

Patient Name : Mrs.MIRIYALA RAJNI  
 Age/Gender : 54 Y 11 M 4 D/F  
 UHID/MR No : CUPP.0000092510  
 Visit ID : CUPPOPV141480  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 22E37714

Collected : 09/Nov/2024 10:01AM  
 Received : 09/Nov/2024 02:39PM  
 Reported : 09/Nov/2024 04:38PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.7	g/dL	12.5-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.54	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>81.8</b>	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,360	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Flow cytometry
LYMPHOCYTES	31	%	20-40	Flow cytometry
EOSINOPHILS	5	%	1-6	Flow cytometry
MONOCYTES	7	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4195.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2281.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	368	Cells/cu.mm	20-500	Calculated
MONOCYTES	515.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.84		0.78- 3.53	Calculated
PLATELET COUNT	276000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC NORMOCYTIC NORMOCHROMIC  
 WBC WITHIN NORMAL LIMITS  
 PLATELETS ARE ADEQUATE ON SMEAR  
 NO HEMOPARASITES SEEN



Dr. R. SHALINI  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist

SIN No: UPP241100542

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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



Dr.R.SHALINI  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

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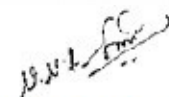


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Age/Gender : 54 Y 11 M 4 D/F	Received : 09/Nov/2024 02:39PM
UHID/MR No : CUPP.0000092510	Reported : 09/Nov/2024 07:06PM
Visit ID : CUPPOPV141480	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology

  
**Dr. SRINIVAS N.S. NORI**  
**M.B.B.S, M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No: UPP241100542

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Patient Name : Mrs.MIRIYALA RAJNI	Collected : 09/Nov/2024 12:40PM
Age/Gender : 54 Y 11 M 4 D/F	Received : 09/Nov/2024 04:28PM
UHID/MR No : CUPP.0000092510	Reported : 09/Nov/2024 06:18PM
Visit ID : CUPPOPV141480	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37714	

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	105	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

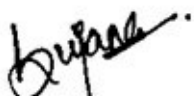
Note:

- 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.

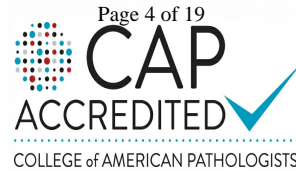
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	142	mg/dL	70-140	HEXOKINASE

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.Matta Sujana Reddy  
M.B.B.S,M.D(Biochemistry)  
Consultant Biochemist



SIN No:UPP241100619

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Patient Name : Mrs.MIRIYALA RAJNI	Collected : 09/Nov/2024 10:01AM
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UHID/MR No : CUPP.0000092510	Reported : 09/Nov/2024 05:21PM
Visit ID : CUPPOPV141480	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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>6</b>	%		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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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)

  
**Dr. E. Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

  
**Dr. Matta Sujana Reddy**  
 M.B.B.S, M.D (Biochemistry)  
 Consultant Biochemist



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**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)

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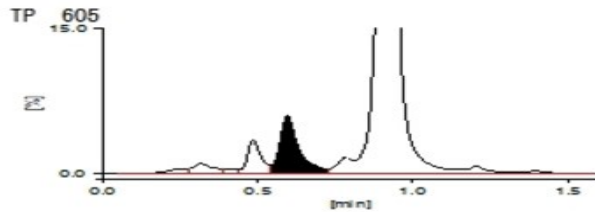
**Chromatogram Report**

V5.28 1 2024-11-09 17:19:25  
 ID UPP241100538  
 Sample No. 11090195 SL 0003 - 09  
 Patient ID  
 Name  
 Comment

CALIB Name	%	Time	Area
A1A	0.4	0.23	8.32
A1B	0.9	0.32	17.04
F	0.3	0.41	5.38
LA1C+	1.9	0.49	37.33
SA1C	6.0	0.60	88.93
AO	92.1	0.91	1772.50
H-V0			
H-V1			
H-V2			

Total Area 1929.50

**HbA1c 6.0 %** **IFCC 42 mmol/mol**  
 HbA1 7.3 % HbF 0.3 %



*Maruthi...*

**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

SIN No:UPP241100538

*Sujana...*

**Dr.Matta Sujana Reddy**  
 M.B.B.S.,M.D(Biochemistry)  
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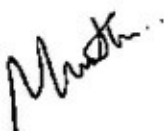
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09-11-2024 17:19:25 APOLLO

APOLLO DIAGNOSTICS GLOBAL  
BALNAGAR

1 / 1

  
Dr. E. Maruthi Prasad  
PhD (Biochemistry)  
Consultant biochemist

  
Dr. Matta Sujana Reddy  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	88	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>139</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>121.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		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



Dr.E.Maruthi Prasad  
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 Consultant biochemist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.99	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.82	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	93.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.94	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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.



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Consultant biochemist



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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

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

*Maruthi...*  
**Dr.E.Maruthi Prasad**  
 PhD (Biochemistry)  
 Consultant biochemist

*Sujana...*  
**Dr.Matta Sujana Reddy**  
 M.B.B.S.,M.D(Biochemistry)  
 Consultant Biochemist

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SIN No:UPP241100537

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

H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,  
 R R District., Uppal, Hyderabad, Telangana, India - 500039

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

**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 | Indra 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.MIRIYALA RAJNI	Collected : 09/Nov/2024 10:01AM
Age/Gender : 54 Y 11 M 4 D/F	Received : 09/Nov/2024 02:00PM
UHID/MR No : CUPP.0000092510	Reported : 09/Nov/2024 05:10PM
Visit ID : CUPPOPV141480	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37714	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.65	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	20.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.86	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.85	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.94	g/dL	6.6-8.3	Biuret
ALBUMIN	4.36	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>68.00</b>	U/L	<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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.957	µIU/mL	0.38-5.33	CLIA

Comment:

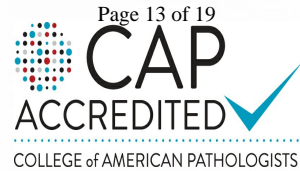
<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- 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 Treatment.
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

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 Consultant Biochemist



SIN No:UPP241100540

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**DEPARTMENT OF IMMUNOLOGY**

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*Maruthi...*  
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 PhD (Biochemistry)  
 Consultant biochemist

*Sujana...*  
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Patient Name : Mrs.MIRIYALA RAJNI	Collected : 09/Nov/2024 10:01AM
Age/Gender : 54 Y 11 M 4 D/F	Received : 09/Nov/2024 03:16PM
UHID/MR No : CUPP.0000092510	Reported : 09/Nov/2024 04:42PM
Visit ID : CUPPOPV141480	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<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	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.002		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		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	1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	ABSENT	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/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. R. SHALINI  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist

SIN No: UPP241100539

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad




Patient Name : Mrs.MIRIYALA RAJNI  
Age/Gender : 54 Y 11 M 4 D/F  
UHID/MR No : CUPP.0000092510  
Visit ID : CUPPOPV141480  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E37714

Collected : 09/Nov/2024 10:01AM  
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DEPARTMENT OF CLINICAL PATHOLOGY

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



Dr.R.SHALINI  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:UPP241100539

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Patient Name : Mrs.MIRIYALA RAJNI	Collected : 09/Nov/2024 12:40PM
Age/Gender : 54 Y 11 M 4 D/F	Received : 09/Nov/2024 05:29PM
UHID/MR No : CUPP.0000092510	Reported : 09/Nov/2024 07:59PM
Visit ID : CUPPOPV141480	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E37714	

**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.SRINIVAS N.S.NORI**  
**M.B.B.S,M.D(Pathology)**  
**CONSULTANT PATHOLOGY**

SIN No:UPP241100618

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Patient Name : Mrs.MIRIYALA RAJNI  
Age/Gender : 54 Y 11 M 4 D/F  
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Visit ID : CUPPOPV141480  
Ref Doctor : Self  
Emp/Auth/TPA ID : 22E37714

Collected : 09/Nov/2024 10:01AM  
Received : 09/Nov/2024 03:16PM  
Reported : 09/Nov/2024 09:03PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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.SRINIVAS N.S.NORI  
M.B.B.S,M.D(Pathology)  
CONSULTANT PATHOLOGY

SIN No:UPP241100541

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Patient Name : Mrs.MIRIYALA RAJNI	Collected : 09/Nov/2024 01:46PM
Age/Gender : 54 Y 11 M 4 D/F	Received : 09/Nov/2024 06:54PM
UHID/MR No : CUPP.0000092510	Reported : 11/Nov/2024 06:07PM
Visit ID : CUPPOPV141480	Status : Final Report
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DEPARTMENT OF CYTOLOGY

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

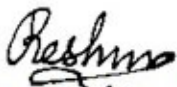
LBC PAP SMEAR , CERVICAL SAMPLE

	<b>CYTOLOGY NO.</b>	24540/24
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	SPECIMEN TYPE	CONVENTIONAL SMEAR
	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>	Parabasal and basal cells with reactive nuclear changes. 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, ATROPHY WITH INFLAMMATION.

