



: Ms.KAIVALYA S

Age/Gender

: 37 Y 6 M 6 D/F

UHID/MR No

: CMYS.0000062547

Visit ID

: CMYSOPV131304

Ref Doctor Emp/Auth/TPA ID : Self

: 35E7707

Collected

: 09/Nov/2024 09:00AM

Received

: 09/Nov/2024 10:10AM

Reported Status

: 09/Nov/2024 11:53AM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

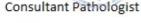
#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Page 1 of 13





Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology)



Emp/Auth/TPA ID



Patient Name : Ms.KAIVALYA S Age/Gender : 37 Y 6 M 6 D/F UHID/MR No : CMYS.0000062547 Visit ID

: 35E7707

Ref Doctor : Self

Received : 09/Nov/2024 10:10AM Reported : 09/Nov/2024 01:15PM : CMYSOPV131304 Status : Final Report

Collected

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

: 09/Nov/2024 09:00AM

#### **DEPARTMENT OF HAEMATOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12.5-15	Spectrophotometer
PCV	35.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	76.8	fL	83-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,420	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	4	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3659.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2182.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	256.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	256.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	64.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.68		0.78- 3.53	Calculated
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

**R.B.C:** Majority are microcytic hypochromic and normocytic normochromic RBCs. Also seen are elongated cells.

W.B.C: Are normal in number, morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

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M.B.B.S, M.D (Pathology) Consultant Pathologist

Dr. PAVAN KUMAR M

SIN No:MYS241100437

GSTIN: 29AADCA0733E1Z3





: Ms.KAIVALYA S

Age/Gender

: 37 Y 6 M 6 D/F

UHID/MR No

: CMYS.0000062547

Visit ID

: CMYSOPV131304

Ref Doctor Emp/Auth/TPA ID : Self : 35E7707 Collected

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: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

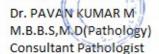
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

**Note: Suggested iron studies** 

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SIN No:MYS241100437

GSTIN: 29AADCA0733E1Z3





Patient Name : Ms.KAIVALYA S
Age/Gender : 37 Y 6 M 6 D/F
UHID/MR No : CMYS.0000062547

Visit ID : CMYSOPV131304

Ref Doctor : Self Emp/Auth/TPA ID : 35E7707 Collected : 09/Nov/2024 09:00AM

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

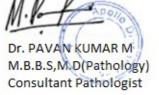
#### **DEPARTMENT OF HAEMATOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT.	A		
BLOOD GROUP TYPE	O		1	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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SIN No:MYS241100437



Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)





: Ms.KAIVALYA S

Age/Gender

: 37 Y 6 M 6 D/F

UHID/MR No

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Visit ID Ref Doctor : CMYSOPV131304

Emp/Auth/TPA ID

: Self : 35E7707 Collected

: 09/Nov/2024 09:00AM

Received

: 09/Nov/2024 10:10AM

Reported : 09/Nov/2024 10:51AM Status

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	81	mg/dl	74-106	GOD, POD

#### **Comment:**

#### As per American Diabetes Guidelines, 2023

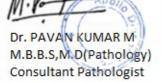
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

#### 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.

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Patient Name : Ms.KAIVALYA S Age/Gender : 37 Y 6 M 6 D/F UHID/MR No : CMYS.0000062547 Visit ID : CMYSOPV131304

: 35E7707

Ref Doctor : Self

Emp/Auth/TPA ID

Collected : 09/Nov/2024 09:00AM Received : 09/Nov/2024 12:47PM Reported : 09/Nov/2024 01:35PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , $\widetilde{W}$	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	mg/dL		Calculated

#### **Comment:**

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

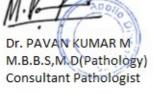
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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:MYS241100439

GSTIN: 29AADCA0733E1Z3





Patient Name : Ms.KAIVALYA S
Age/Gender : 37 Y 6 M 6 D/F
UHID/MR No : CMYS.0000062547
Visit ID : CMYSOPV131304

Ref Doctor : Self Emp/Auth/TPA ID : 35E7707 | Collected : 09/Nov/2024 09:00AM | Received : 09/Nov/2024 10:10AM | Reported : 09/Nov/2024 12:53PM |

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
L <b>IPID PROFILE</b> , SERUM				
TOTAL CHOLESTEROL	210	mg/dl	0-200	CHOD
TRIGLYCERIDES	172	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	32	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	178	mg/dL	<130	Calculated
LDL CHOLESTEROL	143.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.3	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.37		<0.11	Calculated

