

Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 12:49PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 02:08PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.8	g/dL	12.5-15	Spectrophotometer
PCV	40.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>4.92</b>	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82.4</b>	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	<b>16.1</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,090</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	63	%	40-80	Flow cytometry
LYMPHOCYTES	28	%	20-40	Flow cytometry
EOSINOPHILS	1	%	1-6	Flow cytometry
MONOCYTES	8	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6356.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2825.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	100.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	807.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.25		0.78- 3.53	Calculated
PLATELET COUNT	224000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	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				
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE				



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

SIN No: CMK241002743



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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) | Tamil Nadu: 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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## DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324



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Consultant Pathologist

SIN No:CMK241002743

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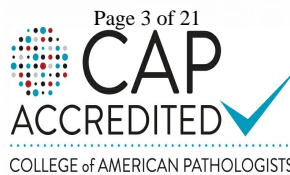
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

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

*M. Muttavarapu Viswanath*

Dr. Muttavarapu Viswanath  
M.B.B.S., M.D (Pathology)  
Consultant Pathologist



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UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 02:41PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	Hexokinase

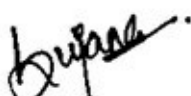
Comment:

As per American Diabetes Guidelines, 2023

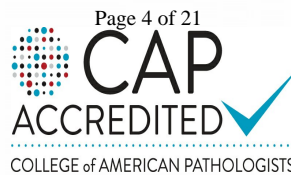
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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



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Collected : 26/Oct/2024 12:52PM  
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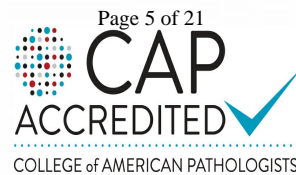
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	160	mg/dL	70-140	HEXOKINASE

**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.

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

*Sujana Reddy*  
 Dr.Matta Sujana Reddy  
 M.B.B.S,M.D(Biochemistry)  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	169	mg/dL		Calculated

Variant Hemoglobin suspected. Advised Hb electrophoresis to rule out Hemoglobinopathies. To correlate clinically with blood Glucose levels. Recommendation: Glucose tolerance/ Fructosamine test for further correlation.

**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

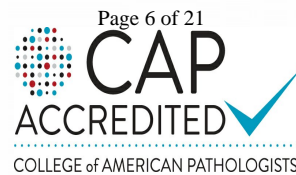
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

*Sujana*  
**Dr.Matta Sujana Reddy**  
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Chromatogram Report

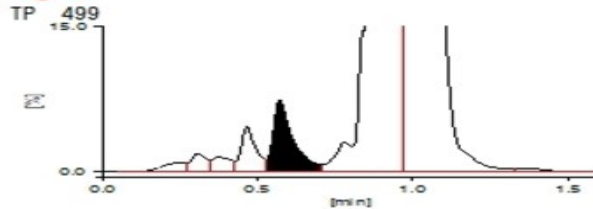
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 ID CMK241002750  
 Sample No. 10260175 SL 0016 - 09  
 Patient ID  
 Name  
 Comment

CALIB	Y = 1.1973X + 0.5953		
Name	%	Time	Area
A1A	0.8	0.24	9.98
A1B	1.0	0.31	12.97
F	0.7	0.38	13.25
LA1C+	2.6	0.47	32.17
SA1C	7.5	0.57	69.52
AO	89.7	0.90	1126.23
H-V0	36.2	1.06	721.18
H-V1			
H-V2			

Total Area 1989.99

HbA1c 7.5 % IFCC 58 mmol/mol  
 HbA1 9.3 % HbF 0.7 %

Flag: 40



[Unknown Peak]

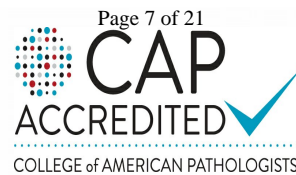
Name	%	Time	Area
P00	0.4	1.36	4.69



Dr. E. Maruthi Prasad  
PhD (Biochemistry)



Dr. Matta Sujana Reddy  
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Consultant Biochemist



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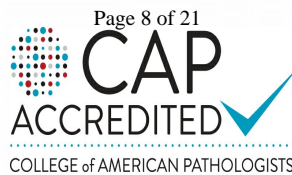
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**Dr.E.Maruthi Prasad**  
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*Sujana...*  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	175	mg/dL	<200	CHO-POD
TRIGLYCERIDES	127	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>100.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.57		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

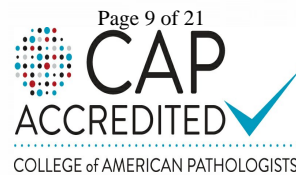
**Comment:**

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
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.76	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.58	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>42</b>	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>41.0</b>	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	51.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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:

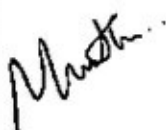
1. Hepatocellular Injury:

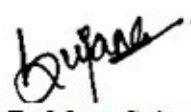
\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. 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.

