


Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 22/Oct/2024 12:01PM
UHID/MR No : CSAR.0000145944	Reported : 22/Oct/2024 01:21PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

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	12.9	g/dL	12-15	Spectrophotometer
PCV	39.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	11,060	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61.4	%	40-80	Electrical Impedance
LYMPHOCYTES	28.8	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6790.84	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3185.28	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	221.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	818.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	262000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

  
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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

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**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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RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOCYTOSIS.**

  
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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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 02:18PM
Age/Gender : 42 Y 2 M 20 D/F	Received : 22/Oct/2024 08:27PM
UHID/MR No : CSAR.0000145944	Reported : 22/Oct/2024 08:48PM
Visit ID : CSAROPV359799	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	98	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

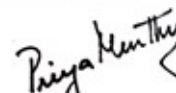
Note:

- 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)	102	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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Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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.

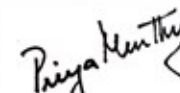
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

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: SAR241002355

**Apollo Health and Lifestyle Limited**

(CIN - U061107C2000PH6115819)  
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DEPARTMENT OF BIOCHEMISTRY


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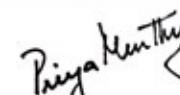
Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	172	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	141	mg/dL	<130	Calculated
LDL CHOLESTEROL	107	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.01		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<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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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>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	73.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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.

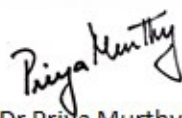
2. Cholestatic Patten:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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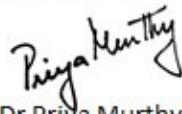
DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.68	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.92	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.80	g/dL	6.6-8.3	Biuret
ALBUMIN	4.47	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



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Karnataka - 560034



Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 22/Oct/2024 12:13PM
UHID/MR No : CSAR.0000145944	Reported : 22/Oct/2024 01:14PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

**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>	11.00	U/L	<38	IFCC

*Priya Murthy*

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



Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 22/Oct/2024 12:13PM
UHID/MR No : CSAR.0000145944	Reported : 22/Oct/2024 01:44PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

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)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.9	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.284	µIU/mL	0.34-5.60	CLIA

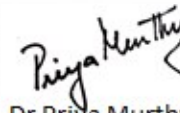
Comment:

<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**  
 MSc, PhD (Biochemistry)  
 Consultant Biochemistry

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



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 Apollo Health and Lifestyle Limited, Apollo Health and Lifestyle Ltd, RRL BANGALORE Laboratory, Neeladri Main Road,  
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 Karnataka - 560034


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

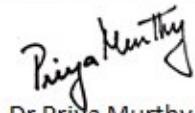
Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 22/Oct/2024 12:13PM
UHID/MR No : CSAR.0000145944	Reported : 22/Oct/2024 01:44PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

**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
------	------	------	------	------------------------------------------

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

  
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 Consultant Pathologist



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Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 28/Oct/2024 08:56PM
UHID/MR No : CSAR.0000145944	Reported : 28/Oct/2024 09:19PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	


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	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		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	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Automated Image based microscopy
RBC	3	/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**  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist



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Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 28/Oct/2024 08:56PM
UHID/MR No : CSAR.0000145944	Reported : 28/Oct/2024 09:19PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

DEPARTMENT OF CLINICAL PATHOLOGY

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

  
**Dr. Rajalakshmi D**  
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 Consultant Pathologist

  
**Dr. Vidya Aniket Gore**  
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 Consultant Pathologist



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Patient Name : Mrs.JYOTI PANDEY	Collected : 22/Oct/2024 08:52AM
Age/Gender : 42 Y 2 M 20 D/F	Received : 28/Oct/2024 09:03PM
UHID/MR No : CSAR.0000145944	Reported : 28/Oct/2024 09:52PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

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

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

  
**Dr. Rajalakshmi D**  
 M.B.B.S,M.D  
 Consultant Pathologist

  
**Dr. Vidya Aniket Gore**  
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 Consultant Pathologist



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Patient Name : Mrs.JYOTI PANDEY	Collected : 29/Oct/2024 03:27PM
Age/Gender : 42 Y 2 M 20 D/F	Received : 31/Oct/2024 01:22PM
UHID/MR No : CSAR.0000145944	Reported : 02/Nov/2024 03:26PM
Visit ID : CSAROPV359799	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S31254	

DEPARTMENT OF CYTOLOGY

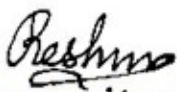
LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	24045
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	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.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL 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 15 of 15  
**CAP**  
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COLLEGE of AMERICAN PATHOLOGISTS