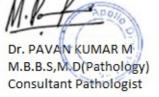
#### **Comment:**

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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: Ms.KAIVALYA S

Age/Gender

: 37 Y 6 M 6 D/F

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: 09/Nov/2024 10:10AM : 09/Nov/2024 12:48PM

Status : Final Report

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#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.38	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/I	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/I	0-31	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	57.00	U/I	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.60	g/dl	6.4-8.3	Biuret
ALBUMIN	4.00	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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 > 1In 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 Pattern:\*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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: Final Report : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY** 

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT) , SER	RUM		
CREATININE	0.41	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	13.04	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	6.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.10	mg/dL	2.6-6	Uricase
CALCIUM	8.70	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.90	mg/dl	2.7-4.5	Molybdate
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.60	g/dl	6.4-8.3	Biuret
ALBUMIN	4.00	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated

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SIN No:MYS241100441

GSTIN: 29AADCA0733E1Z3





: Ms.KAIVALYA S

Age/Gender

: 37 Y 6 M 6 D/F

UHID/MR No

: CMYS.0000062547

Visit ID

: CMYSOPV131304

Ref Doctor Emp/Auth/TPA ID

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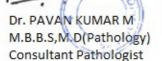
#### **DEPARTMENT OF BIOCHEMISTRY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	19.00	U/I	0-38	IFCC

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Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF IMMUNOLOGY

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM	'		<u>'</u>
TRI-IODOTHYRONINE (T3, TOTAL)	1.43	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.73	μg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.700	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

- **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 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

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Dr. PAVAN KUMAR M M.B.B.S,M D(Pathology) Consultant Pathologist







: Ms.KAIVALYA S

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#### **DEPARTMENT OF IMMUNOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:MYS241100440

GSTIN: 29AADCA0733E1Z3





: Ms.KAIVALYA S

Age/Gender

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: 09/Nov/2024 01:48PM : 09/Nov/2024 02:58PM

Reported Status

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: Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measuremen
рН	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y		
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 7	/hpf	<10	Microscopy
RBC	NIL NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	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.

\*\*\* End Of Report \*\*\*

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Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist







: Ms.KAIVALYA S

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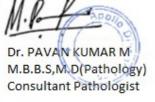
Reported Status : 09/Nov/2024 02:58PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### TERMS AND CONDITIONS GOVERNING THIS REPORT

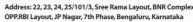
- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars 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.



Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)











: Ms. KAIVALYA S

UHID

: CMYS.0000062547

Printed On

: 10-11-2024 04:01 AM

Department

: Cardiology

Reffered By

: Self

Employeer Id

: 35E7707

Age

: 37Yrs 6Mths 8Days

OP Visit No.

: CMYSOPV131304

Advised/Pres Doctor : --

Qualification

: --

Registration No.

: --

#### **DEPARTMENT OF CARDIOLOGY**

#### Observation:-

- 1. Sinus Rhythm.
- 2. Heart rate is 74 beats per minutes.

### Impression:

NORMAL RESTING ECG.

---End Of The Report---

Dr. GURU PRASAD B V MBBS, PGDCC 69949 Cardiology



: Ms. KAIVALYA S

**UHID** 

: CMYS.0000062547

Printed On

: 10-11-2024 04:49 AM

Department

: Radiology

: 35E7707

Referred By

: Self

Employeer Id

Age

: 37Yrs 6Mths 8Days

OP Visit No. : CMYSOPV131304

Advised/Pres Doctor : --

Qualification

• --

Registration No.

#### **DEPARTMENT OF RADIOLOGY**

LIVER: It is normal in size and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

**SPLEEN:** It is normal in size, outline and echopattern. No e/o focal lesions.

**PANCREAS**: It is normal.

RIGHT KIDNEY: It measures 9.3 cm with parenchymal thickness of 1.1cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 9.0 cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen. Few free floating internal echoes noted within the bladder lumen

**UTERUS**: It is anteverted and measures 7.2x3.lx4.lcm with ET = 7.5mm. It is normal in size, outline and echotexture. No mass lesion.



Rt. OVARY: It measures 2.7x1.4m. It is normal. No mass lesion seen.
Lt. OVARY: It measures 2.6x1.4cm. It is normal. No mass lesion seen.
OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.
IMPRESSION:
-Grade I fatty liver . -Few free floating internal echoes within the bladder lumen -could represent cystitis

---End Of The Report---





Dr.CHETAN HOLEPPAGOL MBBS, DNB(RADIO DIAGNOSIS) 90037 Radiology



Patient
Age/Gender

Ms. KAIVALYA S

37Y | Female

CMYS.0000062547

Doctor

Reg. No.