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

  
**Dr.Matta Sujana Reddy**  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.59	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	13.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.35	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.32	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.06	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.04	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.52	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

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

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



**Apo Consultant biochemist** 10TG2000PLC115819)  
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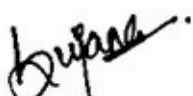
Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 01:16PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 04:14PM
Visit ID : CMANOPV220721	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES770	

**DEPARTMENT OF BIOCHEMISTRY**

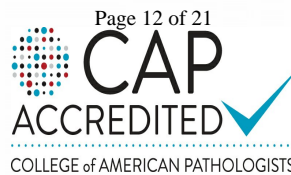
**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	51.00	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	<38	IFCC



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Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 01:15PM
UHID/MR No : CMAN.0000102647	Reported : 26/Oct/2024 03:41PM
Visit ID : CMANOPV220721	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.66	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.779	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

1. 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.
2. 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.
3. 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.
4. 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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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

*Sujana...*  
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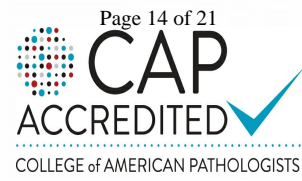
**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	27.77	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:-** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

**Increased levels:-** Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	161	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss



Dr.E.Maruthi Prasad  
PhD (Biochemistry)



Dr.Matta Sujana Reddy  
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Consultant Biochemist



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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

*Sujana Reddy*  
**Dr.Matta Sujana Reddy**  
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 Consultant Biochemist





Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 10:08AM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 02:34PM
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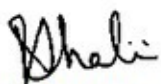
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324

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	1.011		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	4	/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: CMK241002746



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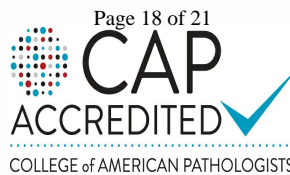
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**



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

SIN No:CMK241002746



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**APOLLO CLINICS NETWORK**

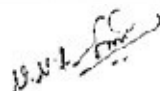
**Telangana:** Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | 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)

Patient Name	: Mrs.V SRILAKSHMI RAMANA	Collected	: 26/Oct/2024 10:08AM
Age/Gender	: 34 Y 8 M 0 D/F	Received	: 26/Oct/2024 05:28PM
UHID/MR No	: CMAN.0000102647	Reported	: 26/Oct/2024 06:58PM
Visit ID	: CMANOPV220721	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES770		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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

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

SIN No:CMK241002749

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

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

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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL -FULL BODY COMPREHENSIVE PLUS VITAMINS - FEMALE - TMT - PAN INDIA - FY2324**

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

*M. Muttavarapu Viswanath*

**Dr. Muttavarapu Viswanath**  
**M.B.B.S.,M.D(Pathology)**  
**Consultant Pathologist**



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Patient Name : Mrs.V SRILAKSHMI RAMANA	Collected : 26/Oct/2024 01:17PM
Age/Gender : 34 Y 8 M 0 D/F	Received : 26/Oct/2024 07:08PM
UHID/MR No : CMAN.0000102647	Reported : 28/Oct/2024 03:32PM
Visit ID : CMANOPV220721	Status : Final Report
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**DEPARTMENT OF CYTOLOGY**

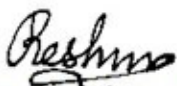
**LBC PAP SMEAR , VAGINAL SAMPLE**

	<b>CYTOLOGY NO.</b>	23679/24
<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.  Negative for intraepithelial lesion/malignancy.
<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



SIN No: CMK241002827

**Apollo Health and Lifestyle Limited** (CIN: U85110TG2000PLG11581P)  
This test has been performed at Apollo Health & Lifestyle Ltd. Global Reference Laboratories, Hyderabad  
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 & Lifestyle Ltd. Global Reference Laboratories, Hyderabad  
Road, Shaikpet, Manikonda, Hyderabad, Telangana, India - 500008

**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)

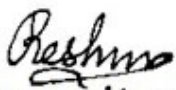


Patient Name : Mrs.V SRILAKSHMI RAMANA  
Age/Gender : 34 Y 8 M 0 D/F  
UHID/MR No : CMAN.0000102647  
Visit ID : CMANOPV220721  
Ref Doctor : Self  
Emp/Auth/TPA ID : 35ES770

Collected : 26/Oct/2024 01:17PM  
Received : 26/Oct/2024 07:08PM  
Reported : 28/Oct/2024 03:32PM  
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.