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

SIN No: UPP241100645

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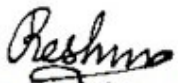


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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

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: UPP241100645

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)

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**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:  
H. No 6-48/3, Peerzadiguda Panchayat, Boduppal,  
R R District, Uppal, Hyderabad, Telangana, India - 500039

 **1860 500 7788**

[www.apolloclinic.com](http://www.apolloclinic.com)

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Patient Name	: Mrs. MIRIYALA RAJNI	Age	: 54Yrs 11Mths 5Days
UHID	: CUPP.0000092510	OP Visit No.	: CUPPOPV141480
Printed On	: 09-11-2024 06:58 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37714		

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## DEPARTMENT OF RADIOLOGY

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**Liver** appears normal in size 148 mm and **increased echotexture**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri GB collection. No evidence of focal lesion is seen.

**Spleen** appears normal in size 89 mm. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echo pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** : 100 x 30 mm.

**Left kidney** : 102 x 35 mm.

**Both the kidneys** appear normal in size, shape and echo pattern. Cortical thickness and CM differentiation are maintained. No calculus / hydro nephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus atrophic**. Endometrial echo-complex appears normal and measures 3 mm.

**Both ovaries atrophic**.

No evidence of any adnexal pathology noted.

### IMPRESSION :

**Mild fatty liver.**

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**Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr. K BHAGHEERATHI  
MBBS,DNB Radiodiagnosis  
APMC/FMR/89662  
Radiology

Patient Name	: Mrs. MIRIYALA RAJNI	Age	: 54Yrs 11Mths 5Days
UHID	: CUPP.0000092510	OP Visit No.	: CUPPOPV141480
Printed On	: 09-11-2024 08:44 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37714		

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**DEPARTMENT OF CARDIOLOGY**

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Ao (ed)	2.9 CM
LA (es)	3.0 CM
LVID (ed)	4.0 CM
LVID (es)	3.2 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	67.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

---

**COLOUR AND DOPPLER STUDIES**

PJV: 0.9

AJV: 1.3

E: 0.8 m/s

A: 0.6 m/s

**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. CH VENKATESHAM  
MBBS, PGDCC  
41992  
Cardiology





बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम

Name

RAJNI MIRIYALA

E.C. No. 156844



जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder

Patient Name	: Mrs. MIRIYALA RAJNI	Age	: 54Yrs 11Mths 4Days
UHID	: CUPP.0000092510	OP Visit No.	: CUPPOPVI41480
Printed On	: 09-11-2024 02:14 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E37714		

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### DEPARTMENT OF CARDIOLOGY

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Ao (ed)	2.9 CM
LA (es)	3.0 CM
LVID (ed)	4.0 CM
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TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

---

**COLOUR AND DOPPLER STUDIES**

PJV: 0.9

AJV: 1.3

E: 0.8 m/s

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**IMPRESSION:-**

NORMAL CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PAH.

NO CLOT.

NO PERICARDIAL EFFUSION.

---End Of The Report---



Dr. CH VENKATESHAM  
MBBS,PGDCC  
41992  
Cardiology

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# The Apollo Clinic

Apollo

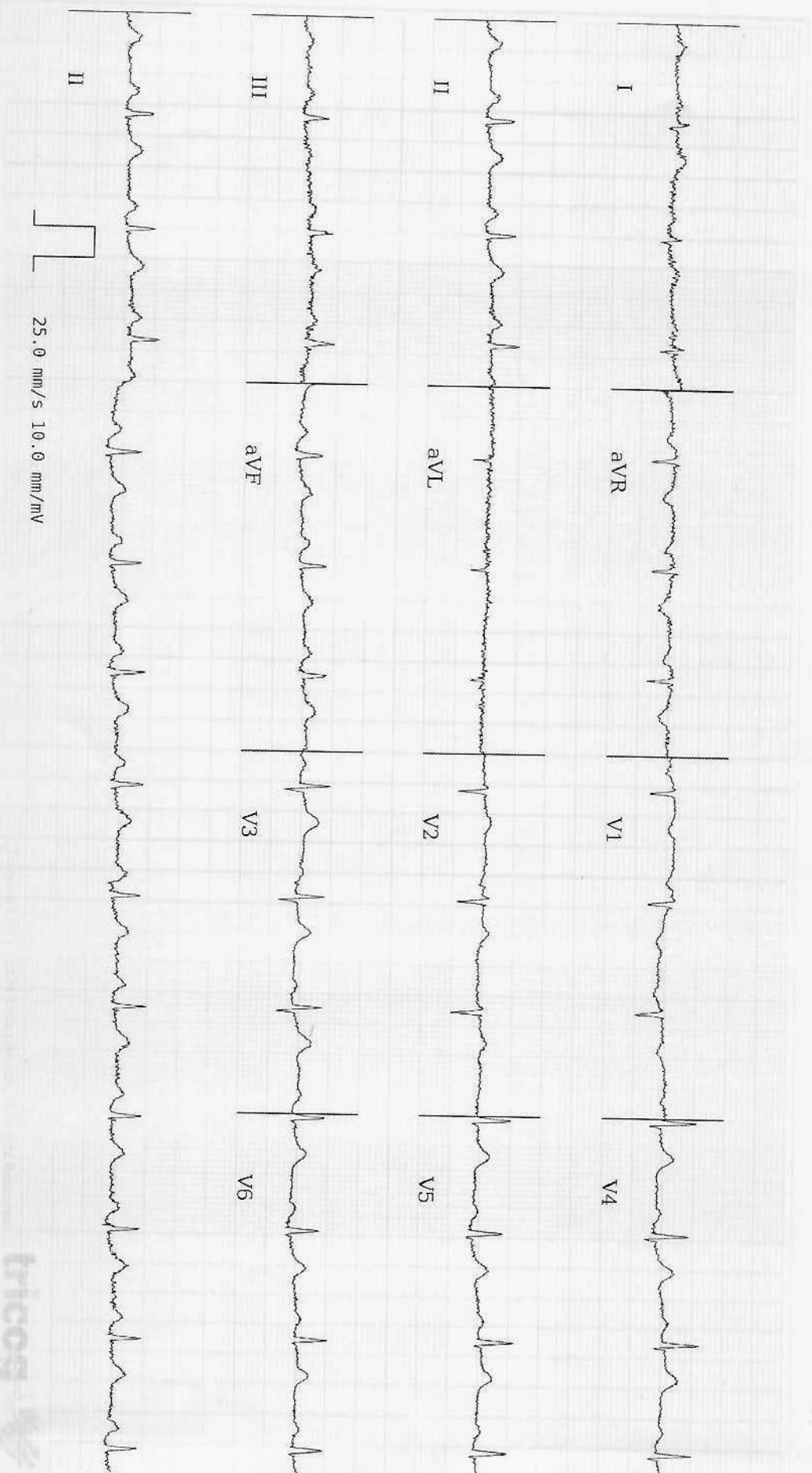
## PHYSICAL EXAMINATION FORM

Date	9/11/24	Age	54y/f
Name	Mrs. M. Rajni	UHID:	92510
Height	152 Cms	BMI	39
Weight	90 Kgs	BP	120/80

Apollo Clinic, H NO.6-48/3, PEERZADIGUDA, BESIDE RAMRAJ  
COTTONS, BODUPPAL, R RDISTRCT, HYD PH. NO.04049503373/74

Age / Gender: 54/Female  
Patient ID: 0000092510  
Patient Name: Mrs M Rajini

Date and Time: 9th Nov 24 1:45 PM



AR: 82bpm    VR: 82bpm    QRSD: 66ms    QT: 366ms    QTcB: 427ms    PRT: 164ms    P-R-T: 70° 79° 54°

ECG Within Normal Limits: Sinus Rhythm, Normal ECG, correlate clinically. Please correlate clinically.

REPORTED BY

DR VINAY

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination  
of Rajini on 11/11/24.

After reviewing the medical history and on clinical examination it has been found that he/she is

<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	Tick <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

*[Signature]*  
**Dr. Dr. KOPPOLA TRIVENI**  
TSMC/ME/05078  
Medical Officer  
**APOLLO FAMILY PHYSICIAN**

*This certificate is not meant for medico-legal purposes*

TO BOOK AN APPOINTMENT  
 **1860 500 7788**

# POWER PRESCRIPTION

NAME: *Rajini*

GENDER: *M/F*

DATE: *9/11/20*

AGE: *54*

UHID: *92510*

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>0.50</i>	<i>—</i>	<i>—</i>	<i>6/6</i>
<i>Add</i> NEAR	<i>2.25</i>	<i>—</i>	<i>—</i>	<i>N6</i>

	SPH	CYL	AXIS	VISION
DISTANCE		<i>—</i>	<i>—</i>	<i>6/6</i>
NEAR	<i>2.25</i>	<i>—</i>	<i>—</i>	<i>N6</i>

COLOUR VISION : *Normal*

DIAGNOSIS :

OTHER FINDINGS: *Grail*

INSTRUCTIONS :



SIGNATURE

## Apollo Clinic Uppal

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**From:** noreply@apolloclinics.info  
**Sent:** Thursday, November 7, 2024 5:24 PM  
**To:** rajnimiriyala94@gmail.com  
**Cc:** Apollo Clinic Uppal; Nishanth Reddy; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear MS. MIRIYALA RAJNI,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **UPPAL 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 ANNUAL PLUS CHECK ADVANCED - 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:**

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: APOLLO CLINIC NEAR PILLAR NO 91, BESIDE RAMRAJ COTTON SHOWROOM,CANARA NAGAR BUS STOP, WARANGAL HIGHWAY,.**

**Contact No: (040) 49503373 -74/.**

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