

Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 08:56AM
Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 01:19PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 02:22PM
Visit ID : CBASOPV107768	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37772	


DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.9	g/dL	13-17	Spectrophotometer
PCV	39.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.17	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94.1	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,050	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.1	%	40-80	Electrical Impedence
LYMPHOCYTES	34.5	%	20-40	Electrical Impedence
EOSINOPHILS	1.3	%	1-6	Electrical Impedence
MONOCYTES	5.7	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4096.05	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2432.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	91.65	Cells/cu.mm	20-500	Calculated
MONOCYTES	401.85	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.68		0.78- 3.53	Calculated
PLATELET COUNT	395000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

  
**Dr. Rajalakshmi D**  
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 Consultant Pathologist

  
**Dr. Vidya Aniket Gore**  
 M.B.B.S,M.D(Pathology)  
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PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**

**Kindly correlate clinically.**



Dr. Rajalakshmi D  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

  
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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. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	149	mg/dL	70-100	HEXOKINASE

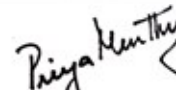
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 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.

  
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Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 11:59AM
Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 06:44PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 07:04PM
Visit ID : CBASOPV107768	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37772	


DEPARTMENT OF BIOCHEMISTRY

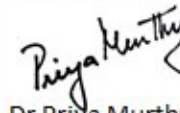
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	128	mg/dL	70-140	HEXOKINASE

**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.

  
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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
 SIN No: BAS241100515

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Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 01:18PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 03:28PM
Visit ID : CBASOPV107768	Status : Final Report
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Emp/Auth/TPA ID : 22E37772	

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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	154	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.

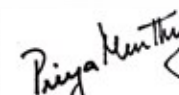
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

  
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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE  
 SIN No: BAS241100429

**Apollo Health and Lifestyle Limited**

(CIN - U06110TC2009PH6115849)  
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Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 08:56AM
Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 01:12PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 03:58PM
Visit ID : CBASOPV107768	Status : Final Report
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Emp/Auth/TPA ID : 22E37772	

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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHO-POD
TRIGLYCERIDES	102	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>107.5</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

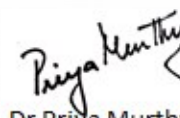
**Comment:**

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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SIN No: BAS241100424

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	67.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

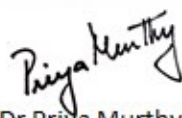
2. Cholestatic Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

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



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SIN No: BAS241100424

**Apollo Health and Lifestyle Limited** (CIN - U06110TC2800PH6115849)

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Karnataka- 560034



Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 08:56AM
Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 01:12PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 03:58PM
Visit ID : CBASOPV107768	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37772	

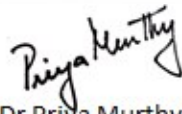
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.73	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	21.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.02	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.33	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.99	g/dL	6.6-8.3	Biuret
ALBUMIN	4.34	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated



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



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



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SIN No: BAS241100424

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Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 01:12PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 03:08PM
Visit ID : CBASOPV107768	Status : Final Report
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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. Interval	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.00	U/L	<55	IFCC

*Priya Murthy*

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



Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 08:56AM
Age/Gender : 37 Y 6 M 7 D/M	Received : 09/Nov/2024 01:12PM
UHID/MR No : CBAS.0000092116	Reported : 09/Nov/2024 03:46PM
Visit ID : CBASOPV107768	Status : Final Report
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Emp/Auth/TPA ID : 22E37772	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.28	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.188	µIU/mL	0.34-5.60	CLIA

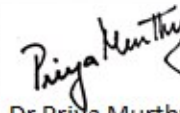
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

  
**Dr. Govinda Raju N L**  
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 Consultant Biochemistry

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



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 SIN No: BAS241100425

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

Address:  
 Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Ltd, RRL BANGALORE Laboratory,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034

  
**1860 500 7788**  
 www.apolloclinic.com

Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 08:56AM
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Emp/Auth/TPA ID : 22E37772	