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SIN No: CMK241002827

**Apollo Health and Lifestyle Limited** (CIN: U85110TG2000PLC115819)  
Regd. Office: 1-10-80/2, Ashoka Baghupatti Chambers, 3rd Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

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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) | Tamil Nadu: 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. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 11:18 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35ES770		

## DEPARTMENT OF CARDIOLOGY

Observation :-

1. Sinus Rhythm.
2. Heart rate is 96 beats per minutes.
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.

NON SPECIFIC ST.T WAVE

---End Of The Report---



Dr. Tripti Deb  
MD, DNB  
APMC/FMR/77804  
Cardiology

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Patient Name	: Mrs. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 04:57 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35ES770		

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## DEPARTMENT OF RADIOLOGY

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### USG WHOLE ABDOMEN

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

**Gall bladder** is partially distended.

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

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

Both **the kidneys** appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis 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** appears normal in size and echogenesity. Hyper echoic structure noted in the endometrial canal of IUCD (Intra uterine contraceptive device). Endometrial echo-complex appears normal and measures 4 mm.

**Both ovaries**

**Right ovary** –not visualized.

**Left ovary** – Cyst measuring 47 x 42 mm noted in the left adenexa region. Few septations and internal echoes noted in it. Left ovary is not seperately seen.

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No obvious free fluid or lymphadenopathy is noted in the abdomen .

**IMPRESSION :-**

**-GRADE II FATTY LIVER.**

**-LEFT OVARIAN CYST.**

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. MOHD ABDUL RAWOOF

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APMC/FMR/75694

Radiology

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Patient Name	: Mrs. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 06:43 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35ES770		

## DEPARTMENT OF RADIOLOGY

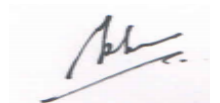
### X RAY CHEST PA

Cardiac is normal.  
Both lungs fields appear normal.  
Both hilae are normal.  
Both costophrenic and cardiophrenic angles are normal.  
The cardiac and mediastinal shadows appear normal.  
Bones and soft tissues appear normal.

#### IMPRESSION :

**NORMAL STUDY.**

---End Of The Report---



Dr. MD RAHEEMUDDIN QURESHI  
MBBS, DMRT  
43212  
Radiology

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Patient Name	: Mrs. v srilakshmi ramana	Age	: 34Yrs 8Mths 3Days
UHID	: CMAN.0000102647	OP Visit No.	: CMANOPV220721
Printed On	: 28-10-2024 11:19 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35ES770		

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**DEPARTMENT OF CARDIOLOGY**

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**CARDIAC STRESS TEST – (TMT)**

Angina Pectoria:

NO

Previous MI:

NO

PTCA:

NO

CABG:

NO

HTN:

NO

DM:

NO

Smoking:

NO

Obesity:

NO

Lipidemia:

NO

Resting ECG Supine:

133 BPM

Standing:

169 BPM

Protocol Used:

BRUCE

Monitoring Leads:

12 LEADS

---

Grade Achieved:

93%

% HR / METS:

173 BPM / 7.50 METS

Reason for Terminating Test:

MAX HR ATTAINED

Total Exercise Time:

06:20 MIN

Symptoms and ECG Changes during Exercise:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

0 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

3 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

6 mts:

NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

INTERPRETATION:

Rhythm:

NORMAL

S.T. Segment :

NORMAL

III Blood Pressure Response :

NORMAL

IV Fitness Response :

GOOD

**IMPRESSION:**

NORMAL T M T

---End Of The Report---



Dr. Tripti Deb  
MD, DNB  
APMC/FMR/77804  
Cardiology

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Indication:  
Medication 1:  
Medication 2:  
Medication 3:

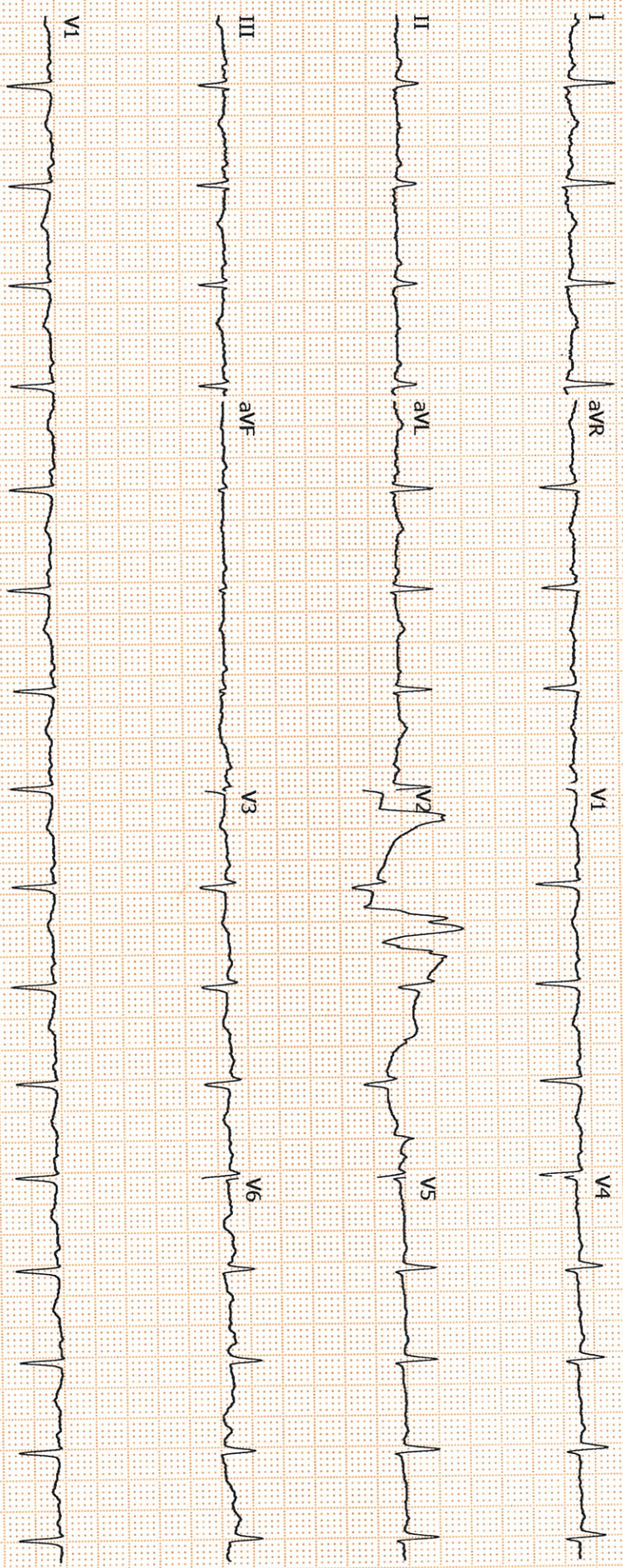
QRS : 76 ms  
QT / QTcBaz : 466 / 588 ms  
PR : 108 ms  
P : 58 ms  
RR / pp : 626 / 625 ms  
P / QRS / T : 18 / 1 / 7 degrees

\*\*\* Poor data quality, interpretation may be adversely affected  
Sinus rhythm with short PR  
ST & T wave abnormality, consider anterior ischemia  
Prolonged QT  
Abnormal ECG

