

Patient Name : Mrs.PRASHANTI V	Collected : 12/Nov/2024 09:31AM
Age/Gender : 33 Y 0 M 1 D/F	Received : 12/Nov/2024 11:47AM
UHID/MR No : CNIZ.0000129506	Reported : 12/Nov/2024 01:16PM
Visit ID : CNIZOPV213331	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.9	g/dL	12.5-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.53	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	79.6	fL	83-101	Calculated
MCH	26.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,470	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Flow cytometry
LYMPHOCYTES	33	%	20-40	Flow cytometry
EOSINOPHILS	1	%	1-6	Flow cytometry
MONOCYTES	6	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4482	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2465.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	74.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	448.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.82		0.78- 3.53	Calculated
PLATELET COUNT	300000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
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: CPT241102114

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

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) | 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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Age/Gender	: 33 Y 0 M 1 D/F	Received	: 12/Nov/2024 11:47AM
UHID/MR No	: CNIZ.0000129506	Reported	: 12/Nov/2024 04:56PM
Visit ID	: CNIZOPV213331	Status	: Final Report
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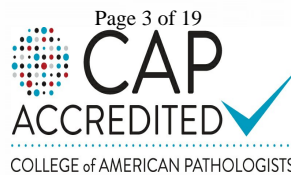
Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology



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M.B.B.S,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	82	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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UHID/MR No : CNIZ.0000129506	Reported : 12/Nov/2024 12:34PM
Visit ID : CNIZOPV213331	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	112	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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M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

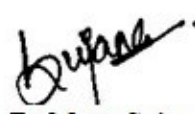
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist



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

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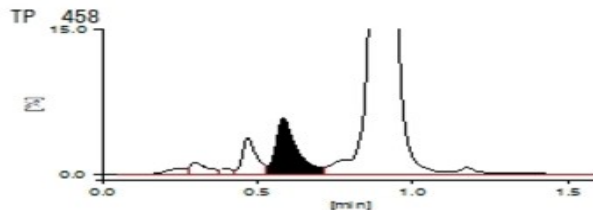
Chromatogram Report

HLC72368 V5.28 1 2024-11-12 13:44:01
 ID CPT241102118
 Sample No. 11120105 SL 0008 - 04
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.23	11.69
A1B	0.8	0.30	17.85
F	0.3	0.40	6.20
LA1C+	2.0	0.47	45.19
SA1C	5.9	0.58	102.29
AO	92.3	0.89	2123.86
H-V0			
H-V1			
H-V2			

Total Area 2307.08

HbA1c 5.9 % IFCC 41 mmol/mol
HbA1 7.2 % HbF 0.3 %

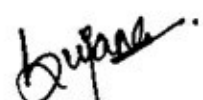


12-11-2024 13:44:03 APOLLO

APOLLO DIAGNOSTICS GLOBAL
 BALANAGER

1 / 1


 Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist


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

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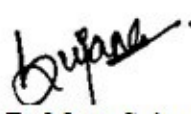
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 PhD.(Biochemistry)
 Consultant Biochemist


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 M.B.B.S.,M.D(Biochemistry)
 Consultant Biochemist

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	71	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.71		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.36	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.29	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	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.

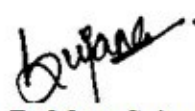
2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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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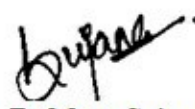
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.65	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	18.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.23	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.92	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.75	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.65	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.00	U/L	<38	IFCC

Sujana

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



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.87	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.12	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.721	µIU/mL	0.38-5.33	CLIA

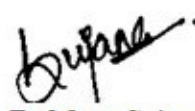
Comment:

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 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


Dr. RAJESH BATTINA
 PhD.(Biochemistry)
 Consultant Biochemist


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

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Patient Name	: Mrs.PRASHANTI V	Collected	: 12/Nov/2024 09:31AM
Age/Gender	: 33 Y 0 M 1 D/F	Received	: 12/Nov/2024 11:55AM
UHID/MR No	: CNIZ.0000129506	Reported	: 12/Nov/2024 02:41PM
Visit ID	: CNIZOPV213331	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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