**DEPARTMENT OF IMMUNOLOGY**

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

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

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

*Priya Murthy*  
**Dr Priya Murthy**  
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 Consultant Pathologist



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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	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.012		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	4	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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. Rajalakshmi D**  
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 Consultant Pathologist

  
**Dr. Vidya Aniket Gore**  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

  
**Dr. Rajalakshmi D**  
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 Consultant Pathologist

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



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DEPARTMENT OF CLINICAL PATHOLOGY

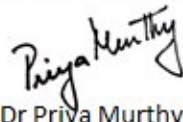
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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



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



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.NISHA S	Collected : 09/Nov/2024 01:07PM
Age/Gender : 37 Y 6 M 7 D/M	Received : 10/Nov/2024 02:25PM
UHID/MR No : CBAS.0000092116	Reported : 12/Nov/2024 04:38PM
Visit ID : CBASOPV107768	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37772	

DEPARTMENT OF CYTOLOGY

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

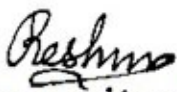
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	<b>CYTOLOGY NO.</b>	24569/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<b>IV</b>	<b>INTERPRETATION</b>	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 \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR



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

Page 16 of 16  
**CAP**  
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Apollo Health and Lifestyle Limited, Global Reference Laboratory Hyderabad

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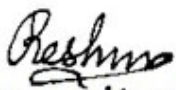
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Emp/Auth/TPA ID	: 22E37772		

**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



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SIN No: BAS241100527

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Patient Name : Mr. NISHA S Age : 37Yrs 6Mths 8Days  
UHID : CBAS.0000092116 OP Visit No. : CBASOPVI07768  
Printed On : 09-11-2024 09:27 AM Advised/Pres Doctor : --  
Department : Cardiology Qualification : --  
Referred By : Self Registration No. : --  
Employee Id : 22E37772

---

## DEPARTMENT OF CARDIOLOGY

---

### 2D Echo cardiography

#### Chambers

Left Ventricle: Normal, No RWMA'S,

Left Atrium: Normal

Right Ventricle: Normal

Right Atrium: Normal

#### Septa

IVS: Intact

IAS: Intact

#### Valves

Mitral Valve: Normal

Tricuspid Valve: Normal

Aortic Valve: Tricuspid, Normal Mobility

Pulmonary Valve: Normal

#### Great Vessels

Aorta: Normal

Pulmonary Artery: Normal

**Pericardium: Normal**

#### Doppler echocardiography

Mitral Valve E 0.90 m/sec A 0.54 m/sec No MR

Tricuspid Valve E 0.50 m/sec A 0.30 m/sec No TR

Aortic Valve Vmax 1.02 m/sec No AR

Pulmonary Valve Vmax 0.80 m/sec No PR

---

## Diastolic Dysfunction



## M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	2.9	2.6-3.6	cm
left Atrium	3.1	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.9	0.9-1.1	cm
left Ventricle-Diastole	4.7	4.2-5.9	cm
Posterior wall-Diastole	0.9	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.5	2.1-4.0	cm
Posterior wall-Systole	1.2	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.3	2.0-3.3	cm

## Impression -

Normal Sized Cardiac Chambers

No RWMA,S

---

Normal LV and RV Systolic Function, LVEF 60%

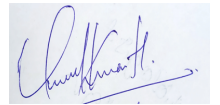
Normal valves

No Pericardial Effusion/Vegetation/Clot

***DR. VISHAL KUMAR H.***

***CLINICAL CARDIOLOGIST***

---End Of The Report---



Dr. Vishal Kumar H  
MBBS, DIP. Cardiology  
KMC 121069  
Cardiology

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Patient	Mr. NISHA S	Appt ID	CBASAPT1513
Age/Gender	37Y   Male	Consult Date	09 Nov 2024
UHID	CBAS.0000092116	Order Bill ID	CBAS-OCR-65087
		Visit Display ID	CBASOPV107768

