

Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 11:28AM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 02:08PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 03:15PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

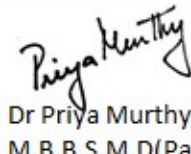
Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.8	g/dL	12-15	Spectrophotometer
PCV	37.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.8	%	40-80	Electrical Impedance
LYMPHOCYTES	36.1	%	20-40	Electrical Impedance
EOSINOPHILS	2.8	%	1-6	Electrical Impedance
MONOCYTES	6.2	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5370.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3537.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	274.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	607.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	9.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.52		0.78- 3.53	Calculated
PLATELET COUNT	248000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	42	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

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



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Consultant Pathologist



Dr Priya Murthy
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AND LIFESTYLE LIMITED- RRL BANGALORE



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PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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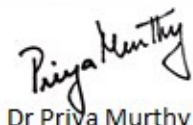
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 03:06PM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 06:50PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 07:18PM
Visit ID : CKOROPV429956	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	107	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

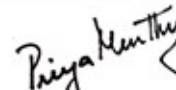
Note:

- 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)	197	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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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	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

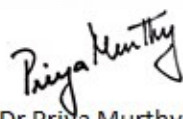
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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SIN No:KOR241003074

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(CIN - U061107C2000PHG115849)

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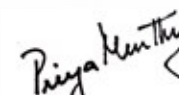
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	242	mg/dL	<200	CHO-POD
TRIGLYCERIDES	232	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	195	mg/dL	<130	Calculated
LDL CHOLESTEROL	148.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.14		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.33		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	27	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	96.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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.

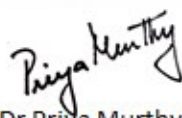
2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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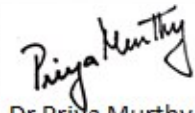
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.56	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	13.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.14	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.21	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.28	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		0.9-2.0	Calculated


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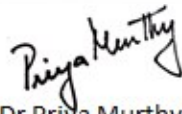
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	54.00	U/L	<38	IFCC



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Apollo Health and Lifestyle Limited

(CIN - U061107C2000PHG115819)
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory,
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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.7	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.573	µIU/mL	0.34-5.60	CLIA

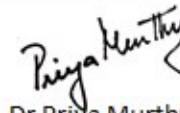
Comment:

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

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

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


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


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



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: KOR241003071

Apollo Health and Lifestyle Limited (CIN: U061107C2800PH6115849)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address: Apollo Health and Lifestyle Laboratory, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka - 560034



Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 11:28AM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 02:27PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 03:35PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
------	------	------	------	--

Govinda Raju
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Priya Murthy
Dr Priya Murthy
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 Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No:KOR241003071

Apollo Health and Lifestyle Limited (CIN - U06110TC2000PHG115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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 32-100/125, Doddabangla Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034

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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 | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 11:28AM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 02:50PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 03:32PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE+		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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	4	/hpf	< 10	Automated Image based microscopy
RBC	2	/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

Result is rechecked manually

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.

Page 12 of 16



Dr. Rajalakshmi D
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Consultant Pathologist



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Consultant Pathologist



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

Apollo Health and Lifestyle Limited (CIN - 063110132000PLC110017)
5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory


Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560 034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 11:28AM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 02:50PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 03:32PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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


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.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 03:06PM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 06:10PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 06:40PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	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(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD


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Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 11:28AM
Age/Gender : 41 Y 8 M 0 D/F	Received : 26/Oct/2024 02:50PM
UHID/MR No : DRMV.0000007651	Reported : 26/Oct/2024 03:26PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

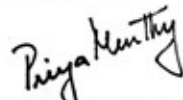
DEPARTMENT OF CLINICAL PATHOLOGY

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



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

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mrs.RAHMAT JAHAN FARID	Collected : 26/Oct/2024 01:53PM
Age/Gender : 41 Y 8 M 0 D/F	Received : 27/Oct/2024 12:31PM
UHID/MR No : DRMV.0000007651	Reported : 28/Oct/2024 05:15PM
Visit ID : CKOROPV429956	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY


LBC PAP SMEAR , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	23727/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST

Page 16 of 16
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SIN No: CKOR24100105
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Patient Name : Mrs.RAHMAT JAHAN FARID
Age/Gender : 41 Y 8 M 0 D/F
UHID/MR No : DRMV.0000007651
Visit ID : CKOROPV429956
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Collected : 26/Oct/2024 01:53PM
Received : 27/Oct/2024 12:31PM
Reported : 28/Oct/2024 05:15PM
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. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
CONSULTANT PATHOLOGIST



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ACCREDITED
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THE SIGNATURE OF DR. K. RAMA KRISHNA REDDY IS VALID FOR APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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

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प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. FARIDI RAHMAT JAHAN
क.कू.संख्या	165523
पदनाम	CREDIT
कार्य का स्थान	BANGALORE, RT NAGAR
जन्म की तारीख	28-02-1983
स्वास्थ्य जांच की प्रस्तावित तारीख	26-10-2024
बुकिंग संदर्भ सं.	24D165523100114956E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **23-09-2024** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA
ಮತದಾರ ಪೋಟೋ ಸಂಖ್ಯೆ / ID No. - Elector Photo Identity Card