Dr. RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist


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

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Patient Name : Mrs.PRASHANTI V	Collected : 12/Nov/2024 09:31AM
Age/Gender : 33 Y 0 M 1 D/F	Received : 12/Nov/2024 12:23PM
UHID/MR No : CNIZ.0000129506	Reported : 12/Nov/2024 01:23PM
Visit ID : CNIZOPV213331	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.002		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	5	/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: CPT241102115

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



Patient Name : Mrs.PRASHANTI V
Age/Gender : 33 Y 0 M 1 D/F
UHID/MR No : CNIZ.0000129506
Visit ID : CNIZOPV213331
Ref Doctor : Self

Collected : 12/Nov/2024 09:31AM
Received : 12/Nov/2024 12:23PM
Reported : 12/Nov/2024 01:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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



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

SIN No:CPT241102115

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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

APOLLO CLINICS NETWORK

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

Patient Name	: Mrs.PRASHANTI V	Collected	: 12/Nov/2024 09:31AM
Age/Gender	: 33 Y 0 M 1 D/F	Received	: 12/Nov/2024 12:24PM
UHID/MR No	: CNIZ.0000129506	Reported	: 12/Nov/2024 02:19PM
Visit ID	: CNIZOPV213331	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:CPT241102119

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



Patient Name : Mrs.PRASHANTI V
Age/Gender : 33 Y 0 M 1 D/F
UHID/MR No : CNIZ.0000129506
Visit ID : CNIZOPV213331
Ref Doctor : Self

Collected : 13/Nov/2024 07:51AM
Received : 13/Nov/2024 01:08PM
Reported : 13/Nov/2024 02:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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

SIN No:CPT241102264

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



Patient Name	: Mrs.PRASHANTI V	Collected	: 12/Nov/2024 04:56PM
Age/Gender	: 33 Y 0 M 1 D/F	Received	: 13/Nov/2024 11:25AM
UHID/MR No	: CNIZ.0000129506	Reported	: 14/Nov/2024 01:34PM
Visit ID	: CNIZOPV213331	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CYTOLOGY

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


LBC PAP SMEAR , CERVICAL SAMPLE

	CYTOLOGY NO.	24730/24
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. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	FUNGAL ELEMENTS MORPHOLOGICALLY CONSISTENT WITH CANDIDA SPP
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH CANDIDIASIS.

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

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SIN No:CPT241102132

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

Address:
Plot no. 3 & 4, Survey no. 239 Qutbullapur mandal, R R Dist,
Nizampet, Hyderabad, Telangana, India - 500072

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Patient Name : Mrs.PRASHANTI V
Age/Gender : 33 Y 0 M 1 D/F
UHID/MR No : CNIZ.0000129506
Visit ID : CNIZOPV213331
Ref Doctor : Self

Collected : 12/Nov/2024 04:56PM
Received : 13/Nov/2024 11:25AM
Reported : 14/Nov/2024 01:34PM
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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Patient Name	: Mrs. PRASHANTI V	Age	: 33Yrs 0Mths 2Days
UHID	: CNIZ.0000129506	OP Visit No.	: CNIZOPV213331
Printed On	: 12-11-2024 04:55 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN FEMALE

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

Gall bladder is distended normal. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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 CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 98 x 43 mm.

Left Kidney : 97 x 45 mm.

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 measures 76 x 47 x 43 mm. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 9 mm. No intra/extra uterine gestational sac seen.

Both ovaries

Right ovary : 25 x 17 mm.

Left ovary : 28 x 19 mm.

appear normal in size, shape and echotexture.