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## VITALS

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Weight : 83.8Kgs	Height : 163Cms
Pulse : 88 BPM	Spo2 : 99%
BP : 112 / 72 MmHg	Respiratory Rate : 15 BPM
Temperature : 98.6 °F	

Name : MC NISHA S Age : 37Y 6M 7D UHID : CBAS.0000092116  
 Address : Narasimharaja Colony Bangalore Karnataka INDIA 560019 sex : Male P  
 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT  
 OP No: CBASOPV107768  
 Bill No: CBAS-OCR-65087  
 Date: Nov 9th, 2024, 8:50 AM



CBAS.0000092116

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 <u>75</u>	Ultrasound Radiology	<input type="checkbox"/>
2	OPHTHAL BY GENERAL PHYSICIAN	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 <u>7.8</u>	Consultation	<input type="checkbox"/>
7	DIET CONSULTATION	General	<input type="checkbox"/>
8	BODY MASS INDEX (BMI)	General	<input type="checkbox"/>
9	ECG	Cardiology	<input type="checkbox"/>
10	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
11	2D ECHO	Cardiology	<input type="checkbox"/>
12	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
13	X-RAY CHEST PA	X Ray Radiology	<input type="checkbox"/>
14	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
15	LBC PAP TEST- PAPSURE	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 <u>2</u>	Consultation	<input type="checkbox"/>
20	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
21	DENTAL CONSULTATION <u>10</u>	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"/>

Ht - 163  
 Wt - 83.8  
 BP - 112/72  
 PR - 88

**ECHOCARDIOGRAPHY REPORT**

**Name: MRS NISHA S    Age: 37 YEARS    UHID;0255    GENDER: FEMALE**

**Consultant: Dr. VISHAL KUMAR H.    Date : 09/11/2024**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.72	m/sec	A	0.48	m/sec	No MR
Tricuspid Valve	E	0.50	m/sec	A	0.30	m/sec	No TR
Aortic Valve	Vmax	1.02	m/sec				No AR
Pulmonary Valve	Vmax	0.80	m/sec				No PR
Diastolic Dysfunction							

**M-Mode Measurements**

<b>Parameter</b>	<b>Observed Value</b>	<b>Normal Range</b>	
Aorta	2.7	2.6-3.6	cm
left Atrium	3.0	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.9	0.9-1.1	cm
left Ventricle-Diastole	4.4	4.2-5.9	cm
Posterior wall-Diastole	0.9	0.9-1.1	cm
IVS-Systole	1.2	1.3-1.5	cm
left Ventricle-Systole	2.5	2.1-4.0	cm
Posterior wall-Systole	1.2	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	30	≥ 20	%
Right Ventricle	2.2	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot
- 

***DR. VISHAL KUMAR H.***

***CLINICAL CARDIOLOGIST***



Report ID: AHLLP\_01P3FGAT7080X6M\_V7080X75

Authorized by  
*Yogesh*

Dr. Yogesh Kothari  
MD, DNB, FESC, FEP  
Reg No- KMC 44065

Date: IST: 2024-11-09 11:57:06

**Personal Details**

UHID: 01P3FGAT7080X6M  
PatientID: 2116  
Name: MS NISHA S  
Age: 37  
Gender: Female  
Mobile: 767667694994

**Measurements**

HR: 77 BPM  
PR: 151 ms  
PD: 113 ms  
QRSD: 72 ms  
QRS Axis: 48 deg  
QT/QTc: 388/440 ms

