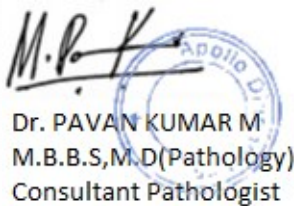


| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.IFFAT SAHER | Collected | : 05/Nov/2024 09:58AM |
| Age/Gender | : 41 Y 1 M 3 D/F | Received | : 05/Nov/2024 11:55AM |
| UHID/MR No | : CMYS.0000062517 | Reported | : 05/Nov/2024 12:47PM |
| Visit ID | : CMYSOPV131159 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22S37647 | | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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| | |
|--------------------------------|--|
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.5 | g/dL | 12.5-15 | Spectrophotometer |
| PCV | 40.50 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.82 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 84.1 | fL | 83-101 | Calculated |
| MCH | 28 | pg | 27-32 | Calculated |
| MCHC | 33.3 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,400 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 66 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 27 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 2 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 4 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 1 | % | 0-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3564 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1458 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 108 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 216 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 54 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.44 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 55000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 14 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

R.B.C: Majority are normocytic normochromic.
W.B.C: normal in number with normal morphology and distribution.
Platelets: Reduced in number and are seen in singles.
Hemoparasites: Not seen.

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| | | | |
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH THROMBOCYTOPENIA.

Note : Suggested clinical correlation



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|-----------------|-------------------|--------------|-------------------------------|
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



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|--------------------------------|--|
| Patient Name : Mrs.IFFAT SAHER | Collected : 06/Nov/2024 12:06PM |
| Age/Gender : 41 Y 1 M 3 D/F | Received : 06/Nov/2024 01:39PM |
| UHID/MR No : CMYS.0000062517 | Reported : 06/Nov/2024 02:01PM |
| Visit ID : CMYSOPV131159 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 90 | 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.

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 99 | 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.



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|--------------------------------|--|
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| Age/Gender : 41 Y 1 M 3 D/F | Received : 05/Nov/2024 11:55AM |
| UHID/MR No : CMYS.0000062517 | Reported : 05/Nov/2024 02:26PM |
| Visit ID : CMYSOPV131159 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 4.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 85 | 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.

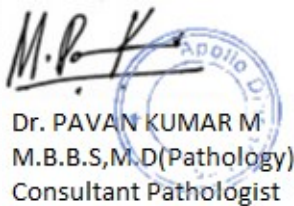
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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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| Age/Gender : 41 Y 1 M 3 D/F | Received : 05/Nov/2024 11:55AM |
| UHID/MR No : CMYS.0000062517 | Reported : 05/Nov/2024 12:58PM |
| Visit ID : CMYSOPV131159 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|-------|--------------------|--------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 173 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 70 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 61 | mg/dL | 40-60 | CHOD |
| NON-HDL CHOLESTEROL | 112 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 98.27 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 13.9 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 2.84 | | 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 |



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| Age/Gender : 41 Y 1 M 3 D/F | Received : 05/Nov/2024 11:55AM |
| UHID/MR No : CMYS.0000062517 | Reported : 05/Nov/2024 12:57PM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|----------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.45 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.16 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.29 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 17 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0 | U/l | 0-31 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.4 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 74.00 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 8.10 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.13 | | 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, Wilsons’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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|-------------|--------|--------------------|------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.58 | mg/dL | 0.51-1.04 | Enzymatic colorimetric |
| UREA | 20.13 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 9.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.00 | mg/dL | 2.6-6 | Uricase |
| CALCIUM | 9.30 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.19 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 140 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 8.10 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.30 | g/dl | 3.5-5.2 | Bromcresol Green |
| GLOBULIN | 3.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.13 | | 0.9-2.0 | Calculated |



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 14.00 | U/l | 0-38 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.19 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 11.22 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.600 | 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 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |



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| Patient Name | : Mrs.IFFAT SAHER | Collected | : 05/Nov/2024 09:58AM |
| Age/Gender | : 41 Y 1 M 3 D/F | Received | : 05/Nov/2024 11:55AM |
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

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



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| 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 | 6.5 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.020 | | 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 | 4 - 6 | /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 |

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

SIN No:MYS241100143



| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.IFFAT SAHER | Collected | : 05/Nov/2024 10:12AM |
| Age/Gender | : 41 Y 1 M 3 D/F | Received | : 05/Nov/2024 12:40PM |
| UHID/MR No | : CMYS.0000062517 | Reported | : 05/Nov/2024 12:58PM |
| Visit ID | : CMYSOPV131159 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22S37647 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|----------|------|--------------------|---------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | GOD-POD |



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

SIN No:MYS241100153

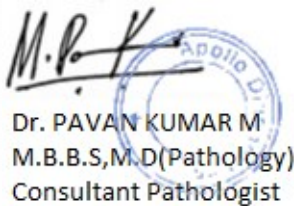


| | | | |
|-----------------|-------------------|--------------|-------------------------------|
| Patient Name | : Mrs.IFFAT SAHER | Collected | : 06/Nov/2024 08:53AM |
| Age/Gender | : 41 Y 1 M 3 D/F | Received | : 06/Nov/2024 03:31PM |
| UHID/MR No | : CMYS.0000062517 | Reported | : 06/Nov/2024 04:15PM |
| Visit ID | : CMYSOPV131159 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22S37647 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|---------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | GOD-POD |



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

SIN No:MYS241100188



| | |
|--------------------------------|--|
| Patient Name : Mrs.IFFAT SAHER | Collected : 05/Nov/2024 12:50PM |
| Age/Gender : 41 Y 1 M 3 D/F | Received : 06/Nov/2024 11:25AM |
| UHID/MR No : CMYS.0000062517 | Reported : 07/Nov/2024 11:26AM |
| Visit ID : CMYSOPV131159 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22S37647 | |

