

| | |
|------------------------------|--|
| Patient Name : Ms.KAIVALYA S | Collected : 09/Nov/2024 09:00AM |
| Age/Gender : 37 Y 6 M 6 D/F | Received : 09/Nov/2024 10:10AM |
| UHID/MR No : CMYS.0000062547 | Reported : 09/Nov/2024 01:15PM |
| Visit ID : CMYSOPV131304 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35E7707 | |

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.8 | g/dL | 12.5-15 | Spectrophotometer |
| PCV | 35.20 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.58 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 76.8 | fL | 83-101 | Calculated |
| MCH | 25.8 | pg | 27-32 | Calculated |
| MCHC | 33.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.6 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,420 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 57 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 4 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 4 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 1 | % | 0-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3659.4 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2182.8 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 256.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 256.8 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 64.2 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.68 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 330000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 24 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

R.B.C: Majority are microcytic hypochromic and normocytic normochromic RBCs. Also seen are elongated cells.

W.B.C: Are normal in number, morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.



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

SIN No: MYS241100437

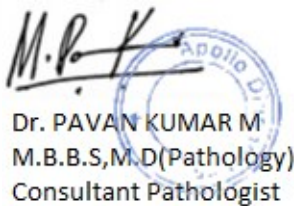


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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|----------|------|--------------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



Dr. PAVAN KUMAR M
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SIN No:MYS241100437



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| Age/Gender : 37 Y 6 M 6 D/F | Received : 09/Nov/2024 10:10AM |
| UHID/MR No : CMYS.0000062547 | Reported : 09/Nov/2024 10:51AM |
| Visit ID : CMYSOPV131304 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35E7707 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 81 | mg/dl | 74-106 | GOD, POD |

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 : Ms.KAIVALYA S | Collected : 09/Nov/2024 09:00AM |
| Age/Gender : 37 Y 6 M 6 D/F | Received : 09/Nov/2024 12:47PM |
| UHID/MR No : CMYS.0000062547 | Reported : 09/Nov/2024 01:35PM |
| Visit ID : CMYSOPV131304 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35E7707 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 4.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 88 | 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)



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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. Interval | Method |
|--|-------------|-------|--------------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.38 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.11 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.27 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 26 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 29.0 | U/l | 0-31 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.1 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 57.00 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 7.60 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.00 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.60 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.11 | | 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 Patten:*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.

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



Dr. PAVAN KUMAR M
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Consultant Pathologist

SIN No:MYS241100441



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| Visit ID : CMYSOPV131304 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35E7707 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|-------------|--------|--------------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.41 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 13.04 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 6.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.10 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 8.70 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.90 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 137 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.60 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.00 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.60 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.11 | | 0.9-2.0 | Calculated |



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

SIN No:MYS241100441



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| Emp/Auth/TPA ID : 35E7707 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.43 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 9.73 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.700 | µIU/mL | 0.38-5.33 | 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 |

Dr. PAVAN KUMAR M
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 Consultant Pathologist

SIN No: MYS241100440



| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Ms.KAIVALYA S | Collected | : 09/Nov/2024 09:00AM |
| Age/Gender | : 37 Y 6 M 6 D/F | Received | : 09/Nov/2024 10:10AM |
| UHID/MR No | : CMYS.0000062547 | Reported | : 09/Nov/2024 12:53PM |
| Visit ID | : CMYSOPV131304 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 35E7707 | | |

DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|



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

SIN No:MYS241100440



| | |
|------------------------------|--|
| Patient Name : Ms.KAIVALYA S | Collected : 09/Nov/2024 09:00AM |
| Age/Gender : 37 Y 6 M 6 D/F | Received : 09/Nov/2024 01:48PM |
| UHID/MR No : CMYS.0000062547 | Reported : 09/Nov/2024 02:58PM |
| Visit ID : CMYSOPV131304 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 35E7707 | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|------|--------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical Measurement |
| pH | 6.0 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.005 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | Protein Error Of Indicator |
| GLUCOSE | NEGATIVE | | NEGATIVE | Glucose Oxidase |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | Azo Coupling Reaction |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium Nitro Prusside |
| UROBILINOGEN | NORMAL | | NORMAL | Modified Ehrlich Reaction |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Leucocyte Esterase |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2 - 3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 5 - 7 | /hpf | <10 | Microscopy |
| RBC | NIL | /hpf | 0-2 | Microscopy |
| CASTS | NIL | | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | | ABSENT | 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.

