

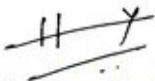
Patient Name : Mrs.SWETA PAL	Collected : 13/Jul/2024 09:16AM
Age/Gender : 35 Y 7 M 22 D/F	Received : 13/Jul/2024 01:38PM
UHID/MR No : CINR.0000169129	Reported : 13/Jul/2024 03:47PM
Visit ID : CINROPV233310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6729	

DEPARTMENT OF HAEMATOLOGY

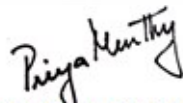
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	75.5	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,720	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	29.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.4	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4686.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2246.52	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	339.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	440.04	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.72	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.09		0.78- 3.53	Calculated
PLATELET COUNT	306000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	56	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: Show crowding and mild anisocytosis with predominance of Microcytic hypochromic RBCs. with few elliptocytes and target



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



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



SIN No: BED240182923

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DEPARTMENT OF HAEMATOLOGY

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

cells seen.

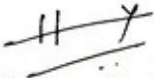
WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

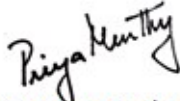
HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE**

**Note: Kindly evaluate for incipient iron deficiency status/hemoglobinopathy.**



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



Dr. Priya Murthy  
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Consultant Pathologist



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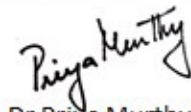
DEPARTMENT OF HAEMATOLOGY

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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : CINR.0000169129	Reported : 13/Jul/2024 02:18PM
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Emp/Auth/TPA ID : 35E6729	

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	95	mg/dL	70-100	HEXOKINASE

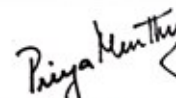
Comment:

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 Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist



SIN No:PLF02187823

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Patient Name : Mrs.SWETA PAL	Collected : 13/Jul/2024 09:16AM
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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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

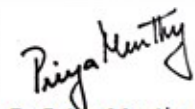
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
**Dr. Govinda Raju N L**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



SIN No: EDT240076322

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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	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	92	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	57	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	100	mg/dL	<130	Calculated
LDL CHOLESTEROL	81.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.76		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated


**Comment:**

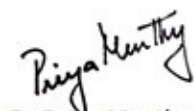
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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.

  
Dr. Govinda Raju N L  
MSc, PhD (Biochemistry)  
Consultant Biochemistry

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



SIN No: SE04779354

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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	1.03	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.86	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	<b>128.00</b>	U/L	30-120	IFCC
PROTEIN, TOTAL	7.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.48	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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

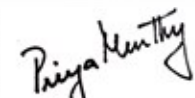
In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:



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Consultant Pathologist



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Patient Name : Mrs.SWETA PAL	Collected : 13/Jul/2024 09:16AM
Age/Gender : 35 Y 7 M 22 D/F	Received : 13/Jul/2024 01:27PM
UHID/MR No : CINR.0000169129	Reported : 13/Jul/2024 02:20PM
Visit ID : CINROPV233310	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6729	

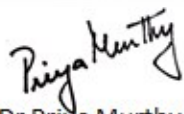
**DEPARTMENT OF BIOCHEMISTRY**

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

- 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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MSc,PhD(Biochemistry)  
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**Dr Priya Murthy**  
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SIN No:SE04779354

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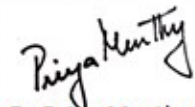
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	20.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.95	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.48	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated

  
**Dr. Govinda Raju N L**  
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 Consultant Biochemistry

  
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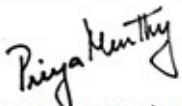
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	<38	IFCC



Dr Priya Murthy  
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Consultant Pathologist



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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)	0.98	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	12.04	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.528	µIU/mL	0.34-5.60	CLIA


Comment:

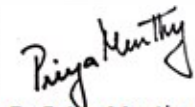
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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

Page 11 of 14

  
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SIN No: SPL24116440

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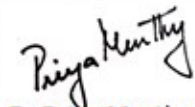
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**DEPARTMENT OF IMMUNOLOGY**

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

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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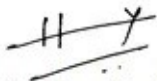
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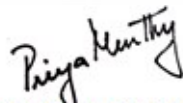
DEPARTMENT OF CLINICAL PATHOLOGY

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	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.021		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy



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Consultant Pathologist



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SIN No: UR2385851

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DEPARTMENT OF CLINICAL PATHOLOGY

