

Patient Name : Mrs.KAVITHA S	Collected : 10/Feb/2024 07:49AM
Age/Gender : 42 Y 9 M 27 D/F	Received : 10/Feb/2024 02:53PM
UHID/MR No : CVEL.0000073286	Reported : 10/Feb/2024 06:07PM
Visit ID : CVELOPV198647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5200 1161 6587	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY	: Microscopic
RBC MORPHOLOGY	: Mild anisocytosis, microcytic hypochromic RBC's admixed with 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:BED240032620

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

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11</b>	g/dL	12-15	Spectrophotometer
PCV	<b>34.90</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>72.9</b>	fL	83-101	Calculated
MCH	<b>23</b>	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	<b>19.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55.4	%	40-80	Electrical Impedance
LYMPHOCYTES	34.0	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	1.6	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4155	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2550	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	120	Cells/cu.mm	20-500	Calculated
MONOCYTES	555	Cells/cu.mm	200-1000	Calculated
BASOPHILS	<b>120</b>	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	<b>449000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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RBC MORPHOLOGY : Mild anisocytosis, microcytic hypochromic RBC's admixed with predominantly normocytic normochromic RBC's noted.



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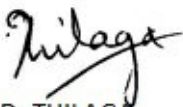
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			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 HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	153	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.



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



SIN No:PLF02102854

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	8.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	197	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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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	198	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>152</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>131.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.30		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.31	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	40.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.00	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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**APOLLO CLINICS NETWORK**

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Patient Name	: Mrs.KAVITHA S	Collected	: 10/Feb/2024 07:49AM
Age/Gender	: 42 Y 9 M 27 D/F	Received	: 10/Feb/2024 01:42PM
UHID/MR No	: CVEL.0000073286	Reported	: 10/Feb/2024 03:59PM
Visit ID	: CVELOPV198647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 5200 1161 6587		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.67</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	29.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.00	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	<b>8.70</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	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)



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



SIN No:SE04624199

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**APOLLO CLINICS NETWORK**

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Patient Name	: Mrs.KAVITHA S	Collected	: 10/Feb/2024 07:49AM
Age/Gender	: 42 Y 9 M 27 D/F	Received	: 10/Feb/2024 01:42PM
UHID/MR No	: CVEL.0000073286	Reported	: 10/Feb/2024 03:59PM
Visit ID	: CVELOPV198647	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ADHAAR NO 5200 1161 6587		

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	<38	IFCC



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



SIN No:SE04624199

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**APOLLO CLINICS NETWORK**

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Patient Name : Mrs.KAVITHA S	Collected : 10/Feb/2024 07:49AM
Age/Gender : 42 Y 9 M 27 D/F	Received : 10/Feb/2024 01:47PM
UHID/MR No : CVEL.0000073286	Reported : 10/Feb/2024 03:52PM
Visit ID : CVELOPV198647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5200 1161 6587	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.852	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**  
M.D.(Biochemistry)



SIN No: SPL24021358

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**APOLLO CLINICS NETWORK**

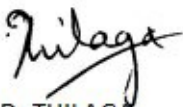
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur 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)

Patient Name : Mrs.KAVITHA S	Collected : 10/Feb/2024 07:49AM
Age/Gender : 42 Y 9 M 27 D/F	Received : 10/Feb/2024 03:16PM
UHID/MR No : CVEL.0000073286	Reported : 10/Feb/2024 04:44PM
Visit ID : CVELOPV198647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5200 1161 6587	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-3	/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



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

SIN No:UR2278662

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Patient Name : Mrs.KAVITHA S	Collected : 10/Feb/2024 07:49AM
Age/Gender : 42 Y 9 M 27 D/F	Received : 11/Feb/2024 09:27AM
UHID/MR No : CVEL.0000073286	Reported : 12/Feb/2024 03:12PM
Visit ID : CVELOPV198647	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ADHAAR NO 5200 1161 6587	

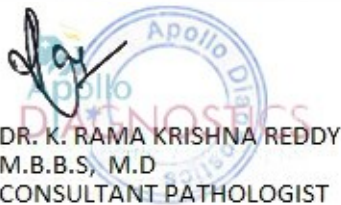
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE**

	<b>CYTOLOGY NO.</b>	2669/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Negative for intraepithelial lesion/ malignancy
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*



**DR. K. RAMA KRISHNA REDDY**  
M.B.B.S, M.D  
CONSULTANT PATHOLOGIST

SIN No:CS074145

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

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Page 13 of 13  
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4	Arcofemi/Mediwhe el/MALE/FEMALE	ARCOFE MI - MEDIWH EEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOIE S3324	KAVI THA	4 2	Female	kavimurugs @yahoo.com	99629 66646	2/10/ 2024	9: 0 0 A M	APOLL O VELAC HERY	Ta mi I Na du	Che nnai	Apollo Clinic, Plot no:46, 7th street , Near Vijaya nagar bus stand, Tansi nagar, Velac hery, Chenn ai, Tamil Nadu,	Confi rmed at 9:00 AM
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73286