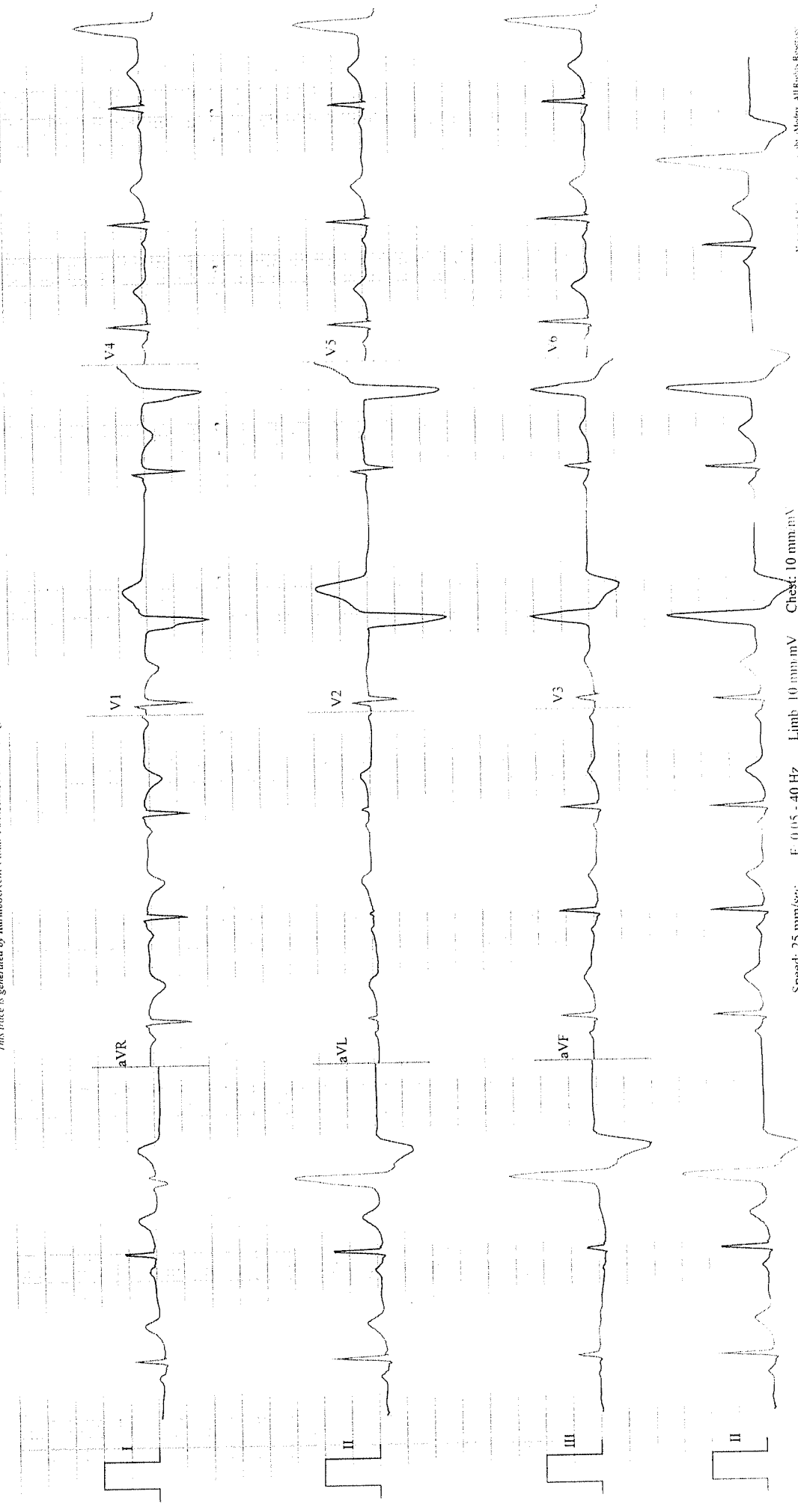
**Vitals**

**Symptoms**

**Pre-Existing Medical Conditions**

**Interpretation**  
Sinus rhythm with frequent premature ventricular contractor  
Normal axis

This trace is generated by **KardioScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from MEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb 10 mm/mV Chest 10 mm/mV

Disclaimer: Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. Some of the findings of routine ECG may require tests and must be interpreted by a qualified physician. Normal ECG does not rule out any disease. Abnormal ECG does not rule out any disease. Interpretation is based on observational data, clinical correlation is suggested.

# Apollo Clinic

## CONSENT FORM

Patient Name: Nisha Age: 37

UHID Number: ..... Company Name: .....