Qualification

SUJATHA T R

MBBS, PGDMCH

69649

Appt ID Consult Date

Order Bill ID
Visit Display ID

CMYSAPT1450 10 Nov 2024 CMYS-OCR-24666 CMYSOPV131304

#### **VITALS**

UHID

Weight: 60.9Kgs Pulse: 64 BPM BP: 120 / 70 MmHg

Temperature: 98 °F

Height: 154Cms Spo2: 98%

Respiratory Rate: 20 BPM

SUJATHA T R

Doctor's Signature



# 8,9, H2, eye.



Name: Ms. KAIVALYA S  Address: Mysore Mysore Karnataka INDIA 570001  Plan: ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	4704	37Y 6M 6D Female	UHID: CMYS.0000062547  CMYS.0000062547  OP No: CMYSOPV131304  Bill No: CMYS-OCR-24666  Date: Nov 9th, 2024, 8:57 AM	
Sno. Service Type/Service Name			Department	
1 ARCOFEMI - MEDIWHEEL - FULL BO	DDY HC STARTER FEMALE	- PAN INDIA - I	FY2324	1_
1 GYNAECOLOGY CONSULTATION	→ P		Consultation	14
2 GAMMA GLUTAMYL TRANFERASE	(GGT)	y	Biochemistry	#
· 3 LBC PAP TEST- PAPSURE	Skip		Histopathology	44
COMPLETE URINE EXAMINATION	3 27		Clinical Pathology	14
5 HEMOGRAM + PERIPHERAL SMEAF			Haematology	44
PERIPHERAL SMEAR			Haematology	1
DIET CONSULTATION	P		General	
8 BODY MASS INDEX (BMI)			General	4
L9 ECG			Cardiology	
HbA1c, GLYCATED HEMOGLOBIN		(4)	Biochemistry	$\Box$
LIPID PROFILE			Biochemistry	
12 ULTRASOUND - WHOLE ABDOMEN	· .		Ultrasound Radiology	4
13 ENT CONSULTATION	> 1/		Consultation	
BLOOD GROUP ABO AND RH FACTO	OR		Blood Bank	
DENTAL CONSULTATION			Consultation	
-16 GLUCOSE, FASTING			Biochemistry	
17 RENAL PROFILE/RENAL FUNCTION	I TEST (RFT/KFT)	V21	Biochemistry	
18 FITNESS BY GENERAL PHYSICIAN	->> P		Consultation	
_19 LIVER FUNCTION TEST (LFT)			Biochemistry	
20 OPTHAL BY GENERAL PHYSICIAN			Consultation	
21 THYROID PROFILE (TOTAL T3, TOT	AL T4, TSH)		Biochemistry	







# CERTIFICATE OF MEDICAL FITNESS

t he	reviewing the medical history and on clinical examination it has been found she is	Ti
•	Medically Fit	-
•	Fit with restrictions/recommendations	
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1	
	2	
	3	
	However the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	7.3
•	Currently Unfit.	
	Review afterrecommended	
	Unfit	_
•	Onti	
	Dr. mukud	
	Medical Officer	_

**Apollo Health and Lifestyle Limited** 

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK KARNATAKA

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





Ph: 0821-4006040/43

Ms. Kaivalya s 37 yrs / Female

Dr. J. MUKUND MBBS, MD (Internal Medicine)

Height: 154 cm	Weight: 60,9 Kg	BMI:	Waist Circum:
Temp:	Pulse :	Resp:	B.P: 120 70

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Poutine Health Check up.

Not a Klob T20m/ HTN/ Hypothyrodun

Reports - Noted

Usbraldomen & pelvis - Cyslitis.

Actu ...

TOD. NITROBACT 100mg 10mg x5days.

Syp. CETRALKA 2+ up BD in aglass of water sweet

Follow up date:

mount

**Doctor Signature** 

Apollo Clinic # 23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41 Date

: 11/9/2024

Department

:Obstetrics & Gynaecology

Patient Name

: Ms. KAIVALYA S

Doctor

: Dr.RASHMI B N

UHID

: CMYS.0000062547

Registration No.

: 33393

Age / Gender

: 37Yrs 6Mths 6Days/ Female Qualification

: MBBS, DGO, DNB (GYNAECOLOGY)

**Consulation Timing** 

: 9:22 AM

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

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

um. on 7- orgulor yells.

son - weus x oranés (1).

or = jatty wir

= ugatri.