*** End Of Report ***



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

SIN No: MYS241100438



| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Ms. KAIVALYA S | Age | : 37Yrs 6Mths 8Days |
| UHID | : CMYS.0000062547 | OP Visit No. | : CMYSOPV131304 |
| Printed On | : 10-11-2024 04:01 AM | Advised/Pres Doctor | : -- |
| Department | : Cardiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employeer Id | : 35E7707 | | |

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 74 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V
MBBS, PGDCC
69949
Cardiology

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Ms. KAIVALYA S | Age | : 37Yrs 6Mths 8Days |
| UHID | : CMYS.0000062547 | OP Visit No. | : CMYSOPV131304 |
| Printed On | : 10-11-2024 04:49 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employer Id | : 35E7707 | | |

DEPARTMENT OF RADIOLOGY

LIVER: It is normal in size and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 9.3 cm with parenchymal thickness of 1.1cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 9.0 cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen. Few free floating internal echoes noted within the bladder lumen

UTERUS: It is anteverted and measures 7.2x3.1x4.1cm with ET = 7.5mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 2.7x1.4m. It is normal. No mass lesion seen.

Lt. OVARY: It measures 2.6x1.4cm. It is normal. No mass lesion seen.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION:

-Grade I fatty liver .

-Few free floating internal echoes within the bladder lumen -could represent cystitis

---End Of The Report---



Dr.CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
90037
Radiology



| | | | | | |
|------------|-----------------|---------------|--------------|------------------|----------------|
| Patient | Ms. KAIVALYA S | Doctor | SUJATHA T R | Appt ID | CMYSAPT1450 |
| Age/Gender | 37Y Female | Qualification | MBBS, PGDMCH | Consult Date | 10 Nov 2024 |
| UHID | CMYS.0000062547 | Reg. No. | 69649 | Order Bill ID | CMYS-OCR-24666 |
| | | | | Visit Display ID | CMYSOPV131304 |

VITALS

| | |
|---------------------|---------------------------|
| Weight : 60.9Kgs | Height : 154Cms |
| Pulse : 64 BPM | Spo2 : 98% |
| BP : 120 / 70 MmHg | Respiratory Rate : 20 BPM |
| Temperature : 98 °F | |

SUJATHA T R
Doctor's Signature

Apollo Health and Lifestyle Limited

(CIN-U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7* Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

8, 9, 1/2, eye.

Name : Ms. KAIVALYA S

Address : Mysore Mysore Karnataka INDIA 570001

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

H → 154 Age: 37Y 6M 6D
sex: Female
W → 60.9
BP → 120/80

UHID : CMYS.0000062547



OP No: CMYSOPV131304
Bill No: CMYS-OCR-24666
Date: Nov 9th, 2024, 8:57 AM

| Sno. | Service Type/Service Name | Department | |
|------|---|----------------------|--------------------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324 | | |
| 1 | Gynaecology Consultation → P | Consultation | <input type="checkbox"/> |
| 2 | GAMMA GLUTAMYL TRANSFERASE (GGT) | Biochemistry | <input type="checkbox"/> |
| 3 | LBC PAP TEST- PAPSURE → Skip | Histopathology | <input type="checkbox"/> |
| 4 | COMPLETE URINE EXAMINATION | Clinical Pathology | <input type="checkbox"/> |
| 5 | HEMOGRAM + PERIPHERAL SMEAR | Haematology | <input type="checkbox"/> |
| 6 | PERIPHERAL SMEAR | Haematology | <input type="checkbox"/> |
| 7 | DIET CONSULTATION → P | General | <input type="checkbox"/> |
| 8 | BODY MASS INDEX (BMI) | General | <input type="checkbox"/> |
| 9 | ECG | Cardiology | <input type="checkbox"/> |
| 10 | HbA1c, GLYCATED HEMOGLOBIN | Biochemistry | <input type="checkbox"/> |
| 11 | LIPID PROFILE | Biochemistry | <input type="checkbox"/> |
| 12 | ULTRASOUND - WHOLE ABDOMEN | Ultrasound Radiology | <input type="checkbox"/> |
| 13 | ENT CONSULTATION → P | Consultation | <input type="checkbox"/> |
| 14 | BLOOD GROUP ABO AND RH FACTOR | Blood Bank | <input type="checkbox"/> |
| 15 | DENTAL CONSULTATION | Consultation | <input type="checkbox"/> |
| 16 | GLUCOSE, FASTING | Biochemistry | <input type="checkbox"/> |
| 17 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | Biochemistry | <input type="checkbox"/> |
| 18 | FITNESS BY GENERAL PHYSICIAN → P | Consultation | <input type="checkbox"/> |
| 19 | LIVER FUNCTION TEST (LFT) | Biochemistry | <input type="checkbox"/> |
| 20 | OPHTHAL BY GENERAL PHYSICIAN | Consultation | <input type="checkbox"/> |
| 21 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | Biochemistry | <input type="checkbox"/> |