*Non specific ST-T*

*MI*

*RD*



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1

MRS. V. SRI LAKSHMI RAMANA,

Patient ID CMAN102647

10/26/2024

5:39:08pm

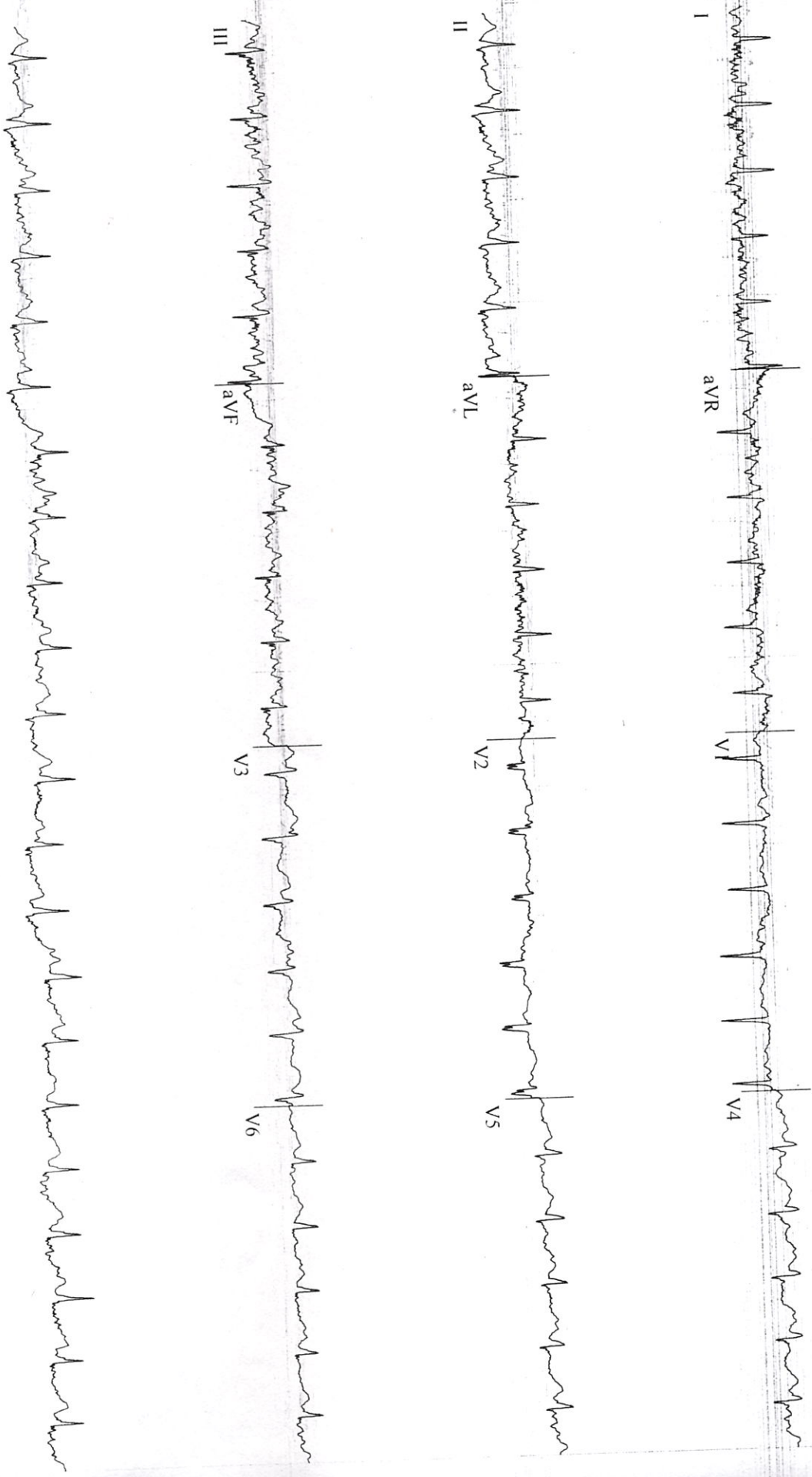
133 bpm

#0  
00:00

12-Lead Report

APOLLO CLINIC

*Normal for m*



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm mV 50Hz 0.01Hz FRF HR(V1, I)

Start of Test: 5:39:02pm

MRS. V SRILAKSHMI RAMANA

Linked Medians

APOLLOCLINIC

Patient ID: CMAN 102647

EXERCISE

BRUCE

10/26/2024

169 bpm

STAGE 1

1.7 mph

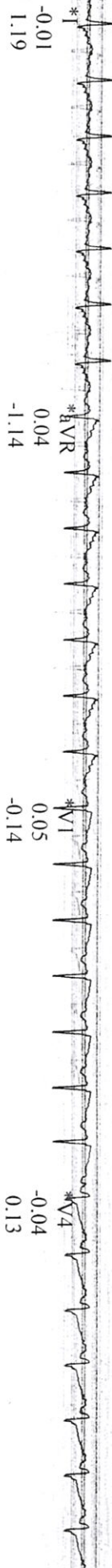
5:42:53pm

120/80 mmHg

02:50

10.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF HR(V1.1)