DEPARTMENT OF CYTOLOGY

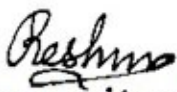
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

LBC PAP SMEAR , CERVICAL SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 24260/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy |
| III | RESULT | |
| a | EPITHEIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | NIL |
| IV | INTERPRETATION | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist

Page 16 of 16
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No: MYS241100165

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address: 22, 23, 24, 25/101/3, Sree Rama Layout, BNR Complex,
OPPRBI Layout, JP Nagar, 7th Phase, Bengaluru, Karnataka

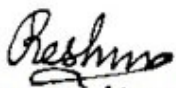
1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.IFFAT SAHER
Age/Gender : 41 Y 1 M 3 D/F
UHID/MR No : CMYS.0000062517
Visit ID : CMYSOPV131159
Ref Doctor : Self
Emp/Auth/TPA ID : 22S37647

Collected : 05/Nov/2024 12:50PM
Received : 06/Nov/2024 11:25AM
Reported : 07/Nov/2024 11:26AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr. Reshma Stanly
M.B.B.S, DNB(Pathology)
Consultant Pathologist



SIN No: MYS241100165

Apollo Health and Lifestyle Limited (CIN: U85107TG0002PLN15819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

GSTIN: 29AAD007335173
Address: 22, 23, 24, 25/T01/3, Sree Rama Layout, BNR Complex,
OPP.RBI Layout, JP Nagar, 7th Phase, Bengaluru, Karnataka



APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Mrs. Iffat saher | Age | : 41Yrs 1Mths 7Days |
| UHID | : CMYS.0000062517 | OP Visit No. | : CMYSOPV131159 |
| Printed On | : 08-11-2024 10:26 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employeer Id | : 22S37647 | | |

DEPARTMENT OF RADIOLOGY

LIVER: It is normal in size and in increase 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 9.7 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.7 cm with parenchymal thickness of 1.5 cm. It is normal in size, outline and echotexture. A **Echogenic calculus 7.7mm is noted in lower pole calyx of left kidney**

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 9.3x3.5x5.7 cm with ET = 8.5mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 2.3x1.5cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 2.7x1.9 cm. It is normal. No mass lesion seen.

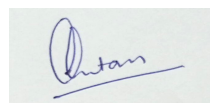
OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION:

-GRADE I FATTY LIVER .

-NON OBSTRUCTIVE LEFT RENAL CALCULUS .

---End Of The Report---



Dr.CHETAN HOLEPPAGOL

MBBS, DNB (RADIO DIAGNOSIS)

90037

Radiology

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Mrs. Iffat saher | Age | : 41Yrs 1Mths 5Days |
| UHID | : CMYS.0000062517 | OP Visit No. | : CMYSOPV131159 |
| Printed On | : 06-11-2024 11:07 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employer Id | : 22S37647 | | |

DEPARTMENT OF RADIOLOGY

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

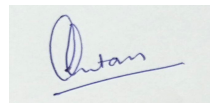
Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION: NORMAL STUDY .

---End Of The Report---



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

| | | | |
|--------------|-----------------------|---------------------|----------------------|
| Patient Name | : Mrs. Iffat saher | Age | : 41Yrs 1Mths 13Days |
| UHID | : CMYS.0000062517 | OP Visit No. | : CMYSOPV131159 |
| Printed On | : 14-11-2024 07:42 AM | Advised/Pres Doctor | : -- |
| Department | : Cardiology | Qualification | : -- |
| Reffered By | : Self | Registration No. | : -- |
| Employeer Id | : 22S37647 | | |

DEPARTMENT OF CARDIOLOGY

2D ECHOCARDIOGRAPHY STUDY

Impression:

Normal chambers and valves
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

Patient's Name : Mrs Iffat Saher Age & Sex; 41Yrs /Female

Date :07.11.2024

UHID No:62517

Measurements

AO: cm

LA : cm

RV : cm

LVIDd cm

LVIDs : cm

IVSd : cm

IVSs : cm

PWd : cm

PWs : cm

EF : 60.0 %

FS : 32.0 %

Doppler

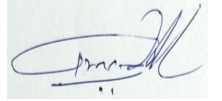
MV TV AV PV

E : 1.07 m/s E --- m/s V max 1.52 m/s V max 1.11 m/s

A : 0.60 m/s A --- m/s

MR Nil TR Nil AR Nil PR Nil

---End Of The Report---



Dr. GURU PRASAD B V
MBBS, PGDCC
69949
Cardiology

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Mrs. Iffat saher | Age | : 41Yrs 1Mths 5Days |
| UHID | : CMYS.0000062517 | OP Visit No. | : CMYSOPV131159 |
| Printed On | : 06-11-2024 02:29 PM | Advised/Pres Doctor | : -- |
| Department | : Cardiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employeer Id | : 22S37647 | | |

DEPARTMENT OF CARDIOLOGY

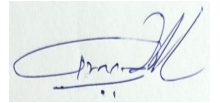
Observation :-

1. Sinus Rhythm.
2. Heart rate is 79 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr. GURU PRASAD B V
MBBS, PGDCC
69949
Cardiology

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IBGPS2679L

नाम/ Name
IFFAT SAHER

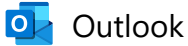
पिता का नाम/ Father's Name
SYED ILYAS ALI

जन्म की तारीख/ Date of Birth
25/09/1983

हस्ताक्षर/ Signature



09052017



Your appointment is confirmed

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

Date Mon 04-11-2024 15:29

To rehaanbukhsh@gmail.com <rehaanbukhsh@gmail.com>

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



Dear Iffat saher,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-11-05** 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 ANNUAL PLUS CHECK ADVANCED - 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