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Ms. Kailalya. S. on 9/11/20

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 checked="" 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.....</p> <p>2.....</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> | |
| <ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit | |

Dr. Murugesan
Medical Officer

This certificate is not meant for medico-legal purposes.

Apollo Clinic
23, 1st Floor,
Kaldasa Road, Mysore - 02
Ph : 0821-4006040/43

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115B19)

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)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

[Phy]

Ms. Kairalya S
37 yrs / Female

Dr. T. MUKUND
MBBS, MD (Internal
Medicine)

| | | | |
|----------------|-----------------|-------|---------------|
| Height: 154 cm | Weight: 60.9 kg | BMI: | Waist Circum: |
| Temp: | Pulse: | Resp: | B.P: 120/70 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Routine Health check up.
Not a H/d/o T2DM / HTN / Hypothyroidism

Reports - Noted

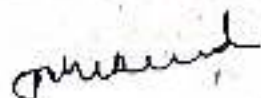
USG abdomen & pelvis - Cystitis.

Actu

Tab. NITROBACT 100mg 1-0-1
x 5 days.

Syp. CITRALKA 2tsp BD in a glass
of water & meal

Follow up date:



Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41.

Date : 11/9/2024 Department : Obstetrics & Gynaecology
 Patient Name : Ms. KAIVALYA S Doctor : Dr.RASHMI B N
 UHID : CMYS.0000062547 Registration No. : 33393
 Age / Gender : 37Yrs 6Mths 6Days/ Female Qualification : MBBS, DGO, DNB (GYNAECOLOGY)
 Consultation Timing : 9:22 AM

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

L.M. on H - regular menses.
 Imp → 15 days
 ✓ back

scan → uterus & ovaries @.
 or I fatty liver
 ? explain.

OIE on asst → CTAD.
 adv: healthy diet.
 avoid junk food.

Follow up date :

Rashmi B N

Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Date : 11/9/2024 Department : Dental
 Patient Name : Ms. KAIVALYA S Doctor : Dr. JYOTHISHREE P V
 UHID : CMYS.0000062547 Registration No. : 33268A
 Age / Gender : 37Yrs 6Mths 6Days/ Female Qualification : B.D.S [Bachelor of Dental Surgery]
 Consultation Timing : 9:22 AM

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

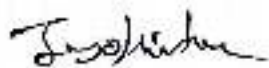
O/E

1. H/O RCT of crown
4yrs back

2. RCT treated??
- Periapical infection noted

3. Dental caries

Follow up date :


Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

distance
vision

6/6
6/6

near
vision

Ng

colour
vision

(CV) = normal

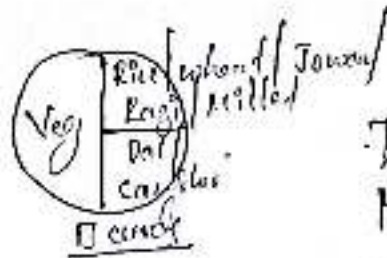
(BE) = normal vision

Follow up date : 09/11/21

Ateeba
Doctor Signature

[Diet]

Ms. Kairalya. S
37 yrs / Female



Dietetics
Ms. Madhura. S.P
M.Sc Nutrition & Dietetics
PhD

IRU - 52kg

| | | | |
|----------------|-----------------|-----------|------------------|
| Height: 154 cm | Weight: 60.9 kg | BMI: 26.1 | Waist Circum: 70 |
| Temp: | Pulse: | Resp: | B.P: 120/70 |

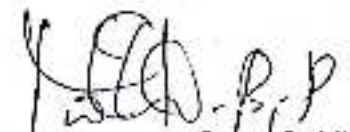
General Examination /
Allergies History

HB - 11.8
 ESR - 24
 Total cholesterol - 200
 Triglycerides - 172
 HDL - 32
 Non-HDL - 178
 LDL - 143.82
 VLDL - 34.3
 Chol/HDL - 6.59

Clinical Diagnosis & Management Plan

Δ^{sis} - Grade I Fatty Liver.
 -> Advised low fat diet with Iron rich foods.
 -> Dietary guideline chart is given.