Start of Test: 5:39:02pm

Page 3

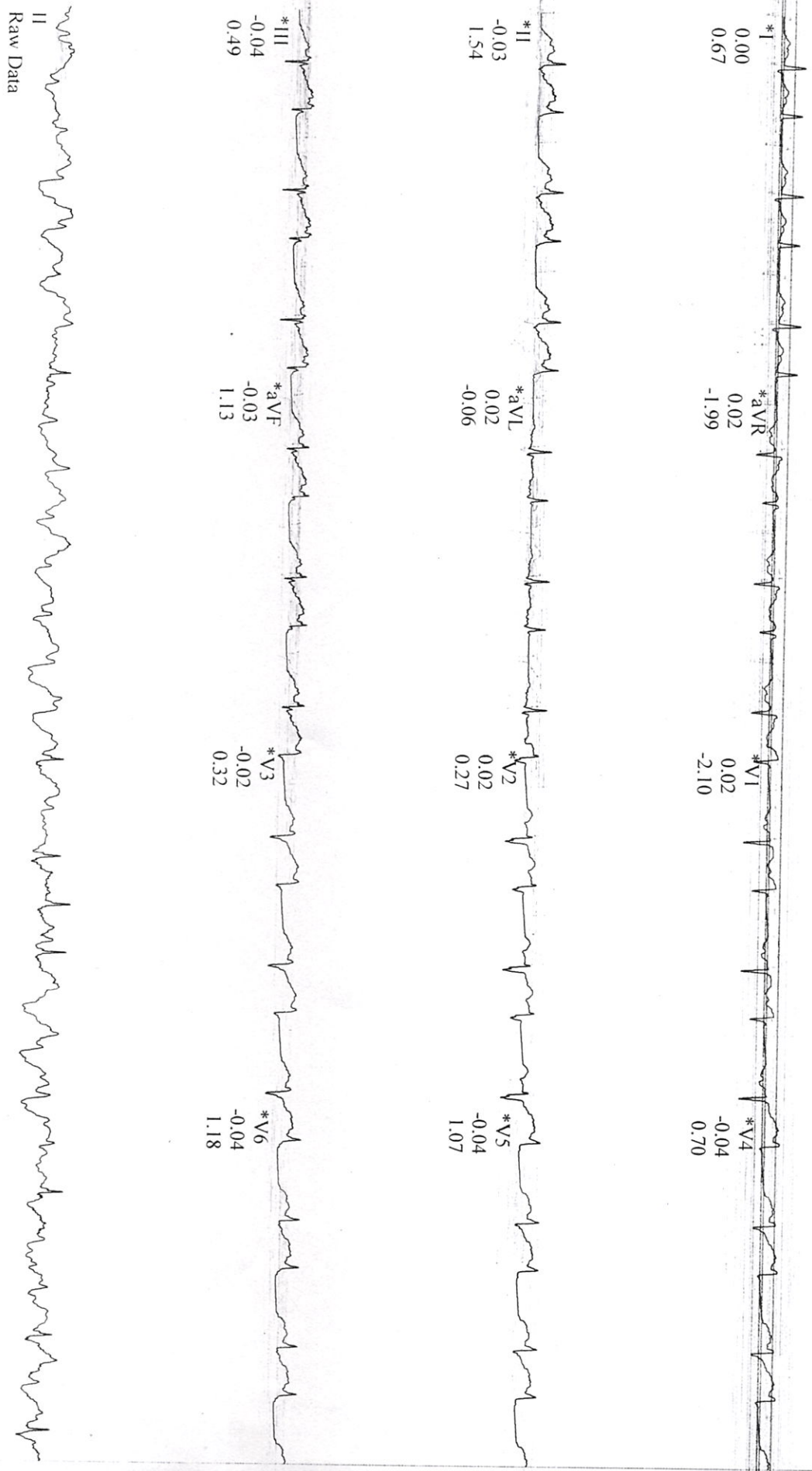
MRS. V SRILAKSHMI RAMANA,  
 Patient ID CMAN102647  
 10/26/2024  
 5:45:59 pm

71 bpm  
 130/90 mmHg  
 EXERCISE  
 STAGE 2  
 05:50

BRUCE  
 2.5 mph  
 12.0 %

APOLLO CLINIC

Lead  
 ST Level (mV)  
 ST Slope (mV/s)



\* Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V1.I)

Start of Test: 5:39:02pm



MRS. V SRILAKSHMIPRAMANA,

Linked Medians ( PEAK EXERCISE )

APOLLO CLINIC

Patient ID : CMAN.102647

EXERCISE

BRUCE

10/26/2024

65 bpm

STAGE 3

3.4 mph

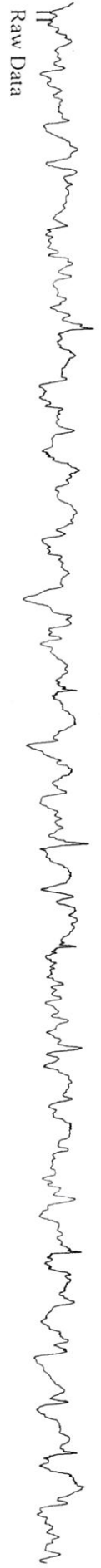
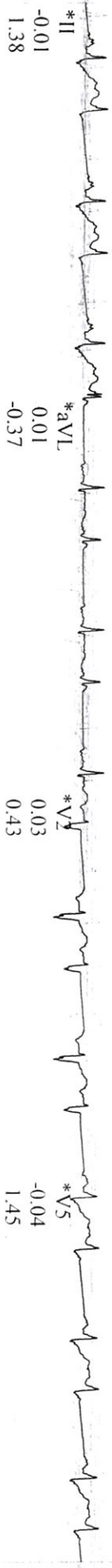
5:46:23pm