இந்திய அரசாங்கம்  
Government of India

சு கவிதா  
S Kavitha



பிறந்த நாள் / DOB: 13/04/1981  
பெண்பால் / Female

5200 1161 6587



எனது ஆதார், எனது அடையாளம்

<b>Patient Name</b>	: Mrs. KAVITHA S	<b>Age/Gender</b>	: 42 Y/F
<b>UHID/MR No.</b>	: CVEL.0000073286	<b>OP Visit No</b>	: CVELOPV198647
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-02-2024 13:15
<b>LRN#</b>	: RAD2231164	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: ADHAAR NO 5200 1161 6587		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver is enlarged in size (16.1 cms) with increased echogenicity.** 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 (7.8 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** - 10.7 x 4.0 cms. **Left kidney** - 10.2 x 4.1 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 8.2 x 3.8 x 4.2 cms. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9 mm.

**Both ovaries are polycystic.**

**Right ovary** - 3.4 x 2.1 x 3.1 cms. (Vol 15.9 ml)

**Left ovary** - 3.7 x 2.0 x 3.3 cms (Vol 13.6 ml)

No evidence of any adnexal pathology noted.

### **IMPRESSION:-**

\* **HEPATOMEGALY WITH GRADE I FATTY CHANGES.**

\* **BILATERAL POLYCYSTIC OVARIES.**

(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. KAVITHA S

**Age/Gender** : 42 Y/F

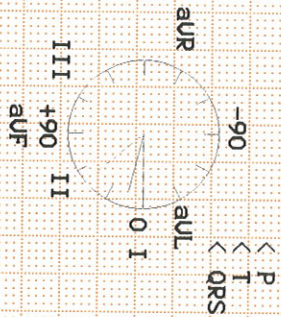
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**Dr. PASUPULETI SANTOSH KUMAR**  
M.B.B.S., DNB (RADIODIAGNOSIS)  
Radiology

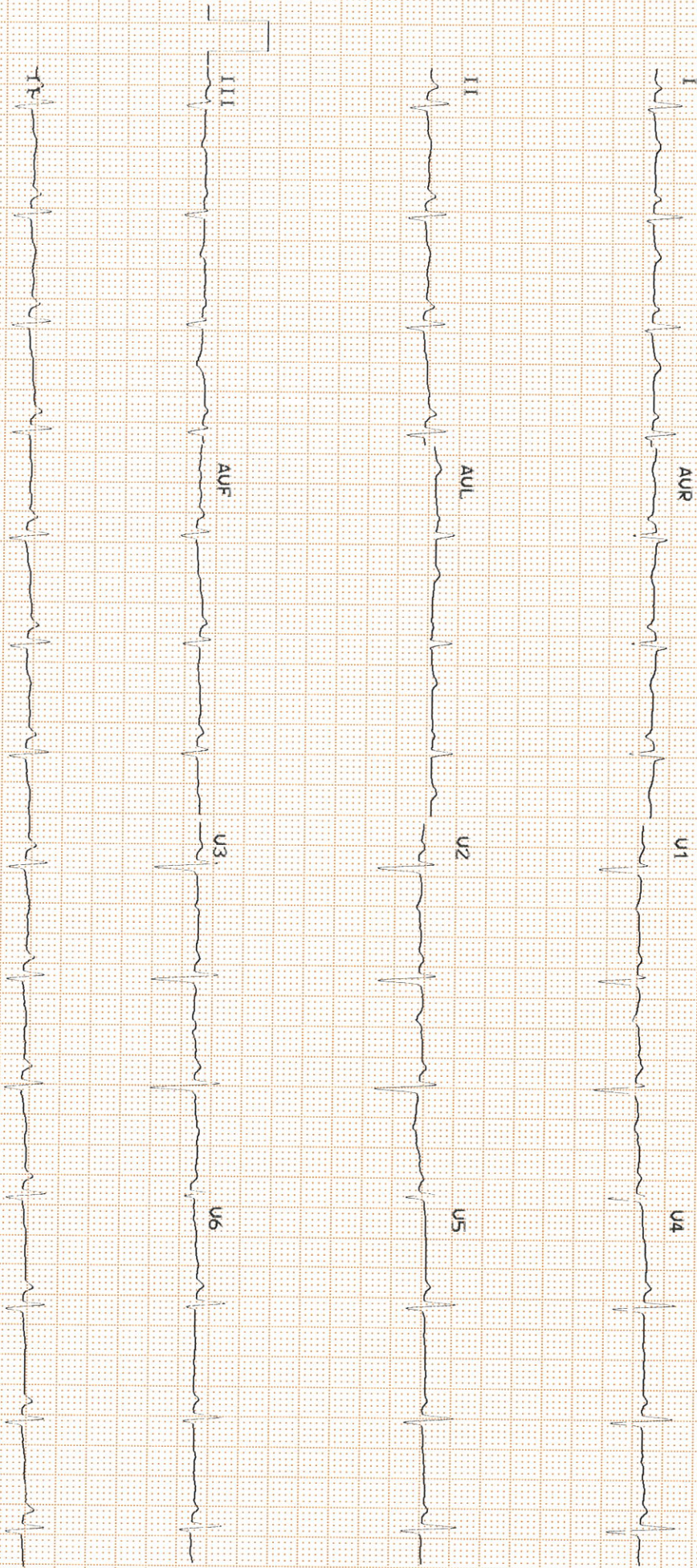
Measurement Results:

QRS	:	88 ms
QT/QTcB	:	368 / 431 ms
PR	:	134 ms
P	:	102 ms
RR/PP	:	728 / 730 ms
p/QRS/T	:	50 / 15 / 0 degrees
QTd/QTcBd	:	18 / 21 ms
Sokolow	:	1.2 mV
NK	:	12



Interpretation:

Unconfirmed report.



