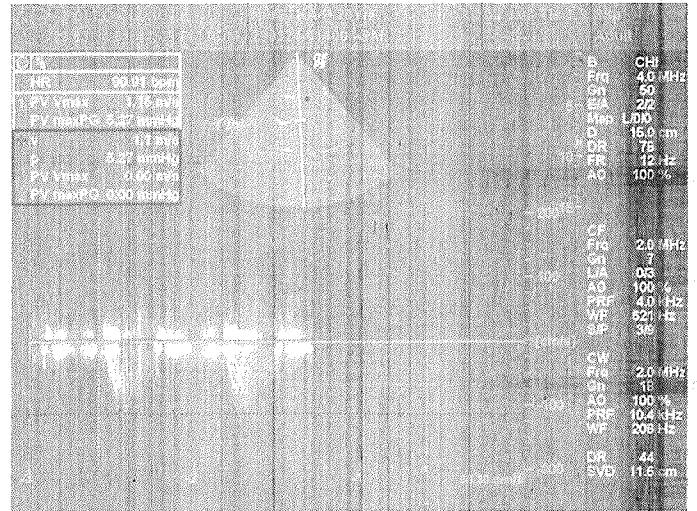
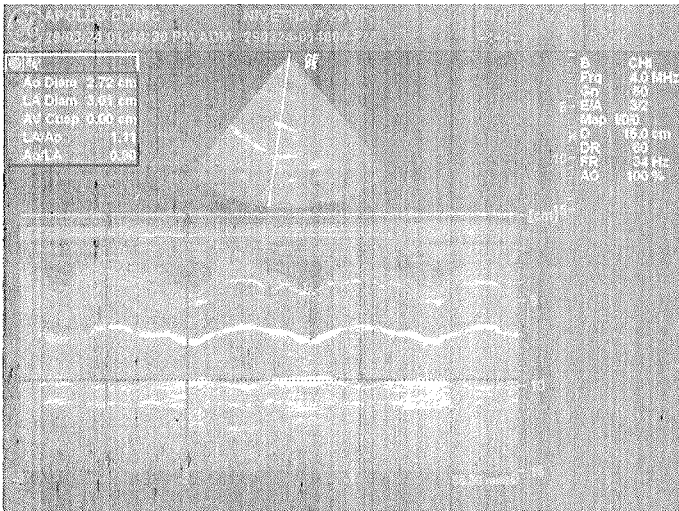
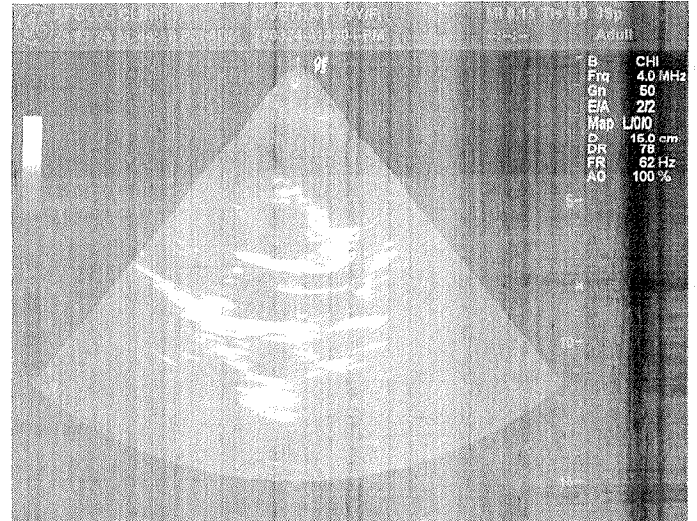
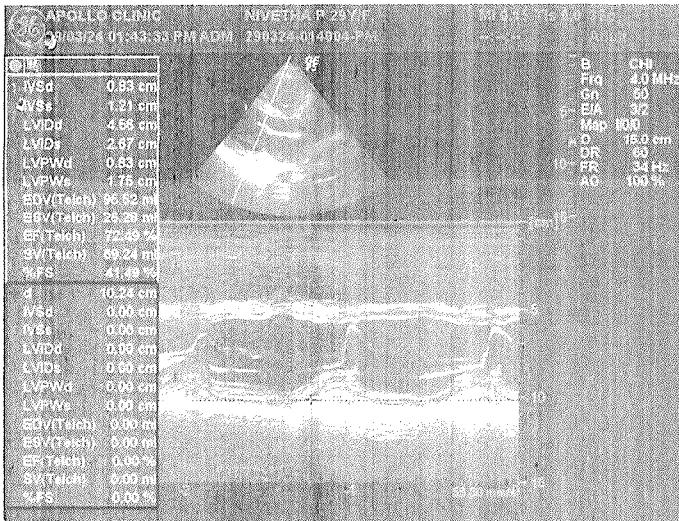
APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



NAME:	Mrs. Nivetha P
AGE / SEX:	29YRS/ FEMALE
DATE:	29/03/2024
REFERRED BY:	ARCOFEMI HEALTHCARE

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: Appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

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Pancreas: normal to the extend visualized.