130/90 mmHg

06:20

14.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



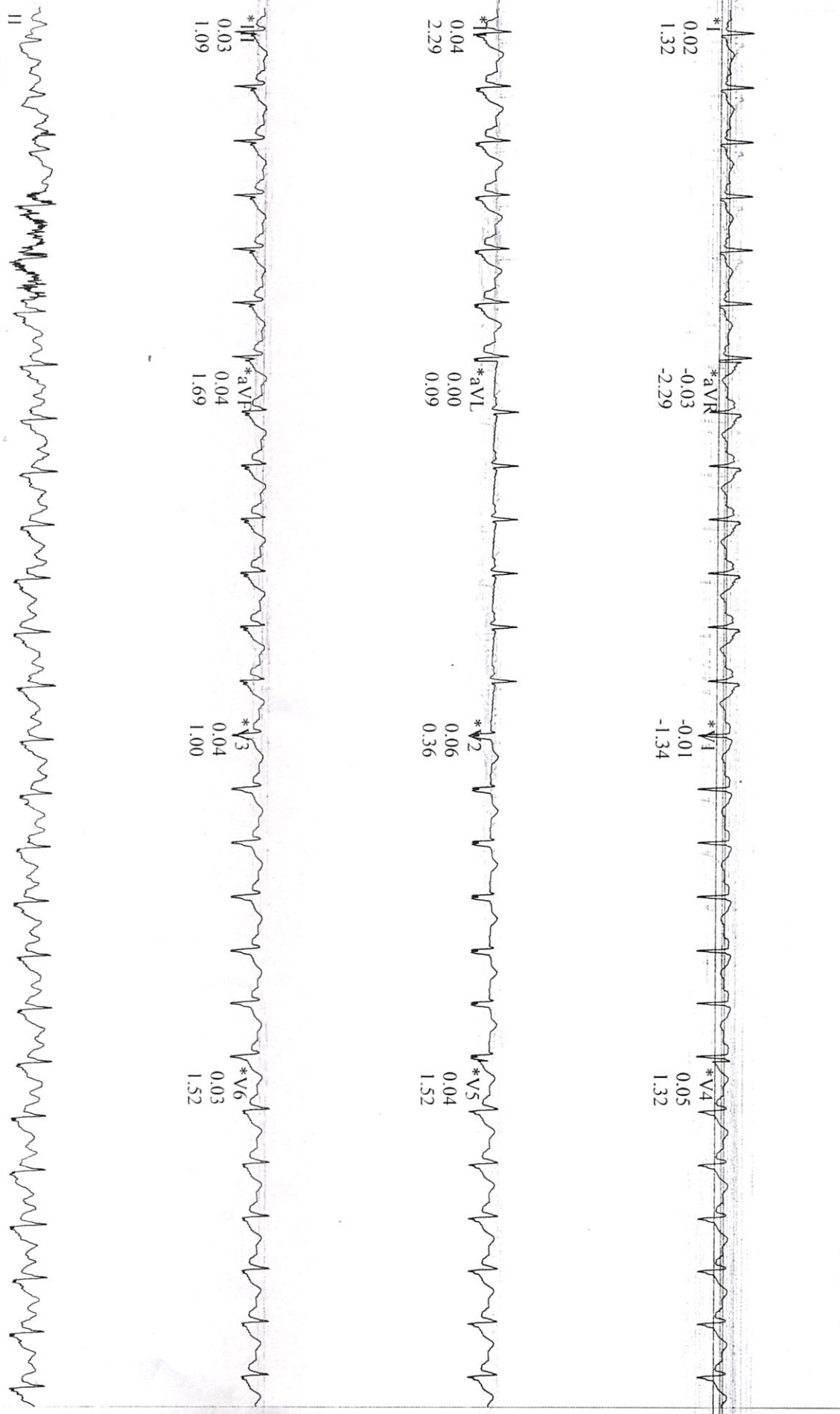
\*Computer Synthesized Rhythms

MRS. V SRI LAKSHMI RAMANA,  
 Patient ID CMAN.102647  
 10/26/2024  
 5:47:23pm

155 bpm  
 #1  
 01:00

BRUCE  
 0.0 mph  
 0.0 %

APOLLO CLINIC  
 Lead  
 ST Level (mV)  
 ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz F.R. + HR(V1.V3)

