



Certificate No: MC-5697

Patient Name : Mrs.JAYAMMA RAGASANI	Collected : 24/Feb/2024 08:21AM
Age/Gender : 45 Y 6 M 0 D/F	Received : 24/Feb/2024 12:55PM
UHID/MR No : CKHA.0000071927	Reported : 24/Feb/2024 02:00PM
Visit ID : CKHAOPV109747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789654654	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes+, Severe Anemia
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells/hemoparasite seen.
Impression: Iron Deficiency Anemia



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	6.5	g/dL	12-15	Spectrophotometer
PCV	22.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.39	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	67	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	28.7	g/dL	31.5-34.5	Calculated
R.D.W	20.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,500	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.5	%	40-80	Electrical Impedance
LYMPHOCYTES	34.5	%	20-40	Electrical Impedance
EOSINOPHILS	3.3	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2452.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1552.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	342	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.5	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.58		0.78- 3.53	Calculated
PLATELET COUNT	291000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes+, Severe Anemia				
WBC's are normal in number and morphology				
Platelets are Adequate				
No Abnormal cells/hemoparasite seen.				
Impression: Iron Deficiency Anemia				



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UHID/MR No : CKHA.0000071927	Reported : 24/Feb/2024 02:44PM
Visit ID : CKHAOPV109747	Status : Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist





Certificate No: MC-5697

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Age/Gender : 45 Y 6 M 0 D/F	Received : 24/Feb/2024 01:01PM
UHID/MR No : CKHA.0000071927	Reported : 24/Feb/2024 01:47PM
Visit ID : CKHAOPV109747	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 789654654	

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	90	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.



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Patient Name : Mrs.JAYAMMA RAGASANI	Collected : 24/Feb/2024 08:21AM
Age/Gender : 45 Y 6 M 0 D/F	Received : 24/Feb/2024 12:45PM
UHID/MR No : CKHA.0000071927	Reported : 24/Feb/2024 03:15PM
Visit ID : CKHAOPV109747	Status : Final Report
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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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 Dr Sneha Shah
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHO-POD
TRIGLYCERIDES	172	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	120	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.79	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.48	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.28		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13.48	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	66.60	U/L	30-120	IFCC
PROTEIN, TOTAL	7.26	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.49		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	8.92	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	4.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.08	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.88	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.85	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.37	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106.17	mmol/L	101-109	ISE (Indirect)



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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	21.81	U/L	<38	IFCC



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UHID/MR No : CKHA.0000071927	Reported : 24/Feb/2024 02:19PM
Visit ID : CKHAOPV109747	Status : Final Report
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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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.77	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	17.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	10.694	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



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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
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	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	6 - 8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Jayamma Lagasani on 26/04/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>↓↓ Haemoglobin (6.5) / MCV ↓</u></p> <p>2. <u>TSH ↑ T4 ↑ (T3 (N))</u></p> <p>3. _____</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Aman
Dr. Zuha Khan
 Dr. MBBS General Physician
 Reg. No.: 2020/03/1804
 Medical Officer
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

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 MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 24-02-2024
MR NO : CKHA.0000071927

Department : GENERAL
Doctor :

Name : Mrs. Jayamma Ragasani

Registration No :

Age/ Gender : 45 Y / Female

Qualification :

Consultation Timing: 08:10

Height : 160	Weight : 65.4	BMI : 25	Waist Circum : 90
Temp : 97.5 F	Pulse : 82	Resp : 22	B.P : 101/76

General Examination / Allergies History

Adv
→ Sonomammograph
lump in breast -
likely : Fibroadenoma

Clinical Diagnosis & Management Plan

Present complains - Chest pain - on & off
+ dizziness + Blackouts
Comorbidity - + SOB on minimal exertion.
Allergies - ECG - (N)

Surgical H/O - Appendicectomy 15 to 20 years

Family H/O - NO.

Addiction - NO

OE & Pallor (+)

CVS-
CNS-
P/A-
Chest-
} NAD.

H/O covid infection - NO

Vaccinated with - 2 doses

Follow up date:

I. Khan
Doctor Signature

Patient Name : Mrs. Jayamma Ragasani Age : 45 Y F
UHID : CKHA.0000071927 OP Visit No : CKHAOPV109747
Reported on : 24-02-2024 16:37 Printed on : 26-02-2024 14:40
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: It is well distended. No calculus or sludge noted.

Spleen : It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas : It appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : Normal in size ms 9.6 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : Normal in size ms 10.9 x 5.0 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is slightly retroverted , and measures 8.8 x 3.6 x 5.3 cms. No focal lesion seen. Endometrial thickness is 7.5 mm.

Right ovary : measures 2.6 x 1.9 cms.

Left ovary : measures 2.3 x 2.0 cms. DF noted of size 20 mm .

Visualised bowel loops appear normal.

IMPRESSION :

- **Grade I fatty changes in liver.**

Clinical correlation suggested.....

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

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Reported on : 24-02-2024 16:37

Printed on : 26-02-2024 14:40

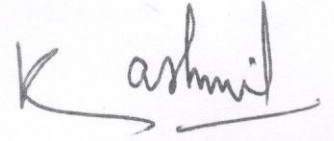
Adm/Consult Doctor :

Ref Doctor : SELF

(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.

Printed on:24-02-2024 16:37

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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 MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

Page 2 of 2
TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mrs. Jayamma Raghavani.
45yrs / F.

24/02/2024 -

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

etc. pt. came for Routine ENT check-up,
- No h/o hearing loss

O/E → BIL EAC - clear, BIL TM intact,

- DNS to RP. BIL ITH ⊕.

- Throat - WNL,
tobacco stains ⊕

⊕,
- T. Dezdin 5mg sos / 6-01.
(Desloratadine).



Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Ms Jayamma Rayasani

GENDER: M/F

DATE: 24.2.25

AGE: 45

UHID: 71927

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		-0.50	50	6/9
NEAR	+1.50			

	SPH	CYL	AXIS	VISION
DISTANCE	PL			6/6
NEAR	+1.50			

INSTRUCTIONS:

SIGNATURE 

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 71927

24-02-2024 11:14:07

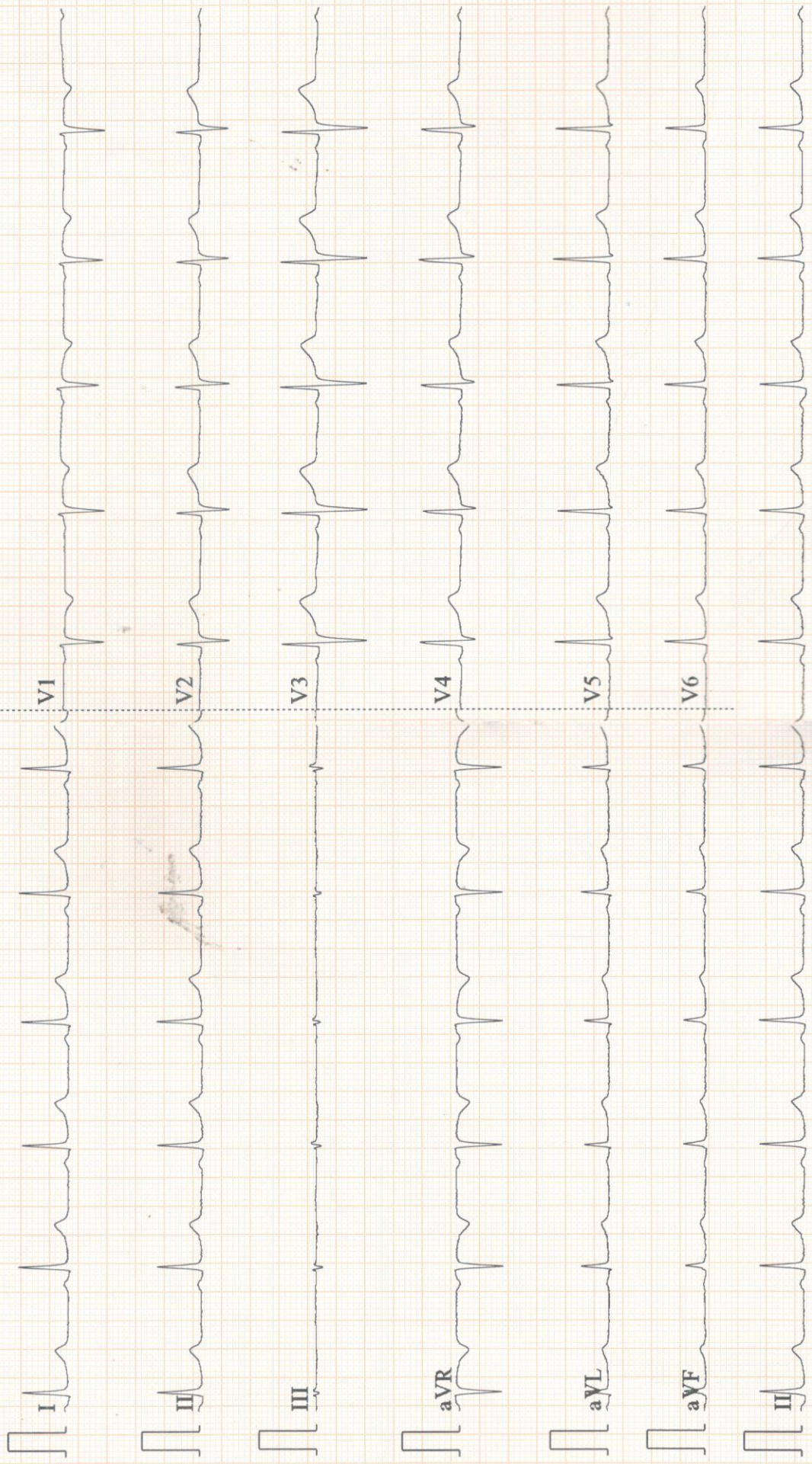
Jayamma ragasani
Female 45Years
kg / mmHg
Req. No. :

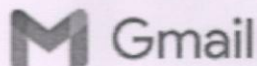
HR : 66 bpm
P : 98 ms
PR : 136 ms
QRS : 80 ms
QT/QTcBz : 426/447 ms
P/QRS/T : 29/30/27 °
RV5/SV1 : 0.936/0.686 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

R Jayamma

Report Confirmed by:





Global IT Services <globalitservices3@gmail.com>

Fwd: Your appointment is confirmed

1 message

Ravi Ragasani <ravi189ragasani@gmail.com>
To: globalitservices3@gmail.com

Fri, Feb 23, 2024 at 10:21 AM

----- Forwarded message -----

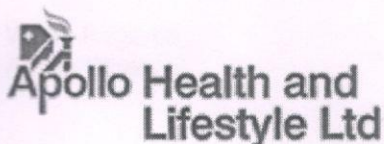
From: <noreply@apolloclinics.info>

Date: Fri, Feb 16, 2024, 12:48 PM

Subject: Your appointment is confirmed

To: <ravi189ragasani@gmail.com>

Cc: <kharadi@apolloclinic.com>, <vinayak.dimble@apolloclinic.com>, <syamsunder.m@apollohl.com>



Dear Jayamma Ragasani,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-02-24** at **08:00-08:15**.

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

"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