SPLEEN: Normal in size and echo texture. No focal lesion noted

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Uterus appear normal in size and echo texture . Myometrial echoes appear normal.
ET measures ~ 6.5 mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.

IMPRESSION:

- ***No definitive sonological abnormality detected in present scan .***

*To correlate clinically & with other investigations.
Not for medico-legal purpose*



DR. VIGNESH K

CONSULTANT RADIOLOGIST

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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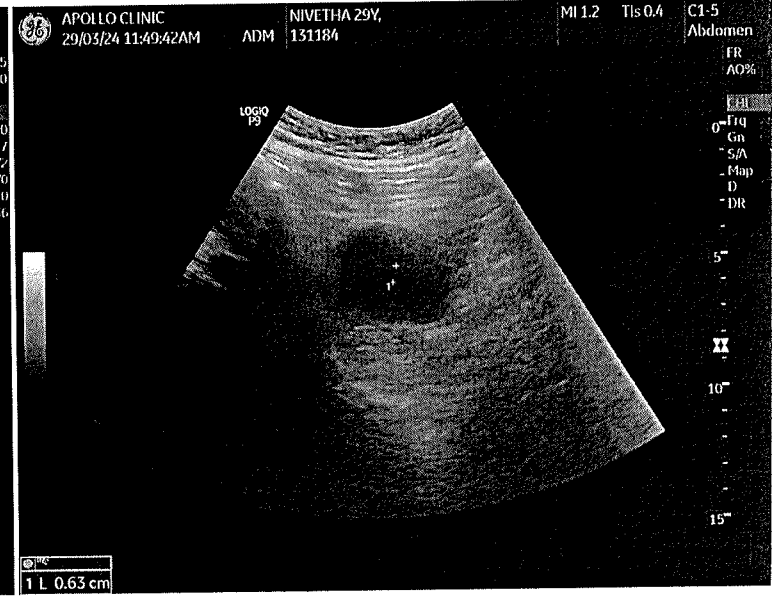
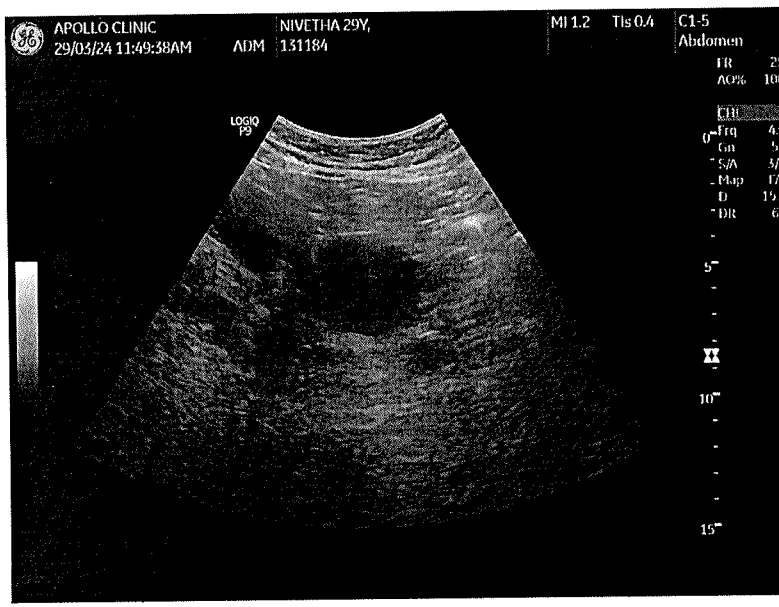
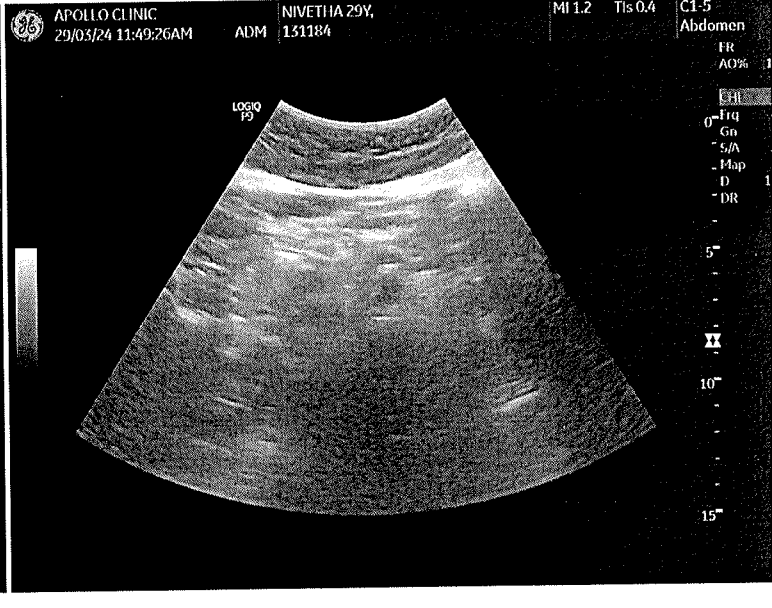
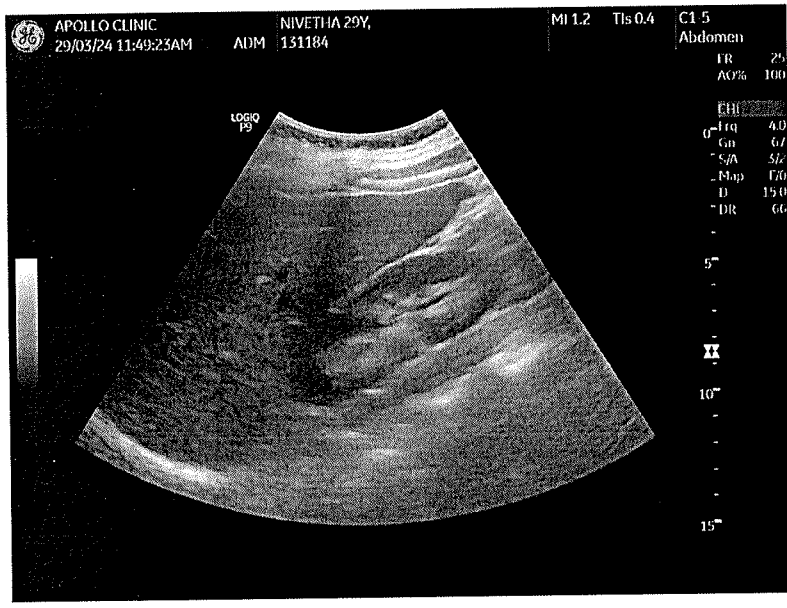
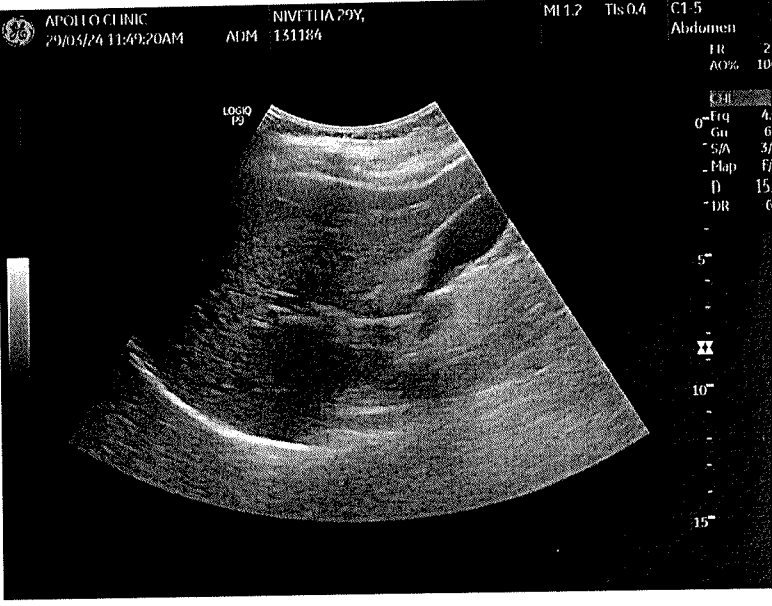
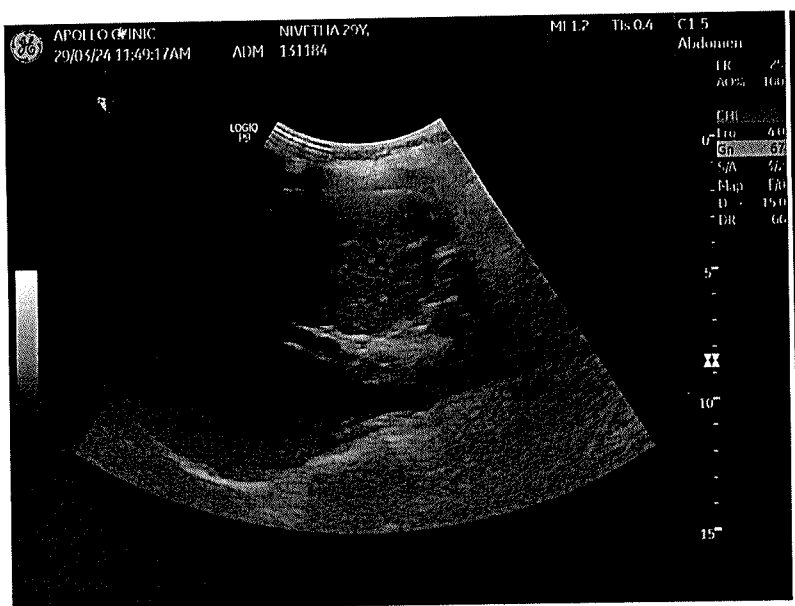
APOLLO CLINICS NETWORK KARNATAKA