I  Mr /  Mrs /  Ms NISHA Employee of BANK OF BARODA.

~~(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.

Rtn by GP  
Pending will  
com on next  
Saturday  
[Signature]  
9/11/24.

Patient Signature: ..... Date: .....

AHC

Mr. M. S. S. | 374 / F

9/11/24

Height : 163 cm	Weight : 83.8 kg	BMI :	Waist Circum :
Temp :	Pulse : 88 / m.	Resp :	B.P 112 / 72 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

E-N-I

throat → (N)

Nose → (N)

Ears < (R) } INAD  
(L)

*[Signature]*  
9/11/24

Follow up date:

Doctor Signature

Name: Mrs. Nisha S  
 Age: 37 yrs  
 Sex: F  
 UHID: CBAS. 0000092116



080-26616555

## HEALTH CHECK-CASE SHEET

CHIEF COMPLAINT: Regular check up

MEDICAL HISTORY: NRH

**FINDINGS :**

Caries: class I caries iot  $\frac{7}{7}$

Drug Allergy :

Abrasion :

Missing Teeth :

Calculus: ca<sup>+</sup> stains<sup>+</sup>

Impactions :

Mobility

Attrition :

Restored Teeth

Root Stumps :

Others: 

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

DIAGNOSIS: Gen. gingivitis  
 class I caries iot  $\frac{7}{7}$

X-Ray

IOPA :

OPG

Treatment Plan :

Restoration iot  $\frac{7}{7}$   
 Oral prophylaxis

*Dr. Shanthi*  
 Ver. 1/AD/AF/01

9/11/20

Mrs. Nisha, 37y.

TBW 60-65y

Height : 163cm	Weight : 83.8kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Adm -> 163cm high, jibba low, fat chest  
 6-8-10y / 10 DAY'S -> 82y.  
 \* British with -> 45-60y / 1/2alt = 81-80y  
 \* BF hyp -> what 19y / 2alt = 78-  
 3-alt -> 76-75  
 Dinner -> 7pm -> 1/2alt = 73y  
 ↓  
 oils used, walk 30-40, 5-alt = 70y  
 at home, 6-alt = 67-68y  
 Avoid: 15-18y + 1 inch loss  
 Regional cereals, baby rice, MAS LOSS / 1 inch loss  
 Protein good, fruit juice, WT. maintenance  
 salad, fruits, Jambhantus. Diet  
 fruit juices.  
 water -> 2.5-3lit daily.  
 Dr. Ponniarasu

Follow up date:

9449349333

Doctor Signature

Ms. Nisha-S. 37/R 9416 9/1/24

EYE CHECK UP REPORT

Vision Acuity  $\left\{ \begin{array}{l} 6/9 \rightarrow 6/6 \\ 6/6p \rightarrow 6/6 \end{array} \right.$

Near Vision  $\left\{ \begin{array}{l} NG \\ \text{exam} \\ NG \end{array} \right.$

Digital IOP  $\left\{ \begin{array}{l} \text{②} \\ \text{②} \end{array} \right.$

Colour Vision  $\left\{ \begin{array}{l} \text{Normal} \\ \text{Normal} \end{array} \right.$

• Fundus: Normal @ study

• Ant. Segment :- WNL

• Media: Normal

• Pupil: WNL

ACVA  $\left\{ \begin{array}{l} 0.50 \rightarrow 90 \quad 6/6. NG \\ 0.25 \rightarrow 90 \quad 6/6. NG \end{array} \right.$

Chills



SL.No.202

निशा एस  
Nisha Subramanian  
101541

जाफ़ कर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Member

**Your appointment is confirmed**

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

Date Thu 11/7/2024 5:05 PM

To pygmalionsoldier@yahoo.co.in <pygmalionsoldier@yahoo.co.in>

Cc Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>; Irfan Ali S <Irfanali.s@apolloclinic.com>;  
Syamsunder M <syamsunder.m@apollohl.com>



**Dear MS. NISHA S,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI** clinic on **2024-11-09** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]</b>

"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:**