OTE PONIASSO MAD.

avoid sunc mach.

Follow up date:

good.

**Doctor Signature** 

Apollo Clinic
#23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41

Date

: 11/9/2024

Department

:Dental

Patient Name

: Ms. KAIVALYA S

Doctor

: Dr. JYOTHISHREE P V

UHID

: CMYS.0000062547

Registration No.

: 33268A

Age / Gender

: 37Yrs 6Mths 6Days/Female Qualification

: B.D.S[Bachelor of Dental

Surgery]

**Consulation Timing** 

: 9:22 AM

Height:	Weight:	BMI:	Waist Circum:	5510
Temp:	Pulse:	Resp:	B.P:	

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

0/6

112 +16 RCT of Clown

12 RCT freated??

Perapical infection norsed.

The Dental Calies

Follow up date:

**Doctor Signature** 

Apollo Clinic
#23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41

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

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

near

uision

Colour

No

(CV) = normal

(BE) = normal vision

Follow up date: 09 11 27

**Doctor Signature** 

Ms. Kai Volya. S 37 yrs/Ferrale

[Diet] Richard Jonan Roy Milled . Drefifice Mc. Madhewa. B. A M. sc Mutrifion & Diefetico Phox

11 cm - 50 kg BMI: Weight: Height: \$54 cm Pulse: Temp:

General Examination / **Allergies History** 

HS-11.8 ESR- 24

Total cholecteral-310

Triglyceridec-172

HDL - 30

Non. HDL - 178

LDL - 143.83

VLD1 - 34.3

choll HDL - 6.59

Clinical Diagnosis & Management Plan

asis - Grade I fatty lover.

-> Advaced low fat doet with Ivon sicht foode.

- Defany guidelens chart es given.

Follow up date:

Doctor Signature 9 (n | 2024

Apollo Clinic # 23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41

Department- Dietetics
Name- Madhura B P

Qualification- M.Sc Nutrition & Dietetic
PhD\*

- Do not skip any of the meals, take small frequent meals.
- Include all variety of seasonal fruits, vegetables and green leafy vegetables on regular basis.
- Include nuts like Almond, Walnuts and dry-fruits like dried dates and raisins regularly.
- Include seeds like Flax seeds, Pumpkin seeds, Sunflower seeds, Sesame seeds and watermelon seeds- 1 teaspoon each and dry roasted.
- Avoid 5 white slow poisons like Sugar, Salt, Maida, Baking soda and creams.
- Cooking oil- ½ litre/person/month.
- Use combination of oils like Rice bran oil, Groundnut oil, Sesame oil, Mustard oil/ Coconut oil and Ghee. Change the oil every month or 2 months. But do not mix the oils.
- Drink at least 2-3 liters of water in a day.
- Skimmed or toned milk can be used on regular basis. Since it's a rich source of protein and low in calories.
- Avoid Butter, Vanaspati and Dalda.
- Avoid deep-fried foods, Biscuits, Cookies, Bakery products, Pastries, Papad, packed and processed foods, chocolates, Alcohol, caffeine and carbonated beverages.
- Avoid junk foods like Pizza and Burger,

Dietician signature

Date

: 11/9/2024

Department

:ENT

Patient Name

: Ms. KAIVALYA S

Doctor

: Dr. PRAVEEN KUMAR R

**UHID** 

: CMYS.0000062547

Registration No.

: 66012

Age / Gender

: 37Yrs 6Mths 6Days/ Female Qualification

: MBBS, MS (ENT)

**Consulation Timing** 

: 9:22 AM

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

General Examination / **Allergies History** 

Clinical Diagnosis & Management Plan

come fumivor healen checky

NOSE - Naval Mucesa . D.

Follow up date:

**Doctor Signature** 

**Apollo Clinic** # 23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41





# **Apollo Clinic**

# **CONSENT FORM**

Patient Name: ND. kaivalyo, 5 Age: 37   Forma  UHID Number: 625H7 Company Name: Aucofemi
IMr/Mrs/Ms kaivaleja. S Employee of Arcofeme
(Company) Want to inform you that I am not interested in getting Opthal + LBc+
Tests done which is a part of my routine health check package.
And I claim the above statement in my full consciousness.
Patient Signature: X Karalish Date: 9/11/2024

Apollo Clinic #23, 1st Floor, Kalidasa Road, Mysore - 02 Ph: 0821-4006040/41







Patient Name:Miss Kaivalya S	Date: 09.11.2024	Referring Doctor: Dr. Self
Age / Sex: 37Yrs/Female	UHID No: 62547	Location: OP
ULTRASON	↓ OGRAPHY- ABDOME	EN & PELVIS

LIVER: It is normal in size and is increased in echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

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## **IMPRESSION:**

- -Grade I fatty liver.
- -Few free floating internal echoes within the bladder lumen -could represent cystitis

Dr. Karthik H V MDRD, DNB Consultant Radiologist.