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

**Comment:**

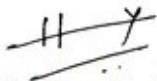
All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

\*\*\* End Of Report \*\*\*

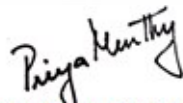
Result/s to Follow:

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Consultant Pathologist



Dr. Priya Murthy  
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Name : Mrs. Sweta Pal

Age: 35 Y

UHID: CINR.0000169129

Sex: F



Address : BANGALORE

OP Number: CINROPV233310

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No : CINR-OCR-99347

Date : 13.07.2024 09:07

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
<del>1</del>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<del>2</del>	LIVER FUNCTION TEST (LFT)	
<del>3</del>	GLUCOSE, FASTING	
<del>4</del>	HEMOGRAM + PERIPHERAL SMEAR	
<del>5</del>	GYNAECOLOGY CONSULTATION - 3 ✓ after 11 am	
<del>6</del>	DIET CONSULTATION	
<del>7</del>	COMPLETE URINE EXAMINATION	
<del>8</del>	PERIPHERAL SMEAR	
<del>9</del>	ECG - 6 ✓	
<del>10</del>	LBC PAP TEST- PAPSURE - 3 ✓ after 11 am	
<del>11</del>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<del>12</del>	DENTAL CONSULTATION - 1 not done	
<del>13</del>	HbA1c, GLYCATED HEMOGLOBIN	
<del>14</del>	ENT CONSULTATION	
<del>15</del>	FITNESS BY GENERAL PHYSICIAN	
<del>16</del>	BLOOD GROUP ABO AND RH FACTOR	
<del>17</del>	LIPID PROFILE	
<del>18</del>	BODY MASS INDEX (BMI) - 6 ✓	
<del>19</del>	OPHTHAL BY GENERAL PHYSICIAN - 5 not done	
<del>20</del>	ULTRASOUND - WHOLE ABDOMEN - 9 after 11 am	
<del>21</del>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Date : 13-07-2024  
MR NO : CINR.0000169129  
Name : Mrs. Sweta Pal  
Age/ Gender : 35 Y / Female

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 09:07

Height : 173 cm	Weight : 66.7 kg	BMI : 22.3 kg/m <sup>2</sup>	Waist Circum : <span style="float: right;">L</span>
Temp : 96.7 F	Pulse : 77 bpm	Resp : 18 bpm	B.P : 122 / 70 mmHg

General Examination / Allergies	Clinical Diagnosis & Management Plan
<p>History</p> <p>July 13/2024</p>	<p>35 yrs, Conf. July 1<sup>st</sup> P, L</p> <p>PE</p> <p>LBC pap smears done</p> <p>Adv</p> <p>HAV vaccine</p> <p>Niraman</p> <p>Key work hip</p> <p>M N</p> <p>✓ - ✓</p> <p>1 lotter</p> <p>tw</p> <p>tw</p>
<p>Follow up date:</p>	<p>Doctor Signature</p>



13.07.2024

Mrs. Srida Pad

35 y/f

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

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Acepromi - AHC.

Ears: Wax + (B.E)

Nose: M.D

Throat: M.D.

Follow up date:

Dr. RAVINDRANATH KUDVA  
M.B.B.S., D.L.O. **Doctor Signature**



E.N.T. SURGEON  
KMC REG. NO. 18554

**Apollo Clinic, Indiranagar**

#2012, 1st Floor, 100 Feet Road, HAL 2nd Stage, Indiranagar - 560038

Phone: (080) 2521 4614/15

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Whatsapp Number : 970 100 3333

Toll Number : 1860 500 7788

Website : www.apolloclinic.com

Mrs sweta pal  
ID: 469429

Arrow CC

13/07/2024 11:17:31

Location:  
Room:

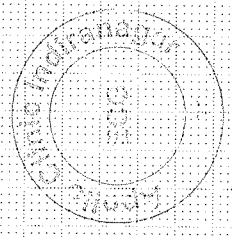
80 bpm  
- / - mmHg

APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

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

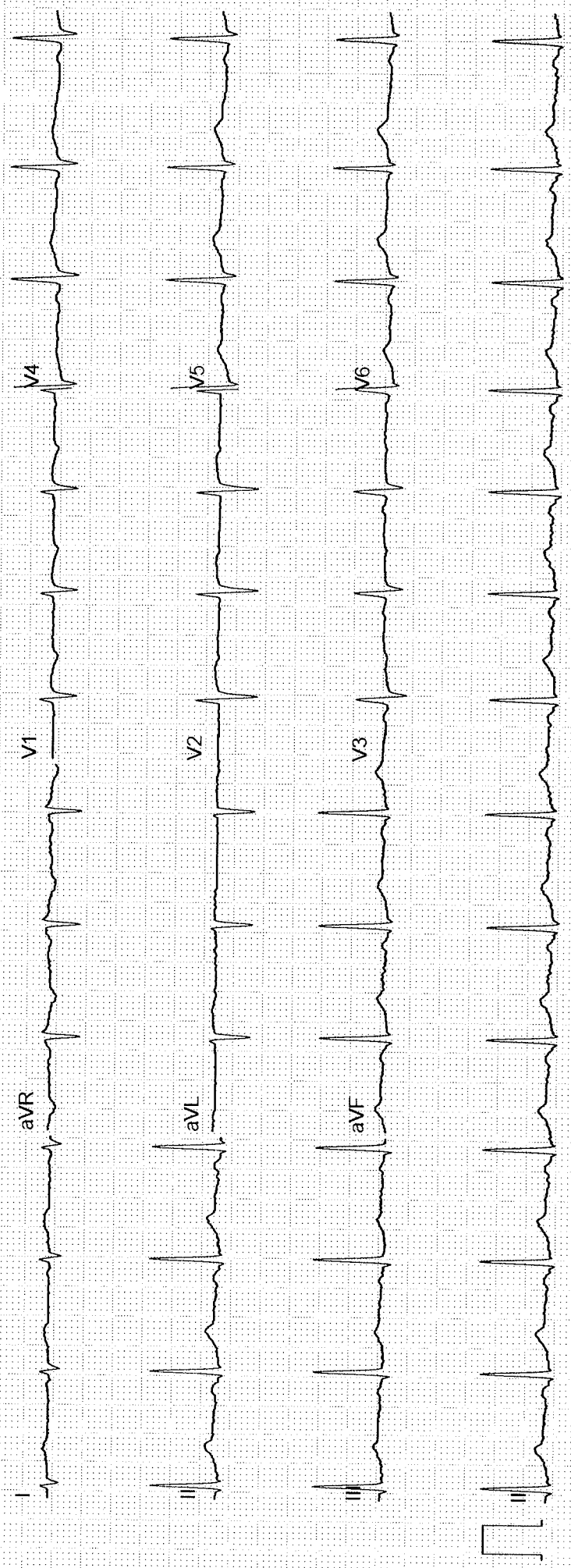
Female  
QRS : 84 ms  
QT / QTcBaz : 378 / 435 ms  
PR : 114 ms  
P : 82 ms  
RR / PP : 748 / 750 ms  
P / QRS / T : 54 / 90 / 54 degrees

*Sweta*



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*[Signature]*  
**Dr. M. SUDHAKAR RAO**  
FACC, FESC, FSCAI  
MBBS, MD, DM (Cardiology)  
Consultant Cardiologist  
KWC Reg. No. CTG0000018KTK  
Apollo Clinic



# Apollo Clinic

## CONSENT FORM

Patient Name: Ms. Sruja Pal Age: 35y  
UHID Number: 169129 Company Name: Aacofemi

I Mr/Mrs/Ms Sruja Pal Employee of Aacofemi

(Company) Want to inform you that I am ~~not~~ interested in getting the consultation on  
Tests done which is a part of my routine health check package. not ready to take  
consultation

And I claim the above statement in my full consciousness.

15/7/24 + Dental +  
Optical

Patient Signature: Sruja Date: 13/7/24

### Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

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

TO BOOK AN APPOINTMENT

1860 500 7788

Dear SWETA PAL,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **INDIRANAGAR clinic** on **2024-07-13** at **08:45-09:00**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."**

