



: Mrs.SUMALATHA T

Age/Gender

: 32 Y 11 M 27 D/F

UHID/MR No

: CMYS.0000061593

Ref Doctor

Visit ID

: CMYSOPV127729 : Dr.SELF

Emp/Auth/TPA ID

: 22S29806

Collected

: 27/Jul/2024 08:01AM

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: 27/Jul/2024 10:05AM

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: 27/Jul/2024 12:31PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Page 1 of 16



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

SIN No:BED240196347





Patient Name : Mrs.SUMALATHA T Age/Gender : 32 Y 11 M 27 D/F

UHID/MR No : CMYS.0000061593 Visit ID : CMYSOPV127729

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Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 22S29806

Collected : 27/Jul/2024 08:01AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12.5-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.63	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	83.7	fL	83-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,760	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	41	%	40-80	Electrical Impedance
LYMPHOCYTES	38	%	20-40	Electrical Impedance
EOSINOPHILS	10	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2771.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2568.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	676	Cells/cu.mm	20-500	Calculated
MONOCYTES	676	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.08		0.78- 3.53	Calculated
PLATELET COUNT	288000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-20	Modified Westergrei
PERIPHERAL SMEAR				

**R.B.C:** Majority are normocytic normochromic.

Page 2 of 16

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

SIN No:BED240196347

GSTIN: 29AADCA0733E1Z3





: Mrs.SUMALATHA T

Age/Gender

: 32 Y 11 M 27 D/F

UHID/MR No

: CMYS.0000061593

Visit ID Ref Doctor : CMYSOPV127729

Emp/Auth/TPA ID

: 22S29806

: Dr.SELF

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#### **DEPARTMENT OF HAEMATOLOGY**

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

**W.B.C:** Are normal in number, morphology and increase in eosinophils.

**Platelets**: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH EOSINOPHILIA.

Page 3 of 16







Patient Name : Mrs.SUMALATHA T Age/Gender : 32 Y 11 M 27 D/F

UHID/MR No : CMYS.0000061593 Visit ID : CMYSOPV127729

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22S29806 Collected : 27/Jul/2024 08:01AM Received : 27/Jul/2024 10:05AM

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: Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

Status

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	A		
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 16



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

SIN No:BED240196347





 Patient Name
 : Mrs.SUMALATHA T

 Age/Gender
 : 32 Y 11 M 27 D/F

 UHID/MR No
 : CMYS.0000061593

 Visit ID
 : CMYSOPV127729

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22S29806 Collected : 27/Jul/2024 11:13AM

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	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:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	136	mg/dl	70-140	GOD, POD

#### **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Page 5 of 16





SIN No:PLP1477429

GSTIN: 29AADCA0733E1Z3





Patient Name : Mrs.SUMALATHA T Age/Gender : 32 Y 11 M 27 D/F UHID/MR No : CMYS.0000061593 Visit ID : CMYSOPV127729

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22S29806 Collected : 27/Jul/2024 08:01AM Received : 27/Jul/2024 01:19PM Reported : 27/Jul/2024 03:04PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN), WH	IOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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

  - B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 16



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

SIN No:EDT240080991

GSTIN: 29AADCA0733E1Z3





Patient Name Age/Gender

: Mrs.SUMALATHA T

UHID/MR No

: 32 Y 11 M 27 D/F : CMYS.0000061593

Visit ID Ref Doctor

: CMYSOPV127729

Emp/Auth/TPA ID

: Dr.SELF : 22S29806 Collected

: 27/Jul/2024 08:01AM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
L <b>IPID PROFILE</b> , <i>SERUM</i>				
TOTAL CHOLESTEROL	155	mg/dl	0-200	CHOD
TRIGLYCERIDES	72	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	43	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	97.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.46	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.60		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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.

Page 7 of 16



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

SIN No:SE04792842



Emp/Auth/TPA ID



Patient Name : Mrs.SUMALATHA T Age/Gender : 32 Y 11 M 27 D/F

UHID/MR No : CMYS.0000061593 Visit ID : CMYSOPV127729

: 22S29806

Ref Doctor : Dr.SELF

Collected : 27/Jul/2024 08:01AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilio
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/I	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/I	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/I	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		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 > 1In 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:

\*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:

Page 8 of 16



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

SIN No:SE04792842

GSTIN: 29AADCA0733E1Z3





: Mrs.SUMALATHA T

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#### **DEPARTMENT OF BIOCHEMISTRY**

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

\*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.

Page 9 of 16



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

SIN No:SE04792842





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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.65	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	14.62	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	2.6-6	Uricase
CALCIUM	9.60	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	4.03	mg/dl	2.7-4.5	Molybdate
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.30	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated

Page 10 of 16



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

SIN No:SE04792842

GSTIN: 29AADCA0733E1Z3





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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/I	0-38	IFCC

Page 11 of 16



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

SIN No:SE04792842





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#### **DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) ,	, SERUM	'		1
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.7	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	8.385	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	rimary 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 12 of 16

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

SIN No:SPL24123705









: Mrs.SUMALATHA T

Age/Gender

: 32 Y 11 M 27 D/F : CMYS.0000061593

UHID/MR No Visit ID

: CMYSOPV127729

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 22S29806

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#### **DEPARTMENT OF IMMUNOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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

Page 13 of 16



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

SIN No:SPL24123705





Patient Name : Mrs.SUMALATHA T Age/Gender : 32 Y 11 M 27 D/F UHID/MR No : CMYS.0000061593

Visit ID : CMYSOPV127729

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22S29806 Collected : 27/Jul/2024 08:01AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	7.0		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	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	IOUNT AND MICROSCOPY	1		
PUS CELLS	2 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY

#### **Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked

Page 14 of 16

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

SIN No:UR2394195

GSTIN: 29AADCA0733E1Z3





: Mrs.SUMALATHA T

Age/Gender

: 32 Y 11 M 27 D/F

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: CMYS.0000061593

Visit ID Ref Doctor : CMYSOPV127729

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: Dr.SELF : 22S29806 Collected

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

and verified by manual methods.

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

Page 15 of 16



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

SIN No:UR2394195





: Mrs.SUMALATHA T

Age/Gender

: 32 Y 11 M 27 D/F

UHID/MR No

: CMYS.0000061593

Visit ID Ref Doctor : CMYSOPV127729

Emp/Auth/TPA ID

: 22S29806

: Dr.SELF

Collected

: 27/Jul/2024 08:01AM

Received

: 27/Jul/2024 10:26AM

Reported

: 27/Jul/2024 11:40AM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

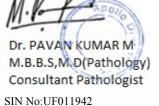
## ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

Page 16 of 16







Patient Name : Mrs. SUMALATHA T Age/Gender : 32 Y/F

UHID/MR No.

: CMYS.0000061593

Sample Collected on

LRN#

: RAD2389138

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 22S29806 OP Visit No Reported on : CMYSOPV127729 : 30-07-2024 13:36

Specimen :

#### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION: NORMAL STUDY.** 

**Dr. CHETAN HOLEPPAGOL** MBBS, DNB(RADIO DIAGNOSIS)

Radiology



Patient Name : Mrs. SUMALATHA T Age/Gender : 32 Y/F

Sample Collected on : Reported on : 29-07-2024 13:41

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 22S29806

#### DEPARTMENT OF RADIOLOGY

#### **ULTRASOUND - WHOLE ABDOMEN**

**LIVER**: It is normal in size and isincreased 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 9.8x4.0cm with parenchymal thickness of 1.6cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

<u>LEFT KIDNEY:</u> It measures 10.4x5.0cm with parenchymal thickness of 1.6cm. 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.

UTERUS: It is anteverted and measures 9.9x3.8x4.6 cm with ET= 10.8mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 3.6x1.6 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 2.9x1.9 cm and shows a simple cyst measuring 3.1x2.9 cm.

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.
- LEFT OVARIAN SIMPLE CYST.

Dr. Chetan H, DNB Consultant

> Dr. CHETAN HOLEPPAGOL MBBS, DNB(RADIO DIAGNOSIS)





Patient's Name : Mrs Sumalatha T	Age & Sex: 47Yrs /Female
Date: 27.07.2024	UHID No: 61610

# 2D ECHOCARDIOGRAPHY STUDY

# Impression:

- > Normal chamber volumes
- > No regional wall motion abnormality
- > Normal left ventricular systolic function. EF 60 %
- > No clots. No pericardial effusion

# **Findings**

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal.

Apollo Health and Lifestyle Limited

CIN UBS110TG2000PLE1158191 keigis Office: 1:10-ti0:62, Ashoka Raghupathi Chambers, Sth Floor Begumpet, Hyderabad, Telangana - 500:016 Pr. No. UGD 4904-7777 Fax No. 4904-7744 (Email ID enquiry/apollohi.com.) www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore Sasavaraqudi , Bellandur | Electronic City | Fraser Town | MSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Rora transquia i Sarjapur Road: Mysore (VV Mohalla)

Online appointments www.appilioclinic.com

TO BOOK AN APPOINTMENT 1860 500 7788

Scanned with CamScanner





Patient's Name : Mrs Sumalatha T	Age & Sex: 32Yrs /Female
Date: 27.07.2024	UHID No: 61593

# Measurements

; 2.6 cm AO ; 3.6 çm LA

: 2.0 RV cm LVIDd : 4.3 cm : 2.9 LVIDs cm : 0.8 **IVSd** cm : 1.11 **IVSs** cm : 0.9 cm PWd : 1.20 **PWs** cm

60 % **EF** 30 % FS

Doppler

PVTV MVm/s V max 1.27 m/s V max E ---E: 0.55 m/s 1.06

m/s A: 0.40 m/s

PR Nil AR Nil TR Nil MR Nil

Dr. GURU PRASAD. B. V, MBBS, PGDCC CONSULTANT - NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

KIN DESTICIONERS CITABLE

hegd Office 1.10 till 62, Ashika Rughupathi Chambers 5th Floor Begumpet, Hyderatiad, Telangana - 500 016

Ph. No. 140 4404 7777 Fax No. 4904 7744 | Email ID enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: fissavaria;sich. Fellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | IP Nagar | Kundulahalli | Kinamariyala (narjajiyi filiad) Mysore (VV Mohalla)

Online appointments sewer applications com-

TO BOOK AN APPOINTMENT





: Mrs. SUMALATHA T Name

Age: 32 Y

Sex: F

Address: MYSORE

Plan

: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN

INDIA OP AGREEMENT

UIIID:CMYS.0000061593

OP Number: CMYSOPV127729 Bill No :CMYS-OCR-23737 Date : 27.07.2024 07:55

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D	ECHO - PAN INDIA - FY2324
	GAMMA GLUTAMYL TRANFERASE (GGT)	
-	22 D ECHO → P	
	LIVER FUNCTION TEST (LFT)	
	GLUCOSE, FASTING	
	SHEMOGRAM + PERIPHERAL SMEAR	
	GYNAECOLOGY CONSULTATION —D	
`	DIET CONSULTATION P	
-5-	S COMPLETE URINE EXAMINATION	1.4
-	SURTINE GLUCOSE(POST PRANDIAL)	
ļ	OPERIPHERAL SMEAR	154
1	JECG-	1 2
	2 LBC PAP TEST- PAPSURE	100170
Į	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
	4 DENTAL CONSULTATION	
لر	S GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
	6 URINE GLUCOSE(FASTING)	
4	7 HbA1c, GLYCATED HEMOGLOBIN	
J	8X-RAY CHEST PA	
	9ENT CONSULTATION —	
2	PITNESS BY GENERAL PHYSICIAN ————————————————————————————————————	
2	TBLOOD GROUP ABO AND RH FACTOR	
2	ZLIPID PROFILE	

23 BODY MASS INDEX (BMI)

OPTHAL BY GENERAL PHYSICIAN 25 ULTRASOUND - WHOLE ABDOMEN

26 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)

when Arc : GENERAL DIETERS Department 27-07-2024 Date Madhera B.P Doctor CMYS.0000061593 MR NO 1 cure Registration No : M. Sc Mutrition & Breti Mrs. SUMALATHA T Name Qualification 32 Y / Female Phox Age/ Gender Consultation Timing: 07:54 BMI: 39 100 Waist Circum: Weight: Height: B.P: 00170 Pulse: Temp: Clinical Diagnosis & Management Plan General Examination / Grade I fatty l'iver. Left ovarion cyst **Allergies History** low jal. low calone. det HSA, C. Avoid cruciferous vegetables like labbage, carrellonier, Deroccolo, Spanach, soy and products bytegical exercise és correlations opplier l'ike Potato. Severt poterto. Your & D Arbi. Jauits Westerd apple & Gog Sanava.
Follow up date:

Doctor Signature Doctor Apollo Clinic # 23, 1st Floor,

> Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41

Price Ragi Jowar)

Dâte

: 27-07-2024

MR NO

: CMYS.0000061593

Department

: GENERAL

Doctor

Name

: Mrs. SUMALATHA T

Registration No

: IN pracon lauron

Age/ Gender

32 Y / Female

Qualification

ms cono 7

Consultation Timing: 07:54

Height:

Temp:

Weight: -1.4 BMI: Waist Circum: Pulse: 100/70 Resp: B.P:

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

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accented game he relove Ich

Follow up date:

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





# **CERTIFICATE OF MEDICAL FITNESS**

he/she	reviewing the medical history and on clinical examination it has been found that e is	Tic
•	Medically Fit	-
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1	
	2	
	3	
		1
	However the employee should follow the advice/medication that has been communicated to him/her.	
	However the employee should follow the advice/medication that has been	
•	However the employee should follow the advice/medication that has been communicated to him/her.  Review after  Currently Unfit.	
•	However the employee should follow the advice/medication that has been communicated to him/her.  Review after	
•	However the employee should follow the advice/medication that has been communicated to him/her.  Review after  Currently Unfit.	
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olio Hea uksiiot a Ofice I	However the employee should follow the advice/medication that has been communicated to him/her.  Review after	C

Date

: 27-07-2024

MR NO

CMYS.0000061593

Department

: GENERAL

100/70

Doctor

: D Umens 48

Name

: Mrs. SUMALATHA T

Registration No

Age/ Gender

: 32 Y / Female

Qualification

Consultation Timing: 07:54

Height:

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Weight: BMI: Waist Circum: Pulse:

Resp: 2011

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

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The object

Follow up date:

Apollo Clinic # 23, 1st Floor, Kalidasa Road, Mysore - 07 Ph: 0821-4006040/41

Date

: 27-07-2024

MR NO

: CMYS.0000061593

Department

: GENERAL

Doctor

: Dl. Tyokhishue

Name

: Mrs. SUMALATHA T

Registration No

Age/ Gender

32 Y / Female

Qualification

Consultation Timing: 07:54

Height: 157	Weight: 71,4	<b>Ч</b> ВМІ:	Waist Circum :
Temp:	Pulse :	Resp:	B.P: (00/70

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

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Toolhits.

Follow up date:

**Doctor Signature** 

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





Patient Name: Mrs SumalathaT	Date : 27.07.2024	Referring Doctor: Dr. Self
Age / Sex: 35Yrs/Female	UHID No: 61593	Location : OP
ULTRASONOGR	 APHY- ABDOMEN & PEL	VIS

LIVER: It is normal in size and isincreased 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 9.8x4.0cm with parenchymal thickness of 1.6cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

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Lt. OVARY: It measures 2.9x1.9 cm and shows a simple cyst measuring 3.1x2.9 cm.

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.

LEFT OVARIAN SIMPLE CYST.

Dr. Chetan H, DNB Consultant Radiologist.

Apollo Health and Lifestyle Limited

Rings CHRC# 1-10-60-62 Ashiika Raghupathi Chambers 5th Floor Begumpet Hyderabad Telangana - 500-016

in: No. (14): 49(14.7777 Fax No. 49(14.7744 | Email ID enquity Aspollohi com | www.spollohi com

Bangalore: Basavariaquidi: Bellandur | Electronic City | Fraser Town | MSR Layout | Indira Nagar | JP Nagar | Kundalahalli |

Ripra marsgala I harrofier Ripadi Mysore (VV Mohalla)

Online appointments www.apoilorbin.com

TO BOOK AN APPOINTMENT



Stent b: Patient Na 61593 me: Age: Sex: Accession Number: Modality: CR Referring P hysician: Study: CHEST Study Date: 27-Jul-2024

# X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION: NORMAL STUDY.

Dr. CHETAN HOLEPPAGOL MBBS. DNB(RADIO DIAGNOSIS)



Date: 27-Jul-2024 16:47:22

Apollo Health and Lifestyle Limited

THE CHITIOTCOCCOPICITS 814

kegs (mice 1 to 60 t.) Althous kegt. pointh Chambers 5th Floor Begumpet Hyderabad Telangana 500.016

asu asus 2221 Fai hu asus 2244 [mail ID enquiry/apoliohi com | www.apoliohi com

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ngalore: Elasavariagudi: Beilandur | Electronic City | Fraser Town | MSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Rocamenijala - harjatius Road Mysore (VV Mohalla)

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TO BOOK AN APPOINTMENT

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# **Apollo Clinic**

# **CONSENT FORM**

Patient Name: NO Samalaha. T Age: 329.  UHID Number: Company Name: Arcofemi
UHID Number:
I Mr/Mrs/Ms Sumalatha. T Employee of Ascoferii  (Company) Want to inform you that I am not interested in getting LB C
(Company) Want to inform you that I am not interested in getting
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Patient Signature: XSmed after T Date: 27/07/24
Apollo Clinic #23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41

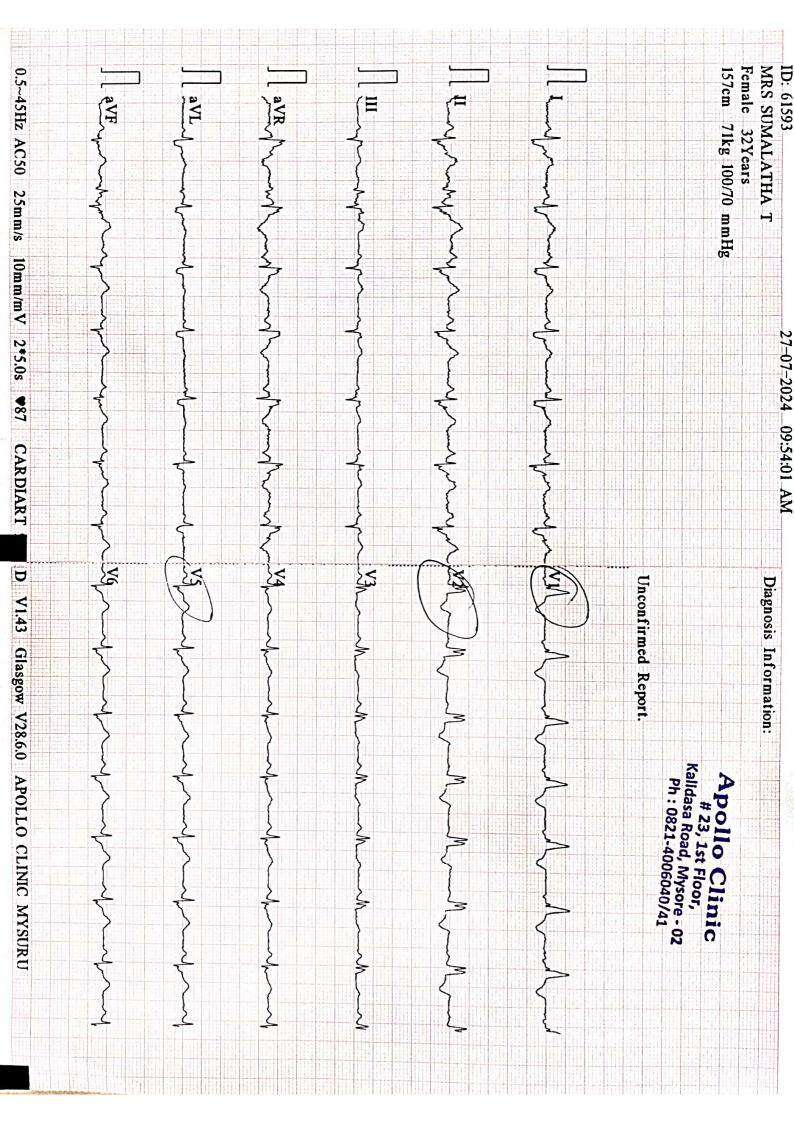
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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

Address:

D No.30, F - Block 2nd Avenue, Anna Nagar East, Chennal.600 102,





Date

27-07-2024

MR NO

CMYS.0000061593

Department

: GENERAL [Gyn]

Doctor

Name

Mrs. SUMALATHA T

Registration No

Age/ Gender

32 Y / Female

Qualification

Consultation Timing:

Height:

Temp:

Weight: BMI: Waist Circum:

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

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Follow up date:

Barghoni

**Doctor Signature** 

Apollo Clinic # 23, 1st Floor, Kalidasa Road, Mysore - 02

Ph: 0821-4006040/41

Date

: 27-07-2024

Department

: GENERAL

MR NO

: CMYS.0000061593

Doctor

Waist Circum:

Name

: Mrs. SUMALATHA T

Registration No

Age/ Gender

32 Y / Female

Qualification

Consultation Timing: 07:54

Height: 157 Weight: 71.4 BMI:

Temp:	Pulse :	Resp:	B.P: 100/70
General Examination / Allergies History	Clinical Diagnosis & Ma	anagement Plan	
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	Follow up date :		Doctor Signature  Navus  Apollo Cir
			Apollo Clinic #23, 1st Floor, Ph: 0821-4006040/

Name: Mrs. SUMALATHA T

Age/Gender: 33 Y/F Address: MYSORE

Location: MYSORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: MYSORE\_16052024

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. SUJATHA T R

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### **Chief Complaints**

COMPLAINTS:::: For Corporate Health Checkup,

#### SYSTEMIC REVIEW

\*\*Weight

--->: Stable,

Number of kgs: 78.2,

#### **HT-HISTORY**

#### **Past Medical History**

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: nill,

#### PHYSICAL EXAMINATION

## SYSTEMIC EXAMINATION

**IMPRESSION** 

# RECOMMENDATION

## **Fitness Report**

Fitness.: YES,

Fitness: fit.

#### DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

MR No:

Visit ID:

Visit Date:

Discharge Date: Referred By: CMYS.0000061593

CMYSOPV127729

27-07-2024 07:54

**SELF** 

**Doctor's Signature** 

# Your appointment is confirmed

# noreply@apolloclinics.info <noreply@apolloclinics.info>

Thu 25-07-2024 14:47

To:kirankumar.tr@bankofbaroda.co.in <kirankumar.tr@bankofbaroda.co.in>
Cc:Mysore Apolloclinic <mysore@apolloclinic.com>;Yogeesh KV <mkt.mysore@apolloclinic.com>;Syamsunder M <syamsunder.m@apollohl.com>



#### Dear Sumalatha T,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-07-27** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - 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 8:20 A

(C) V(O) 4G | | V(O) | | 1 | 50%

# ← PDFGallery\_20231027\_1451...





# ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ Unique Identification Authority of India Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 0821/83321/42489

To

<u>ಟೆ ಸುಮಲತ</u>

T Sumalatha

D/O: T Thippeswamy

#835/10 Main Road

Near Durgambika High School Saraswathi Nagara

Nituvalli

Davanagere

Nittuvalli

Davanagere Davangere

Karnataka 577004

9845480356

MA210356199FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8126 7666 4417

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