

Patient Name	: Mrs.TAMILSELVI E	Collected	: 07/Sep/2024 08:57AM
Age/Gender	: 30 Y 3 M 14 D/F	Received	: 07/Sep/2024 12:49PM
UHID/MR No	: APJ1.0016632589	Reported	: 07/Sep/2024 02:59PM
Visit ID	: CANNOPV421663	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, 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.
NOTE/ COMMENT	: Please correlate clinically.



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

SIN No:CAG240901064

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

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12-15	Spectrophotometer
PCV	35.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.41	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80.3	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	67.1	%	40-80	Electrical Impedance
LYMPHOCYTES	24.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.3	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5166.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1855.7	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	100.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	546.7	Cells/cu.mm	200-1000	Calculated
BASOPHILS	30.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.78		0.78- 3.53	Calculated
PLATELET COUNT	328000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm/hour	0-20	Capillary photometry
PERIPHERAL SMEAR				

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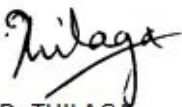
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				



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HBA1C, GLYCATED HEMOGLOBIN	5.8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

- 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. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	199	mg/dL	<200	CHO-POD
TRIGLYCERIDES	85	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	38	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	161	mg/dL	<130	Calculated
LDL CHOLESTEROL	144	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.24		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.48	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	<50	UV with P5P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC Without Pyridoxal phosphate Activation
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.6		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC AMP Buffer
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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Patient Name	: Mrs.TAMILSELVI E	Collected	: 07/Sep/2024 08:57AM
Age/Gender	: 30 Y 3 M 14 D/F	Received	: 07/Sep/2024 01:26PM
UHID/MR No	: APJ1.0016632589	Reported	: 07/Sep/2024 03:29PM
Visit ID	: CANNOPV421663	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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



SIN No:CAG240901066

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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. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	19.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.60	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.3		0.9-2.0	Calculated



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UHID/MR No : APJ1.0016632589	Reported : 07/Sep/2024 03:01PM
Visit ID : CANNOPV421663	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	<38	IFCC



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Patient Name : Mrs.TAMILSELVI E	Collected : 07/Sep/2024 08:57AM
Age/Gender : 30 Y 3 M 14 D/F	Received : 07/Sep/2024 01:22PM
UHID/MR No : APJ1.0016632589	Reported : 07/Sep/2024 02:33PM
Visit ID : CANNOPV421663	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.72	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.368	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

Page 12 of 16



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



SIN No: CAG240901070

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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M.D.(Biochemistry)



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Patient Name : Mrs.TAMILSELVI E	Collected : 07/Sep/2024 08:57AM
Age/Gender : 30 Y 3 M 14 D/F	Received : 07/Sep/2024 05:24PM
UHID/MR No : APJ1.0016632589	Reported : 07/Sep/2024 05:54PM
Visit ID : CANNOPV421663	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

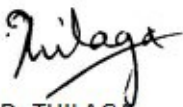
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Microscopy
RBC	2	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr THILAGA
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Consultant Pathologist

SIN No:CAG240901068

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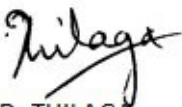
Patient Name	: Mrs.TAMILSELVI E	Collected	: 07/Sep/2024 12:28PM
Age/Gender	: 30 Y 3 M 14 D/F	Received	: 07/Sep/2024 05:25PM
UHID/MR No	: APJ1.0016632589	Reported	: 07/Sep/2024 05:55PM
Visit ID	: CANNOPV421663	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 15 of 16



Dr THILAGA
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Consultant Pathologist

SIN No:CAG240901148

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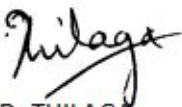
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
LBC PAP SMEAR



Dr THILAGA
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Consultant Pathologist

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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

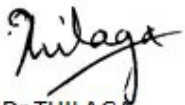
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



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Consultant Pathologist



SIN No:CAG240901069

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

Patient Name	: Mrs. TamilSelvi E	Age	: 30Yrs 3Mths 16Days
UHID	: APJ1.0016632589	OP Visit No.	: CANNOPV421663
Printed On	: 07-09-2024 05:57 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows increase echotexture.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus. Wall thickness appear normal.

Pancreas and spleen appear normal. Spleen measures 8.8 cms.

Portal and splenic veins appear normal.
No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.
There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.8 x 3.9cms.
Left kidney measures 10.2 x 4.0cms.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus is retroflexed and measures 8.9 x 4.2 cms and shows normal endometrial and myometrial echoes. **Fluid in POD.**

The endometrial thickness 9.7mm.

Right ovary measures 1.6 x 1.4cms.