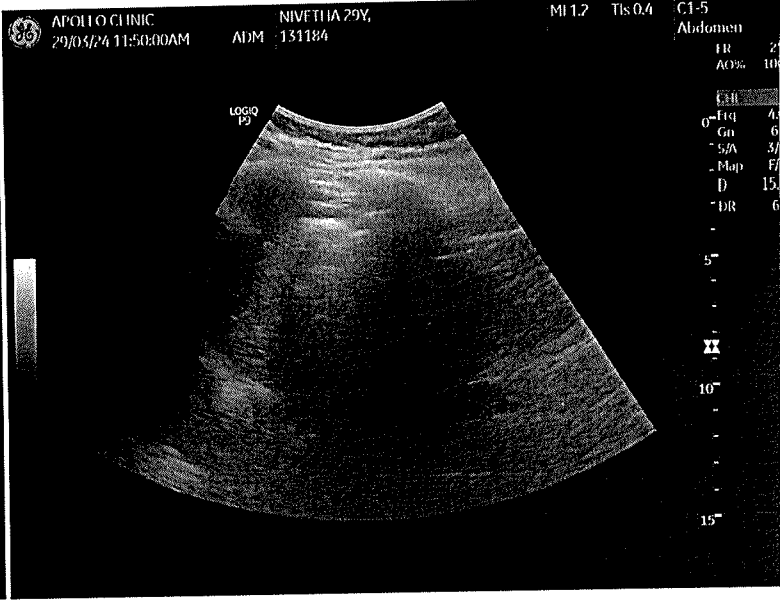
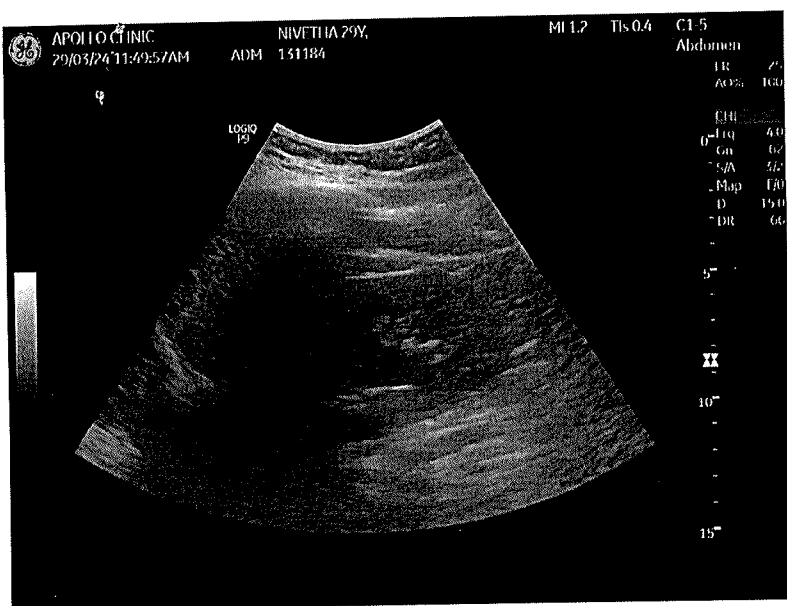
Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**