Follow up date :


 Doctor Signature 9/11/2019

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Department- Dietetics

Name- Madhura B P

Qualification- M.Sc Nutrition & Dietetic
PhD*

- Do not skip any of the meals, take small frequent meals.
- Include all variety of seasonal fruits, vegetables and green leafy vegetables on regular basis.
- Include nuts like Almond, Walnuts and dry-fruits like dried dates and raisins regularly.
- Include seeds like Flax seeds, Pumpkin seeds, Sunflower seeds, Sesame seeds and watermelon seeds- 1 teaspoon each and dry roasted.
- Avoid 5 white slow poisons like Sugar, Salt, Maida, Baking soda and creams.
- Cooking oil- ½ litre/person/month.
- Use combination of oils like Rice bran oil, Groundnut oil, Sesame oil, Mustard oil/ Coconut oil and Ghee. Change the oil every month or 2 months. But do not mix the oils.
- Drink at least 2-3 liters of water in a day.
- Skimmed or toned milk can be used on regular basis. Since it's a rich source of protein and low in calories.
- Avoid Butter, Vanaspati and Dalda.
- Avoid deep-fried foods, Biscuits, Cookies, Bakery products, Pastries, Papad, packed and processed foods, chocolates, Alcohol, caffeine and carbonated beverages.
- Avoid junk foods like Pizza and Burger.


9/11/2024
Dietician signature

Date : 11/9/2024 Department : ENT
 Patient Name : Ms. KAIVALYA S Doctor : Dr. PRAVEEN KUMAR R
 UHID : CMYS.0000062547 Registration No. : 66012
 Age / Gender : 37Yrs 6Mths 6Days/ Female Qualification : MBBS, MS (ENT)
 Consultation Timing : 9:22 AM

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Cause for minor throat clearing

Ear - Bilateral TM ⓐ

Nose - nasal mucosa ⓐ

oral cavity in oropharynx - ⓐ

neck ⓐ

Ad.
received

PK

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Apollo Clinic

CONSENT FORM

Patient Name: Ms. Kairalya S Age: 37 / Female
UHID Number: 62547 Company Name: Arcofeme

I Mr/Mrs/Ms Kairalya S Employee of Arcofeme

(Company) Want to inform you that I am not interested in getting OPthal + Lbc +

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

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 9/11/2024

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

| | | |
|--|-------------------|----------------------------|
| Patient Name: Miss Kaivalya S | Date : 09.11.2024 | Referring Doctor: Dr. Self |
| Age / Sex: 37Yrs/Female | UHID No : 62547 | Location : OP |
| ULTRASONOGRAPHY- ABDOMEN & PELVIS | | |

LIVER: It is normal in size and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 9.3 cm with parenchymal thickness of 1.1cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 9.0 cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen. Few free floating internal echoes noted within the bladder lumen

UTERUS: It is anteverted and measures 7.2x3.1x4.1cm with ET= 7.5mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 2.7x1.4m. It is normal. No mass lesion seen.

Lt. OVARY: It measures 2.6x1.4cm. It is normal. No mass lesion seen.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION:

-Grade I fatty liver .

-Few free floating internal echoes within the bladder lumen -could represent cystitis


Dr. Karthik H V MDRD , DNB
 Consultant Radiologist.

Apollo Health and Lifestyle Limited

CIN : UK5110TC0000PLC115819

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

Ph No: 040-4004 7777 Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK KARNATAKA

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Koramangala | Laxmi Nagar | Mysore (VV Mohalla)

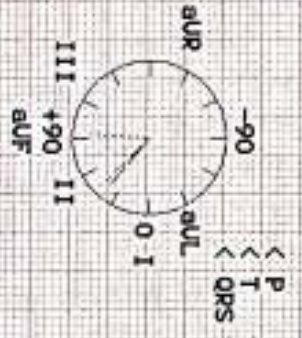
Online appointment: www.apolloh.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