IMPRESSION:-

****NO SIGNIFICANT ABNORMALITY IS SEEN.**

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. P SATISH KUMAR
RADIOLOGY

--
Radiology

Patient Name	: Mrs. PRASHANTI V	Age	: 33Yrs 0Mths 2Days
UHID	: CNIZ.0000129506	OP Visit No.	: CNIZOPV213331
Printed On	: 12-11-2024 11:53 AM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: --		

DEPARTMENT OF CARDIOLOGY

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 107 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:

SINUS TACHYCARDIA
NO ST-T CHANGES

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA
MBBS, Dip.Cardio
03279
Cardiology

Patient Name	: Mrs. PRASHANTI V	Age	: 33Yrs 0Mths 2Days
UHID	: CNIZ.0000129506	OP Visit No.	: CNIZOPV213331
Printed On	: 12-11-2024 12:01 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF CARDIOLOGY

2D ECHO COLOR DOPPLER

DIMENSIONS:

AO (ed) 2.4 CM
LA (es) 2.7 CM
LVID (ed) 4.2 CM
LVID (es) 2.5 CM
IVS (Ed) 0.8 CM
LVPW (Ed) 0.8 CM
EF 70%
% FD 39%

MORPHOLOGICAL DATA :

MITRAL VALVE	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTER VENTRICULAR SEPTUM	INTACT
PULMONARY ARTERY	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL

PERICARDIUM NORMAL

DOPLER STUDIES MITRAL INFLOW :

VALVE	VELOCITY (m / sec)
PULMONARY VALVE	0.7
AORTIC VALVE	1.4
TRICUSPID VALVE	0.8
MITRAL VALVE : E WAVE :	0.9
MITRAL VALVE : A WAVE :	0.7

IMPRESSION :

NORMAL SIZED CARDIAC CHAMBERS.

NO RWMA.

GOOD LV/ RV FUNCTION.

NO MR/ AR/ TR/ PR

NO PE/PAH

---End Of The Report---



Dr. VIKASH KUMAR SHUKLA
MBBS, Dip.Cardio
03279
Cardiology

Patient Name	: Mrs. PRASHANTI V	Age	: 33Yrs 0Mths 2Days
UHID	: CNIZ.0000129506	OP Visit No.	: CNIZOPV213331
Printed On	: 12-11-2024 05:21 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: --		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

***NO SIGNIFICANT ABNORMALITY DETECTED.**

---End Of The Report---



DR. P SATISH KUMAR
RADIOLOGY

--
Radiology



भारत सरकार

Government of India



Aadhaar No. Issued: 10/06/2013



రుద్దరాజు ఎంకె రాజు

Ruddarraju M K Raju

పుట్టిన తేదీ / DOB : 16/05/1984

పురుషుడు / Male



ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ తి
కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ
లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

9033 3869 4829

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



Aadhaar No. Issued: 14/04/2013



వేగేశ్న ప్రశాంతి

Vegesna Prasanthi

పుట్టిన తేదీ / DOB : 15/06/1991

స్త్రీ / Female



ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ తి
కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ
లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

8311 8484 8427

मेरा आधार, मेरी पहचान

Your appointment is confirmed

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

Date Mon 11/11/2024 4:32 PM

To rmkrajju2003@gmail.com <rmkrajju2003@gmail.com>

Cc Nizampet Apolloclinic <nizampet@apolloclinic.com>; Tushar Agarwal <tushar.agarwal@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



Dear PRASHANTI V,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **NIZAMPET clinic** on **2024-11-12** at **07:00-07:15**.

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

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform

- our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
 4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

**Clinic Address: THE APOLLO CLINIC, PLOT NO. 3 & 4, SURVEY NO. 239
QUTBULLAPUR MANDAL, R R DIST.,NIZAMPET, HYDERABAD - ANDHRA
PRADESH.**

Contact No: (040) 4007 8444 - 45 - 46.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prashanti .V on 12-11-24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Vandana
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Dr. VANDANA
MBBS PGDMCH
DFM (Family Medicine)
Fellowship in Diabetes
 Regd. No. TSMC 21948

GLASS PRESCRIPTION

Name	Prashanthi	Age & Gender	33/F
UHID	CNIZ.0000129506	DATE	12.11.2024

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	Plano	Plano	0	6/6
NEAR	Plano	Plano	0	N6

	SPH	CYL	AXIS	VISION
DISTANCE	Plano	Plano	0	6/6
NEAR	Plano	Plano	0	N6

COLOUR VISION : Normal

DIAGNOSIS : Normal

OTHER FINDINGS : NIL

INSTRUCTIONS : Use BRFL Lenses

Remarks : NA

A.MADHAV REDDY

OPTOMETRIST