Personal Details
 UHID: 00XHE1PU6TZ10DL
 PatientID: 131184
 Name: M/s Nivetha P
 Age: 29
 Gender: Female
 Mobile: 9941166300

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements
 HR: 75 BPM
 PR: 146 ms
 PD: 110 ms
 QRSD: 83 ms
 QRS Axis: 73 deg
 QT/QTc: 369/369 ms

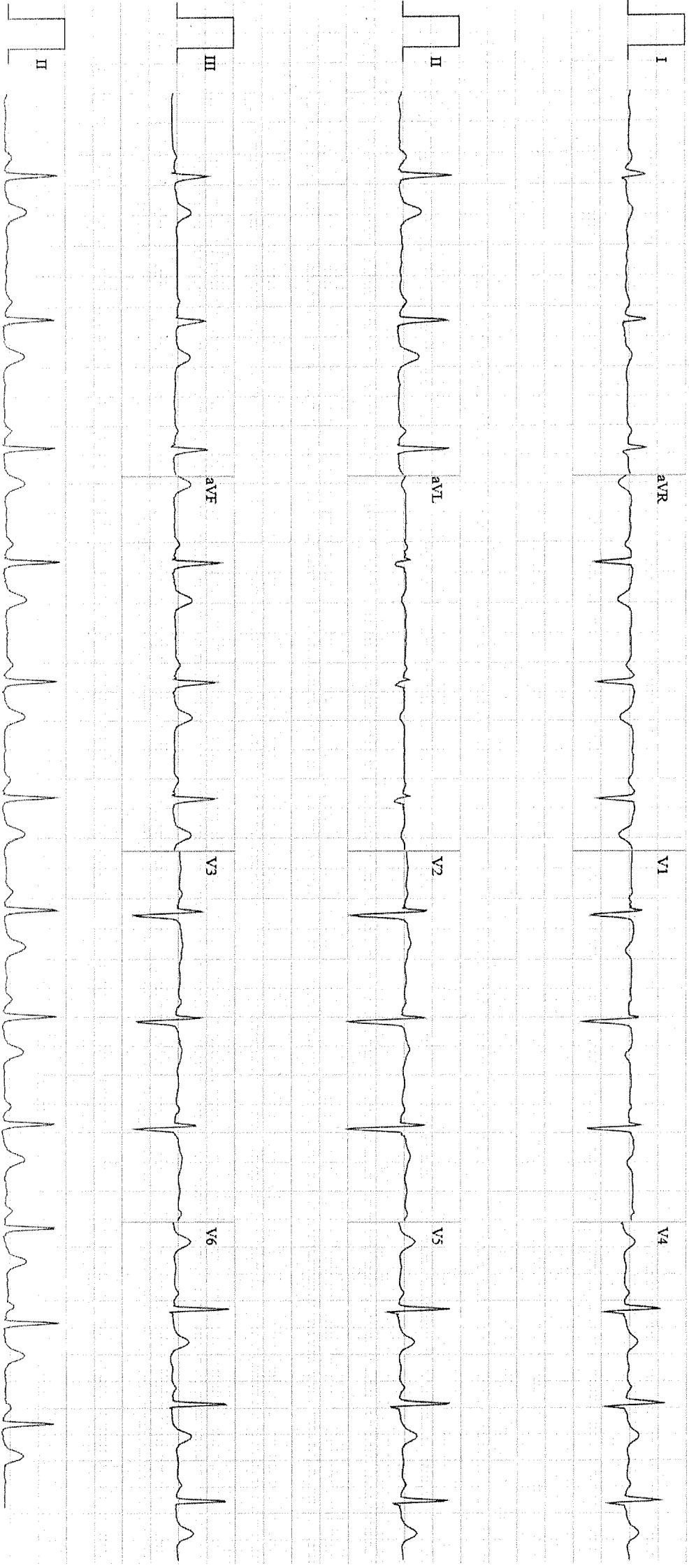
Interpretation
 Sinus Rhythm Regular
 Normal Axis

Authorized by

[Signature]

D. Yogesh Kohari
 MD,DNB,FESC,FEP
 Reg No. KMC 44065

Apollo Medical Centre
 GANDHI ROAD, HYDRA



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
 Report generated based on ECG data 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.
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Apollo Clinic

Consent Form

Patient Name: Nivetha P Age: 29

UHID Number: cel. 0000131189 Company Name: BOB

I Mr/Mrs/Ms. ~~She~~ Nivetha P Employee of Bank of Baroda

(Company) want to inform you that I am not getting the ENT & Dental consultation test done which is a part of routine health check package.