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SIN No: SAR241003172

Apollo Health and Lifestyle Limited, Global Reference Laboratory Hyderabad

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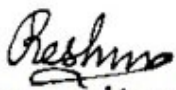
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Patient Name : Mrs.JYOTI PANDEY  
Age/Gender : 42 Y 2 M 20 D/F  
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Visit ID : CSAROPV359799  
Ref Doctor : Self  
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Collected : 29/Oct/2024 03:27PM  
Received : 31/Oct/2024 01:22PM  
Reported : 02/Nov/2024 03:26PM  
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



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Patient Name	: Mrs. Jyoti Pandey	Age	: 42Yrs 2Mths 21Days
UHID	: CSAR.0000145944	OP Visit No.	: CSAROPV359799
Printed On	: 22-10-2024 12:46 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S31254		

## DEPARTMENT OF RADIOLOGY

### ULTRASONOGRAPHY OF ABDOMEN &

#### PELVIS

**LIVER** : Normal in size & echotexture normal. No focal lesion. No intra hepatic biliary duct dilatation. Portal & hepatic veins appear normal. PV: Normal. CBD: Normal.

**GALL BLADDER** : Minimally distended.

**PANCREAS** : Obscured by bowel gas. However the visualized parts of the pancreas appear grossly normal. Para-Aortic areas could not be seen.

**SPLEEN** : Normal in size & echotexture normal. No focal / diffuse lesions.

**KIDNEYS** : RIGHT KIDNEY : 9.7 x 4.5cms, LEFT KIDNEY : 10.8 x 4.6cms, normal parenchymal thickness. Both kidneys are normal in size and echotexture. No calculi. No pelvicalyceal dilatation on both sides. Corticomedullary differentiation is well maintained.

**URINARY BLADDER** : Normal in wall thickness and lumen are normal. Contents clear. No calculus seen.

**UTERUS** : Anteverted. Normal in size and echotexture. Endometrial and myometrium appears normal. Endometrial thickness: 12mm.

POD – clear.

**OVARIES** : Both ovaries are normal in size & echopattern. No obvious mass noted.

**IMPRESSION** : 1. Few calcification seen in right lobe of liver, largest measuring 7mm.

2. A simple cyst seen in right ovary measuring 2.5 x 2.2cm.

( The sonography findings should always be considered in correlation with the clinical and other investigation findings where applicable ). It is only a professional opinion. Not valid for medico-legal purpose ) Higher imaging techniques to be done, depending on

---

the condition of the patient, if clinically needed.

---End Of The Report---



Dr. RAMESH G  
MBBS, DMRD  
27462  
Radiology

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Patient Name	: Mrs. Jyoti Pandey	Age	: 42Yrs 2Mths 21Days
UHID	: CSAR.0000145944	OP Visit No.	: CSAROPV359799
Printed On	: 22-10-2024 12:46 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S31254		

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**DEPARTMENT OF RADIOLOGY**

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DONE BY NIRAMAI

---End Of The Report---



**Dr. RAMESH G**  
MBBS, DMRD  
27462  
Radiology

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Patient Name	: Mrs. Jyoti Pandey	Age	: 42Yrs 2Mths 21Days
UHID	: CSAR.0000145944	OP Visit No.	: CSAROPV359799
Printed On	: 22-10-2024 12:47 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 22S31254		

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## DEPARTMENT OF RADIOLOGY

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### CHEST PA VIEW

Trachea central.  
Mediastinum is central.  
Cardiac silhouette appear normal.  
visualized lung fields appear normal.  
Bilateral hilum appear normal.  
CP angles are clear.

**IMPRESSION : No obvious gross abnormality noted in the x-ray.**

**ADVICE : Higher imaging techniques to be done, if clinically needed, depending on the clinical condition of the patient for further evaluation.**

---End Of The Report---



Dr. RAMESH G  
MBBS, DMRD  
27462  
Radiology

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Patient Name	: Mrs. Jyoti Pandey	Age	: 42Yrs 2Mths 21Days
UHID	: CSAR.0000145944	OP Visit No.	: CSAROPV359799
Printed On	: 22-10-2024 12:04 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S31254		

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## DEPARTMENT OF CARDIOLOGY

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### 2D ECHO CARDIOGRAPHY REPORT

#### M-MODE MEASUREMENTS

AORTA : 2.6cm LV (D) 4.3cm IVS (D) : 1.1cm  
LA : 3.5cm LV (S) : 2.5cm PW (S) : 1.0 cm  
EF : 59%

#### VALVES

MITRAL VALVE : NORMAL  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : NORMAL SIZED, NORMAL LV SYSTOLIC FUNCTION  
RIGHT VENTRICLE : NORMAL SIZED, TAPSE-18 MM, NORMAL RV FUNCTION