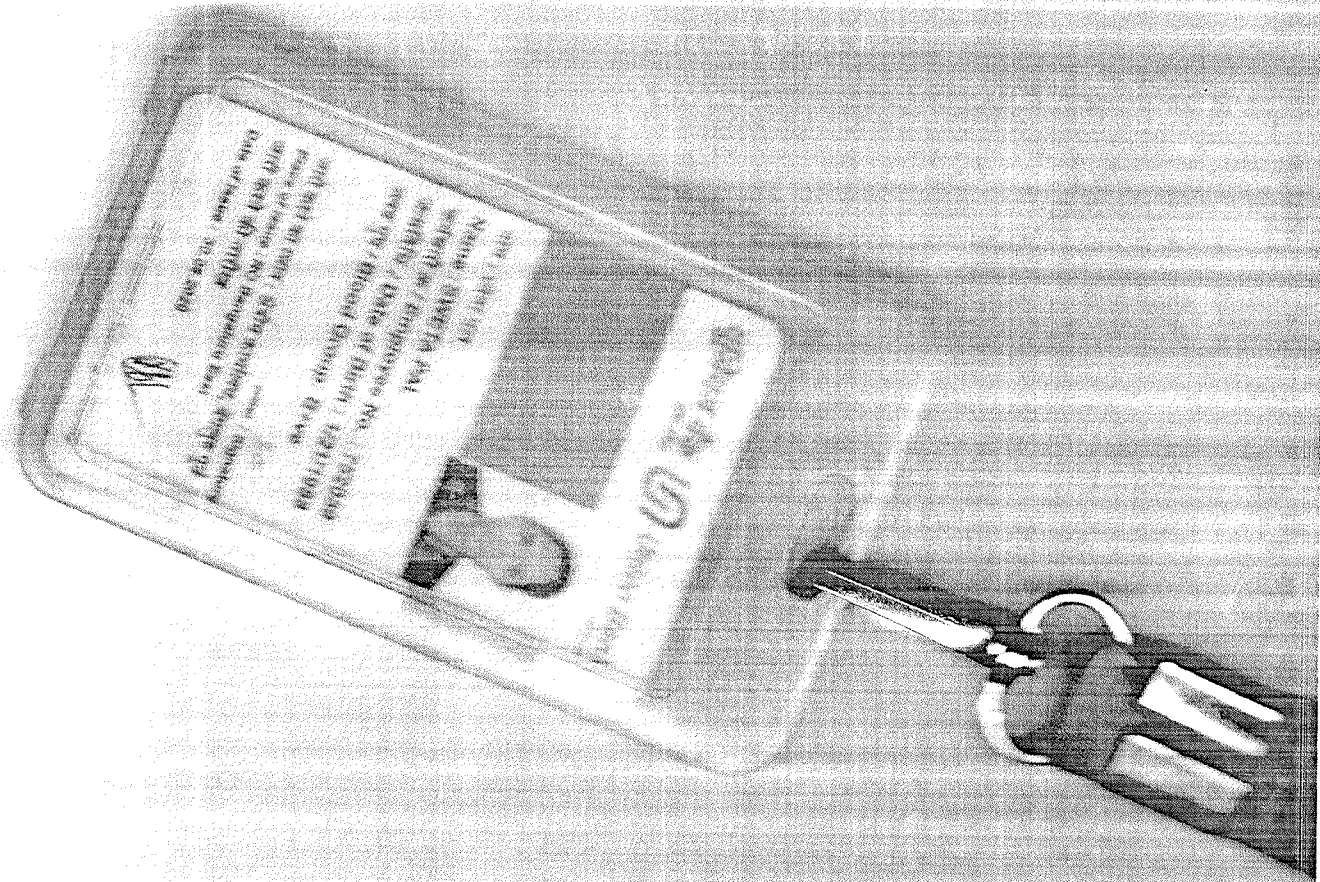
**Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**

**Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.**

**Instructions to be followed for a health check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

**For Women:**



100

DATE OF BIRTH: 01/15/1978  
EMPLOYEE ID: 12345678  
EXPIRES: 12/31/2025

NAME: JOHN DOE  
TITLE: POLICE OFFICER  
DEPARTMENT: 100

JOHN DOE  
POLICE OFFICER

<b>Patient Name</b>	: Mrs. Sweta Pal	<b>Age/Gender</b>	: 35 Y/F
<b>UHID/MR No.</b>	: CINR.0000169129	<b>OP Visit No</b>	: CINROPV233310
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-07-2024 12:05
<b>LRN#</b>	: RAD2377564	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 35E6729		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 5 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

**IMPRESSION:**

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



**Dr. DHANALAKSHMI B**  
MBBS, DMRD  
Radiology