Reason if any: Doctor not available

And I claim the above statement in my full consciousness.

Patient signature: Mj Date: 29/3/24

mrs. Nivekha P 29/f.

29/3/24.

Dr. KRISHNA SHAW.

Gynaec

HC + LBC.

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

P/M, NR

LMP, 22/3/24.

P, L, A. - LSCD.

PLS
PIV. | CKJ-@

PIA + NAD.

B/L Per = NO temp.

Adv.
R/W Rym.



Follow up date:

Doctor Signature

आयकर विभाग
TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

P NIVETHA
PALANIVEL

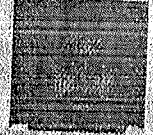
18/07/1994

Permanent Account Number

AXWPN9601R

P N 4

Signature



MEDICAL FITNESS CERTIFICATE

DATE:

NAME:

Nivetha P

AGE/SEX:

29 / F

UHID:

CHIEF COMPLAINTS:

PAST/FAMILY HISTORY:-

ALLERGIES:-

GENERAL EXAMINATION:-

PULSE:

BP:

TEMP:

RR:

HT:

WT:

WAIST:

BMI:

SYSTEMIC EXAMINATION: -

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>			
<u>NEAR</u>	- Continue same glasses for 6 months -		
<u>COLOUR</u>	Normal		

Chest:

CVS:

P/A:

IMPRESSION:-

FINAL RECOMMENDATIONS:-

GENERAL PHYSICIAN

MEDICAL FITNESS CERTIFICATE

DATE:

NAME: *Nivetha*

AGE/SEX:

UHID:

CHIEF COMPLAINTS:

PAST/FAMILY HISTORY:-

ALLERGIES:-

GENERAL EXAMINATION:-

PULSE *76*

BP

low/bs

TEMP

RR *22/min*

HT *161*

WT

76.0kg

WAIST

BMI *29.3*

SYSTEMIC EXAMINATION:-

Chest:

CVS: *S₁, S₂ heard no murmur, RS! ALL NVBS heard*

P/A:

IMPRESSION:-

FINAL RECOMMENDATIONS:-

GENERAL PHYSICIAN

Patient Name	: Mrs. Nivetha P	Age/Gender	: 29 Y/F
UHID/MR No.	: CELE.0000131184	OP Visit No	: CELEOPV346257
Sample Collected on	:	Reported on	: 29-03-2024 17:21
LRN#	: RAD2286545	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS17859		

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. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Name: Mrs. Nivetha P
Age/Gender: 29 Y/F
Address: e city
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. YASHASWI R G

MR No: CELE.0000131184
Visit ID: CELEOPV346257
Visit Date: 29-03-2024 10:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Nivetha P
Age/Gender: 29 Y/F
Address: e city
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PAVITRA RAMAN

MR No: CELE.0000131184
Visit ID: CELEOPV346257
Visit Date: 29-03-2024 10:33
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. Nivetha P
Age/Gender: 29 Y/F
Address: e city
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KRISHNA SHAW

MR No: CELE.0000131184
Visit ID: CELEOPV346257
Visit Date: 29-03-2024 10:33
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Nivetha P
Age/Gender: 29 Y/F
Address: e city
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DAYANAND BALAPPA YALIGAR

MR No: CELE.0000131184
Visit ID: CELEOPV346257
Visit Date: 29-03-2024 10:33
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. Nivetha P
Age/Gender: 29 Y/F
Address: e city
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SONIA MOHAN

MR No: CELE.0000131184
Visit ID: CELEOPV346257
Visit Date: 29-03-2024 10:33
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
02-04-2024 11:42	76 Beats/min	104/68 mmHg	20 Rate/min	97 F	161 cms	76 Kgs	%	%	Years	29.32	cms	cms	cms		AHLL06674

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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