ZBG8954729



ಹೆಸರು : ರಹಮತ್ ಜಹಾನ್ ಪಾರಿಡಿ

Name : RAHMAT JAHAN PARIDI

ಗಂಡನ ಹೆಸರು : ಬಿರೇಂದ್ರ ಕುಮಾರ್

Husband's Name : BIRENDRA KUMAR

ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು :

Date of Birth / Age : 28-02-1983

Name : Mrs. RAHMAT JAHAN FARID

Age : 41Y 7M 29D

UHID : DRMV 0000007651

Address : Koramangala Vi Bk Bangalore Karnataka INDIA 560095

sex : Female



Plan : ARCOFEMI MEDIWHEEL FEMALE AHC
CREDIT PAN INDIA OP AGREEMENT

OP No: CKOROPV429956

Bill No: CKOR-OCR-85012

Date: Oct 26th, 2024, 11:16 AM

Sno.	Service Type/Service Name	Department
	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	ULTRASOUND - WHOLE ABDOMEN <i>2nd flr Rm 18</i>	Ultrasound Radiology
2	FITNESS BY GENERAL PHYSICIAN	Consultation
3	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry
4	LBC PAP TEST- PAPSURE <i>2</i>	Histopathology
5	COMPLETE URINE EXAMINATION	Clinical Pathology
6	SONO MAMOGRAPHY - 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 <i>-12</i>	Biochemistry
11	OPHTHAL BY GENERAL PHYSICIAN	Consultation
12	DIET CONSULTATION	General
13	DENTAL CONSULTATION <i>15</i>	Consultation
14	BODY MASS INDEX (BMI)	General
15	X-RAY CHEST PA <i>11</i>	X Ray Radiology
16	HEMOGRAM + PERIPHERAL SMEAR	Haematology
17	PERIPHERAL SMEAR	Haematology
18	LIPID PROFILE	Biochemistry
19	2D-ECHO	Cardiology
20	GYNAECOLOGY CONSULTATION <i>2 Ground floor - Room-3</i>	Consultation
21	ECG <i>14</i>	Cardiology
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry
23	ENT CONSULTATION <i>Dr. Nigam</i>	Consultation
24	URINE GLUCOSE(POST PRANDIAL)	Clinical Pathology
25	URINE GLUCOSE(FASTING)	Clinical Pathology
26	GAMMA GLUTAMYL TRANFERASE (GGT)	Biochemistry
27	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry

Physio - 17
Dental - 15

Ophtal - Room - 11 opp Bp - 114/64
p - 8765/lm
wt - 85.4kg



Apollo Clinic

Consent Form

Patient Name: Bahmat J. Farid Age: 41

UHID Number: Company Name: Bank of Baroda

I Mr/Mrs/Miss: Employee of

(Company) want to inform you that I am not getting the echo, X-Ray, USG, ECG

Test which is a part of health check package.

Reason If any: due to male staff, next week I will come.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 28/10/2020

6721

6001

NAME: Mrs. Rahmat Jahan
AGE 41.....GENDER: MALE/FEMALE

RIGHT EYE

	SPH	CYL	AXIS	VA
DV	-3.75	-2.00	180	6/6
ADD Add	+1.25			N6

	SPH	CYL	AXIS	VA
DV	-3.75	-2.00	175	6/6
NV Add	+1.25			N6

REMARK: Progressives
colour vn = Normal

DATE: 26-10-2024.

[Signature]
OPTOMETRIST

BRING THIS PRESCRIPTION IN YOUR NEXT VISIT



DR VIJAYA LAKSHMI M
M.B.B.S, D.L.O, D.N.B(ENT)
Phone No.9972044580,080-25633823/24/23

26/10/24

HEALTH CHECK- ENT

NAME: *RAHAMAT JAHAN FARID* **AGE:** *41 yr/f*

EAR: **RE:** **LE:**

EXTERNAL EAR

MIDDLE EAR

INNER EAR (FN)

HEARING ASSESSMENT: **RE:** **LE:**

RHINNE

WEBER

ABC

NOSE

THROAT

AIRWAY

ORAL CAVITY

SEPTUM

OROPHARYNX

TURBINATES

PHARYNX

OTHERS

LARYNX

NECK

NECK NODES

OTHER

AUDIOMETRY

IMPRESSION

SIGNATURE:

Normal

Normal

*Mucous
dry mms
Normal*

Normal

Normal

Normal

[Signature]

Date : 26/10/29
MR No :
Name : *M. Rahmat*
Age/Gender : 41yo
Mobile no :

AK

Department : OBSTETRICS & GYNAECOLOGY
Consultant : DR JYOTHI RAJESH
REG NO; KMC-42823
Qualification : DGO, (DNB)
Consulting Timings: 9.30am TO 12.00PM
phone no: 9972044580, 7338064558

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

*No gynae complaints
M.M. - PMM regular MND-26/9
OBN - P2G LSCS @-5yo*

*Post-Gr. NCS
Family H - Parents - HT, DM
O/E. P/A well
Pls. Cx
Vagina*

Follow up date:

Doctor Signature

u