#### SEPTAE

IAS : INTACT  
IVS : INTACT

#### GREAT ARTERIES

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AORTA :NORMAL  
PULMONARY ARTERY :NORMAL  
PERICARDIUM :NORMAL

**DOPPLER FLOW VELOCITIES**

MITRAL FLOW - E/A 0.5/0.6 m/sec, Grade II LV Diastolic Dysfunction, MR- Trivial  
AORTIC FLOW PG-06 mmHg  
TRICUSPID FLOW PASP -27 mmHg, TR-Trivial  
PULMONARY FLOW PG-04 mmHg

**REGIONAL WALL MOTION: NO RWMA**

**OTHER FINDINGS**

IVC -15 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE

**IMPRESSION**

**NORMAL CHAMBER DIMENSIONS**  
**NORMAL VALVES**  
**NORMAL PA PRESSURE**  
**NO REGIONAL WALL MOTION ABNORMALITY**  
**NORMAL LV SYSTOLIC FUNCTION**  
**NO CLOT / EFFUSION / VEGETATION**

**DR .SAIKAT KANJILAL**  
**CONSULTANT INTERVENTIONAL CARDIOLOGY**

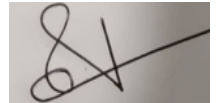
**PRASAD.B**  
**CARDIAC SONOGRAPHER**

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Note: investigations have their limitations solitary pathological/ Radiological and investigations never confirm the final diagnosis they are help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly ,this report is not for medico-legal Purpose

---End Of The Report---



Mr.PRASAD BOODUGURI  
BSC, DIP IN CARDIO TECH  
19XXMCC04712/TSPMB  
Cardiology

Patient Name	: Mrs. Jyoti Pandey	Age	: 42Yrs 2Mths 21Days
UHID	: CSAR.0000145944	OP Visit No.	: CSAROPV359799
Printed On	: 22-10-2024 12:14 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22S31254		

## DEPARTMENT OF CARDIOLOGY

### Observation :-


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

### Impression:-

NORMAL RESTING ECG.

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

---End Of The Report---



Dr. SUMANJITA BORA  
MBBS, PGDCC  
MCI-IMR-13/903  
Cardiology



# APOLLO CLINIC CONSENT FORM

Patient name Jyoti Pandey Age 42y/p

UHID Number 145944 Company Name Mediwheel.

Company want to inform u that I am <sup>labr.</sup> ~~not~~ interested in getting LBC Pap, Optal, diel  
dental.....Urine @ gynaceology, ENT, fitness by g.p.  
.....And I claim the above statement in my full Consciousness.

Patient signature Eishaw

Date 22/10/24

Name : Mrs. Jyoti Pandey

Age : 42Y 2M 20D

UHID : CSAR.0000145944

Address : Carmelaram Bangalore Rural Karnataka INDIA 560035

sex : Female



CSAR.0000145944

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC  
CREDIT PAN INDIA OP AGREEMENT