Start of Test: 5:39:02pm

MRS. V SRILAKSHMI RAMANA,

Linked Medians

APOLLO CLINIC

Patient ID: CMAN102647

RECOVERY #1

BRUCE

10/26/2024

137 bpm

03:00

0.0 mph

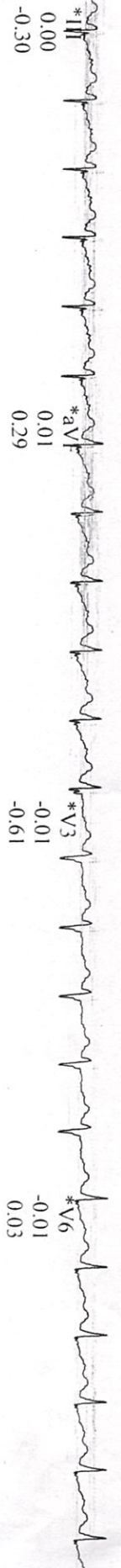
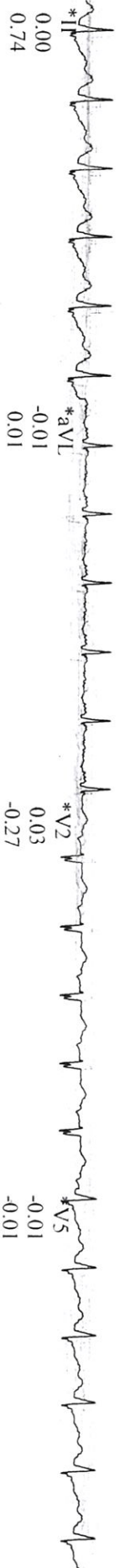
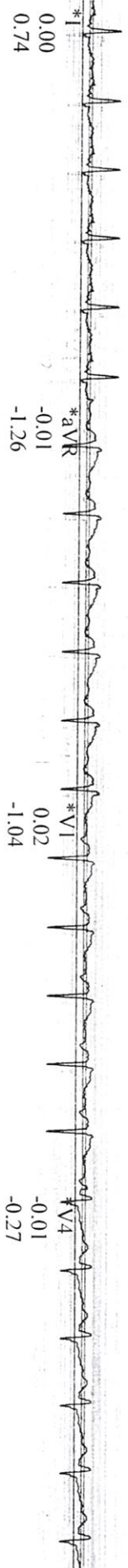
5:49:23pm

130/90 mmHg

03:00

0.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

Patient ID: GMAN102647

10/26/2024 Female 152 cm 70.2 kg

5:39:02pm 34yrs Asian

Meds:  
Test Reason:  
Medical History:

Ref. MD: Ordering MD:  
Technician: Test Type:  
Comment:

BRUCE: Total Exercise Time 06:20  
Max HR: 173 bpm 93% of max predicted 186 bpm HR at rest: 133  
Max BP: 130/90 mmHg BP at rest: 120/80 Max RPP: 19680 mmHg\*bpm  
Maximum Workload: 7.50 METS  
Max. ST: -0.14 mV, 0.00 mV/s in II; EXERCISE STAGE 1 01:00  
**Reasons for Termination:** Target heart rate achieved  
**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mV)	Comment
PRETEST	SUPINE	00:00	0.00	0.00	1.0	133			0	-0.06	
	STANDING	00:01	0.00	0.00	1.2	133			0	-0.06	
	STAGE 1	01:00	0.50	0.00	4.6	125	120/80	15000	0	-0.03	
EXERCISE	STAGE 1	03:00	1.70	10.00	7.0	169	120/80	20280	0	-0.06	
	STAGE 2	03:00	2.50	12.00	7.0	63	130/90	8190	0	-0.03	
	STAGE 3	00:20	0.00	0.00	5.1	65			0	-0.01	
RECOVERY		03:04	0.00	0.00	1.0	134	130/90	17420	0	-0.01	

*Normal - FMF*

*AK*

# APOLLO CLINIC

## CONSENT FORM

PATIENT NAME MS. V. Srilakshmi Yamana AGE: 34

UHID NUMBER CMAN. 102647 COMPANY NAME AIRCOFEMI HEALTHCARE

I MR/MRS/MS V. Srilakshmi Ramana EMPLOYEE OF AIRCOFEMI HEALTHCARE

COMPANY WANT TO INFORM YOU THAT I AM ~~NOT INTERESTED IN~~ Due to service not  
~~GETTING~~ Available at center OPthal Test Not Done.

TEST DONE WHICH IS A PART OF MY ROUTINE HEALTH CHECK PACKAGE.

AND I CLAIM THE ABOVE STATEMENT IN MY FULL CONSCIOUSNESS.

PATIENT SIGNATURE SRI LAKSHMI

DATE: 26-10-2024

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MRS. V. Sri Lakshmi; Ramana on 28-10-2024

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<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>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

  
 Dr. \_\_\_\_\_  
 Medical Officer  
 The Apollo Clinic, (Location)

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