Left ovary measures 2.3 x 1.6 cms.

Both ovaries are normal in size and echotexture.

No mass lesion seen in the pelvis.

Bladder is normal in contour.

IMPRESSION:

*FATTY LIVER -GRADE -I

---End Of The Report---

Dr.A R RAGHUL
MBBS MD Radiodiagnosis
139605
Radiology

Patient Name	: Mrs. TamilSelvi E	Age	: 30Yrs 3Mths 15Days
UHID	: APJ1.0016632589	OP Visit No.	: CANNOPV421663
Printed On	: 07-09-2024 09:50 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: --		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 60 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. ARULNITHI AYYANATHAN
MBBS., MRCP, AB, MBA
63907
Cardiology

Patient Name	: Mrs. TamilSelvi E	Age	: 30Yrs 3Mths 16Days
UHID	: APJ1.0016632589	OP Visit No.	: CANNOPV421663
Printed On	: 07-09-2024 06:50 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

NO OBVIOUS ABNORMALITY DETECTED.

---End Of The Report---

Dr.A R RAGHUL
MBBS MD Radiodiagnosis
139605
Radiology

Name: Mrs. Tamil Selvi. E
 Occupation:
 Age: 30 Sex: Male Female
 Address:
 Ph:

Date: 07/09/24 Reg. No.: 6682589
 Ref. Physician:
 Copies to:

REPORT ON OPHTHALMIC EXAMINATION

History:

Present Complaint:

Regular Checkup

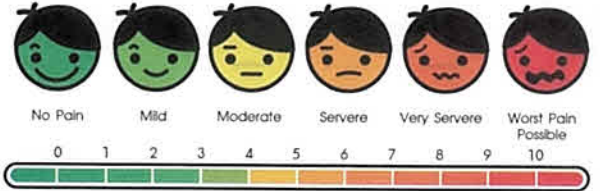
ON EXAMINATION:

	RE	LE
Ocular Movements :	Full	Full
Anterior Segment :	N	N
Intra-Ocular-Pressure :		
Visual Acuity: D.V. :		
Without Glass :	6/6	6/6
With Glass :	N6	N6
N.V. :		
Visual Fields :		
Fundus :		
Impression :	N	N
Advice :		
Colour Vision :		

OPHTHALMOLOGY / OPTOMETRIST

G. Shij

Mr A. Tamil Selvi. E 7/09/2024
30/F




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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

After O/E,
Adv:
- Sealing
- Filling
- Extraction of $\frac{218}{8/8}$.

Follow up date:


Doctor Signature

ENT check up

Tamil Selvi

30/F

7/9/24

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

General Examination / Allergies
History

? HOH

O/E (R) Ear wax

Adv: Waxmelt ear drops 8-8-8 x 1wk



Follow up date:

Doctor Signature & Stamp

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

In case of emergency, Please call 1066 or come directly to emergency room of the hospital

Apollo Health and Lifestyle Limited

To book an appointment

 **1860 500 7788**

Mr. Tamilselvi . E 30/11 F

Dr. Vignesh

7/9/24

Adw

- T. myospaz forte P/O 101 x 3d (AF),
- T. Pan 40mg P/O 100 x 3d (BF)
- Bru gel LA 803,
- T. chymoral forte P/O 101 x 5d (AF),
- Sr. electrolytes


7/9/24

Apollo Clinic

CONSENT FORM

Patient Name: Mrs. Tamil Selvi Age: 30
 UHID Number: APJL 0016632589 Company Name: Mediserv

I Mr/Mrs/Ms E. Tamil Selvi Employee of Bank of Baroda
 (Company) Want to inform you that I am not interested in getting Gynaecology Echo

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

And I claim the above statement in my full consciousness.

Patient Signature: E. Tamil Selvi Date: 7/9/24

Apollo Medical Centre
 No.30, F-Block, 2nd Avenue,
 Anna Nagar East, Chennai-600 102
 Ph: 2620 6666 2622 4505
 Toll No: 1860 500 7788

MRS TAMILSELVI E
ID: 16632589 R

07.09.2024 9:02:28 AM
APOLLO MEDICAL CENTER
ANNA NAGAR
CHENNAI

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

Room:

60 bpm
-- / -- mmHg

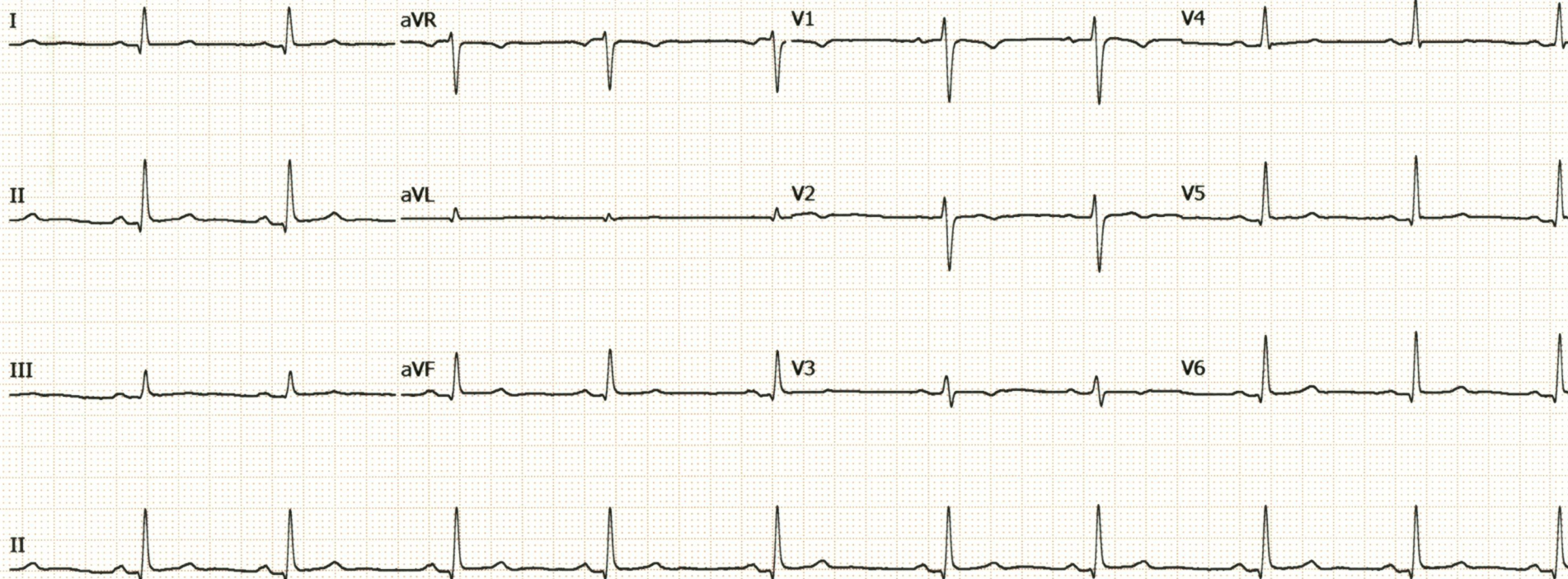
30 Years

Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 414 / 414 ms
PR : 168 ms
P : 98 ms
RR / PP : 1008 / 1000 ms
P / QRS / T : 53 / 61 / 52 degrees

NSR
By



E. Trishala

APJ. 16632589
OCR- 106372



E. Tamilselvi

CASE RECORD

Name:..... <u>Mr. Parthiv S. E</u>	Date:..... <u>07/09/24</u>
Occupation :.....	UHID No. :..... <u>166322589</u>
Age:..... <u>30</u> Sex : Male <input checked="" type="checkbox"/> Female	OP / Company :..... <u>Mediway</u>
Address.....	Ref. Physician :..... <u>Dr. Vignesh</u>
Tel No.....	

Consultant : Dr. Vignesh

Vacuated for COVID 19

Inv

History :

Chief Complaints : (If pain is present. please describe location, character, score etc.) HBAc 5-8%

FB-103

HDL-38

Ushr-4.1fc

Ad

History of Present illness : None

- Diet asadv

- P. omega 3 asadv

- Regular activity x 30-40 min

- Adequate Hydration

- F/w on Fcp, HBAc asadv

Dr
9/9/24

Apollo Medical Centre
30, F-Block, 2nd Avenue,
Mazhar East, Chennai-600 102
Tel No. 1860 500 7788

81P 104
✓ - 9/8

Physical Examination

General :

Build well

Height 165

Weight 79.

Anaemia —

Icterus —

Cyanosis —

Clubbing —

Oedema —

Glands —

ENT :

CVS :

Heart Rate & Rhythm 68

B.P. : Supine 120/80

Sitting

Standing

Chest Shape

Heart Sounds

Murmurs S2 ⊕, murmurous

Thrills

RS :

Rate & Type

Breath Sounds M2 ⊕,

Abdomen :

Appearance

Liver

Spleen —

Tenderness NAD

Bowel sounds

Fluid —

Genitals :

CNS :

Cranial Nerves

Sensors SYstem

Motor System

Reflexes NFM

Fundus

Skin :

Extremities :

NAD