**GYNAECOLOGY CONSULT**

Name: Mrs. Kavitha S.	UHID: 73286	Date: 10/2/24
Age: 42	Consultant Gynaecologist: Dr. Pavitha	

**DRUG ALLERGIES**

Complaints (related to Gynaec) - NIL SPECIFIC / YES

*Klelo DM & hypothyroidism (6 months) 3yrs 150mcg*

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

Past Medical / Surgical History: *SA*

Family History :

**OTHER SYSTEMS:**

**GYNAEC HISTORY :**

- Marital Status - S/M/Others
- Children - *P2 L2*
- Deliveries - *NVD*
- L.C.B. - *NVD*
- Abortion - *AMP - 01/02/24*
- Contraception - *RMP*
- Periods - *RMP*
- L.M.P. -
- Menopause -

Present Medication :

**GYNAEC EXAMINATION:**

- P/A *sgt*
- S/E *sgt*
- P/V *ca & vagina - healthy*
- P/R

**GENERAL EXAMINATION :**

- Height :
- Weight :
- BMI :
- General Condition :
- Blood Pressure:
- Thyroid :
- Others :

**BREASTS** *B/L sgt*

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

**PAP SMEAR :** Taken / Not Taken (Reason)

**OPINION & ADVICE :**

*[Signature]*  
Signature with Date & Time :

# OPHTHALMOLOGY

Name Mrs. Karitha.S	Date 10/02/2024
Age 42 Yrs	UHID No. 073286
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

## OPHTHAL FITNESS CERTIFICATE

H/o DM x 3 yrs (diagnosed)

RE

LE

DV-UCVA :

6/36<sup>st</sup>

6/36<sup>st</sup>

DV-BCVA :

NEAR VISION :

N<sub>6</sub><sup>st</sup>

N<sub>6</sub><sup>st</sup>

ANTERIOR SEGMENT :

IOP :

FIELDS OF VISION :

(N)

(N)

E O M :

COLOUR VISION :

Normal

Normal

FUNDUS :

IMPRESSION :

(BE) Refractive Error

ADVICE :

Further R/O. Checkup is required /

R/O on Monday for complete eye examination.

*[Signature]*  
10/02/2024

**CERTIFICATE OF MEDICAL FITNESS**

Height : 151 Cm	Weight : 72.8 kg	BMI : 31.6.	BP : 130 / 90- mmHg
OPHTHAL CHECK : Right Eye : 6/6.		Left Eye : 6/6.	Colour vision : ⓐ

This is to certify that I have conducted the clinical examination

Of Mrs. Kavitha.S. on 10.2.24.

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

- Medically Fit
- Fit with restrictions/recommendations

*DM-A  
Adv  
calculation*

*FIT FOR WORK*

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

*43*

- Unfit NIL.

Dr. \_\_\_\_\_

**Medical officer**  
**Apollo clinic(Location)**



This certificate is not meant for medico-legal purposes

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

Name: Mrs. KAVITHA S  
Age/Gender: 42 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.0000073286  
Visit ID: CVELOPV198647  
Visit Date: 10-02-2024 07:43  
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. KAVITHA S  
Age/Gender: 42 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.0000073286  
Visit ID: CVELOPV198647  
Visit Date: 10-02-2024 07:43  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. KAVITHA S  
Age/Gender: 42 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.0000073286  
Visit ID: CVELOPV198647  
Visit Date: 10-02-2024 07:43  
Discharge Date:  
Referred By: SELF

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Name: Mrs. KAVITHA S  
Age/Gender: 42 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.0000073286  
Visit ID: CVELOPV198647  
Visit Date: 10-02-2024 07:43  
Discharge Date:  
Referred By: SELF

**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

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**PHYSICAL EXAMINATION**

**SYSTEMIC EXAMINATION**

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**RECOMMENDATION**

**Doctor's Signature**

Name: Mrs. KAVITHA S  
Age/Gender: 42 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.0000073286  
Visit ID: CVELOPV198647  
Visit Date: 10-02-2024 07:43  
Discharge Date:  
Referred By: SELF

**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
10-02-2024 14:37	78 Beats/min	130/90 mmHg	18 Rate/min	98 F	151 cms	72.8 Kgs	%	%	Years	31.93	88 cms	100 cms	cms		AHLL03253

Established Patient: No

**Vitals**

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