Apollo Health and Lifestyle Limited

ICIN U851107G2000PLC1158191

Regd-Office: 1:10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500-016 Pri No. 040-4904-7777, Fax Ño. 4904-7744 | Email ID. enquiry@apollohl.com | www.apollohl.com

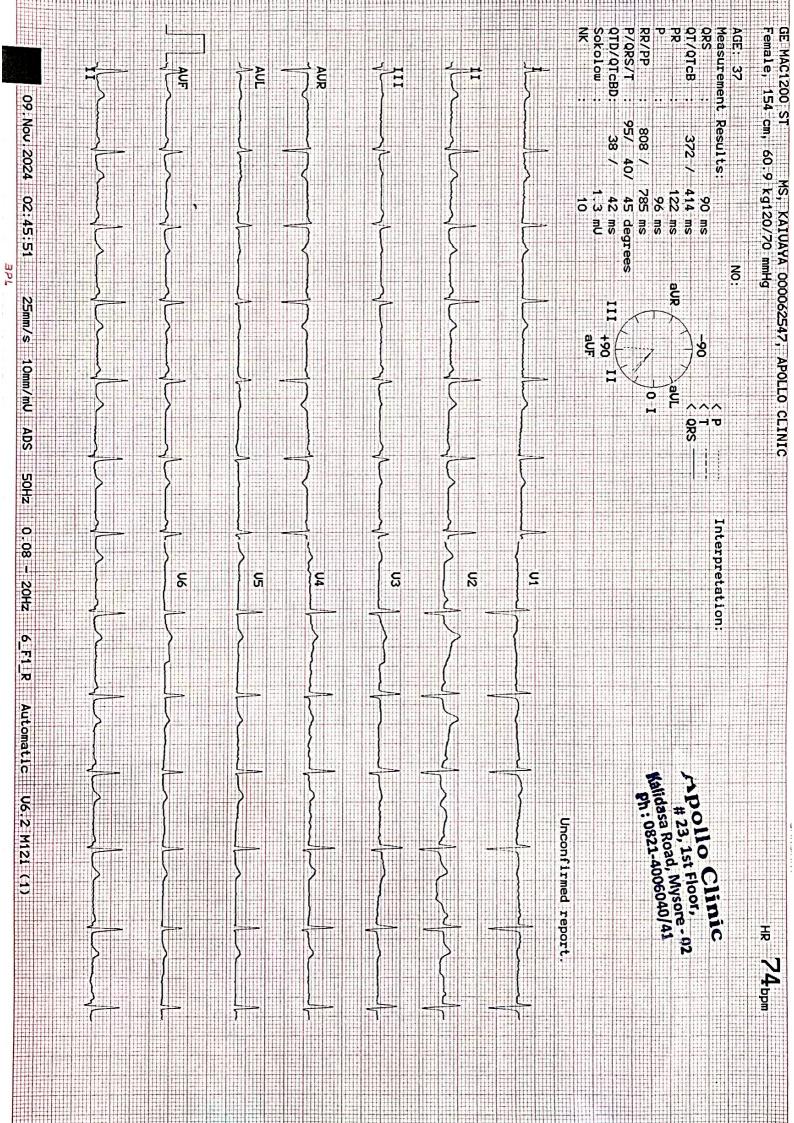
APOLLO CLINICS NETWORK KARNATAKA

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

Online appointments, www apolloclinic com

TO BOOK AN APPOINTMENT

**©** 1860 500 7788





#### Your appointment is confirmed

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

Date Tue 29-10-2024 13:06

To kaivalyarocks@gmail.com <kaivalyarocks@gmail.com>

Cc Mysore Apolloclinic <mysore@apolloclinic.com>; Yogeesh KV <mkt.mysore@apolloclinic.com>; Syamsunder M <syamsunder.m@apollohl.com>



#### Dear KAIVALYA S,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KALIDASA RAOD clinic** on **2024-10-30** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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.
- 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: 23, KALIDASA ROAD, VV MOHLLA, MYSORE.

Contact No: (0821) 400 6040 - 41.

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