OP No: CSAROPV359799

Bill No: CSAR-OCR-49292

Date: Oct 22nd, 2024, 8:49 AM

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

Dental - 15

Physio - 2

Wt - 89.3kg

Ht - 170cm

BP - 119/78mmHg

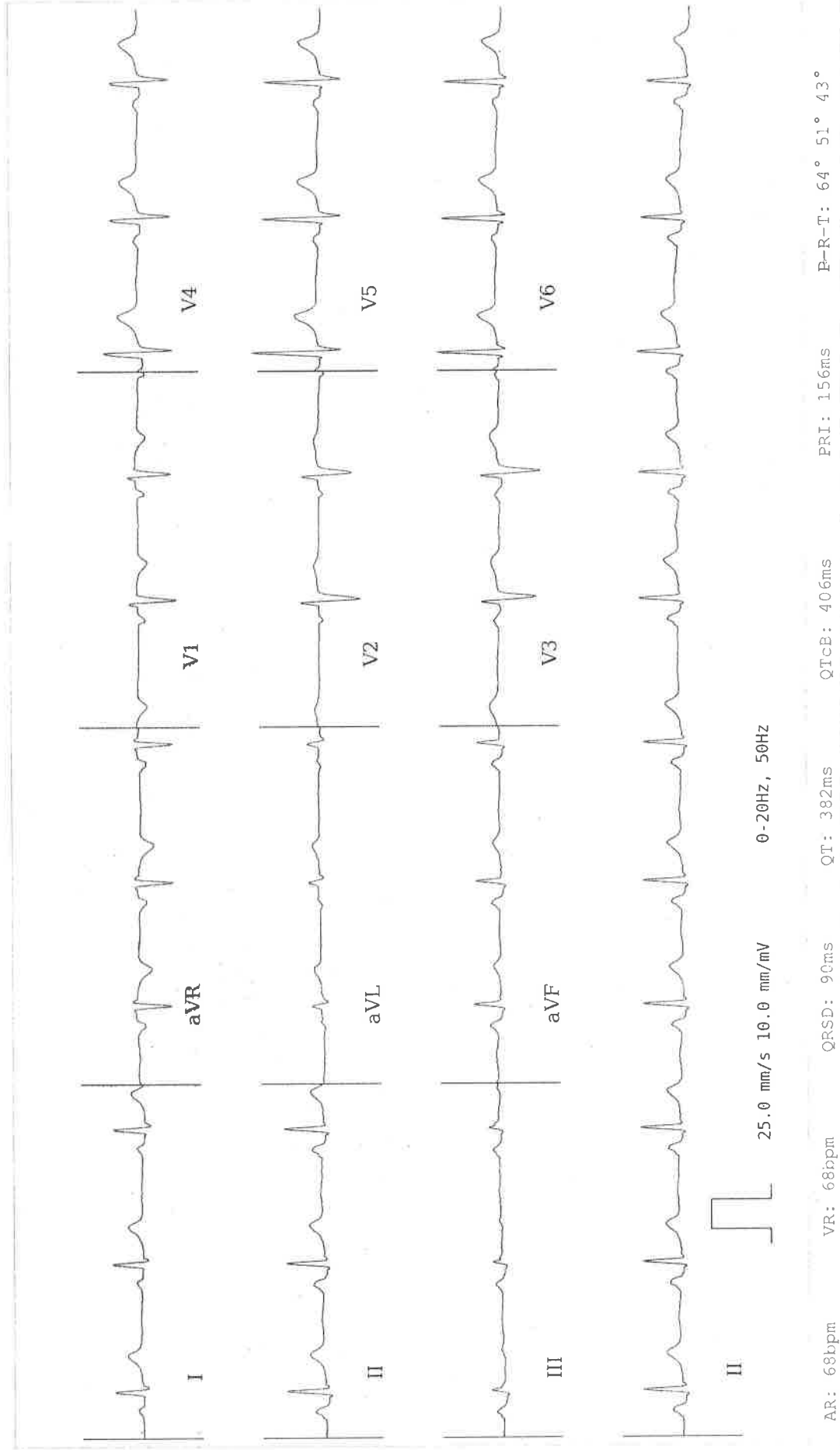
P - 83b/min

Bmi - 30.8 kg/m<sup>2</sup>



Age / Gender: 42/Female  
Patient ID: JYOTI

Date and Time: 22nd Oct 24 10:22 AM



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

REPORTED BY

Dr Kavitha A

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

## 2D ECHO CARDIOGRAPHY REPORT

PATIENT NAME: MRS.JYOTI PANDEY

AGE : 42 YEARS/FEMALE

Date:22/10/2024

### M-MODE MEASUREMENTS

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### **Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

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

### **APOLLO CLINICS NETWORK KARNATAKA**

**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

**OTHER FINDINGS**

IVC -15 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE

**IMPRESSION**

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भारत सरकार

Government of India

ज्योति पण्डे

Jyoti Pandey




जन्म तिथि / DOB 09/08/1982

लिंग / Gender महिला / Female



6768 6778 6100

आधार - आम आदमी का अधिकार

 Outlook

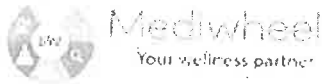
**Health Check up Booking Request(22S31254), Package Code(Arcofemi MediWheel Full Body Annual Plus Check Advanced Female 2D ECHO )**

From Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Date Wed 14-08-2024 11:21

To rahul.pandey2@bankofbaroda.co.in <rahul.pandey2@bankofbaroda.co.in>

Cc Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



**011-41195959**

Dear Rahul Pandey,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

**User Package Name** : Mediwheel Full Body Health Checkup Female Above 40

**Package Code** : Arcofemi MediWheel Full Body Annual Plus Check Advanced Female 2D ECHO

**Name of Diagnostic/Hospital** : Apollo Clinic - Sarjapur Road

**Address of Diagnostic/Hospital** : Apollo Clinic, #769, GYR Chambers, Opp South Indian Bank, Kaikondanahalli, Sarjapur Road -560034

**Appointment Date** : 17-08-2024

**Preferred Time** : 09:00 am - 09:30 am

Member Information		
Booked Member Name	Age	Gender
Jyoti Pandey	42 year	Female

**Tests Included In this Package**

- Urine Analysis
- Blood Group
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Thyroid Profile