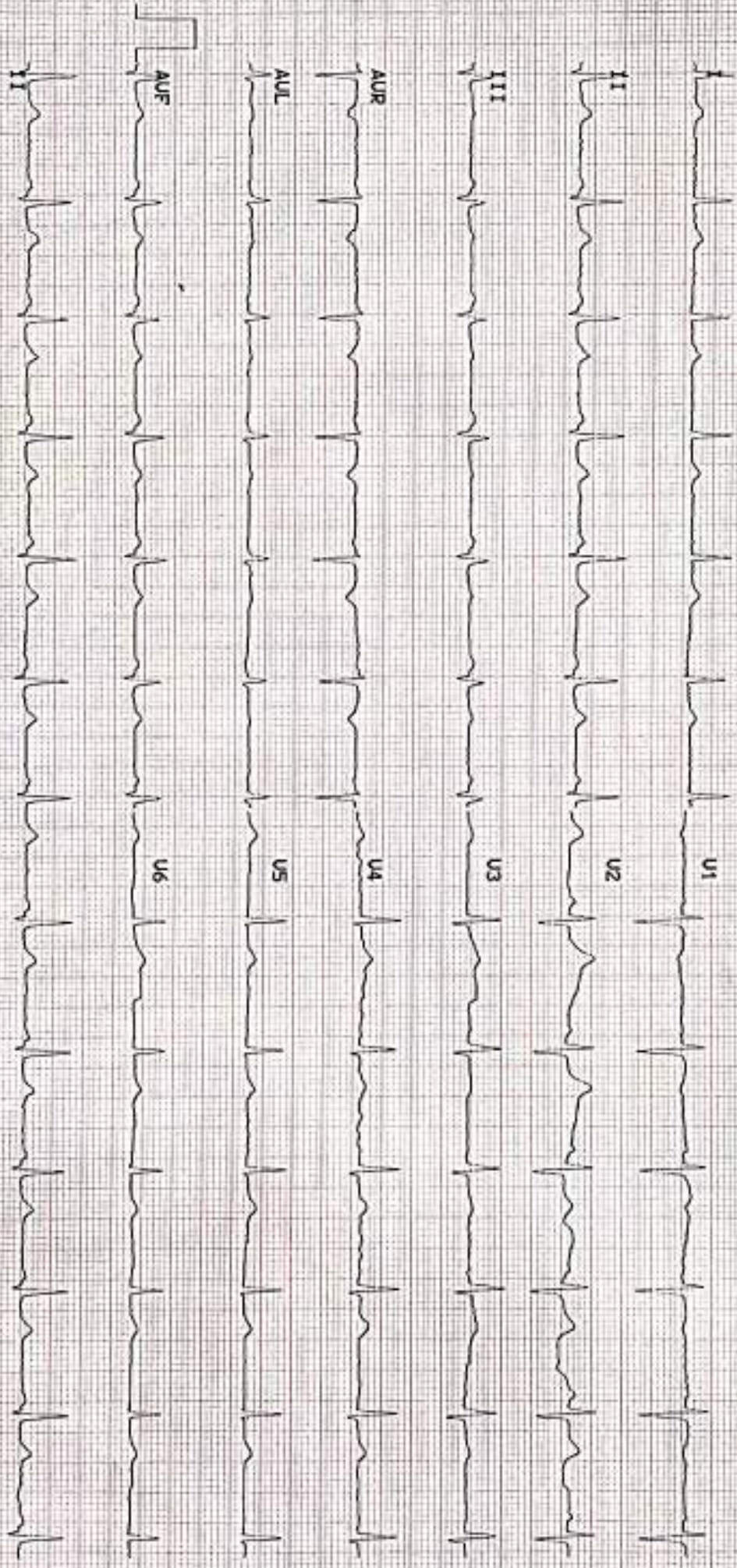
AGE: 37 NO:

Measurement Results:
QRS : 90 ms
QT/QTcB : 372 / 414 ms
PR : 122 ms
P : 96 ms
RR/PP : 808 / 785 ms
P/QRS/T : 95 / 40 / 45 degrees
QTd/QTcBD : 38 / 42 ms
Sokolow : 1.3 mV
NK : 10

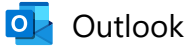


Interpretation:

Unconfirmed report.



Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Your appointment is confirmed

From noreply@apolloclinics.info <noreply@apolloclinics.info>

Date Tue 29-10-2024 13:06

To kaivalyarocks@gmail.com <kaivalyarocks@gmail.com>

Cc Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear KAIVALYA S,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-10-30** 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 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:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.

Contact No: (0821) 400 6040 - 41.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic