











|                                |  |
|--------------------------------|--|
| Patient Name : Mrs.Y GOMUPRIYA | Collected : 26/Oct/2024 01:15PM            |
| Age/Gender : 35 Y 6 M 13 D/F   | Received : 26/Oct/2024 04:15PM             |
| UHID/MR No : CIND.0000172839   | Reported : 26/Oct/2024 04:53PM             |
| Visit ID : CINDOPV243882       | Status : Final Report                      |
| Ref Doctor : Self              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35166     |  |


**DEPARTMENT OF BIOCHEMISTRY**

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

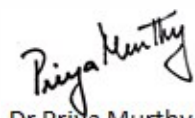
| Test Name   | Result | Unit  | Bio. Ref. Interval | Method     |
|---|--------|-------|--------------------|------------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 92     | mg/dL | 70-140             | HEXOKINASE |

**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.



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



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



SIN No:IRA241005473

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

APOLLO HEALTH AND LIFESTYLE LIMITED | APOLLO HEALTH AND LIFESTYLE LIMITED - 1016 BANGALORE

APOLLO Health and Lifestyle Limited | Apollo Health and Lifestyle Limited - 1016 BANGALORE

APOLLO CLINIC'S NETWORK

Telangana: Hyderabad | AS Rao Nagar | Chanda Nagar | Korlaga | Halakurki | Nizampet | Varadola | Upper | Andhra Pradesh: Mangalochamma Peta | Karnataka: Bangalore | Basavanagudi | Solunadu | Electronic City | Frazer Town | HSR Layout | Indira Nagar | IT Park | Kalyan Nagar | Outer Ring Road | Mysore: New Village, Tumkur: Sakthi Nagar | Kerala: Kochi | Madhya Pradesh: Indore | Odisha: Bhubaneswar | West Bengal: Kolkata | Maharashtra: Pune | Tamil Nadu: Chennai | Karnataka: Bangalore | Kerala: Kochi | West Bengal: Kolkata

Other Private Operations (Kolkata): Ahmedabad | Gulbarga | Faridkot | Amritsar | Chandigarh | Haryana: Panipat | Punjab: Ludhiana



















|                                |  |
|--------------------------------|--|
| Patient Name : Mrs.Y GOMUPRIYA | Collected : 26/Oct/2024 10:41AM            |
| Age/Gender : 35 Y 6 M 13 D/F   | Received : 26/Oct/2024 02:50PM             |
| UHID/MR No : CIND.0000172839   | Reported : 26/Oct/2024 03:19PM             |
| Visit ID : CINDOPV243882       | Status : Final Report                      |
| Ref Doctor : Self              | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35166     |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

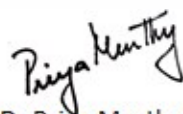
| Test Name  | Result     | Unit | Bio. Ref. Interval | Method                     |
|--|------------|------|--------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |            |      |                    |                            |
| <b>PHYSICAL EXAMINATION</b>                          |            |      |                    |                            |
| COLOUR   | YELLOW     |      | PALE YELLOW        | Visual                     |
| TRANSPARENCY   | HAZY       |      | CLEAR              | Physical Measurement       |
| pH   | 5.5        |      | 5-7.5              | Double Indicator           |
| SP. GRAVITY  | 1.025      |      | 1.002-1.030        | Bromothymol Blue           |
| <b>BIOCHEMICAL EXAMINATION</b>                       |            |      |                    |                            |
| URINE PROTEIN  | NEGATIVE   |      | NEGATIVE           | Protein Error Of Indicator |
| GLUCOSE  | 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                                   | POSITIVE + |      | NEGATIVE           | Leucocyte Esterase         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |            |      |                    |                            |
| PUS CELLS  | 6-8        | /hpf | 0-5                | Microscopy                 |
| EPITHELIAL CELLS                                     | 2-3        | /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.



Dr. Vidya Aniket Gore  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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











|              |                       |                     |                      |
|--------------|-----------------------|---------------------|----------------------|
| Patient Name | : Mrs. Y GOMUPRIYA    | Age                 | : 35Yrs 6Mths 17Days |
| UHID         | : CIND.0000172839     | OP Visit No.        | : CINDOPV243882      |
| Printed On   | : 29-10-2024 12:33 PM | Advised/Pres Doctor | : --                 |
| Department   | : Cardiology          | Qualification       | : --                 |
| Referred By  | : Self                | Registration No.    | : --                 |
| Employer Id  | : 22E35166            |                     |                      |

## DEPARTMENT OF CARDIOLOGY

### ECG

#### Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is Normal
3. No pathological Q wave or ST-T changes seen.
4. Normal P,QRS,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

#### Impression:-

NORMAL RESTING ECG.

**NOTE:-**KINDLY TAKE A PHOTOCOPY OF THE GRAPH FOR FUTURE REFERENCE IF NEEDED

---End Of The Report---



Dr.M SUDHAKAR RAO  
MBBS, MD, DM (Cardio)  
0000018  
Cardiology

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|              |                       |                     |                      |
|--------------|-----------------------|---------------------|----------------------|
| Patient Name | : Mrs. Y GOMUPRIYA    | Age                 | : 35Yrs 6Mths 17Days |
| UHID         | : CIND.0000172839     | OP Visit No.        | : CINDOPV243882      |
| Printed On   | : 29-10-2024 12:12 PM | Advised/Pres Doctor | : --                 |
| Department   | : Cardiology          | Qualification       | : --                 |
| Referred By  | : Self                | Registration No.    | : --                 |
| Employee Id  | : 22E35166            |                     |                      |

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**DEPARTMENT OF CARDIOLOGY**

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**M mode and doppler measurements:**

**CM    CM            M/sec**

**AO: 2.3 IVS(D): 0.9    MV: E Vel: 0.99 A Vel : 0.59**

**LA: 2.8 LVIDD(D): 4.1 AV Peak: 1.23**

**LVPW(D): 1.0 PV peak: 0.87**

**IVS(S): 1.4**

**LVID(S): 2.5**

**LVPW(S): 1.4**

**LVEF: 60%**

**Descriptive findings:**

**Left Ventricle    Normal**

**Right Ventricle: Normal**

**Left Atrium:     Normal**

**Right Atrium:    Normal**

**Mitral Valve:    Normal**

**Aortic Valve:    Normal**

**Tricuspid Valve: Normal**

**IAS:                Normal**

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|              |        |
|--------------|--------|
| IVS:         | Normal |
| Pericardium: | Normal |
| IVC:         | Normal |
| Others       | ---    |

**IMPRESSION :**

Normal cardiac chamber and valves  
No Regional wall motion abnormality  
Normal PA pressure  
No clot/vegetation/pericardial effusion  
Normal LV systolic function - LVEF= 60%

**DR JAGADEESH H V MD,DM**  
**CONSULTANT CARDIOLOGIST**

---End Of The Report---



Dr.JAGADEESH H V

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MBBS, MD, DM  
86848  
Cardiology



|              |                       |                     |                      |
|--------------|-----------------------|---------------------|----------------------|
| Patient Name | : Mrs. Y GOMUPRIYA    | Age                 | : 35Yrs 6Mths 14Days |
| UHID         | : CIND.0000172839     | OP Visit No.        | : CINDOPV243882      |
| Printed On   | : 26-10-2024 12:59 PM | Advised/Pres Doctor | : --                 |
| Department   | : Radiology           | Qualification       | : --                 |
| Referred By  | : Self                | Registration No.    | : --                 |
| Employer Id  | : 22E35166            |                     |                      |

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA VIEW**

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.

**CONCLUSION :**


**No obvious abnormality seen**

For clinical correlation.

---End Of The Report---



Dr.RAMESH G  
MBBS, DMRD  
27462  
Radiology

|  |                         |   |
|--|-------------------------|---|
| <b>Name</b> : Mrs. Y GOMUPRIYA   | <b>Age</b> : 35Y 6M 13D | <b>UHID</b> : CIND.0000172839   |
| <b>Address</b> : Maruthi Sevanagar Bangalore Karnataka INDIA 560033          | <b>sex</b> : Female     |  |
| <b>Plan</b> : ARCOFEMI MEDIWHEEL FEMALE AHC<br>CREDIT PAN INDIA OP AGREEMENT |                         | CIND.0000172839   |
|  |                         | <b>OP No</b> : CINDOPV243882  |
|  |                         | <b>Bill No</b> : CIND-OCR-103279  |
|  |                         | <b>Date</b> : Oct 26th, 2024, 10:18 AM  |

| Sno. | Service Type/Service Name   | Department           |                          |
|------|---|----------------------|--------------------------|
| 1    | ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324 |                      |                          |
| 1    | ULTRASOUND - WHOLE ABDOMEN -9 after 11:30am   | Ultrasound Radiology | <input type="checkbox"/> |
| 2    | OPHTHAL BY GENERAL PHYSICIAN -5   | Consultation         | <input type="checkbox"/> |
| 3    | URINE GLUCOSE(POST PRANDIAL)  | Clinical Pathology   | <input type="checkbox"/> |
| 4    | GAMMA GLUTAMYL TRANSFERASE (GGT)  | Biochemistry         | <input type="checkbox"/> |
| 5    | HbA1c, GLYCATED HEMOGLOBIN  | Biochemistry         | <input type="checkbox"/> |
| 6    | GYNAECOLOGY CONSULTATION -3 after 11am  | Consultation         | <input type="checkbox"/> |
| 7    | DIET CONSULTATION   | General              | <input type="checkbox"/> |
| 8    | BODY MASS INDEX (BMI) -6  | General              | <input type="checkbox"/> |
| 9    | ECG -6  | Cardiology           | <input type="checkbox"/> |
| 10   | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)   | Biochemistry         | <input type="checkbox"/> |
| 11   | 2 D ECHO -9   | Cardiology           | <input type="checkbox"/> |
| 12   | BLOOD GROUP ABO AND RH FACTOR   | Blood Bank           | <input type="checkbox"/> |
| 13   | X-RAY CHEST PA -6   | X Ray Radiology      | <input type="checkbox"/> |
| 14   | URINE GLUCOSE(FASTING)  | Clinical Pathology   | <input type="checkbox"/> |
| 15   | LBC PAP TEST- PAPSURE -3 after 11am   | Histopathology       | <input type="checkbox"/> |
| 16   | FITNESS BY GENERAL PHYSICIAN  | Consultation         | <input type="checkbox"/> |
| 17   | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)  | Biochemistry         | <input type="checkbox"/> |
| 18   | GLUCOSE, FASTING  | Biochemistry         | <input type="checkbox"/> |
| 19   | ENT CONSULTATION  | Consultation         | <input type="checkbox"/> |
| 20   | LIPID PROFILE   | Biochemistry         | <input type="checkbox"/> |
| 21   | DENTAL CONSULTATION -1  | Consultation         | <input type="checkbox"/> |
| 22   | HEMOGRAM + PERIPHERAL SMEAR   | Haematology          | <input type="checkbox"/> |
| 23   | PERIPHERAL SMEAR  | Haematology          | <input type="checkbox"/> |
| 24   | COMPLETE URINE EXAMINATION  | Clinical Pathology   | <input type="checkbox"/> |
| 25   | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)   | Biochemistry         | <input type="checkbox"/> |
| 26   | LIVER FUNCTION TEST (LFT)   | Biochemistry         | <input type="checkbox"/> |

27. Niramaal Breast Screening - 15

28. Dental.

|               |                |                             |                    |
|---------------|----------------|-----------------------------|--------------------|
| Height: 159.2 | Weight: 69.1kg | BMI: 27.3 kg/m <sup>2</sup> | Waist Circum: 96-c |
| Temp: 98.6-f  | Pulse: 77bpm   | Resp: 18b/m                 | B.P: 118/71 mmHg   |

General Examination / Allergies History

Oct 26 / 2024

Adw

Clinical Diagnosis & Management Plan

35yrs P2 L2, MVD, LMP - 31 Sep

R/cycles,

LBC pap test done

POO  
PE

HR vacuole

PA soft man

PS - ca healthy



Follow up date:

Doctor Signature

## OPHTHAL PRESCRIPTION

PATIENT NAME: *Gomathi Priya*

DATE: *26.10.24*

UHID NO :

AGE :

OPTOMETRIST NAME: Ms.Swathi

GENDER:

This is to certify that I have examined

years and findings of his/her eye examination are as follows,

|          | RIGHT EYE   |           |          |            | LEFT EYE    |          |          |            |
|----------|-------------|-----------|----------|------------|-------------|----------|----------|------------|
|          | SPH         | CYL       | AXIS     | BCVA       | SPH         | CYL      | AXIS     | BCVA       |
| Distance | <i>Pluo</i> | <i>-</i>  | <i>-</i> | <i>6/6</i> | <i>Pluo</i> | <i>-</i> | <i>-</i> | <i>6/6</i> |
| Add +    | <i>1.00</i> | <i>BE</i> |          |            |             |          |          |            |

PD - RE: *-* -LE: *-*

Colour Vision: *Normal*

Remarks: *for Reading only*

Apollo clinic Indiranagar

|                        |                  |                   |
|------------------------|------------------|-------------------|
| NAME: Mrs. Y GOMUPRIYA | AGE/SEX: 35Y/F   | OP NUMBER: 172839 |
| Ref By : SELF          | DATE: 26-10-2024 |                   |

**M mode and doppler measurements:**

| CM      | CM            | M/sec           |              |
|---------|---------------|-----------------|--------------|
| AO: 2.3 | IVS(D): 0.9   | MV: E Vel: 0.99 | A Vel : 0.59 |
| LA: 2.8 | LVIDD(D): 4.1 | AV Peak: 1.23   |              |
|         | LVPW(D): 1.0  | PV peak: 0.87   |              |
|         | IVS(S): 1.4   |                 |              |
|         | LVID(S): 2.5  |                 |              |
|         | LVPW(S): 1.4  |                 |              |
|         | LVEF: 60%     |                 |              |
|         |               |                 |              |

**Descriptive findings:**

|                  |        |
|------------------|--------|
| Left Ventricle   | Normal |
| Right Ventricle: | Normal |
| Left Atrium:     | Normal |
| Right Atrium:    | Normal |
| Mitral Valve:    | Normal |
| Aortic Valve:    | Normal |
| Tricuspid Valve: | Normal |
| IAS:             | Normal |
| IVS:             | Normal |
| Pericardium:     | Normal |
| IVC:             | Normal |

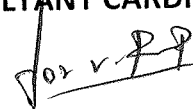


**IMPRESSION :**

**Normal cardiac chamber and valves**  
**No Regional wall motion abnormality**  
**Normal PA pressure**  
**No clot/vegetation/pericardial effusion**  
**Normal LV systolic function - LVEF= 60%**

**DR JAGADEESH H V MD,DM**

**CONSULTANT CARDIOLOGIST**



Gompuhya  
ID: 172839

13.04.1989  
35 Years

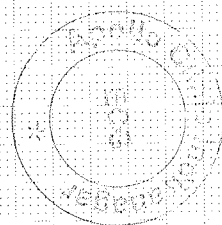
Female

26.10.2024 12:33:56  
APOLLO CLINIC  
INDIRANAGAR  
BANGALORE

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

75 bpm  
--/-- mmHg

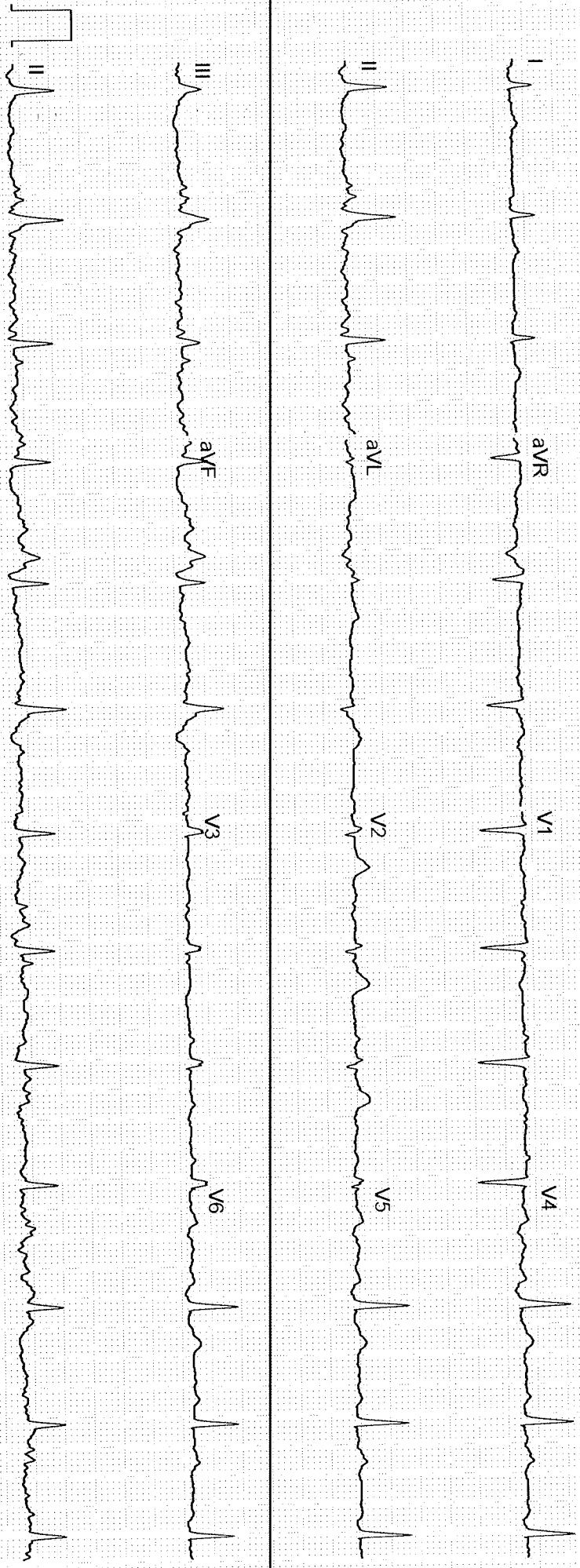
QRS : 72 ms  
QT / QTcBaz : 374 / 417 ms  
PR : 164 ms  
P : 88 ms  
RR / PP : 804 / 800 ms  
P / QRS / T : 7 / 59 / 11 degrees



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Normal

*[Signature]*



Unconfirmed



**Mediwheel**  
...Your wellness partner

011-41195959

Dear **MS. Y GOMUPRIYA**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40  
**Name of Diagnostic/Hospital** : Apollo Clinic - Indiranagar  
**Address of Diagnostic/Hospital** : 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet road, HAL 2nd stage, Indiranagar - 560038  
**City** : Bangalore  
**State** : Karnataka  
**Pincode** : 560038  
**Appointment Date** : 26-10-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 08:30 AM - 09:00 AM  
**Booking Status** : Booking Confirmed

| Member Information |         |        |
|--------------------|---------|--------|
| Booked Member Name | Age     | Gender |
| MS. Y GOMUPRIYA    | 35 year | Female |

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

भारत सरकार  
GOVERNMENT OF INDIA



नाम: [Name]  
पता: [Address]  
[Other details]



6536 8558 6740

भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY

पता:

Address:

[Address details in Hindi]

[Address details in English]

6536 8558 6740